

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN FOR FITZGERALD PUBLIC SCHOOLS

I. Exposure Determination

A. Job Classifications

The Fitzgerald Public School District has identified, through a committee process, the following job classifications as those in which employees of the district could be exposed to bloodborne pathogens in the course of fulfilling their job requirements:

1. First responders

- a. Principals and Assistant Principals
- b. Early Childhood Supervisor
- c. Pre-Primary, Pre-School (as needed) Staff (full and part-time)
- d. Principals, Assistant Principals, Counseling, Early Childhood Secretaries
- e. Head Custodians and select daytime Custodians, Head Coaches

2. Collateral responders

- a. Teachers
- b. Assistant Coaches
- c. Bus Drivers
- d. Child-care/Latchkey Aides
- e. Noon Aides

B. Tasks and Procedures

Tasks and procedures performed by the above job classifications in which exposure to bloodborne pathogens may occur may include, but are not limited to the following:

1. minor injuries that occur within a school setting, i.e., bloody nose, scrape, minor cut;
2. initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;

3. care of students with medical needs, i.e., tracheotomy, colostomy, injections;
4. care of students who need assistance in daily living skills, such as toileting, dressing, hand washing, feeding;
5. care of students who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;
6. cleaning tasks associated with body fluid spills.

II. Schedule and Method of Implementation

A. Methods of Compliance

1. Universal Precautions

In this district universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

2. Engineering and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in this district and at least annually.

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needle sticks.

The Personnel Office is to be contacted immediately and action taken to refer the exposed employee to receive appropriate medical follow-up (per Section III of this policy).

An exposure incident investigation form shall be completed each time an incident occurs (See Appendix A). These forms are available in each building's main office. Copies are to be sent to the Personnel Office.

a. Hand Washing

- (1) This district shall provide hand washing facilities which are readily accessible to employees, or when provision for hand washing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels, antiseptic towelettes or hand dryers.
- (2) Employees shall wash hands or any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- (3) Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

b. Housekeeping and Waste Procedures

- (1) This district shall ensure that the work site is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate schedule for cleaning and method of decontamination based upon the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.
- (2) All equipment, materials, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - (a) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/ therapy, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the school day if the surface may have become contaminated since the last cleaning.
 - (b) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated since the last cleaning.

- (3) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- (4) Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red bags with the "biohazard" labeling and shall be located in the main custodial receiving room.
- (5) The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated and removed immediately. (A major blood or OPIM incident is one in which there will be biohazardous material for disposal).
- (6) In this district, there shall be a marked biohazard container in the main custodial receiving room and the main office for the containment of all individual biohazard designated bags. Appropriate disposal of the contents of this container is as follows: Contact the Day Building Custodial Chairperson who will then arrange for proper disposal.
- (7) In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.
- (8) Broken glass shall NOT be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately OR through verbal or written notification before scheduled cleaning.
- (9) Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate containers as stated above. These contaminated objects shall be doused or sprayed with approved disinfectant while in the container. The container will then be placed in the red biohazard bag (per Section II, A, 2-b, subsection 4) and disposed of as outlined above.
- (10) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

- (11) Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses where there is a reasonable likelihood of exposure to bloodborne pathogens.
- (12) Employees shall NOT share water bottles, make-up, reeds from wind instruments, or allow students to do so. Employees should be warned against putting toothpicks, pens, pencils or other potentially contaminated sharp items in their mouths.
- (13) Food/drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, counter tops or bench tops where blood or other potentially infectious materials are present.
- (14) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited.
- (15) Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport or shipping. These containers shall be labeled with a biohazard symbol or are red in color.
- (16) Equipment which may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.
- (17) Contaminated laundry shall be handled as little as possible with a minimum of agitation:
 - (a) Personnel handling contaminated laundry will wear gloves.
 - (b) All soiled linens will be immediately placed in a plastic bag, securely tied, double-bagged and sent home with the student (or disposed of if appropriate).
 - (c) Bags containing linen heavily soiled with blood, feces or other highly contaminated material will be "double bagged" into another red biohazard bag.

3. Personal Protective Equipment

- a. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available in this district are gloves, masks and goggles.
 - (1) Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
 - (2) Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall NOT be washed or decontaminated for re-use.
 - (3) Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
 - (4) Heavy rubber utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
 - (5) Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or other similar outer garments shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
- b. This district shall ensure that appropriate personal protective equipment is readily accessible at the work site or is issued to the employees. Personal protective equipment is available in the following locations: main office and main custodial receiving room. Personal protective equipment shall be given to any employee involved in activities identified in Section I-B.
 - (1) This district shall clean and dispose of personal protective equipment, at no cost to the employee.
 - (2) This district shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

- c. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. This container shall be labeled with a red biohazard symbol.
- d. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.
- e. This district shall ensure that the employee uses appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in the particular instance it would have posed an increased hazard to the employee or other, this district shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

III. Hepatitis B Vaccination

A. Hepatitis B Vaccination

1. Hepatitis B vaccine for employees whose job classifications are identified in Section I-A as "First Responders":
 - a. This district shall make the Hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration and the benefits of being vaccinated. The vaccine and vaccinations shall be offered free of charge.
 - b. This district shall make the Hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
 - c. The Hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional according to the most current recommendations of the U.S. Public Health Service. This district assures that the laboratory tests are then conducted by an accredited laboratory.
 - d. This district shall not make participation in a pre-employment screening program a prerequisite for receiving the Hepatitis B vaccine.

- e. If an employee initially declines the Hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, this district shall make available the Hepatitis B vaccine at that time.
 - f. This district shall assure that employees who decline to accept the Hepatitis B vaccine offered by this district sign a declination statement.
 - g. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no charge to the employee.
 - h. Records regarding HBV vaccinations or declinations are to be kept by the Personnel Office.
 - i. This district shall ensure that the health care professional responsible for employee's Hepatitis B vaccination is provided with a copy of this regulation.
2. Hepatitis B vaccine for employees whose primary job classification is identified in Section I-A as "Collateral Responders":
- a. This district shall provide the Hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ONLY in the case that they render assistance in any situation involving the presence of blood or OPIM.
 - b. ALL first aid incidents involving the presence of blood or OPIM shall be reported to this school district's designee, the Facilities Manager, by the end of the work day on which the incident occurred.
 - c. The district's exposure incident investigation form (see Appendix A) must be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred.
 - d. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard (see Appendix B)
 - e. The full Hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident", as defined by the standard, has occurred.

- f. The Hepatitis B vaccination record or declination statement shall be completed. All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure Hepatitis B vaccine.
- g. This investigation form shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Personnel Manager upon request.
- h. This reporting procedure shall be included in the training program.

IV. Post-Exposure Evaluation and Follow-up

- A. Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination and follow-up, including at least the following elements:
 - 1. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
 - 2. Identification and documentation of the source individual, unless this district can establish that identification is infeasible or prohibited by state or local law;
 - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - 3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;
 - 4. Post-exposure prophylaxis, (i.e., immune globulin), when medically indicated, as recommended by the U.S. Public Health Service;

5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis;
 6. There shall be an evaluation of reported illnesses.
- B. This district shall ensure that all medical evaluations and procedures, including prophylaxis are made available at no cost and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by licensed personnel and laboratory tests shall be conducted in accredited laboratories.
- C. Information provided to the health care professional who evaluates the employee shall include:
1. a copy of the OSHA regulations;
 2. a description of the employee's duties as they relate to the exposure incident;
 3. documentation of the route of exposure and circumstances under which exposure occurred;
 4. results of the source individual's blood testing, if available;
 5. all medical records relevant to the appropriate treatment of the employee, including vaccination status which are this district's responsibility to maintain.
- D. This district shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.
1. The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 2. The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. that this employee has been informed of the results of the evaluation; and
 - b. that this employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and/or treatment.
 3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

V. Communication About Hazards To Employees

- A. Warning labels shall be affixed to containers of regulated waste containing blood or other potentially infectious material. Exception: Red bags or red containers may be substituted for labels.



1. Labeling required by this section shall include the following legend:
2. This labeling shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color. The labeling shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive or other methods that prevent their loss or unintentional removal.
3. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

B. Information and Training

1. This district shall ensure that all employees with occupational exposure participate in a training program. This training program shall be of no cost to employees and offered during working hours.
2. Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
 - a. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were NOT included need be provided.
 - b. Annual training for all employees with occupational exposure shall be provided within one (1) year of their previous training.
3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used.
5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace.

VI. Recordkeeping

A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
 - a. name and social security number of employee;
 - b. copy of employee's Hepatitis B vaccination record or declination form and any additional medical records relative to Hepatitis B;
 - c. if exposure incident(s) have occurred, a copy of all results of examinations, medical testing and follow-up procedures;
 - d. if exposure incident(s) have occurred, then this district's copy of the health care professional's written opinion;
 - e. if exposure incident(s) have occurred, then this district's copy of information provided to the health care profession: i.e., exposure incident investigation form and results of the source individual's blood testing, if available.
2. This district shall ensure that the employees medical records are kept confidential and are NOT disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.
3. These medical records shall be maintained for the duration of employment plus thirty (30) years.

B. Training Records

1. Training records shall include:
 - a. the date of the training session;
 - b. the contents or a summary of the training sessions;
 - c. the names and qualifications of persons conducting the training;
 - d. the name and job titles of all persons attending the training session.
2. Training records shall be maintained for three years from the date the training occurred.

C. Availability of Records

1. This district shall ensure that all records required to be maintained by this standard shall be made available upon request to the Personnel Manager.
2. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, to the Personnel Manager.
3. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Personnel Manager.
4. This district shall comply with the requirements involving the transfer of records set forth in this standard.

**FITZGERALD PUBLIC SCHOOLS
EXPOSURE INCIDENT INVESTIGATION FORM**

Direction: Please complete and forward IMMEDIATELY to the Personnel Department.

Name of Employee with Occupational Exposure: _____

Date and Time of Incident: _____

Location: (Building and specifically where in building incident occurred): _____

What was the exposure incident and the circumstances (what was occurring at the time of the incident): _____

How was the incident caused: (Describe what activities were going on when incident occurred [accident, equipment malfunction, etc., and list any tool, machine or equipment involved]) _____

Personal protective equipment being used at the time of the incident: _____

Actions taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for avoiding repetition of incident: _____

FOR INVESTIGATOR'S USE:

Type / Source of Potentially Infectious Materials Involved: _____

Investigator's Signature & Date _____

**FITZGERALD PUBLIC SCHOOLS
EMPLOYEE MEDICAL RECORD CHECKLIST**

NAME: _____

SOCIAL SECURITY NUMBER: _____

BUILDING: _____

JOB CLASSIFICATION: _____

_____ Copy of employee's Hepatitis B vaccination record or declination form
(see Appendix C) Attach any additional medical records relative to Hepatitis B.

_____ Brief Description of Exposure Incident: _____

_____ Date: _____

_____ Log and attach all results of information provided to the health care professional:

_____ Log and attach this district's copy of information provided to the health care professional:

_____ Exposure Incident Investigation Form (see Appendix A)

_____ Results of the source individual's blood testing, if available.

_____ Log and attach this district's copy of the health care professional's written opinion.

HEPATITIS B VACCINATION RECORD
OR DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

OPTION 1

I, _____, have completed the following inoculations using:

Recombivax-HB Vaccine or _____Enerix-B Vaccine

Inoculation 1 Date: _____ Given at: _____
Inoculation 2 Date: _____ Given at: _____
Inoculation 3 Date: _____ Given at: _____

or

_____ See attached medical form for additional information.

OPTION 2

I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have been informed about Hepatitis B and the vaccine and at this time I am choosing:

_____ to complete the vaccination series (Option 1).
_____ to decline the vaccination series at this time (Option 2).

Employee Name (Please Print): _____

Employee Signature: _____ Date: _____

.....TO BE POSTED.....

Certain disease-causing microorganisms found in human blood and in other potentially infectious body fluids can unknowingly be passed on to others. They include the viruses which cause AIDS and Hepatitis B.

That is why we should practice safe work habits.

Some daily activities in a few of our schools may involve potential exposure to these bloodborne pathogens. These activities include helping students with their daily living needs, disposing of contaminated materials, the care and maintenance of protective equipment, and general housekeeping activities, such as cleaning classrooms, equipment and work surfaces.

To protect yourself, it's important to observe some fundamental precautions. You can reduce the risk of infectious diseases through:

- Frequent hand washing;
- Use of disposable gloves; and,
- Proper clean-up when accidents or spills occur.

You should also be aware that vaccine for protection against Hepatitis B is available to staff at no charge.

As you go about your daily work activities remember to report all blood spills and accidental exposure to potentially infectious fluids to your supervisor.

A good rule to follow is to treat all blood and body fluids as infectious. It's for your own well-being and the safety of others.