

Urban Pathways K-5 College Charter School

Board of Trustees Policy

BLOODBORNE PATHOGEN POLICY

Bloodborne Pathogen Training

Employee education and training for Bloodborne Pathogens should be part of the new employee orientation for all employees, and conducted for all employees on an annual basis. Keep a copy of the Exposure Control Plan on file in the school at all times.

Training should cover specifics in the plan, applications of the Bloodborne Pathogens program to the employee's specific job and answer any questions.

The training should cover the following items of the Exposure Control Plan:

1. The OSHA definitions/regulations that include
 - Definition of Bloodborne Pathogens;
 - Occupational exposures and exposure incidents;
 - Potentially infectious materials;
 - Modes of transmission; and
 - Definition and symptoms of Hepatitis and HIV.
2. Exposure Determination
3. Control Measures
4. Decontamination/Cleaning Procedures
5. Regulated Waste Disposal Procedures
6. Hepatitis B Vaccination
7. Incident and Exposure Procedures
8. Post-Exposure Follow-Up

Purpose of the Plan

The purpose of this plan is to minimize or eliminate employee occupational exposure to blood or certain other body fluids and to comply with the Occupational Safety and Health Administration (OSHA) Exposure to Bloodborne Pathogens: Final Rule. OSHA's purpose is to ensure that no employee will suffer material health or functional impairment due to exposure to hazardous agents during the course of their employment.

“Occupational exposure” is any reasonably anticipated contact with blood by skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials resulting from the performance of any employee’s duties.

Exposure Determination

Initial Exposure Determination of the Jobs

The following employees/contractors may incur an occupational exposure: The Chief Executive Officer (“CEO”), administrative assistant, secretary, teacher, assistant teacher, vehicle driver, cleaning personnel, and kitchen staff.

Occupational Tasks at Risk for Exposure

Specific tasks associated with the above-mentioned job classifications that may cause these employees to have an occupational exposure include:

- Responding to an injured child that results in visible blood.
- The need for cleaning of a wound with soap and water.
- Application of a band-aid.
- Visible blood in stool, urine, vomit or nasal secretions of children.

Definition of Exposure

- Skin or parenteral (piercing the skin) contact with blood or other potentially infectious fluids.
- Mucous membranes (eyes, nose, mouth, ears, etc.) contact with blood or other potentially infectious fluids.

Control Measures: Universal Precautions

A universal precaution is an approach to infection control whereby all human blood and certain potentially infectious bodily fluids are treated as if infected with HIV or Hepatitis B or other Bloodborne Pathogens. These precautions have been adopted by the Charter School to protect staff from Bloodborne Pathogens.

Blood can become mixed with normal bodily fluids such as saliva, vomit, sweat, urine or stool, and these fluids should be treated as being possible HIV/HBV contaminated fluids. When staff comes in contact with or handle blood or body fluids, they must always wear gloves.

You can't identify every child or adult who may transmit infection. Yet you cannot afford to ignore the risk of infection since it takes just one exposure to become infected. Universal precautions resolve this uncertainty by requiring you to treat all human blood and certain human bodily fluids as if they were known to be infected with HIV, HBV or other Bloodborne Pathogens.

Reducing your Risk

- Engineering controls.
- Employee work practices.
- Personal Protective equipment.
- Decontamination procedures.

Engineering Controls

Engineering controls are items provided by the employer that serve to reduce employee exposure in the work place. Engineering control effectiveness depends on the employee actually using the provided items.

- Puncture-Proof Containers: "Sharps" which include needles and broken glass, or other sharp, pointed instruments, are to be placed in disposable puncture-proof containers.

Sharps are never to be thrown directly into a trash receptacle. Disposable puncture-proof containers are located in the nurse's office on the 1st floor.

- Biohazard Items: Biohazard items include: latex glove, disinfectant wipes and CPR Micro Shields. First Aid kits will include biohazard items as well as Band-Aids, and paper towels to absorb blood. All first aid supplies and biohazard items will be located in areas free from food and drinking liquids. Biohazard items will be located throughout the Charter School and in the Charter School's first aid kit and playground first aid kits.
- Disinfecting Solutions and Disposable Cloths: Registered germicide or bleach solutions (fresh mixture of ¼ cup bleach to 1 gallon of water) and disposable cloths to soak up contaminated material are to be located in storage areas in classroom:
- Gloves: In addition to being stored in first-aid kits, gloves should also be available at locations throughout the Charter School.

- Supervision: All Engineering controls are to be examined and maintained by a designated person:

_____ ON A REGULAR BASIS.

Employee Work Practices

Employee work practices reduce the likelihood of exposure through changing the manner in which the task is performed. These are specific procedures you must follow on the job to reduce your exposure to Bloodborne pathogens or other infectious material.

- **Hand washing;** if infectious material gets on your hands, the sooner you wash it off, the less chance you have of becoming infected:

Hand washing will occur at the following times:

1. When hands become soiled.
2. Before and after handling food.
3. Before and after drinking.
4. After using the bathroom, personal.
5. After assisting a child in the bathroom or with changing soiled clothing.
6. After wiping your nose or someone else's nose
7. Immediately after removing protective gloves.
8. Immediately after having contact with blood, body fluids, or other potentially infectious material.
9. Before and after administering medication.
10. Immediately after cleaning/ disinfecting any contaminated surfaces.

Purpose:

1. To protect employees and others from exposure to harmful microorganisms.
2. To prevent transmission of infection from one individual to another.
3. To remove transient bacteria on hands contaminated after handling children, objects and surfaces.

Equipment:

1. Warm running water.
2. Soap dispenser with liquid soap.
3. Paper towels.

Procedure:

1. Adjust running water to comfortable temperature and force at a level to prevent splattering water.
2. Wash hands, vigorously scrubbing with soap and water for a minimum of 15 seconds. Scrub hands, wrists and between fingers and around nails. Rinse hands with fingertips downward. The friction of the skin with soap and water is essential in hand washing. Microorganisms will remain unless effectively removed.
3. Dry hands with paper towel.
4. Turn off faucet with paper towel.
5. Leave equipment clean and in proper place.

Note: Disinfectant wipes should be available when a hand washing facility is not available.

Sharps will be handled in the following manner:

1. Sharps including needles, broken glass or other sharp, pointed instruments are to be placed in a disposable puncture-proof container.
2. Sharps are never to be picked up directly with the hands. Sharps should be picked up with a dust pan, pliers, tweezers or similar tool.
3. Contaminated needles should not be bent, recapped, removed, sheared or purposely broken.
4. Label containers as containing sharps and tape shut to prevent re-opening before disposing.
5. Dispose of puncture-proof container. See section on Regulated Waste Disposal Procedures.

Work Area Restrictions include:

1. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
2. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious material.

Personal Protective Equipment (PPE)

Gloves

Gloves are the most widely used form of personal protective equipment. Gloves act as a primary barrier between your hands and Bloodborne Pathogens. Gloves will be worn when:

1. Assisting with toileting of a child.
2. Blood is visible on an adult, child, surface or piece of equipment.
3. Cleaning a contaminated surface or object.
4. Dealing with vomit, stool, urine, non-intact skin or other potential infectious fluids or material.
5. The employee anticipates hand contact with blood.
6. The employee feels the need to properly protect self from any illness, disease, surface or object.
7. When removing garbage from the Charter School to the dumpster.
8. When handling soiled laundry.

Types of gloves include:

1. Latex or vinyl gloves in appropriate sizes for each employee.
2. Hypoallergenic gloves or glove liners for individuals allergic to latex or vinyl gloves.

Procedure for using gloves:

1. Check gloves for holes, tears, or punctures before wearing.
2. Since gloves can be torn or punctured, bandage any cuts before being gloved.
3. Wear one glove on each hand.
4. To remove gloves, peel one glove off from top to bottom and hold it in the gloved hand.

5. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second one.
6. Place in a Zip-lock bag and dispose of the entire bundle promptly. See section on Regulated Waste Disposal Procedures.
7. Do not wash or attempt to disinfect the glove for reuse.
8. Wash your hands immediately after removing the gloves.
9. Change gloves between attending to different individuals, using this entire procedure.

CPR Micro Shields

During the provision of CPR, the victim may expel saliva, blood or other fluids, CPR Micro Shields are recommended as a type of personal protective equipment that is designed to protect you from contact with fluids during resuscitation. Dispose of contaminated CPR Micro Shields in a Zip-lock bag, See section on Regulated Waste Disposal Procedures.

Decontamination and Cleaning Procedures

Employees must clean the work area or surfaces when surfaces become obviously contaminated; after any spill of blood or other potentially infectious materials; after any individual care procedure whether visible contamination occurs or not; at the end of the work shift.

Hard Surfaces

A hard surface is any surface that can be cleaned immediately by the use of a registered germicide or bleach solution and paper towel. The surface will be allowed to air dry and has no need to be laundered or otherwise treated. In addition, bins, pails, cans, and similar receptacles should be decontaminated on a regularly scheduled basis.

Method of Cleaning:

1. Gloves must be used when decontaminating these surfaces.
2. Pre-clean surfaces with a suitable detergent prior to disinfecting. Anti-bacterial soap, hot water and a paper towel can be used for pre-cleaning.
3. Disinfect surface with a registered germicide or bleach solution by applying the solution until the entire surface is wet, allow to remain at least 10 minutes, if possible and allow to air dry or remove with clean dry paper towel or cloth.

Soft Surfaces

A soft surface is any surface that would need to be laundered if contaminated. The surface will usually need to be dried mechanically or hung out to dry.

Method of Cleaning:

1. Gloves must be used when decontaminating soft surfaces or when doing laundry.
2. Put soft surface or laundry into a washing machine with soap and bleach solution.
3. If a washing machine is unavailable, the contaminated item(s) should be put into a bucket with bleach and water solution to soak until a washer is available and the item can be laundered. This solution should be emptied out and discarded when not being used. Fresh bleach and water solution should be made for each instance of contamination.

Miscellaneous Surfaces

Any surface area that cannot be thoroughly cleaned by school personnel and equipment, i.e. carpeting, ceiling tiles, etc.

Method of Cleaning

1. Gloves must be worn when attempting to secure or decontaminate the area.
2. Pre-clean the area with soap and water as well as possible.
3. Disinfect: use a registered germicide or bleach solution directly on the surface, then rise with water.
4. Inform the CEO or his/her designee that a contamination has occurred and identify the site.
5. The CEO or his/her designee will notify a commercial cleaning company to thoroughly clean the item or site that same day.
6. Contaminated area must be secured so that no exposure can occur to children or faculty i.e. carpeting contamination should be covered and labeled in order to alert other teachers, parents and staff to the site or item.

Regulated Waste Disposal Procedures

Sharps:

1. Place all sharps in a disposable puncture-proof container.

2. The puncture-proof container should then be labeled as containing sharps to prevent re-opening.
3. Tape container shut and dispose of container in approved receptacle.

First Aid Clean-Up Items

1. All disposable first aid clean-up items, such as band aids, used cotton balls, used antiseptic wipes, used paper towels or facial tissues shall be placed in a Zip-lock bag and then thrown into an approved receptacle.

Personal Protective Equipment (PPE)

1. All PPE such as gloves shall be removed immediately after use.
2. All PPE shall be placed into a Zip-lock bag and disposed of in an approved disposal area.
3. Any waste should then be tied up and taken out to the Charter School's approved disposal area.

1. Note: Used gloves that are not suspected to be contaminated with blood or other potentially infectious materials can be thrown into the regular garbage without a Zip-lock bag.

All contaminated waste should be disposed of in red Zip-locked bags or in Zip-lock bags with the biohazard label affixed to signify enclosed potentially infectious materials. Disposal bags are to be emptied when necessary by using disposable gloves and deposited in your school's disposal area. No trash should ever be removed from receptacles or dumpsters.

Hepatitis B Vaccination

Employees who render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents need not receive a pre-exposure Hepatitis B vaccination.

The CEO or his/her designee will ensure that the vaccination is offered at no cost to the employee within 24 hours of any exposure incident and that the appropriate forms are signed. Employees who decline the Hepatitis B vaccination will sign a waiver (see the Forms Section). Employees who initially decline the vaccination but who later wish to have it may then have the vaccine provided at no cost.

Employees should be made aware in Bloodborne Pathogen trainings of the following information regarding the vaccine:

An employee should not take the vaccine if he/she has an allergy to yeast

WARNINGS

Active Infections: any serious active infection is reason for delaying use of the vaccine except when, in the opinion of a physician, withholding the vaccine entails a greater risk.

Pregnancy: it is not known whether the vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. The vaccine should be given to a pregnant woman only if clearly needed and recommended by a physician.

Nursing Mothers: it is not known whether the vaccine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when the vaccine is administered to a nursing woman.

Employees should consult a physician before taking the vaccine.

Incident and Exposure Procedures

Incident and Accident Reporting

All injuries that require any first aid must be written up on the Charter School's Emergency/Accident Report. The Charter School's Emergency/Accident Report will include the following information:

1. Name of injured person;
2. Date and time of accident/incident;
3. Location of the accident/incident on the premises;
4. Brief description of the accident and resulting injury;
5. First aid procedures used on the injured person;
6. Names of any staff members in attendance;
7. Signature of the supervisor to whom the accident/injury was reported;
8. Signature of the staff member who filed the report;
9. Brief description of the PPR used during the first aid treatment; and
10. Answer to the question: Did the accident involve staff being exposed to blood or potentially infectious fluids? Yes No

Exposure Reporting Procedures

If the treatment and/or care of an individual or an accident results in an exposure of a staff member, then an Exposure Incident Report must be completed by the employee and submitted to the supervisor on duty.

1. The Determination: each incident must be evaluated by the employee to determine if an exposure has occurred. (See section on Exposure Determination)
2. Complete the Report Form (See Forms Section)
3. Submitting the Report:
 - The report must be completed the day the exposure occurs.
 - The completed report must be submitted to and signed by the CEO or his/her designee.
 - The CEO or his/her designee will notify the appropriate agencies and the solicitor within 24 hours of the exposure.

Post Exposure Follow-Up

In the event of an exposure, the employer will provide the employee with:

1. The post exposure Hepatitis B Immune Globulin (HBIG) vaccine, and the series of Hepatitis B vaccinations if the employee consents and the health care provider recommends the full vaccination series at no cost. (See section describing Hepatitis B Vaccination)
2. Immediate blood testing with the employee's consent.
3. If the employee refuses HIV testing, the lab will be instructed to hold the sample for 90 days. The employee may then decide to test for HIV, and the test is done free of charge to the employee.
4. A written confidential report of the employee's blood test as soon as available.
5. A copy of the report with the identity of the source individual, unless prohibited by law.
6. If the source individual refuses to test, the same procedures will still apply to the employee.
7. Re-Testing of the employee's blood at 6 weeks, 12 weeks, 6 months and one year following exposure. The employee must provide a separate consent form for each test.
8. Post exposure services, when medically indicated, may include counseling and evaluation of related illnesses.

In the event of an exposure, the employer will provide the healthcare provider with:

1. A copy of the Occupational Exposure to Bloodborne Pathogens: Final Rule.
2. A description of the exposed employee's job as it relates to the exposure incident.
3. Documentation of the routes of exposure.
4. Documentation of the circumstances.
5. Results of the source individual's blood testing, if available.
6. All medical records that are relevant to the appropriate treatment of the employee.

Written Opinion from Health Care Provider:

The exposed employee will be provided with a copy of the health care professional's written opinion within 15 days of the completion of the medical evaluation. The exposed employee is also entitled to complete confidentiality and the freedom to designate, by express written consent, what persons will be notified of the physician's findings and the results of the testing.

The Chief Executive Officer's Responsibilities:

The CEO of the Charter School will assure that the policies described in this document are effectively carried out.

Record Keeping:

The CEO and designated staff are required to maintain medical records related to Bloodborne Pathogens, including exposure incidents, post exposure follow-up, Hepatitis B vaccination status, and training for all employees with occupational exposure. These records are to be kept confidential and should be held for the duration of the employee's employment plus thirty (30) years. Training records should be held for three (3) years. Additionally, all records related to an exposure incident should be promptly copied and forwarded to the Charter School solicitor.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

BLOODBORNE PATHOGEN TRAINING OUTLINE

1. The OSHA definitions/regulations including:
 - Definition of bloodborne pathogens
 - Occupational exposures and exposure incidents
 - Potentially infectious materials
 - Modes of transmission
 - Definition and symptoms of Hepatitis and HIV
2. Exposure Determination
3. Control Measures
4. Decontamination/Cleaning Procedures
5. Regulated Waste Disposal Procedures
6. Hepatitis B Vaccination
7. Incident and Exposure Procedures
8. Post-Exposure Follow-Up

BLOODBORNE DISEASES DEFINITIONS

Definitions

Blood: human blood and human blood components

Bloodborne Pathogens: microorganisms that are present in the human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human immunodeficiency Virus (HIV).

Exposure Incident: skin, eye, mucous membrane, or parenteral (piercing of the skin) contact with blood or other potentially infectious materials that results or may result from the performance of an employee's duties.

Other potentially infectious materials (fluids): semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva during dental procedures, and any body fluid that is visibly contaminated with blood.

Universal precautions: a method of infection control in which all human blood and certain bodily fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.

Personal Protective Equipment (PPE): is the equipment supplied by the employer for the employee to use in any situation that the employee feels the needs for protection from blood or other potentially infectious material, and to use in these situations as spelled out in this policy.

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Sharps: any object that can penetrate the skin including, but not limited to, needles and broken glass.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: controls that isolate or remove the bloodborne pathogens hazard from the workplace including but not limited to: Sharps disposable puncture-proof containers, use of gloves, use of Ziploc bags, biohazard disposal containers.

HBV: hepatitis B virus

HIV: human immunodeficiency virus

Parenteral: Piercing mucous membranes through such means as needles, ticks, human bites, cuts and abrasions.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that could release blood or other potentially infectious materials in a liquid or semi-liquid state; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Any item that has the potential to release blood or flakes of dried blood when handled or scratched is a regulated waste.

Source Person: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial and spores.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed e.g., washing hands when removing protective gloves.

Recommendations for Preventing Transmission of Bloodborne Diseases

General Recommendations:

- Gloves should be worn whenever contact with blood or blood-contaminated body fluid might occur, such as when providing first aid to a bleeding person or cleaning up blood.
- Hands should be washed thoroughly and immediately after exposure to blood or any other body fluid and after removing gloves.
- Open skin lesions of all children and faculty should be kept covered to prevent contamination of the environment and contact with other persons.
- Any surface contaminated with blood or body fluids should be cleaned with a diluted solution of household bleach and water (1/4 cup of bleach to a gallon of water).
- Blood-contaminated materials should be disposed of in a leak proof plastic bag that is securely closed.
- Personal care items should not be shared.
- Educate yourself about bloodborne diseases by referring to local resources including libraries and local health departments.
- Immediately report any unsafe condition to the Chief Executive Office or Chief Administrative Officer.

Bloodborne Pathogens Exposure Control Plan

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Bloodborne Pathogens/Exposure Plan

Policy Statement:

The Board of Trustees recognizes that in order to protect workers from occupational exposure to potentially infected blood products, the Occupational Safety and Health Administration (OSHA) issued The Bloodborne Pathogens Standard (Standard 29 CFR 1910.1030) effective March 6, 1992. Preventing exposure to blood, body fluids, and infectious materials that potentially increase the risk of contracting hepatitis B virus (HBV), human immunodeficiency virus (HIV), cytomegalovirus and syphilis is of primary concern to the School. In order to protect employees from exposure specific objectives have been established to provide protection to the Charter School employees directly related to the Charter School policy.

Introduction

Bloodborne Pathogens/Exposure Plan

Overview

In order to protect workers from occupational exposure to potentially infected blood products, the Occupational Safety and Health Administration (OSHA) issued The Bloodborne Pathogens Standard (Standard 29 CFR 1910.1030) effective March 6, 1992. Preventing exposure to blood, body fluids, and infectious materials that potentially increase the risk of contracting hepatitis B virus (HBV), human immunodeficiency virus (HIV), cytomegalovirus and syphilis is of primary concern to the Charter School. In order to protect employees from exposure specific objectives have been established.

What are Bloodborne Pathogens?

Bloodborne pathogens are microorganisms in the bloodstream that can cause diseases including Malaria, Hepatitis B (HBV), human immunodeficiency virus (HIV), cytomegalovirus and syphilis.

Bloodborne pathogens are found in blood, blood products, and other body fluids including semen, vaginal secretions, breast milk, and amniotic fluid. Although microorganisms are found in the body fluids listed above, in many cases they are not strong enough to be transmitted. The focus of this Exposure Plan is on the work environment and transmission via blood.

What is Hepatitis B?

Hepatitis B is an inflammation of the liver. The swelling and redness can be caused by toxins or drugs, but it is most often caused by a virus.

Symptoms include:

- Minor symptoms that resemble the flu
- More severe symptoms are jaundice, dark urine, fatigue, loss of appetite, nausea, and abdominal pain
- No symptoms

Those who suffer the disease build up antibodies, or a natural protection, against further occurrence. Ten percent of Hepatitis cases are chronic, meaning repeated illness. Approximately 1-2 percent of Hepatitis B cases prove fatal. A vaccination that is 90% effective is available to prevent infection from the Hepatitis B Virus.

What is HIV/AIDS?

The human immunodeficiency virus, HIV, attacks the white blood cells that play a key role in the body's immune system. The HIV infection may develop into AIDS anywhere from 2 - 10 years after the infection with the virus.

Symptoms include:

- Chronic fatigue. Fever and rapid weight loss
- Flu-like symptoms
- Diarrhea

AIDS related illnesses may include:

- Neurological problems
- Cancer
- Pneumonia
- Opportunistic infections

Currently there is no vaccination for HIV/AIDS.

Mode of Transmission in the Workplace

Although Hepatitis B and HIV are transmitted mainly through sexual contact and sharing needles, any situation in which blood is present in the work environment is an area of concern.

HIV and Hepatitis B can only be transmitted if **both** of the following are present:

- Exposed blood is infectious, and
- That blood is allowed to enter directly into the body

Routes of Entry

Blood or other infectious material could enter your system through these routes of entry:

- Unprotected openings in the skin, such as cuts, scrapes, and dermatitis
- Unprotected mucous membrane openings, such as the eyes, nose and mouth
- Penetration into the skin by a sharp object, such as broken glass, a needle, or a knife blade
- Indirect transmission, such as touching a contaminated surface or object and transferring the infectious material to our mouth, nose, eyes, or open skin

It is important to remember that for an infection to take place the blood must be infected and the blood must go into your bloodstream via the mentioned routes of entry.

MODEL EXPOSURE CONTROL PLAN (ECP)

Responsible Person/Dept. For ECP: _____

1. The Exposure Control Plan

The ECP has been designed to comply with the Guidelines on Bloodborne Pathogens (BBP's) for the Public Sector. The purpose is to outline policies and procedures to eliminate or minimize employee exposures to BBP's. The ECP is available to all employees/ independent contractor and state officials upon request. The ECP will be updated at least annually or whenever procedures or equipment changes.

2. Employee/Independent Contractor Exposure Determination *

(a) The following is a list of job classifications in our Charter School for **all** employees/independent contractors who have any risk of occupational exposure to BBP's:

JOB TITLE DEPT./LOCATION TASK/PROCEDURE

Ex. School Nurse/Student Injury/Dress Wound

(List other jobs in this category)

(b) The following is a list of job classifications in our Charter School for employees/independent contractors who have **some** risk of occupational exposure to BBP's:

JOB TITLE DEPT./LOCATION TASK/PROCEDURE

Ex. Custodian Housekeeping Handling Trash

(List other jobs in this category)

*Employees covered by these guidelines include fulltime, part-time, and temporary and also independent contractors to Charter School are covered as well.

3. Methods of ECP Implementation and Control

(a) UNIVERSAL PRECAUTIONS shall be used by all employees/ independent contractors for all body fluids.

(b) ENGINEERING CONTROLS will be used to prevent or minimize occupational exposure to BBP's. Specific engineering controls are listed below:

- Control Use
- Needleless system All IV's
- Sharps containers Disposal of all sharps after use
- (List other controls) (List instances of use)

(c) WORK PRACTICES will be implemented to prevent and minimize occupational exposure to BBP's. Specific work practices are listed below.

(i) Handwashing is required of all employees/ independent contractors.
Handwashing facilities are found in the following locations:

(ii) Broken sharps should be picked up with a brush, dust pan, or tongs and disposed of as contaminated waste.

(iii) Recapping, bending, or breaking of needles is prohibited. If no alternative exists, recap using one-handed method or recapping device.

(iv) All sharps should be disposed of in puncture resistant, leak-proof sharps containers. Containers are available in the following locations:

(v) (List other work practices for various tasks with potential for exposure.)

(d) PERSONAL PROTECTIVE EQUIPMENT (PPE) is provided to all employees and independent contractors at no cost to prevent direct skin, eye, or mucous membrane contact with blood or body fluids. Employees/ independent contractors are required to wear all PPE appropriate to the task and level of potential exposure.

(i) The types of PPE available to employees/independent contractor are as follows:

(LIST ALL AVAILABLE which may include: Gloves(type), Eye protection, Mouth piece, Foot covering, Pocket mask, (Other);

(List other PPE Available)

(ii) PPE is located (specific location)_____ and may be obtained through (responsible person or dept._____.

(iii) The procedure for handling used PPE is (Specify location(s) of decontamination stations and how to decontaminate different kinds of PPE.)

(Ex.- Dispose of foot coverings in designated containers.)

4. Sharps Injury Log

(a) Employers shall establish and maintain a sharps injury log to help monitor injuries and assist in developing plans to eliminate or reduce these injuries, and to help employees and independent contractors evaluate sharps injury prevention devices and needless systems.

(b) Sharps injuries should be reported immediately to: (Specify person.)

(c) The following information reported to the person(s) listed above must include:

(i) Dept./work area of exposure_____

(ii) Date/ time of exposure_____

(iii) Job classification of exposed employee_____

(iv) Type/brand of sharp_____

- (v) Body part(s) involved _____
- (vi) Procedure employee was performing _____
- (vii) Description of exposure & how occurred _____
- (viii) Did sharp have engineered sharps injury protection? _____
- (ix) If yes, did injury occur before, after, or during activation of protective mechanism? _____
- (x) If no sharps injury protective mechanism, how could one have prevented injury and basis for statement? _____
- (xi) What other methods or equipment might have prevented injury and basis for statement? _____

NOTE: Employers are required to provide employees and independent contractors with an opportunity to evaluate sharps injury prevention devices and needleless systems. For more information on the evaluation process, contact: (Specify person, location, and how to contact.)

5. Hepatitis B Vaccination

- (a) In compliance with state guidelines, the Charter School offers the Hepatitis B vaccine free of charge after training and within 10 days of initial assignment to all employees/ independent contractors identified as at risk for occupational exposure to BBPs.
- (b) Vaccination will be provided by (List name of healthcare provider), at the following location and times: _____
- (c) Any information about the vaccination and/or other evaluation of an employee or independent contractor will be kept in the individual's confidential medical record file.
- (d) An employee or independent contractor who refuses the vaccination must sign a declination form, which will be kept in the employee's individual confidential medical record file. (See separate Declination Form.)
- (e) An employee who declines the vaccination may request and obtain the vaccination at a later date at no cost.

6. Post-Exposure Evaluation and Follow-Up

- (a) If an exposure incident occurs, immediately contact: (List person, title, way to contact.) After initial first aid (clean and treat wound, flush eyes or other mucous membranes, etc.) the following activities will be performed:
 - (i) Document routes of exposure and how exposure occurred.
 - (ii) Identify source individual, obtain consent for testing, and test source individual for HIV, HBV, and HCV. Before disclosing to employee or independent contractor's health care provider, please consult Charter School's legal counsel.
 - (iii) Provide exposed employee with counseling and evaluation by a licensed physician or health care professional.

- (iv) Offer employee testing for HBV, HCV, and HIV and blood collection as soon as possible after incident. If employee does not give consent for HIV serological testing during blood collection, blood must be kept for 90 days. During that time, the employee retains the right to have the testing performed.
 - (v) Offer employee appropriate post-exposure prophylaxis as determined by evaluating physician.
 - (vi) Provide employee with a copy of the health care professional's written evaluation results within 15 days of the completed evaluation.
 - (vii) Provide physician or health care professional with copy of state guidelines, and information about the employee's exposure and vaccination status.
- (b) All information on the exposure incident and post-exposure evaluation will be kept in the employee's individual confidential medical record file. These records shall be kept by the facility for a period of at least 30 years after termination of employment. The records are available to the employee or authorized representative, upon written request, as well as to proper state authorities.
- (c) The facility's confidential medical records are kept in the following secure location:
 _____(Specify location)_____.

7. Employee Training and Education

- (a) All employees and independent contractors who have an occupational exposure to BBP's shall receive training at the time of their initial assignment and at least annually, or when there are equipment, procedure, or task changes. Training will be provided during working hours at no cost.
- (b) At the minimum, training and education shall include the following:
- (i) a copy of the state guidelines
 - (ii) the health effects of exposure to BBP's
 - (iii) details of the Exposure Control Plan
 - (iv) exposure prevention methods (i.e., engineering controls and safe work methods)
 - (v) hands-on training on use of needles and needleless systems
 - (vi) exposure reporting procedures
 - (vii) post-exposure counseling and evaluation
 - (viii) (benefits and availability of Hepatitis B vaccine
 - (ix) complaint procedure
 - (x) access to medical and environmental records
- (c) Training materials for this facility are available at _____(List location)_____

8. Recordkeeping

- (a) TRAINING RECORDS
- (i) Training records are maintained for each employee. These documents are kept for at least 3 years at _____(List location)_____.

(ii) Training records include dates of training, contents of sessions, names and qualifications of instructors, names and job titles of those attending the training sessions.

(iii) Employee training records are provided, upon request, to the employee or the employee's authorized representative within 15 working days.

Training record requests are to be addressed to: (Specify department or person and address.)

(b) MEDICAL RECORDS

(i) Medical records are maintained in a confidential file for each employee or independent contractor with an occupational exposure to BBP's. These records shall be kept for the length of employment plus 30 years thereafter at specific location).

(ii) Medical records include social security number, Hepatitis B vaccine status, dates of vaccination, consent/refusal form, exposure incident information, post-exposure follow-up information, and all other relevant records.

(iii) Medical records are provided within 15 working days upon request to the employee, independent contractor or to a person having the written consent of the employee or independent contractor.

Record requests are to be addressed to: (Specify department or person and address.)

(c) SHARPS INJURY LOG RECORDS

(i) The Sharps Injury Log is maintained for 5 years at the following location _____.

(ii) Records on the Sharps Injury Log include the information listed in Section 4.

(iii) Sharps Injury Log records are provided, upon request, to an employee or the employee's or independent contractor's authorized representative within 15 working days. Sharps Injury Log records are to be addressed to: (Specify department or person and address.).

**EXPOSURE PREVENTION/ENGINEERING CONTROLS
LIST OF SUPPLIES AND STORAGE LOCATIONS**

Supply

Location

School First Aid Kit

Latex Gloves

Red Zip-lock Bags

Paper/Disposable Towels

CPR Micro-Shields

Puncture Proof Containers for Sharps

Anti-microbial Wipes

Disinfecting Solutions

Bleach Solution (1/4 c bleach to 1 gallon water) Or Registered Germicide

Soap

Garbage Bags

Bio-Hazard Warning Labels

School's Bio-Hazard Disposal Area

Bloodborne Pathogen Exposure Incident Reports

Report all exposure incidents to:

Bloodborne Pathogens Exposure Control

Supervisor and Employee Report of Accident

Employee Name: _____

Social Security Number: _____

Job Title: _____

Supervisor: _____

Date of Accident: _____ Time of Accident: _____

Date Accident was Reported: _____ Time of Report: _____

Name of Injured Person: _____

Witness Name(s): _____

Type of Accident: No Injury First Aid Only* Medical* Fatality*

*Describe First Aid procedure used and the Personal Protective Equipment (PPE) used:

Restricted Duty? No Yes; Number of Days _____

Lost Work Days? No Yes; Number of Days _____

Date of First Medical Treatment: _____ Time of Treatment: _____

Name and Address of Medical Provider: _____

Phone Number: _____

Describe how the accident occurred, location of accident on premises and resulting injury. _____

What actions, events or conditions contributed to the accident? _____

What can be done to prevent this type of accident? _____

Supervisor Signature:

Date:

Employee Signature:

Date

EXPOSURE INCIDENT REPORT FOR SCHOOL RECORDS

Confidential Report

1. Date of Incident: _____
2. Time of Incident: _____
3. Location of Incident: _____
4. Names of first aid provider(s) _____

(list all providers regardless of whether personal protective equipment was used)
5. Description of the circumstances of the accident including routes of exposure and how exposure occurred: _____

6. Did an Exposure Incident occur?
 Yes (proceed to question #7) No (proceed to question #17)
7. Name of staff member exposed: _____
8. Name of source individual: _____
9. Was consent given by source individual for a blood test? Yes No

Note: If source individual is known to be infected with HIV or HBV, testing need not be repeated)

If Yes, provide results of blood test: _____

Name of legally responsible individual providing or denying consent:

Name

Date

10. Date the exposed staff member was provided with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status: _____

11. Did staff member consent to be vaccinated?

Yes (attach copy of consent form)

No (attach copy of decline form)

12. Did staff member consent to a blood test?

Yes (attach copy of consent form)

No (attach copy of decline form)

13. Did staff member consent to a blood sample but elect to withhold consent for serological testing on the sample? Yes (complete following information and attach copy of consent form)

Note: Hold baseline blood sample for at least 90 days. If during this time, the exposed employee elects to have the baseline sampled tested, testing shall be done as soon as possible.

Sample taken by: _____

Date sample was taken: _____

Sample held - location: _____

14. Staff Blood Sample:

Blood test performed by: _____

Date blood test performed: _____

Results or blood test: _____

Note: The exposed employee's blood should be collected as soon as possible after the exposure incident and tested for HBV and HIV serological status.)

15. Written Opinion of Health Care Professional: check off every box and provide the date completed

Does the health care provider have a copy of the OSHA standards?

Yes No

If no, date provided: _____

- Health care provider given a list of the employee's job duties relevant to this exposure

Date Provided: _____

- Health care provider given a copy of all relevant employee medical records

Date Provided: _____

- Health care provider given a copy of **Exposure Incident Report for Health Care Provider**

Date Provided: _____

16. Name of Health Care Provider: _____

Address: _____

Telephone: _____

17. Date Opinion Received: _____

18. Date Written Opinion Received by employee: _____
must be within 15 days of evaluation

Note: The written opinion should be limited to whether the vaccine is indicated, and it has been received by the employee. The written opinion for post exposure evaluation must document that the employee has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that may require further evaluation or treatment. All other information is confidential and may not be included in the written report.

19. Follow-up information and additional comments or information: _____

20. Name and position of individual completing this report:

Name: _____ Position: _____

Date Completed: _____

21. Signature of Chief Executive Officer:

Name: _____ Date: _____

Bloodborne Pathogens Exposure Control

Confidential Report

EXPOSURE INCIDENT REPORT FOR HEALTHCARE PROVIDER

Name of Individual Exposed: _____

Attach Relevant Medical Records

1. Date of Incident: _____

2. Time of Incident: _____

3. Location of Incident: _____

4. Names of first aid provider(s) _____

(list all providers regardless of whether personal protective equipment was used)

8. Description of the circumstances of the accident including routes of exposure and how exposure occurred:

9. Job duties relevant to this exposure incident: _____

7. Name of source individual: _____

8. Was consent given by **source individual** for a blood test? Yes No

Note: If source individual is known to be infected with HIV or HBV, testing need not be repeated)

If Yes, provide results of blood test: _____

9. Did staff member consent to be vaccinated?
 Yes (attach copy of consent form) No (attach copy of decline form)
10. Did staff member consent to a blood test?
 Yes (attach copy of consent form) No (attach copy of decline form)
11. Did staff member consent to a blood sample but elect to withhold consent for serological testing on the sample?
 Yes (complete following information and attach copy of consent form)

Note: Hold baseline blood sample for at least 90 days. If during this time, the exposed employee elects to have the baseline sampled tested, testing shall be done as soon as possible.

For additional information contact: _____

Telephone number: _____

**Written Opinion of Health Care Provider
OSHA Bloodborne Pathogen Standard**

POST-EXPOSURE FOLLOW-UP AND EVALUATION

Name of Patient: _____ Date: _____

Date of Examination: _____

Name of Health Care Provider: _____

Address of Health Care Provider: _____

Telephone Number: _____

Was the Hepatitis B vaccination recommended for the exposed patient?

- Yes No

Did the exposed patient receive the vaccination?

- Yes No

Certification:

I hereby certify that the above referenced patient has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that require further evaluation or treatment.

Signature of Health Care Provider

Date

VACCINATION CONSENT

I understand that due to an exposure incident involving the exposure to possible bloodborne pathogen contaminated materials, I have been given the opportunity to be vaccinated with the HBIG vaccine at no charge to myself, within seven days of the incident, followed by the Hepatitis B vaccination series if recommended by a health care provider.

I **consent** to take the indicated vaccine and have been informed of the possible side effects and complications, as well as the benefits of the vaccine. It has been emphasized that I should discuss with a health care provider the decision to undergo vaccination if I am currently pregnant or nursing, or if I am experiencing signs of an active infection. Additionally, I have been informed I should **not** take the vaccine if I have an allergy to yeast.

Employee Signature

Date

VACCINATION DECLINATION

I understand that due to an exposure incident involving the exposure to possible bloodborne pathogen contaminated materials, I have been given the opportunity to be vaccinated with the HBIG vaccine at no charge to myself, within seven days of the incident, followed by the Hepatitis B vaccination series if recommended by a health care provider. However, I **decline** the vaccination at this time. I understand that by declining this vaccine, I may be at risk of Hepatitis B contamination. If in the future I want to be vaccinated I can receive the vaccine after medical consultation concerning the effectiveness of the vaccine due to the delay.

Employee Signature

Date

Bloodborne Pathogens Exposure Control

ACKNOWLEDGEMENT OF TRAINING

I acknowledge that I have received training regarding the Bloodborne Pathogens Exposure Control Plan for the Urban Pathways K-5 College Charter School and understand what to do in the case of an exposure incident.

Employee Name: _____ Date of Training: _____

Employee Social Security Number: _____

Employee Signature: _____