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INTRODUCTION: This policy pertains to spills of blood or other body fluids. Standard work practices and controls are required to reduce or eliminate exposure to bloodborne pathogens. When considering these practices and controls, Lincoln Public Schools adopts this policy to reduce employee exposure by either removing or isolating hazards or isolating the employee from exposure.

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 subject to 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.

- 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.

<u>JOB</u>	<u>TASKS WHERE EXPOSURE MAY OCCUR</u>
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Coaches/P.E. Teachers	Injuries
I.A. Teachers	Sharps/Injuries
Home Economics Teachers	Sharps/Injuries
Science	Sharps/Injuries

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Music	Sharps/Injuries
Elementary Principals	Injuries
Elementary Clerks	Injuries
Elementary Teachers	Injuries/recess

- 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 EDUCATION 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 1)
 - 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.

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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 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.

DEVELOPMENT OF PROTOCOL

The Superintendent of Schools shall develop a protocol and procedures to facilitate this policy.

First Reading:	February 8, 1993
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Adopted:	March 8, 1993
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Revised First Reading:	November 20, 2023
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Adopted:	

TOWN OF LINCOLN SCHOOL COMMITTEE, Lincoln, Rhode Island

POLICY: GBEB PERSONNEL POLICY FOR OSHA/BLOODBORNE PATHOGENS

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