

CHAPTER 6.00 – HUMAN RESOURCES

AIDS, BLOODBORNE PATHOGENS AND ENVIRONMENTAL HAZARDS

6.62+

The Bloodborne Pathogens Exposure Control Plan shall be used to address the training and methods of handling and ameliorating the potential risk of exposure to bloodborne pathogens and other environmental hazards.

EXPOSURE CONTROL PLAN

The Washington County School Board has performed an exposure determination concerning which of its employees may incur occupational exposure to blood or other potentially infectious materials.

Category I Job Classifications

The exposure determination indicates that the following employees in the job classification are expected to incur occupational exposure (regardless of frequency); Instructional Nurses; Custodians (if school district employees); Early Childhood Teachers; Early Childhood Paraprofessionals and individuals at each school who are trained/designated to provide first aid.

Category II Job Classifications

The following job classifications in which some employees may have occupational exposure include but are not limited to: Bus Drivers; Maintenance Staff; Administrators; Selected Teachers; Paraprofessionals; Secretaries and School Food Service Workers. The degree of exposure depends on the tasks required of the individual in the performance of their jobs.

Task/Procedures

Employees who are considered to be at risk include those in the above categories plus any others who are required to perform any or all of the following tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications that handle blood or other potentially infectious materials (general first aid), deal with sharp instruments, (industrial arts, nursing, home economics, science labs), or who deal with students who are incontinent or cannot control their behavior or who are required to clean up spills involving body fluids.

A. Compliance Methods

Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially

CHAPTER 6.00 – HUMAN RESOURCES

infectious material will be considered infectious regardless of the perceived status of the source individual.

Procedures will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

The Washington County School Board shall provide exposed personnel with disposable gloves and antiseptic towelettes for their use in the event of exposure to blood or other potentially infectious materials. Physical education teachers shall maintain towelettes and gloves in their offices for use in the event of an indoor exposure incident and shall carry towelettes and gloves with them when conducting class outdoors in the event of an outdoor exposure incident. Any physical education teacher who incurs an exposure incident shall wash their hands with soap and running water as soon as possible after use of towelettes and gloves. Early childhood personnel shall maintain such towelettes in their offices for use in the event of an indoor exposure incident and shall carry such towelettes with them when conducting class outdoors in the event of an outdoor exposure incident. Any personnel who incurs an exposure incident shall wash their hands with soap and running water as soon as possible after use of towelettes/gloves.

The immediate supervisor shall be responsible for issuing antiseptic towelettes and gloves to the appropriate personnel. Each supervisor shall review the supply of towelettes on hand for each employee in Category I and II classifications list once monthly to ensure that an adequate supply of such towelettes is available. In the event an employee in such classification exhausts his/her supply of towelettes between such reviews, it shall be the responsibility of the individual employee to advise their supervisor that he/she has exhausted the supply, at which time the supervisor shall immediately issue a new supply of towelettes/gloves to the employee.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

CHAPTER 6.00 – HUMAN RESOURCES

B. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generations of droplets of these substances. Mouth pipetting, suctioning of blood or other potentially infectious materials is prohibited.

C. Personal Protective Equipment

All personal protective equipment used will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing kits will be provided to and used by employees in the following manner. The immediate supervisor of those individuals who are considered at risk shall be responsible for distributing protective clothing kits to each group of employee considered at risk and shall review the issuance of such kits once monthly to ensure that an adequate supply of such kits is on hand.

Each protective clothing kit shall contain a clinical apron or jacket and gloves.

All personal protective equipment will be disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

CHAPTER 6.00 – HUMAN RESOURCES

Disposable gloves used at any site are not to be washed or decontaminated

for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Any area of any site in which an exposure incident occurs will be cleaned and decontaminated immediately.

Decontamination will be accomplished by utilizing the following materials:

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans and similar receptacles shall be inspected and, if necessary, decontaminated on a regularly scheduled basis, by the custodial staff.

Any broken glassware which may be contaminated will not be picked up directly with the hands but shall be picked up using a shovel, broom and dustpan or other appropriate implement.

D. Waste Disposal/Labeling

All potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping. The container for storage, transport, or shipping of contaminated material shall be labeled or color-coded appropriately. Warning labels shall be affixed to containers of regulated waste or of blood or other potentially infectious materials.

E. Antibody Screening/Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be given the opportunity to be screened for the presence of the Hepatitis B Antibody (HB AB) to determine the individual's immunity. If there is not sufficient immunity the employee will be offered the Hepatitis B vaccine, at no cost to the employee.

Employees who decline the surface screening and/or the Hepatitis B vaccine will sign the waiver which is available at each site.

CHAPTER 6.00 – HUMAN RESOURCES

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The principal or designee, or immediate supervisor shall be responsible for assuring that the vaccine is offered, the waivers are signed, and employees who initially decline the vaccine, but who later wish to have the vaccine, receive the vaccine.

F. Post-Exposure Evaluation and Follow-Up

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with these procedures:

- Documentation of the route of exposure and the circumstances related to the incident.

- If possible, and not prohibited by statute, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood shall be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.

- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

- The immediate supervisors are designated to assure that the procedures outlined here are effectively carried out as well as to maintain records of all employees who have been exposed.

CHAPTER 6.00 – HUMAN RESOURCES

G. Interaction With Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of the district as a result of an exposure incident. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. The written opinion to the employer is not to reference any other personal medical information.

H. Training

The Washington County Health Department will assist the supervisor in providing the training of employees. Training will be provided to all employees and will include explanations of the following:

1. The policy for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. The District's Exposure Control Plan.
5. Procedures which might cause exposure to blood or other potentially infectious materials.
6. Control methods which will be used to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available and who should be contacted concerning it.
8. Post Exposure evaluation and follow-up.
9. Hepatitis B vaccine program at the site.

Training may be conducted using either the video "Bloodborne Pathogen Instructions for School Staff", pre-printed materials and/or individual presentations.

REVISION DATE: 02/14/05

CHAPTER 6.00 – HUMAN RESOURCES