

Series 4000

Personnel
Bloodborne Pathogens

The Eastford Board of Education is committed to promoting a safe and healthful work environment for its staff. In pursuit of this goal and in accordance with the United States Department of Labor, Occupational Safety and Health Administration (OSHA) regulations dealing with “Safe Workplace” standards relating to exposure to Bloodborne Pathogens, the following will be the procedures of the Eastford Board of Education for at risk personnel.

The Eastford Board of Education shall establish a written exposure control plan in accordance with the federal standards for dealing with potentially infectious materials in the workplace to protect employees from possible infection due to contact with Bloodborne pathogens. Pursuant to these procedures, the school will take reasonably necessary actions to protect its employees from infectious disease and in particular H.I.V. and H.B.V. infection.

The school will provide the training and protective equipment to those persons who are at risk by virtue of their job performance and may come in contact with infectious disease. Furthermore, all Eastford Board of Education personnel defined by the Occupational Safety and Health Administration and the school who may come in contact with blood and body fluids will be offered the vaccine for the Hepatitis B Virus which is a life threatening Bloodborne pathogen. The vaccination will be done at no cost to the personnel and is provided as a precaution for personnel safety.

I. Definitions

- A. **Contaminated Sharps:** any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- B. **Engineering Controls:** controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
- C. **Work Practice Controls:** controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

II. Exposure Determination

[Note: The exposure determination plan need only identify classes of employees that, as a product of their job duties, have some level of

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occupational exposure. This is merely one example of a way to classify such employees.]

- A. Category I: Those personnel who come in direct contact with blood and body fluids for which precautions must be taken
- B. Category II: Personnel who participate in activities without blood exposure but exposure may occur in an emergency
- C. Category III: Personnel performing tasks that do not entail predictable or unpredictable exposure to blood
 - 1. The School Nurse assisting and treating injured students may come in contact with blood and other bodily fluids (Category I).
 - 2. School staff, including physical education teachers, OT, PT, general paraprofessionals, athletic coaches and principals may come in contact with blood and other bodily fluids in the performance of their jobs in treating injured students (Category I).
 - 3. Special education teachers and paraprofessionals in resource rooms and behavioral programs, and custodial staff, and other staff who substitute for them, may have to clean up after injured persons where they may come in contact with blood and other bodily fluids (Category I).
 - 4. All staff certified in first aid may have contact with blood in an emergency (Category II).

III. Methods of Compliance

- A. Avoid direct contact with blood, bodily fluids or other potentially infectious materials - use gloves.
- B. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.
- C. Contaminated reusable sharps shall be placed in containers that are puncture resistant, leakproof, color-coded or labeled in accordance with Section X of this plan and shall not require employees to reach by hand into the container.

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- D. Protective gloves will be worn if you have any open wounds on your hands. If there is any doubt in your mind regarding some contact with blood or bodily fluids - use gloves.
- E. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- F. If you become contaminated, wash that area immediately with a strong antiseptic soap or solution.
- G. If clothing becomes contaminated with blood or body fluids, it should be placed in a bag labeled in accordance with Section X of this plan and placed in a contaminated clothing container for proper cleaning and/or discarding.
- H. Any areas of the school that may become contaminated will be washed with a strong solution of bleach and water or other appropriate disinfectant, rubber gloves, sanitary suit, face and eye protection, and long handled scrub utensils should be used.
- I. All locker rooms, restrooms, and the nurse's office will be cleaned daily using disinfectant. Custodial staff members are required to wear rubber gloves and use long- handled scrubbing utensils during these cleaning procedures at these locations.
- J. When a spill occurs, the building administrator or his/her designee will limit access to areas of potential exposure and notify the staff and students. The janitorial staff will be notified to immediately clean the area.
- K. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- L. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- M. Specimens of blood or other potentially infectious materials shall be placed in a container labeled in accordance with Section X of this plan, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

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IV. Preventative Measures

- A. The Superintendent or his/her designee shall use engineering and work practice controls to eliminate or minimize employee exposure, and shall regularly examine and update controls to ensure their effectiveness.

V. Hepatitis B Vaccination

- A. The hepatitis B vaccination series shall be made available at no cost to all Category I employees. The hepatitis B vaccination shall be made available after an employee with occupational exposure has received the required training and within 10 working days of initial assignment, unless the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or vaccination is contraindicated by medical reasons.
- B. Employees who decline to accept the vaccination shall sign the hepatitis B vaccination declination statement.

VI. Training for Exposure Control

- A. Each year, all at risk personnel will be supplied with written materials relating to precautions, risks, and actions to take if contaminated by blood or other body fluids containing the following:
 - (1) An accessible copy of the regulatory text of the OSHA standards regarding bloodborne pathogens and an explanation of its contents;
 - (2) A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - (3) An explanation of the modes of transmission of bloodborne pathogens;
 - (4) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - (5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

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- (6) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- (7) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

VIII. Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, the Superintendent or his/her designee shall immediately make available to the exposed employee, at no cost, a confidential medical evaluation, post-exposure evaluation and follow-up. He or she shall at a minimum:

- Document the route(s) of exposure and the circumstances under which the exposure incident occurred;
- Identify and document the source individual, unless that identification is infeasible or prohibited by law;
- Provide for the collection and testing of the employee's blood for HBV and HIV serological status;
- Provide for post-exposure prophylaxis, when medically indicated as recommended by the U.S. Public Health service;
- Counseling and Evaluation of reported illnesses.

The Superintendent or designee shall provide the health care professional with a copy of the OSHA regulation; a description of the employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records maintained by the school relevant to the appropriate treatment of the employee, including vaccination status; and

The school shall maintain the confidentiality of the affected employee and the exposure source during all phases of the post-exposure evaluation.

IX. Records

Upon an employee's initial employment and at least annually thereafter, the Superintendent or his/her designee shall inform employees with occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these

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records. Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law. Upon request by an employee, or a designated representative with the employee's written consent, the Superintendent or designee shall provide access to a record in a reasonable time, place and manner, no later than 15 days after the request is made.

Records shall be maintained as follows:

Medical records shall be maintained for the duration of employment plus 30 years.

1. Training records shall be maintained for three years from the date of training.