

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
	Page 1 of 7

PURPOSE: The purpose of this policy is for the Lincoln Public Schools to be in compliance with OSHA standard 29 CFR Part 1910. 1030. Implementation of this standard is designed to provide a safe work environment which limits occupational exposure to blood and other potentially infectious body fluids and thus substantially reduce the risk of contracting a bloodborne disease on the job.

This policy covers all personnel who in performing their jobs can “reasonably anticipate” they will be “at risk” of coming in contact with blood and other potentially infectious body fluids.

This policy and its procedures will be monitored by the OSHA Office of the Rhode Island Department of Labor. This policy will be reviewed annually by the Superintendent.

EXPOSURE CONTROL PLAN: This plan will:

- 1) Identify personnel deemed to be “at risk” of exposure. (Exposure Determination)
- 2) Determine what measures will be taken to reduce the risk of exposure to bloodborne pathogens on the job. (Precautions and procedures for exposure control)

I. **EXPOSURE DETERMINATION** – This section of the policy is designed to place all employees of the Lincoln Public Schools in a category describing their level of expected risk of exposure to bloodborne pathogens. Job classification lists will be maintained by administration. (see attached sheet Appendix 1)

- A. **Category I:** Staff who are likely to have contact with blood or body fluids, based on the nature of their position.
 1. SCHOOL NURSE TEACHERS (whose job is to assist and treat injured students)
 2. CUSTODIAL STAFF (whose job is to clean up after injured or sick students)
 3. SELF-CONTAINED SPECIAL EDUCATION TEACHERS (whose job involves toileting and cleaning up students)
 4. TEACHER AIDES (whose job is to toilet and clean up students)
- B. **Category II:** Staff who may or may not have contact with blood or body fluids. Some of these staff members may have exposure but it is not a part of their routine duties.

JOB

TASKS WHERE EXPOSURE MAY OCCUR

Coaches/P.E. Teachers	Injuries
I.A. Teachers	Sharps/Injuries
Home Economics Teachers	Sharps/Injuries
Science	Sharps/Injuries
Music	Sharps/Injuries
Elementary Principals	Injuries
Elementary Clerks	Injuries
Elementary Teachers	Injuries/recess

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
	Page 2 of 7

C. **Category III:** Staff who do not have positions that require exposure to blood or body fluids. While exposure could occur, “Good Samaritan” acts such as assisting a student with a nosebleed would not be considered occupational exposure. Staff in Category III are not considered “at risk” and are not subject to this policy.

1. OTHER TEACHING STAFF
2. SUPPORT STAFF
3. OTHER CLERICAL STAFF
4. OTHER ADMINISTRATIVE STAFF

II. PRECAUTIONS AND PROCEDURES FOR EXPOSURE CONTROL

A. **IN-SERVICE EDUCATION** – Training will be given to all Category I and II employees at no cost to the employee by a knowledgeable individual. Training is mandated to occur within 90 days of the effective date of policy, initially upon hiring new or substitute “at risk” personnel and annually for all “at risk” personnel. Bloodborne Pathogen Education will be done on an annual basis by the school nurse teacher.

1. Training will include:
 - a. A copy of the OSHA standard and this policy. (Appendix 2)
 - b. An overview of epidemiology of bloodborne diseases including modes of transmission and prevention. (Overview of Universal Precautions.)
 - c. An explanation of the exposure control plan.
 - d. Explanation of activities of high risk for blood and body fluid exposures.
 - e. Descriptions of engineering and housekeeping practices, and demonstration on how to use personal protective equipment.
 - f. Information of Hepatitis B Vaccine.
 - g. Explanation of exposure incident to include reporting and medical follow-up.
2. Training records with name, date, summary, speaker(s) and job titles and names of those in attendance must be kept for three years by the personnel office at central office. Annual in-service records will be kept by the school nurse teacher.
3. Training must be at employee level regarding language, vocabulary, and education level.
4. Opportunity for question and answer period will be provided. Supplemental materials and/or video use may be included.

B. **HEPATITIS B VACCINE** – All employees in Category I because they are “at risk” of occupational exposure to blood or potentially infected body fluids, will be offered free of charge the Hepatitis B vaccine at the time of

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
	Page 3 of 7

employment. Additionally, all first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must be offered the full immunization series as soon as possible, but in no event later than 24 hours. If an exposure incident has taken place, other post-exposure follow-up procedures must be initiated immediately.

1. All Category I employees are strongly urged to participate in this program.
2. A consent form will be signed if the employee decides to accept the vaccine. (see attached Appendix 3)
3. A statement of Declination per OSHA guidelines will be signed if the employee refuses the vaccine. (see Appendix 3 attached). If an employee declines and later opts to receive the vaccine this can be done at anytime and at no cost to the employee.
4. The vaccine will be available to employees who have occupational exposure to blood or potentially infected body fluids at anytime during their employment at no cost.
5. The vaccine requires that three doses of Recombivax will be given over a six month period and as outlined in the consent form. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the USPHS at a future date, such dose(s) will be made available at no cost to the employee. Information about the vaccine is available in the school nurse's office.
6. A history of vaccination will be maintained on the "Hepatitis B Vaccination Documentation Form" (Appendix 4) by Human Resources.

C. **UNIVERSAL PRECAUTIONS** – Universal precautions can be defined as a method of infection control. It makes use of appropriate protective devices for contact with the blood or body fluids from ALL persons at ALL times. It considers every individual's blood and body fluids as potentially infectious. Body fluids include blood, drainage from scrapes and cuts, feces, urine, vomitus, semen, respiratory secretions and saliva.

D. **ENGINEERING CONTROLS** – Engineering controls are those that remove the hazard of exposure or isolate the worker from the hazard of exposure.

E. **SAFE WORK PRACTICE CONTROLS** (see attached Appendix 5) – These are methods which reduce the risk of occupational exposure during tasks that involve contact with blood and/or potentially infectious materials.

F. **EXPOSURE CONTROL PRECAUTIONS INVOLVING ENGINEERING CONTROLS, UNIVERSAL PRECAUTIONS, AND SAFE WORK PRACTICES**

1. All personnel will avoid all direct contact with blood and body fluids (drainage from cuts and wounds, semen, feces, urine, vomitus, respiratory secretions and saliva).

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
	Page 4 of 7

2. All personnel must use one way valve emergency respiratory devices in resuscitation.
3. All personnel will wear protective gloves when coming in contact with blood and body fluids (including toileting and diapering).
4. All personnel will wash hands thoroughly with soap and water after removing gloves and flush with copious amounts of water and soap immediately after contact with blood and body fluids.
5. If exposure occurs outside the building or in an area where employee is unable to readily wash his/her hands (at a sporting event or field trip), a skin disinfectant should be used and can be found in first aid kits.
6. Disposable gloves and materials with blood or body fluids must be discarded in red biohazard bags located in closed containers located in the custodian's and nurse's office.
7. Place contaminated sharps and other potentially infectious waste in labeled or color-coded leak-proof puncture-resistant containers that are closable and easily accessible to nurses and custodians. These containers should not be allowed to overfill.
8. If clothing becomes contaminated, it should be placed in a red biohazard bag for proper cleaning.
9. When a spill occurs, the building administrator or custodian will limit access to areas of potential exposure with markers. The janitorial staff will be notified to immediately clean the area.
10. Any contaminated areas of the school will be washed immediately with a strong solution of bleach and water mixed on site (1 part bleach to 10 parts water) or the district approved antimicrobial/antiviral solution.
11. In cleaning up blood or body fluids appropriate protective personal equipment must be worn. For routine spills, rubber gloves and long handled scrub utensils must be used. For large and unusual spills it is advised to use face and eye protection and wear a sanitary suit.
12. All locker rooms, lavatories and nurses offices will be cleaned daily using disinfectant. Custodial staff are required to wear rubber gloves and use long handled scrubbing utensils.
13. All mops and cleaning tools are to be disinfected after the job is done.

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
	Page 5 of 7

14. Discard all biohazard red bag waste according to federal, state and local regulations. Such waste is only to be transported off school property by a licensed vendor. (see attached Appendix 6)

G. **PERSONAL PROTECTIVE EQUIPMENT** – The Lincoln Public Schools will provide, at no cost to the employee, appropriate barriers such as listed below, i.e., gloves, masks, containers. These protective barriers will be accessible to employees and be cleaned, repaired and replaced as needed. Appropriate barriers shall be those which are impervious to blood and other potentially infectious substances (as per OSHA standards).

1. Gloves – Disposable non-latex rubber gloves will be located in the nurse’s office, custodial areas and self-contained classrooms. Heavy duty rubber gloves will be located in the custodial areas.
2. One way valves for respiratory resuscitation (CPR) will be located in the nurse’s office.
3. All needle like contaminated objects (“sharps”) will be deposited in red sharps disposal containers located in the nurse’s office.
4. Plastic red biohazard bags, labels and closed biohazard containers for disposal of wastes containing blood and other body fluids will be located in the nurse’s office and custodial areas.
5. Eyewear and face shield dust mask will be located in the custodial areas.
6. Sanitary coveralls are available in the custodial areas and are to be worn in the presence of any blood or body fluids of significant quantity.
7. Signs (cones with appropriate labels) to identify restricted areas will be available in custodial areas and building administrator’s offices.
8. Approved skin disinfectant will be included in all First Aid kits located throughout the buildings.

POST-EXPOSURE EVALUATION AND FOLLOW-UP – EXPOSURE PLAN (Appendix 6): In order to safeguard his/her health, any employee who or gets splashed in the eye, mouth or skin cut with blood or body fluids, especially if it involves large amounts or prolonged exposure MUST report the exposure and take advantage of the following confidential procedures:

1. Exposed individual will immediately obtain an incident report form from the building administrator/nurse.

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
	Page 6 of 7

2. Complete an incident report of the exposure and submit it to the building administrator immediately.

The incident report includes: (see attached incident report Appendix 7)

- a description of the employee's duties as they relate to the exposure
 - documentation of the manner and circumstances of the exposure, and the immediately post-exposure treatment
 - identification of the source individual
 - identify use of personal protective equipment according to Table I (Appendix 8)
3. The building administrator will request that the source individual report to the designated medical facility for HBV and HIV testing as soon as possible.
 4. The exposed individual should report, at no cost, to the designated facility for:
 - consultation
 - collection and testing of the employee's blood for baseline HBV and HIV (employee consent required)
 - post-exposure prophylaxis as recommended by the U.S. Public Health Service, when medically indicated
 - counseling, as needed
 - evaluation of reported illnesses

EVALUATION OF EXPOSURE INCIDENTS: The incident form should be used by the building administrator to identify and correct problems in order to prevent recurrence of similar incidents.

MEDICAL RECORDS FOR EXPOSURE: Medical records are maintained for each Class I, II and III employee who reports an exposure. They are kept confidential, and retained for the duration of employment, plus 30 years.

Each record includes:

- name and social security number of employee
- copy of vaccination status and dates of vaccinations or declination statement

If employee has an exposure, the record will also include:

- incident report completed at time of exposure
- copy of health care professional's written opinion that the person can continue employment

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
	Page 7 of 7

In order to maintain confidentiality, the tests and examination results from the exposure will be kept by the health care professional who evaluated the exposure.

RECORDKEEPING: Training records for orientation as well as copy of vaccination status and dates of HBV vaccination or declination statement will be kept by personnel office.

First Reading: February 8, 1993
Second Reading: March 8, 1993
Adopted: March 8, 1993
Policy Amended: February 10, 2014

TOWN OF LINCOLN SCHOOL COMMITTEE, Lincoln, Rhode Island

POLICY: GBEB PERSONNEL POLICY FOR OSHA/BLOODBORNE PATHOGENS

APPENDIX

- 1) Job Classifications According to the Potential for Occupational Exposure (I, II, III)
- 2) OSHA Bloodborne Pathogens Standard 29 CFR Part 1910.1030
- 3) Hepatitis B Vaccination Consent Form
- 4) Hepatitis B Vaccination Documentation Form
- 5) Work Practice Controls
- 6) List of Regulated Medical Waste Transporters
- 7) Exposure Incident Report
- 8) Table I Exposure Control Plan

**JOB CLASSIFICATIONS ACCORDING TO THE
POTENTIAL FOR OCCUPATIONAL EXPOSURE**

MEDICAL STAFF OFFICE

Job Classifications – Category II

Job Title	Tasks Related to Potential Exposure
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Office OSHA Director

Date

**JOB CLASSIFICATIONS ACCORDING TO THE
POTENTIAL FOR OCCUPATIONAL EXPOSURE**

MEDICAL STAFF OFFICE

Job Classifications – Category 3 (job titles only)

Office OSHA Director

Date

OSHA BLOODBORNE PATHOGENS STANDARD
29 CFR Part 1910.1030

PURPOSE: To limit occupational exposure to blood and other potentially infectious materials since any exposure could result in the transmission of bloodborne pathogens which could lead to disease or death.

SCOPE: The standard covers all employees who could as the result of performing their job duties have a “reasonably anticipated” exposure with blood and other potentially infectious materials. OPIM including, semen, vaginal secretions, cerebrospinal, synovial, saliva in dental procedures and other body fluids contaminated with blood or body fluids, unfixed tissue cultures, solutions containing blood or organs from a human.

The bloodborne pathogens standard covers many types of occupations including those in healthcare, non-healthcare, and permanent and temporary worksites. Many employees working in hospitals such as physicians, nurses, medical technologists, some laundry and housekeeping personnel are covered. Dentists and dental workers, nursing home personnel, blood bank and dialysis centers or any other health care workers who could be exposed to blood or POIM. There are also many examples of non-healthcare employees who are covered and these include law enforcement, emergency services, correctional employees and those who would render first aid as part of their job duties.

WHAT IS REQUIRED: The employer is responsible for the development and implementation of a program to prevent occupational exposure to bloodborne pathogens. There are several key components of the standard including the following:

1. **EXPOSURE CONTROL PLAN:** Employers must in writing identify tasks and procedures as well as all job classifications where occupational exposure to blood or OPIM occurs – without regard to personal protective clothing and equipment. The plan must identify the schedule and method for protecting workers from exposure and must specify procedures for evaluating circumstances surrounding any exposure incidents (a specific eye, mouth, mucous membrane, parenteral, or non-intact skin contact with blood or OPIM).
2. **METHODS OF COMPLIANCE:** The employer is responsible to develop written procedures to protect workers from exposure. These methods include: universal precautions, (treating body fluids as if infectious), emphasizing engineering and work practice controls, appropriate personal protective equipment, and a written schedule for cleaning and decontamination.
 - A. **Engineering Controls:** Examples include, puncture resistant sharps containers, mechanical needle, recapping devices and biosafety cabinets. To ensure their effectiveness, the employer must examine and review procedures on a regular basis.

- B. **Work Practice Controls:** Examples include, placing contaminated sharps in properly labeled containers, not bending or breaking contaminated sharps and washing hands as soon as possible after contact with body fluids.
- C. **Personal Protective Equipment:** Examples include, gloves, gowns, face shields, eye protection, mouthpieces and resuscitation devices. General work clothes are not intended to serve as adequate personal protective equipment. All protective equipment is to be provided at no cost to the employee and must be cleaned, repaired and disposed of by the employer.
- D. **Housekeeping:** The standard requires that a written schedule for cleaning and decontamination be developed and should be based on the following criteria: location within the facility, type of surface to be cleaned, type of contamination and task or procedures to be performed. In addition, contaminated work surfaces must be decontaminated after completion of procedures, after any contact with blood or OPIM and at the end of the work shift. All reusable receptacles that have a likelihood of contamination must be inspected and decontaminated on a regular basis.

HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP:

All medical evaluations and procedures must be:

- At no cost to the employee
- Made available to employees at a reasonable time and place
- Performed by or under the supervision of a licensed physician or health care professional
- All laboratory tests shall be conducted by an accredited laboratory

POST-EXPOSURE EVALUATION AND FOLLOW-UP: Shall immediately be made available to employees following an exposure incident (at no cost to the employee). It must include, within 24 hours of incident:

- Hepatitis B Vaccination
- Documentation of the routes of exposure and how the exposure incident occurred
- Identification, documentation and testing of the source individual if feasible or not prohibited
- Collection and testing of the employee's blood for HBV and HIV (employee consent required)
- Post-exposure prophylaxis recommended by the U.S. Public Health Service, when medically indicated
- Counseling
- Evaluation of reported illnesses