

## BLOODBORNE PATHOGEN POLICY

The Hamilton County Community Unit School District No. 10 Board of Education acknowledges possible risk that employees may incur when they handle or participate in procedures that involve blood, body fluid or other potentially infectious material from a bloodborne pathogen. The School Board directs the Superintendent to implement the Occupational Safety and Health Administration and the Illinois Department of Labor Standard to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030.

The Board of Education directs all employees to follow universal precautions whenever experiencing incidents, situations or procedures involving blood, body fluid or other potentially infectious material from a bloodborne pathogen.

The Superintendent shall make available to all employees the Occupational Exposure Control Plan (ECP). The plan shall be reviewed and updated by the Superintendent and district health professional at least annually.

The ECP is a key document to assist our district in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Standard precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employee and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The Superintendent shall direct the district health professional to implement all aspects of the Exposure Control Plan including awareness, training, notifications, protocols, and record maintenance for staff, students, parents/guardians, and the community, as appropriate. The district health professional will collaborate with district administration to maintain at least one copy of the Exposure Control Plan in each building of the District.

Source: Hamilton County Community Unit District No. 10

Legal Reference: OSHA Rules, Illinois Register - January 29, 1993

Adopted: February 16, 1993

Revised:

## Exposure Control Plan

Most school personnel can reasonably anticipate exposure to blood or other potential/infectious material during their day-to-day work duties. In general, school employees incur a very low risk of exposure to body fluids due to the nature of casual contact with individuals in the school environment. However, some employees, especially special education employees, should take extra caution while working with developmentally delayed children. Many special needs children are more vulnerable to injury, likely to have extraordinary medical needs, and more dependent to adults for personal care. It is imperative that all school employees understand the danger of exposure to bloodborne pathogens and ways to minimize their risk.

An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious body fluid that occurs during the performance of an employee's duties or tasks. Work practice controls are used to reduce the risk to the worker by minimizing or eliminating employee exposure incidents to bloodborne pathogens. An Exposure Control Plan is an agency's written policy for determination of exposure and implementation of procedures relating to control of infectious disease hazards. It should be reviewed regularly by the Exposure Control Officer to determine whether appropriate cleaning and disinfecting steps are being allowed.

### Program Administration

- District Superintendent/School Nurse is (are) responsible for the implementation of the ECP. District Superintendent/School Nurse will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Hamilton Co. Unit 10: 643-2328 ext.6102 or 2109.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP.
- School Nurse/Maintenance Director will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. School Nurse/Maintenance Director will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: Hamilton Co. Unit 10: 643-2328 ext.6102 or 2109.
- School Nurse will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: Hamilton Co. Unit 10: 643-2328 ext.6102 or 2109.
- School Nurse will be responsible for training, documentation of training, and making the written ECP available to employees. District Superintendent will make the written ECP available to OSHA & NIOSH representatives when requested.

## DEFINITIONS

The following definitions will be described as they relate to OSHA rules on blood-borne pathogens:

Acquired Immune Deficiency Syndrome (AIDS) – the name given to the latter stages of HIV infections, characterized by severe symptoms of illness and other specific clinical manifestations such as opportunistic infections and severe reduction of white blood cells.

Biohazard Label – red or orange legend to identify blood, regulated waste, or other potentially infectious materials (OPIM).

Blood-Borne Pathogens – pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and the Human Immunodeficiency virus (HIV).

Body Substance Isolation (BSI) – a method of infection control that incorporates all body fluids and substances as infectious. BSI incorporates not only the fluids and materials covered by the OSHA Standard but also expands coverage to include all body fluids and substances. BSI is an acceptable alternative to Universal Precautions provided facilities utilizing BSI adhere to all other provisions of OSHA Standards.

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

Contaminated Laundry – laundry that has been soiled with blood or other potentially infectious materials or sharps.

Contaminated Sharps – any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, lancets, broken capillary tubes, and exposed ends of dental wires.

Covered Employees – employees designated in the Exposure Control Plan of the employer who have a job-related risk of exposure to blood and other potentially infectious materials. The “covered” employees are subject to the rules and regulations of OSHA concerning occupational exposure to blood-borne pathogens.

Decontamination – the use of physical or chemical means to remove, inactivate, or destroy the blood-borne pathogens on the 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.

Disposable – any item indicated as single-use only.

Emesis – vomiting or vomitus.

Engineering Controls – policies and practices of the employer that isolate or remove the blood-borne pathogen hazards in the workplace (e.g. sharps disposal containers).

Exposure Control Plan – a plan developed and reviewed annually by the employing agency that is designed to eliminate, reduce, and respond to incidents of possible exposure to blood-borne pathogens of specified employees.

Exposure Incident – a specific mouth, eye, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Hand Washing Facilities – a facility providing an adequate supply of running potable (drinking) water, soap, and single use towels or air drying machine.

Hazard – an actual or potential exposure to risk.

Hepatitis B Virus (HBV) – the pathogen that causes one form of liver infection and is transmitted by blood and other body fluids containing blood such as semen and vaginal secretions.

Hepatitis C Virus (HCV) – the pathogen that causes chronic liver infection and is transmitted by blood, primarily through large or repeated percutaneous exposures, untested blood products, shared needles, and unprotected sexual contact. It is clinically silent in 95% of infected people.

Hepatitis D Virus (HDV) – the pathogen that causes the most severe form of viral Hepatitis. It occurs in persons who have acute or chronic HBV Hepatitis and are HbsAg-positive.

Hepatitis G Virus (HGV) – the pathogen first identified in 1996 that is transmitted through infected blood and unprotected sexual contact.

Human Immunodeficiency Virus (HIV) – the pathogen that causes HIV infection and is transmitted from one person to another by blood, semen, vaginal secretions and breast milk. The infected person can be without symptoms or illness for 10 to 20 years. However, presence of the infection can be detected within a few weeks to six months with HIV antibody tests.

Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Occupational Safety and Health Administration (OSHA) – a federal regulatory agency within the U.S. Department of Labor.

Other Potentially Infectious Materials (OPIM) – a term used in the federal regulation to be inclusive of materials, in addition to blood, that are potentially capable of transmitting HIV, HBV, and HCV. It includes any body fluids contaminated with blood and all body fluids where it is difficult to differentiate between body fluids that contain the components of blood, but are always obvious to the naked eye.

Parenteral – any piercing of the skin barrier or mucous membranes through such events as needle sticks, cuts, bites, eye or mouth splash, abrasions, or transfusions involving blood or other potentially infectious materials from the body of another person.

Personal Protective Equipment (PPE) – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective repellent gowns, aprons, gloves, masks, and goggles.

Post-Exposure Evaluation – an evaluation by a licensed healthcare professional or agency after an incident where an employee was exposed to blood or other potentially infectious materials while performing job functions. This evaluation must be available free to employee.

Pre-Exposure Training – training required for employees determined by the employer agency to be at risk for occupational exposure to blood-borne pathogens to help eliminate and reduce exposure incidents, make employees aware of the plan, and intensely inform the designated employees about Universal/Standard Precautions and how to report exposure incidents.

Regulated Waste – waste containing liquid or semi-liquid blood and other potentially infectious materials, including items caked with these materials if the items would release liquids when compressed. It includes contaminated sharps and, in some states, sanitary supplies used for menstrual flow.

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

Standard Precautions – an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

Sterilize – the use of physical and/or chemical procedures to destroy all microbial life, including highly bacterial endospores.

Work-Practice Controls – controls, such as the use of protective gloves, hand washing, proper waste disposal, and use of disinfectants to clean workstations, that reduce the likelihood of exposure to blood-borne pathogens.

## **METHODS OF IMPLEMENTATION AND CONTROL**

### Standard Precautions

All employees will utilize standard precautions.

### Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the School Nurse. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The District Superintendent/School Nurse are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or revised employee positions with occupational exposure.

### Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- a. Standard precautions
- b. Vaccination program
- c. Post – exposure follow-up
- d. Appropriate disposal/clean-up (germicidal)

Sharps disposal containers are inspected and maintained or replaced by the School Nurse whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through review of OSHA records, employee interviews, and committee activities.

We evaluate the need for new procedures or new products by reviewing updates on OSHA requirements, employee interviews, reviewing accident reports, reviewing exposure incidents reports.

The following staff are involved in this process School Nurse, District Superintendent, Maintenance Director.

The School Nurse will ensure effective implementation of the recommendations.

## Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by School Nurse in the use of the appropriate PPE for the tasks or procedures employees will perform.

Disposable gloves, protective eyewear, face shields, protective clothing & resuscitative devices are found in school as per the list that follows.

Employees have been informed that personal protective equipment must remain at work and will not be permitted to be used or washed at home.

PPE may be obtained through the School Nurse.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in containers as per procedure listed below.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

All personal protective equipment must be removed immediately following contamination and upon leaving the area. It must be placed in the designated receptacle for storage, washing, disposal, or decontamination. (Red container or biohazard labeled container/bag).

The masks should be properly cleaned after an incident for re-use. These steps should be followed: (1) put on gloves, (2) soak in mild soap and warm water, then scrub vigorously, rinse, and dry, and (3) cleanse with an EPA registered disinfectant.

Procedures for Cleaning and Disinfecting Equipment:

- Clean and decontaminate all equipment and environmental surfaces as soon as possible after contact with blood or other body fluids.
- Use a registered EPA approved germicide.
- Remove and replace protective coverings such as plastic wrap and aluminum foil when decontaminating.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pail and cans that have the likelihood for becoming contaminated.
- Always use mechanical means such as tongs or brush and dustpan to pick up contaminated sharps; never pick up with hands even if gloves are worn.
- Place contaminated sharps and infectious wastes in designated containers.
- Handle contaminated laundry as little as possible and with minimal agitation.

Procedures for Cleaning and Disinfecting Medical Devices:

- Wear disposable or utility gloves.
- Clean the device with soap and water to remove debris.
- Soak in appropriate chemical germicide for 15-20 minutes.
- Rinse with water and dry thoroughly.



## Housekeeping

Bloodborne waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (red), and closed prior to removal to prevent spillage or protrusion of contents during handling. Since the school's bloodborne waste is minimal and dries readily on dressing, bandaid, tissue, etc. the waste will be disposed of in properly labeled red containers or bags. The red bags will be double-bagged prior to regular waste disposal

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at see PPE location list. When full, the containers will be taken to Hamilton Memorial Hospital by the School Nurse (or designated custodian) for disposal.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry – (see appendix F)

## Labels

The following labeling method(s) is used in this facility:

- 1) Universal biohazard labels on biohazard disposal containers.
- 2) Red biohazard sharps containers
- 3) Red bags in biohazards disposal containers
- 4) Signs posted by biohazard disposal

Facility Principals/School Nurse ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify School Nurse if they discover bloodborne waste containers, contaminated equipment, etc. without proper labels.

## EXPOSURE DETERMINATION

### Job Classifications in Schools

<u>Position</u>	<u>Tasks/Exposures</u>
1. Registered Nurse	direct client care for injuries involving non-intact skin and mucous membranes, illness involving emesis, and procedures including, but not limited to, injections, changing ostomy bags, toileting, oral or gastrostomy feedings, suctioning, catheterization, and blood glucose monitoring; providing assistance to students/staff with bleeding or other potentially infectious material injuries.
2. Teachers/Instructional Assistants who work in Emotionally, Mentally and Physically Handicapped Programs	changing menstrual pads emesis clean-up tooth brushing biting incidents by students diapering/toileting cleaning nose/mouth secretions feeding (oral or gastrostomy) providing assistance to students with bleeding or other potentially infectious material injuries
3. Speech Therapists/Teachers	cleaning nose/mouth secretions combative behavior swallowing therapy biting incidents by students
4. Physical and Occupational Therapists	tooth brushing biting incidents by students cleaning nose/mouth secretions emesis clean-up
5. Custodians	cleaning body fluid spills (urine, feces, emesis, blood) disposal of regulated waste and laundry general facility cleaning cleaning contaminated broken glass sharps removal

## EXPOSURE DETERMINATION

### Job Classifications in Schools

<u>Position</u>	<u>Tasks/Exposures</u>
6. Coaches, Physical Education Teachers	providing assistance to students with bleeding or other potentially infectious materials injuries/occurrences
7. Playground Monitors	providing assistance to students with bleeding or other potentially infectious materials injuries/occurrences
8. Bus Drivers	providing assistance to students with bleeding or other potentially infectious materials injuries/occurrences
9. Principals/Assistant Principals	Combative behavior Biting incidents by student providing assistance to students with bleeding or other potentially infectious materials
10. Other Persons who have job descriptions which require them to provide first aid to student/staff	providing assistance to students with bleeding or other potentially infectious materials injuries/occurrences

NOTE: This includes all part-time, temporary, contract and per diem employees, who will be serviced individually by the school nurse (nurse to be notified of their hire by administration).

## LEVELS OF PROTECTION

There are three levels of protection endorsed for school employees to reduce the occupational exposure to body fluids or other potentially infectious materials. These are intended to be the minimum requirement for use as protection. Because the risk of exposure varies for each individual or task, each situation should be carefully individualized to determine the best level to be utilized.

If there is a risk of exposure to blood or other potentially infectious materials, the school employee must wear personal protective equipment, depending on the degree of risk associated with the exposure. The following PPE can be required in the school setting:

- Level I      Gloves – both disposable (single-use) and utility
- Level II     Gloves, fluid repellent gown, aprons, and lab coats
- Level III    Gloves, face masks, eye protection, and the appropriate clothing listed in Level II
- Other PPE   Resuscitation masks

Assignments that may require **Level I Protection** of single-use gloves:

- Minor wound care or dressing changes
- Blood glucose monitoring
- Injections
- Topical medications
- Catheterization
- Diapering/toileting
- Emesis cleanup
- Tooth brushing/oral care
- Changing ostomy bags
- Cleaning nose/mouth secretions
- Feeding (oral or gastrostomy)
- Suctioning
- Changing menstrual pads, and
- Oral temperatures

Assignments that may require **Level I Protection** of utility gloves:

- Cleaning body fluid spills
- Emptying trash cans
- Handling sharps/containers
- Handling discarded contaminated materials/regulated waste
- Cleaning/sweeping up contaminated broken glass/sharps, and
- Handling contaminated laundry

Assignments that may require **Level II Protection**:

- Changing pads for an uncooperative/mentally impaired student
- Diapering/toileting with gross contamination
- Wound care for a combative child
- Sorting or bagging contaminated laundry
- Disposing of regulated waste with gross contamination
- Diapering, toileting, feeding, suctioning, and general, and cleaning of students with little or no impulse control

Assignments that may require **Level III Protection**:

- Feeding a child with a history of spitting, or forceful vomiting, or coughing
- Suctioning tracheotomy with history of forceful coughing or copious secretions, and
- Assisting with severe injury and wound with spurting blood

Custodians may need these levels of protection to clean up bloody spills, vomitus, etc. that may splatter.

**BLOODBORNE PATHOGENS**

Location of Protective Equipment  
and Biohazard Disposals (Identified by sticker)

<u>Facility</u>	<u>PP Equipment</u>	<u>Location</u>
Jr./Sr. High School	Latex gloves	Health Services & Custodial rooms
	Sharps Containers	Health Services & Custodial rooms
	Protective eyewear	Health Services
	CPR Masks	Health Services, Admin. Office, Jr. High coach's office, & Athletic Director's office
	Exposure Kit with gown/face shield	Custodial rooms & Health Services
	Disposals	Custodial rooms & Health Services
East side	Latex gloves	Vault, Admin Office, Custodial closet, & Nurse's Office
	Sharps Containers	Vault, Admin Office & Nurse's Office
	CPR Masks	Vault, Admin Office, Teacher's Lounge & Nurse's Office
	Exposure kit with gown/face shield Disposals	Custodial Room  Custodial rooms & Closet east of Nurse's office

## BLOODBORNE PATHOGENS

### Location of Protective Equipment and Biohazard Disposals (Identified by sticker)

<u>Facility</u>	<u>PP Equipment</u>	<u>Location</u>
Preschool	Latex gloves	All rooms
	Sharps Containers	Brown Cabinet Day Care Area
	CPR Masks	Brown Cabinet Day Care Area
	Exposure kit with gown/face shield Disposals	Custodial Room  Adult bathroom & Multipurpose room
Dahlgren School	Latex gloves	Main Office (In Med Cabinet)
	Sharps Containers	Main Office (In Med Cabinet) & Nurse's Office
	CPR Masks	Main Office (Top of Med Cabinet)
	Exposure Kit with gown/face shield	Custodial Room.
	Disposals	Teacher's Lounge

Teachers/Bus drivers, etc. given packets with gloves, first aid supplies. Bus drivers provided with gloves and clean up supplies for spills. Gloves located in all kitchens. Custodial closets supplied with personal protection kits. Personal protection kit located in Health Services.

## ENGINEERING AND WORK PRACTICE CONTROLS

### 1. Standard Precautions

Standard Precautions guidelines are a newer, two-tiered approach to infection control. These guidelines take a broader approach than the older Universal Precautions, offering infection control precautions that are standard for all individuals and include bloodborne, air-borne, and epidemiologically important pathogens. Standard Precautions refers to the use of barrier or protective measures when dealing with the following:

- blood (e.g. lacerations, nose bleeds, abrasions, menstrual flow),
- all body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood (e.g. urine, emesis, feces),
- non-intact skin (e.g. cuts, scrapes, dermatitis), and
- mucous membranes (e.g. oral/nasal secretions).

### 2. Hand Washing and Hand Washing Facilities

Prevention of infectious diseases depends upon the basic principles of cleanliness and hygiene. Frequent hand washing is the most important technique for preventing the transmission of disease. Proper washing requires the use of soap and water and vigorous scrubbing of hands for at least 10-20 seconds to suspend easily removable soil and microorganisms, allowing them to be washed off. School employees should be instructed to wash hands, including fingers, with soap and running water immediately following contact with blood or other potentially infectious materials. If exposure occurs to skin or mucous membranes, those areas should be washed or flushed with water as appropriate, as soon as possible following contact. Hand washing should occur immediately or as soon as possible after removing gloves or any other personal protective equipment. It should be noted that no scientific evidence shows that use of antiseptics for wound care or squeezing the wound will reduce the transmission of bloodborne pathogens. Hand washing is the still the most significant method known to prevent transmission.

Institution of satisfactory hand washing facilities in all buildings is recommended, and OSHA requires that they be readily accessible after incurring exposure. Special attention should be given to classrooms where the exposure risk is expected (e.g. those for students with mental, emotional, or physical impairments), employee lounge, kitchen, student bathrooms, boiler rooms, and janitorial closets. In the event hand-washing facilities are not immediately available (e.g. field trip outings) antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes should be utilized. Hand and/or skin must be washed with soap and water as soon as possible.



### 3. Guidelines for Handling Body Fluids in a School Setting

**The body fluids of all persons must be considered potentially hazardous.** It is best to avoid direct skin contact with all body fluids, especially if breaks in the caregiver's skin are evident. Disposable gloves are mandatory when it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious material (e.g. cleaning cuts and scrapes, helping with bloody nose). Gloves should be worn by those persons who handle diapers or student clothing soiled by feces or urine, and protective clothing may be required if there is an anticipation of contamination of their own clothing from splashes or sprays. Caution should be observed when choosing the type of disposable gloves to be worn. Over the past few years, there has been an increasing incidence of allergic reactions to latex gloves and the cornstarch powder in the gloves. It is important to consider the risk of sensitization to staff when selecting gloves.

All latex gloves are not created equal. Literature shows that some brands of gloves are more allergenic than are others. To minimize skin contact time with potential allergens, gloves should be removed promptly, the individual should avoid touching eyes, nose, or mouth before or after removing the gloves, and hands should be washed immediately.

As important as wearing gloves is the correct procedure for removing them. With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second. Dispose of the gloves promptly and never touch the outside of the glove with the bare hand.

Disposable or single-use gloves are not to be washed or decontaminated for re-use. Washing disposable gloves may cause "wicking," i.e. the enhanced penetration of liquids through undetected holes in the gloves. Disinfecting agents may also cause deterioration. The gloves are to be replaced immediately when they become contaminated, torn, or punctured. Utility gloves may be decontaminated for re-use, provided that the integrity of the glove is not compromised. They should be discarded if they are cracked, peeling, torn, or punctured, if they exhibit other signs of deterioration, or when their ability as a barrier is jeopardized. The use of designated personal protective gloves is required for those who clean surfaces soiled by body fluids.

Occasionally, there will be times when unforeseen skin contact will happen, and gloves are not immediately available. In the event, hands and all other affected skin areas must be scrubbed with copious amounts of soap and running water for 10 minutes at once or as soon as possible after contact. If exposure involves mucous membranes, the affected areas should be flushed with water or eye irrigation solution for 15 minutes or until all traces of the body fluid has been removed. The affected and surrounding areas should be inspected closely for residue. All body fluid exposures must be reported to the immediate supervisor and the Exposure Control Officer to determine if the contact is a

true occupational exposure as defined by OSHA. If there is an obvious or suspected break in the skin or if the exposure was to mucous membrane, the individual exposed should be referred for a medical evaluation.

Equipment used to clean body fluid spills must be handled with gloved hands and disposed of in appropriate containers. Flushable soiled tissues and waste may be flushed in the commode; and discarded paper towels, vacuum bags, and sweeping placed in a red biohazard lined waste receptacle. Broken glass should never be picked up the gloved or bare hand. Instead, tongs or a broom and dustpan should be utilized. Contaminated laundry should be handled as little as possible and with minimal agitation. Soiled laundry should be placed in labeled or color-coded leak proof bags or containers without sorting or rinsing. Bins, pails, cans, and similar receptacles that are reused and have a reasonable likelihood for becoming contaminated with blood or other infectious materials must be inspected and decontaminated on a regularly scheduled basis. Equipment such as brooms and dustpans should be thoroughly cleaned with and EPA registered disinfectant.

First clean organic matter, then disinfect and allow to air dry thoroughly before re-use. The CDC recommends an EPA registered germicidal tuberculocide for disinfectant purposes. All contaminated surfaces should first be washed with soap and water and be visibly clean prior to using the disinfectant.

Contaminated surfaces are a major factor in the spread of HBV. The likelihood of indirect transmission from a contaminated surface or object with transfer to the mouth, eyes, or non-intact skin is a risk. The Hepatitis B Virus can survive dried and at room temperature up to seven days.

#### 4. Handling and Disposal of Contaminated Needles/Objects/Sharps

The primary route of exposure to bloodborne pathogens is accidental percutaneous injury caused by needle sticks or some type of sharps. Usually, school district employees are limited to the types of sharps that they may encounter in the every day school setting. Some of these include, but not limited to, needles, knives, lancets, blades, scissors, and any other object that may be contaminated with body fluids and so have the potential to puncture skin.

Used needles should not be recapped, purposely bent, or broken in any manner. Used needles or any contaminated sharps should be placed in a sealed, puncture-resistant container with a biohazard label prominently displayed. The container should be designated specifically for sharps disposal. The containers should then be disposed of according to federal and state regulations.

The sharps containers must be located in each health office and janitorial room of the facilities and be replaced when they become full. Caution should be taken not to “overfill” the sharps containers. The containers must be kept in a secure area in the

school, away from students or other persons who may have access, accidentally or purposefully.

#### 5. Personal Hygiene and Eating in the School Setting

In areas where a reasonable likelihood of occupational exposure exists, work practice controls should include restricting eating, drinking, applying cosmetics or lip balm, and handling contact lenses. School employees should refrain from taking part in these activities in health rooms, first aid stations, or in any area where there are contaminated items or risk of exposure to potential blood-borne pathogens. Food and drink should not be kept in refrigerators, freezers, shelves, and cabinets or on countertops of bench tops where blood or other potentially infectious materials are present. Employees should only use their own fingernail files, nail clippers, lipsticks, and toothbrushes and should always wash their hands before and after work, as well as before and after meals, after bathroom use, or whenever necessary.

#### 6. Specimen Handling/Specimen Containers

Very few specimens are taken in the school setting. However, if an occasion should arise when a specimen needs to be handled (e.g. throat cultures, urine or stool samples), a healthcare professional (e.g. RN) must collect the specimen under the specific orders of a physician. The following procedures must be followed when handling specimens in the school setting:

- a) appropriate personal protective equipment must be worn when obtaining the specimen;
- b) specimens of blood or other potentially infectious materials must be placed in a container that prevents leakage during collection, handling, processing, storage, and transportation, and the containers must be marked with a red top or labeled with a biohazard warning label;
- c) if outside contamination of the specimen container occurs, the primary container must be placed in a second container which prevents leakage during handling and is labeled appropriately; and
- d) no mouth piping or suctioning of any blood or other body fluids is allowed.

## **GUIDELINES FOR MAINTAINING A CLEAN SCHOOL ENVIRONMENT**

### **A. General cleaning guidelines:**

1. Utility Gloves – Gloves must be worn when cleaning/disinfecting or sanitizing, when removing trash, or when performing any other activity that may place the individual at risk for body fluids. The gloves may be decontaminated and reused if they are completely intact. They should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, and other evidence of deterioration.
2. Disposable or Single Use Gloves – The center for Devices and Radiological Health, FDA, has the responsibility for regulating the medical glove industry. Medical gloves include those marketed as sterile, surgical, or non-sterile. Examination gloves may be made of vinyl or latex. There are no reported differences in barrier effectiveness between intact latex and intact vinyl gloves. The gloves are used only once and replaced as soon as feasible when contaminated, torn, punctured, or their ability to function as a barrier is compromised.
3. Soiled Laundry and Clothing – This pertains to diapers, table covers (changing or couch), or clothing/blankets soiled by body fluids. Although soiled laundry or clothing may harbor large numbers of pathogenic microorganisms, the risk of actual disease transmission is negligible. However, common-sense hygienic practices for processing and cleaning is recommended. The addition of bleach will further reduce the number of potential infectious agents. Pre-soaking is required for heavily soiled clothing.

The soiled articles should be handled as little as possible and with minimum agitation. Utility gloves are to be used when handling contaminated clothing/laundry. All soiled clothing and laundry should be bagged or placed in containers identifying the contents. The containers must be leakproof.

4. School Desks – The desks that have been contaminated with a body fluid must be cleaned with soap and water and sanitized with a registered EPA germicide.
5. Carpets – All carpets contaminated with body fluid spills must be sprinkled with a sanitary absorbent and after, soil is absorbed, carefully vacuumed with a wet vacuum extractor or an industrial-grade vacuum with a high efficiency filter. If the wet extractor or other industrial/hospital-vacuums are not available, the contaminated absorbent must be scraped into a plastic bag while still wet.

6. Floors – A sanitary absorbent must be applied to the contaminated areas of the floor (hallways, classrooms); and, after absorbed, all material is to be swept into a plastic bag. The area should be cleaned with soap and water, then disinfected with an EPA germicide.
7. Garbage and Waste Can Liners – All liners must be replaced daily. Biohazard labels must be affixed to containers containing bloodborne waste. Red bags or red containers may be substituted in place of the labels. All sinks, drinking fountains, and showers must be disinfected with germicide daily.
8. Restrooms – All restrooms are to be cleaned and disinfected on a daily basis. Employees must wear the designated PPE gloves. In instances where toilets overflow or drains back up, the restrooms must be placed out of service until the area has been properly and thoroughly cleaned.
9. Health Room – The health room must be cleaned, disinfected, and wet dusted daily.
10. Medical Devices – All contaminated medical devices must be washed with soap and water and disinfected with a germicidal tuberculocide agent.

B. Cleaning and Disinfection Schedule:

Cleaning and disinfection procedures should be followed regularly, either daily, weekly, or as needed, regardless of the presence or absence of an exposure incident which may include blood or other potentially infectious waste. A hospital-grade chemical germicide registered as a “tuberculocide” should be used to disinfect for micro-bacteria, most viruses, and bacteria. The product must be registered by the Environmental Protection Agency (EPA) for use as a hospital disinfectant.

Daily cleaning and disinfection in general areas should include the following sites:

- a. Sinks and faucet handles
- b. Doorknobs and push plates
- c. Toilet seats and bowls (inside and out) and bathroom floors
- d. Table tops used for eating, including those used in teachers lounge
- e. Classrooms floors, hallways, and lunch room and kitchen floors
- f. Desks and chairs
- g. Carpet vacuuming
- h. Inside and outside of waste receptacles, and
- i. All physical education equipment

Daily cleaning and disinfection in early childhood or special education classrooms, storage areas for regulated waste, and the health room should include:

- a. Mats, bolsters, wedges, etc.
- b. Changing surfaces, sinks and toilet seats
- c. All toys (sanitizing the toys between each child's use is recommended)
- d. Cot or vinyl couch in nurse/health room, and
- e. Any other equipment located in the rooms

Basic techniques for handling food and utensils are usually maintained by the kitchen and dietary staff. However, the following is a recommended schedule:

- a. Maintain clean areas of the kitchen for serving food
- b. Maintain a separate area of the kitchen for cleaning of soiled utensils, pots, pans, etc;
- c. All leftover prepared or served food, dishes, and utensils should be treated as if they were contaminated
- d. Scrape food from soiled dishes and/or place disposable dishes in plastic-lined, covered waste receptacles
- e. Pour liquid into sink drain
- f. Rinse dishes and utensils with warm water before placing them in the dishwasher or washing them by hand
- g. If dishwasher is unavailable, non-disposable food contact items should be washed, rinsed, sanitized, and air dried
- h. Clean sinks, counter tops, tables, chairs, trays, and any other areas where foods or liquids have been discarded or spilled with an approved sanitizer; and
- i. Wash hands prior to removing clean dishes from the dishwasher and storing them in a "clean" area of the kitchen

Weekly cleaning and disinfection should include the following areas:

- a. Soap dispensers: empty, wash, disinfect, and air dry
- b. Walls above sinks
- c. Walls in special education classrooms; and
- d. Partitions in bathrooms

## **HEPATITIS B VACCINATION**

School Nurse will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost to all employees. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in employees personnel file in the Administrative office and Health Services office.

Vaccination will be provided by The Hamilton County Health Department at The McLeansboro Courthouse Building phone 643-3522.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the immediate supervisor then the School Nurse at the following number:

<u>School</u>	<u>Principal</u>	<u>Phone and/or extension #</u>
Preschool	Penny Lee	643-2328 ext.6103
East Side	Jackie Frey	643-2328 ext. 6181
Dahlgren	Charlie Pryer	736-2316
Jr./Sr. High School	Marty Cox	643-2328 ext.2129

An immediately available confidential medical evaluation and follow-up will be conducted by the school nurse (or local hospital if occurs after school hours). Follow the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status (at Hamilton Memorial Hospital).
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible (at the Hamilton Memorial Hospital).



## **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

School Nurse ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standards (if the health care professional does not already have the standards available).

School Nurse ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

School Nurse provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AND EXPOSURE INCIDENT**

District Superintendent/Facility Principal/School Nurse will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device used
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shield, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

If it is determined that revisions need to be made, District Superintendent & School nurse will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by School Nurse.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood of OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at the Health Services Office (in Jr./Sr. High School).

## RECORD KEEPING

### Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at The Health Services Office (in Jr./Sr. High School).

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to The School Nurse.

### Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

School Nurse is responsible for maintenance of the required medical records. These **confidential** records are kept at Health Services for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such request should be sent to Hamilton County Unit 10, 109 N. Washington, Box 369, McLeansboro, IL. 62859.

### OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by District Superintendent & School Nurse.

To obtain a copy of the Federal Register of OSHA Instruction, effective date November 5, 1999, contact:

OSHA Publications Office  
200 Constitution Ave. NW  
Room N3101  
Washington, DC 20210  
Telephone: 202-693-1888

## APPENDIX A

### PROPER HAND WASHING TECHNIQUE

Hand washing is the single most important technique for preventing the spread of infectious diseases.

#### HANDS SHOULD BE WASHED

##### BEFORE:

EATING

##### AFTER:

USING THE TOILET  
DIAPERING OR ASSISTING WITH  
PERSONAL HYGIENE  
ANY CONTACT WITH BLOOD, BODY  
FLUIDS, OR SOILED OBJECTS

1. Wet hands with running water.
2. Apply soap and lather well. Liquid soap is preferred.
3. Wash hands, using a circular motion and friction for 15-30 seconds. Include the front and back surfaces of the hands, between the fingers and knuckles, and around the nails and entire wrist. Wash under jewelry as well.
4. Rinse the hands well under warm running water.
5. Dry the hands well with paper towels, turn off the water faucet with a paper towel, and discard the towels.
6. Apply lotion as desired.

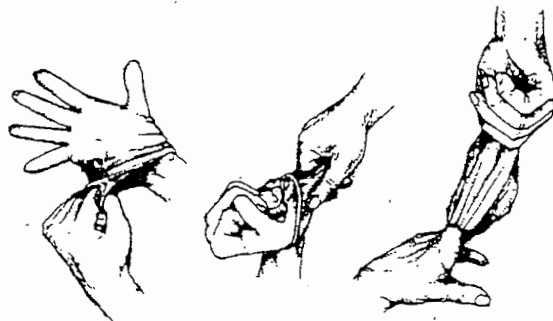
## APPENDIX B

### PROPER GLOVE REMOVAL TECHNIQUE

Just as important as donning gloves is for protection against blood-borne pathogens and other potentially infectious materials, it is equally important to remove gloves in a safe manner to avoid contamination.

#### TO REMOVE SOILED GLOVES WITHOUT TOUCHING CONTAMINATED SURFACE WITH BARE HANDS:

1. With both hands gloved, pinch palm of glove on one hand and pull down off fingers. Form that glove into a ball and hold in fist of gloved hand.
2. Insert two fingers of the ungloved hand under the inside of gloved hand on palm side.
3. Push glove inside out and down onto fingers and over gloved hand.
4. Grasp gloves that are now together and inside out.
5. Discard gloves and any used first aid material in the appropriate designated waste receptacle.
6. Wash hands. Remember wearing gloves is not a substitute for good hand washing.



## APPENDIX C

### PROPER CLEANING OF RESUSCITATION DEVICES

Pocket masks and mechanical emergency respiratory devices are designed to isolate the rescuer from a victim's saliva or body fluids. Since most are reusable, proper disinfecting is essential.

#### TO PROPERLY DISINFECT A RESPIRATORY DEVICE:

1. **Remove the one-way valve and discard in the designated receptacle.**
2. **Soak the mask in mild soap or dish detergent solution for a few minutes. Wash with a soft cloth, rinse, and dry.**
3. **Spray or soak the mask with an EPA registered tuberculocidal disinfectant. Rinse and dry.**

## APPENDIX D

### PROPER BLEACH SOLUTION

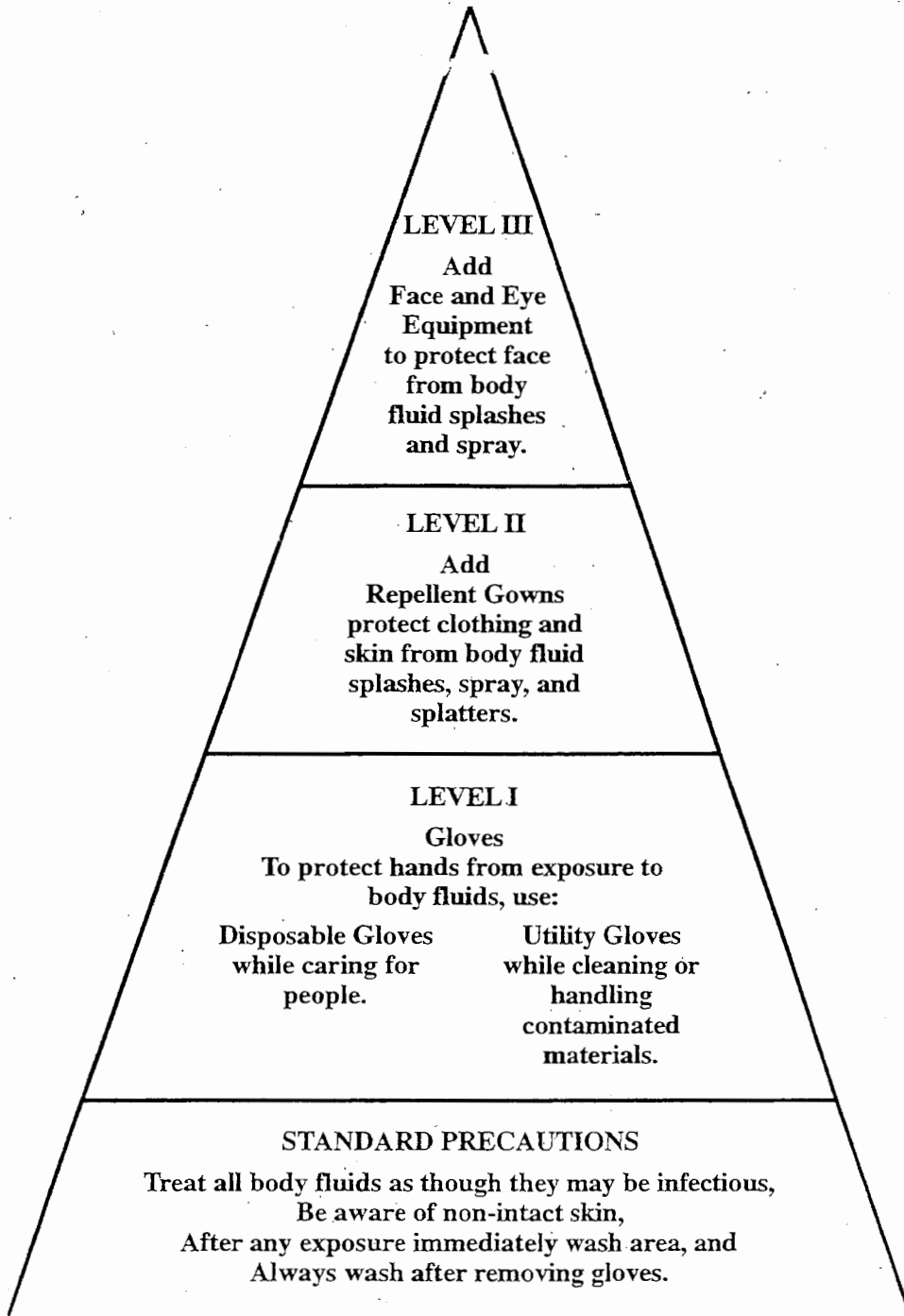
The use of bleach is a recommendation of the Centers for Disease Control (CDC) for environmental disinfecting and sanitizing.

Although a bleach solution is effective against HIV/AIDS, the CDC recommends a Hospital-Grade Germicide/Tuberculocide for micro-bacteria, most viruses, and bacteria, **especially HBV and HCV.**

1. **When using bleach and water in a 1:10 solution, the mixture needed is 1 part bleach and 9 parts water. The concentration is achieved by mixing 8 teaspoons bleach (1/4-ounce) with 1 gallon of water. To make a smaller amount in 16-ounce spray bottle, use approximately 1 teaspoon bleach per 16-ounces of water.**
2. **Bleach should be mixed with cool water. Warm or hot water de-activates the basic ingredient, hypochlorite.**
3. **The mixture should be made no more than 24 hours in advance to be effective.**
4. **It is recommended that a clearly labeled, tightly sealed bottle containing 1 part bleach and having a marked water fill line be kept handy and out of direct light for immediate small spills. It can be filled with cool water and be ready to use.**
5. **Disposable or utility gloves should be worn to remove as much of the contaminated spill as possible with soap and water. All surfaces should be visibly clean of feces, emesis, blood, etc. and soap residue prior to using the solution.**
6. **Allow at least 10-15 minutes contact time with the bleach solution.**

APPENDIX E

**PYRAMID OF PROTECTION  
FOR SCHOOL SITES**





## APPENDIX F

### LAUNDRY PROCEDURES FOR CLOTHING OR LAUNDRY CONTAMINATED WITH BODY FLUIDS

It is important to remember that the transmission of HIV/HBV/HCV from laundry has never been linked. Although the risk is minimal, following the guidelines and common-sense hygienic practices for handling and washing soiled clothing will reduce that risk even further.

1. Soiled linen should be handled as little as possible and with minimum agitation.
2. All soiled linen should be placed in plastic bags at the location where it was used.
3. The soiled laundry should be removed from the plastic bags at the laundry site, and utility gloves and gown should be worn. Dispose of plastic bags in the proper manner.
4. The soiled laundry should be washed separately from other items.
5. Pre-soak in cold water in washing machine to remove gross contaminated materials and blood.
6. If the article is machine washable and dryable:
  - a. wash with commercial laundry soap and the hottest water possible; 160 degrees F for at least 25 minutes;
  - b. add bleach for an extra margin of safety;
  - c. if low temperatures of 160 degrees F or less are used, chemicals such as 1 cup household bleach to a full washer load of cold water, followed by ironing, is recommended; and
  - d. dry on the hottest setting possible (hanging in direct sunlight is an alternative to drying at 160 degrees F.)
7. Commercial dry cleaning is a safe option. Rinse the area of the spill as well as possible and send in an appropriately labeled container.

## APPENDIX G

### FIRST AID AND BODY FLUID EMERGENCY KIT

An emergency involving a body fluid spill can happen any place, not just on school property. School employees need to be prepared and be ready to take sensible precautions. A first aid and body fluid emergency kit should be provided to all teachers and/or other staff members for field trips or other outings where custodial help may not be readily available.

#### RECOMMENDED CONTENTS:

1. disposable gloves – 2 pair
2. absorbent towels
3. zip-lock plastic bag or plastic bag with a twist seal
4. packet of liquid soap or antiseptic towelettes
5. pump spray, 8-ounce bottle containing an EPA registered disinfectant
6. sterile 4X4's, Band-Aids, and all other appropriate first aid equipment
7. device for resuscitation
8. instructions for use:
  - I. wear disposable gloves
  - II. provide first aid treatment
  - III. if any blood or other potentially infectious body fluids come in contact with clothing, backpacks, or fanny packs:
    - a. soak up body fluid spill with disposable absorbent towels
    - b. scrub area with soap and water and absorbent towels
    - c. saturate area with disinfectant and allow to stand for 10 minutes before soaking up solution with absorbent towels
    - d. place all soiled materials in plastic bag
    - e. remove gloves, turning inside out during removal, and place in plastic bag
    - f. seal bag and place in an appropriate receptacle
    - g. wash hands with soap and running water

## APPENDIX H

### FIRST AID CLEANING PROCEDURES

1. If possible, help the injured student or staff member care for themselves.
2. Create a barrier between yourself and blood and body fluids that may contain blood.
3. Clean all surfaces and soiled items with an EPA registered tuberculocide disinfectant.
4. Dispose of all soiled gloves and other barrier materials in a sealed plastic bag (reusable items should be sealed in plastic until they can be laundered).
5. Wash hands with soap and warm running water.

## APPENDIX I

### SCHOOL HEALTH CHECK LIST

\_\_\_\_\_ Staff bathrooms have adequate hand washing facilities, including warm water, soap in pump dispensers, and disposable towels.

\_\_\_\_\_ Staff is provided at least one pair of gloves in the correct size and of adequate quality, plus sterile 4x4's, antiseptic towelettes, and a baggie, and know whom to ask for extra gloves or other materials.

\_\_\_\_\_ All personnel, including secretaries, cafeteria staff, playground monitors, administrators, and custodians, are informed each year about standard precautions.

\_\_\_\_\_ School staff who work with health-impaired students needing procedures involving potential contact with body fluids are informed about the transmission of HIV, HBV and HCV, CMV, and Parvovirus B19 and have been offered the Hepatitis B vaccination at no cost.

\_\_\_\_\_ There is an age-appropriate K-12 health education curriculum that includes information about standard precautions (e.g. warning kindergarten students about not touching needles, glass, or other sharp objects and to avoid touching other people's blood or body fluids).

\_\_\_\_\_ Student bathrooms have adequate hand washing facilities, including warm running water, soap in pump dispensers, and paper towels.

\_\_\_\_\_ Cold packs used for student/staff injuries are disposable or, if reused, are enclosed in disposable plastic bag or disposable paper towel to prevent cross-contamination.

\_\_\_\_\_ Coaches and P.E. teachers are provided with adequate first aid supplies to handle minor injuries and are cognizant of proper first aid procedures.

\_\_\_\_\_ Custodians have been instructed in the proper procedures for cleaning and disinfecting all school property.



## FORM # 1

### BLOOD-BORNE PATHOGEN TRAINING RECORD

1. Trainer Name: \_\_\_\_\_
2. Trainer Qualifications: \_\_\_\_\_
3. Date of Training Session: \_\_\_\_\_
4. Summarize the content of the training session:
  - a. Epidemiology, symptoms and transmission of BBP
  - b. Explanation of standard, ECP, location, etc.
  - c. Tasks with potential for exposure (explanation of exposure incident)
  - d. Engineering controls, work practices & PPE
  - e. Location, use, handling of PPE (basis for PPE selection)
  - f. Hepatitis B vaccine (efficacy, safety, administration, availability)
  - g. Procedure when emergency involving blood/OPIM
  - h. Exposure incident procedure (including post-exposure evaluation)
  - i. Signs, labels and color-coding
  - j. Question and answer session

**Form # 1a**

**Hamilton Co. Unit 10 – New Employee**

1. I have received and reviewed the following information re. Bloodborne Pathogens and Exposure Control:
  - A. Hamilton Co. Unit 10 Exposure Control Plan
  - B. Hamilton Co. Unit 10 Bloodborne Pathogen Policy
  - C. Handouts re. Bloodborne Pathogens, including “Guidelines for Handling Body Fluids and for Infectious Disease Prevention.”
  - D. Video; Bloodborne Pathogens, Protection in Educational Environments.
  - E. Hepatitis B Immunization Program (including waiver form)
  - F. Location of Personnel Protective Equipment and Biohazard Waste receptacles in each facility.
  
1. I understand that any allergy to latex material should be reported to Health Services so that proper protective gloves can be supplied.
  
2. If Hepatitis B immunizations are received, I will send a copy of the administration dates to Health Services

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy – Personnel file  
Copy – Health Services

## FORM #6

### HEPATITIS B VACCINE

Hamilton County Community Unit District No. 10 offers free Hepatitis B vaccine to all school employees whose job duties place them at risk of percutaneous or permucosal exposure to blood or blood products. The recommended series of three IM injection of Hepatitis B Vaccine induces an adequate antibody response in over ninety percent of healthy adults. The deltoid (arm) muscles is the recommended site for adults. The length of effectiveness is seven years or more for those who develop adequate antibodies. The second and third doses are given in 1 and 6 months respectively after the first. All hepatitis B vaccines are synthetic inactivated (noninfective, nonhuman) products, and there is no evidence of interference with other simultaneously administered vaccines. Pregnancy or lactation should not be considered a contraindication to the use of this vaccine. The most common side effect observed with each of the available vaccines has been soreness at the injection site. Incidence equal to or greater than 1% of injections are: fatigue, weakness, headache, fever of 101 degrees or less, malaise, nausea, diarrhea, pharyngitis or upper respiratory infections. There is no possible danger of becoming infected with hepatitis using this vaccine. The hepatitis vaccine produces neither antibodies against HBV from previous infection is not necessary. The Department of Public Health advises anyone at risk to have this vaccine before exposure occurs. After the exposure (splash of blood or blood products, cuts by contaminated sharps, or bites) prophylactic treatment to prevent hepatitis should be considered.

The decision to provide prophylaxis must include consideration of several factors.

- A. Whether the source of the blood is available.
- B. The HBsAG status of the source.
- C. The Hepatitis B vaccination and vaccine-response status of the exposed person.

For any exposure of a person not previously vaccinated, Hepatitis B vaccination is recommended.





**FORM #8**

**SOURCE INDIVIDUAL CONSENT  
FOR BLOOD TESTING**

I hereby authorize an exchange of information to occur between the three agencies/persons listed below and the exposed individual. I realize that my child or I have been identified as a source individual where an employee may have been exposed to blood or other potentially infectious body fluids.

1. School District Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Exposed Employee's HealthCare Provider:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3. Source Individual's HealthCare Provider:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I am aware of the risks to the exposed employee; and I have agreed to blood testing to be performed for HBV, HCV, and HIV. I have been informed that by consenting to this testing, **the test results will only be released to the exposed employee's medical provider and implications with the employee.**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**FORM #9**

**SOURCE INDIVIDUAL REFUSAL FOR  
BLOOD TESTING**

School District Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date Employee Exposed \_\_\_\_\_ Date parent/student notified \_\_\_\_\_

Exposure Control Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

.....

(Please read, sign below, and return to Exposure Control Officer at above address.)

I have been informed by \_\_\_\_\_, Exposure Control Officer,  
that I/my child, have/has been identified as being a source individual in an employee  
exposure incident to blood or other potentially infectious body fluids.

I am aware of the risks to the employee; and I have declined blood testing to be  
performed for HBV, HCV, and HIV. I have been informed that if I had consented to this  
testing, this information would only be released to the exposed employee and to the  
exposed employee's medical provider.

\_\_\_\_\_  
(Signature) (Date)

**FORM #10**

**UNANTICIPATED/ACCIDENTAL  
BODY FLUID  
EXPOSURE LOG**

School Name \_\_\_\_\_

Address \_\_\_\_\_

Exposure Control Officer \_\_\_\_\_

.....  
Name of exposed \_\_\_\_\_

Source Individual (if know) \_\_\_\_\_

Reported by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Description of exposure (include route & circumstances)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was consultation with Exposure Control Officer or healthcare provider sought?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, name of individual \_\_\_\_\_ Title \_\_\_\_\_

Recommendation by above person \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORM #11**

**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize any exchange of information to occur between my physician and/or hospital and the Exposure Control Officer listed below as it pertains to the exposure incident and myself.

School District Name, Exposure Control Officer and Address:

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Employee's HealthCare Provider:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

## REFERENCE

### SCHOOL NURSING MANUAL

Champion, Caroline. *Implementing OSHA Standards in a School Setting*. NASN, 1999.