

Morgan School District Bloodborne Pathogens Exposure Control Plan

INTRODUCTION

Morgan School District is committed to providing a safe and healthful working environment for our entire staff. The following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a document to assist our organization 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:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination for at risk employees
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Employee Services Director is responsible for overseeing that school administrators facilitate the implementation of the ECP at their site. The Employee Services Director will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

The site supervisor (Principal, Department Director) is responsible for implementation of the ECP.

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 this ECP.

The site supervisor will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

The Employee Services Director will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

The site supervisor or designated person/s will be responsible for training, documentation of training, and making the written ECP available to employees.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Job Title: School Nurse, Health Aids, Teachers, School Administrators, SPED Teachers. SPED Assistants, Educational Assistants, Multi-handicapped, Other Health Impaired, and Autism Programs

Task/Procedure: Changing menstrual pads, emesis clean-up, tooth brushing, changing ostomy bags, biting incidents by students, diapering/toileting, cleaning nose/mouth secretions, feeding (oral or gastrostomy), suctioning, catheterization, blood glucose monitoring, providing assistance to students with bleeding or OPIM injuries and combative behavior.

Job Title: Speech/Language Specialist

Task/Procedure: Oral peripheral examination, cleaning nose/mouth/ear secretions, oral motor skill techniques, feeding, combative behavior and biting incidents by students.

Job Title: Delegated Caregivers (persons delegated to perform specific nursing tasks by a registered nurse)

Task/Procedure: Injected, oral or rectal medications, suctioning, catheterization, gastrostomy feedings/medications, blood glucose monitoring and dressing changes.

Job Title: PE Teachers, Teacher Assistants, Athletic Trainers, Student Trainers or Coaches with training responsibilities.

Task/Procedure: Providing assistance to student-athletes with injuries that involve blood.

Job Title: Designated First Aid Providers

Task/Procedure: Providing assistance to students with bleeding or OPIM injuries/occurrences.

Job Title: Custodians, District Maintenance Plumbing staff

Task/Procedure: Cleaning spills, repairing waste lines

Regulated Waste

The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. OSHA expects the waste containers into which these products are discarded to be lined in such a way as to protect employees from physical contact with the contents.

Bandages which are not saturated to the point of releasing blood or OPIM if compressed would not be considered as regulated waste.

(<https://www.osha.gov/laws-regs/standardinterpretations/1992-05-28#:~:text=The%20bloodborne%20pathogens%20standard%20defines,are%20capable%20of%20releasing%20these>)

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal 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 can receive a copy of this plan on the district website.

Engineering Controls and Work Practices

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

- Providing handwashing facilities that are readily accessible to staff. When provision of handwashing facilities is not feasible, the district shall provide an appropriate antiseptic hand cleanser in conjunction with clean paper towels or antiseptic wipes.
- Appropriate puncture-resistant containers shall be available for contaminated needles and other contaminated sharps. Contaminated sharps are any object(s) that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wire. Appropriate containers must be located wherever sharps are used.
- Controls will be examined and maintained or replaced as appropriate on a regular schedule to ensure their effectiveness. Controls will include but are not limited to the following:
 1. "Universal Precautions" will be used by all employees.
 2. All employees should avoid direct skin contact with body fluids of other persons, especially if the person has an unhealed break in the skin.
 3. Whenever possible, a student or person should be encouraged to care for his/her own bleeding injury.
 4. Staff will be trained to wash hands in an appropriate manner after any possible contact with blood or other potentially infectious materials.
 5. Potentially infectious materials will be double plastic bagged. Blood soaked items will be double bagged in red biohazard bags. Containers will be available for contaminated sharps and labeled.
 6. Equipment that has become contaminated with blood or other potentially infectious materials shall be examined and decontaminated as necessary.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by: Site Administrator or designated person/s.

The types of PPE available to employees are as follows:

1. Gloves, gowns, face shields or masks and eye protection.

PPE is located and available in the site business office or obtained through the site supervisor.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in plastic bags unless items are saturated with blood or OPIM; in which case they will be disposed of in a red biohazard bag.
- Wear appropriate gloves when it is 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 or 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.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling other regulated waste is:

A. Body fluid clean-up

1. Gloves will be worn.
2. Caution or wet floor signs will be used as necessary.
3. An EPA approved disinfectant and absorbent towels will be used to wipe up and clean small spills.
4. Germicidal detergent will be used for contaminated areas when fluid is on a carpeted surface.
5. An EPA approved disinfectant will be used for contaminated areas when a body fluid has been spilled on a hard surface.

6. Absorbent towels will be used to wipe up the cleaning agent; larger spills will necessitate spraying area again with a germicidal detergent or bleach [1 part bleach to 10 parts water (1:10)] and vacuum as necessary when dry.

7. Contaminated fluids and supplies used for cleaning will be disposed of in a biohazard receptacle or red bag away from students if they are saturated or will possibly release blood or OPIM if compressed.

8. A germicidal solution will be used to clean all contaminated equipment and replaced as appropriate.

9. Supplies will be replaced as needed.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at each site.

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

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered by the site supervisor or other designated person/s

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation
- place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transport. Use red bags for this purpose.
- wear the following PPE when handling and/or sorting contaminated materials

HEPATITIS B VACCINATION

The Employee Services Director or designee will provide training to employees on hepatitis B vaccinations, addressing safety benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form (see below). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the School District Office.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Employee Services Director ensures that health care professional(s) responsible for an employee's Hepatitis B vaccination, post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Employee Services Director 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

The Employee Services Director 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 being used (including type and brand)

- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the district.

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 OSHA bloodborne standard (see attachment)
- a copy and explanation of our ECP (Exposure Control Plan)
- 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 of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge for those with high risk of potential exposure
- information on the appropriate actions to take and persons to contact in an emergency involving blood or 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.

RECORD KEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the District Office.

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

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Employee Services Director is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

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 the Employee Services Director.

PRACTICAL GUIDELINES FOR REDUCING THE RISK OF COMMUNICABLE DISEASE IN THE SCHOOL SETTING

There are four routes of transmission for communicable diseases:

1. Airborne or Droplet Spread: This occurs by coughing or sneezing. Transmission of the organism is most likely to occur in poorly ventilated rooms. Most diseases in this category are more efficiently spread via direct contact.

Prevention: Always cover your mouth and nose when coughing or sneezing. Use tissue and discard after use. Wash hands according to handwashing guidelines. Examples of illness spread via the airborne route: The common cold, influenza (flu), tuberculosis (TB), Coronavirus, measles.

2. Contact Spread (direct or indirect): Direct contact spread occurs with skin to skin contact or skin to mucous membrane contact. Indirect contact occurs when the organism is able to live on an object that is then handled by another person (i.e., mucous on a tissue, saliva on an object).

Prevention: Cover any sore or lesion and keep it clean. Avoid touching someone else's sores. Do not share clothing. Discard any soiled articles (tissue) and wash shared items soiled with saliva between uses. Always wash hands after handling soiled articles.

3. Fecal-Oral Route: This type of transmission occurs by not washing hands after toileting, diapering a child or helping a child at the toilet. The virus or bacteria is found in the bowel movement or stool. It may be present before symptoms appear. This makes it essential to always use good hand-washing techniques.

Prevention: Thorough hand washing after toileting and hand washing before handling any foods. Examples: Various diarrheal illnesses, Hepatitis A, pin worms.

4. Blood to Blood or Semen to Blood: This occurs by needle sharing, toothbrush, or razor sharing and with sexual contact (intercourse).

Prevention: Do not share toothbrushes or razors. Do not use needles, exceptions should be considered "hazardous" and disposed of properly (sharps container). Clean up blood spills with a fresh solution of 1:10 household bleach to water or other EPA approved agent. Dispose of soiled articles carefully. Wear gloves when handling heavily soiled articles, clothes or linens. Wash hands thoroughly after contact. Abstain from sex or use a condom unless involved in a long-term mutually monogamous relationship. Examples: Hepatitis B, AIDS

OSHA Guidance

The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state **if compressed**; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

OSHA has provided guidance on what is NOT considered regulated waste. Bandages/feminine products and other materials which are NOT saturated to the point of releasing blood or OPIM if compressed, would not be considered regulated waste. As a **rule of thumb**, if you cannot squeeze fluid out of the contaminated item and there is no liquid sloshing around in the bag, it can go into a regular trash bag, double bagged. Determination should not be based on actual volume of blood, but rather potential to release blood or OPIM if compressed.

(OSHA Standard # 1910.1030, Title: Bloodborne Pathogens Appendix A)

General First Aid Assistance

1. Whenever possible, a student should be encouraged to care for his/her own bleeding injury. If student has limited mental or physical abilities, is fearful, upset, or unable to care for his/her own bleeding injuries, assistance should be offered.
2. Wear disposable gloves when rendering first aid or cleaning injuries. A brief statement can be made, such as, "I'm using gloves to help protect both of us from germs." Depending on the age of the student, more involved explanation may be offered.
3. Disposable towels/clean gauze should be used for each injury and then discarded as noted in #4 below.
4. Place any used first aid supplies in a plastic bag, doubled and sealed. If contaminated supplies are saturated with blood and the trash bag, if compressed, could leak fluid, place trash in a red sealed biohazard bag. Contact site supervisor for proper disposal of biohazard (regulated) waste.
5. If clothing is soiled with blood, one of the following measures should be taken:
 - A. If there are a few small spots of blood, the student may be instructed to wash them out. If a child needs assistance with this task, caregiver must wear gloves.
 - B. If the clothing is soiled with a large amount of blood:

1. The blood should be washed out (use gloves and clean environmental surfaces).

Or

2. Arrange to have the student get fresh clothing from home if there is none readily available at school. Place any remove soiled clothing in a red plastic bag, seal and send home with the student.

6. Remove gloves (turning inside out) and place in biohazard labeled receptacle or in red plastic bag.

7. Students should be encouraged to apply their own bandages. If assistance is required, bandages may be applied after removal of gloves if caregiver will not come into contact with blood or wound drainage.

8. Wash hands with soap and water.

Bloody Nose

1. Encourage student to apply pressure to fleshy lower part of nose just below bridge.

2. If student needs assistance, caregiver must apply disposable gloves before coming into direct contact with blood.

3. When nosebleed stops, rinse gloved hands to remove gross amounts of blood.

4. Clean up student, washing all blood off the skin with soap and water.

5. Clean up minor blood spills on environmental surfaces. For major blood spills, contact school custodian.

6. If clothing is significantly covered in blood or OPIM, make every effort to provide clean clothes.

Ice Packs

Single-use ice packs are recommended. An inexpensive yet effective ice pack consists of ice cubes placed into a zip-lock plastic bag. Another method is to place wet folded paper towels into a zip-lock type plastic bag and place in freezer (discard after use).

If frozen sponges are used as ice packs, they should only be applied on unbroken skin. Replace the sponge in a clean zip-lock type plastic bag- use on unbroken skin one time-then discard the bag. After use, the sponge can be washed and refrozen in a clean zip-lock type plastic bag. Sponges cannot be sterilized, only cleaned. If reusable ice packs of any kind are used, a towel

should be placed between the skin and the pack. Following use, a plastic ice pack should be washed with soap and water.

If a reusable ice pack is used on broken/bleeding skin, dress the wound first, place ice pack in a zip-lock type plastic bag which is discarded after use. Clean the ice pack with soap and water, followed by an application of bleach solution [1 part bleach to 10 parts water (1:10)] for 10 minutes. It may then be rinsed or washed again and reused.

Student Assisting Student

Students should be encouraged to show care and concern for others, but school personnel should caution them against coming into contact with body fluids of an injured person or providing first aid. If this occurs outside a supervised situation, notification of parents is advised.

If one student assists another student who is bleeding and comes into contact with that student's blood, the helping student should immediately wash his/her soiled skin with soap and running water. If the helping student has blood from another student on his/her clothing, it is recommended that every attempt be made to obtain clean clothing for this student. Place any removed soiled clothing in a red plastic bag, seal and send home with student.

Assisting the Ill Student

General Guidelines

Separate ill student from other students. Conditions, other than emergencies, that may require exclusion until either diagnosed by health professional or recovered include:

- *Fever greater than 100.5 F, with or without other symptoms
- *Vomiting
- *Stiff neck or headache with fever
- *New onset of rash
- *Jaundice (yellow color to skin or eyes)
- *Skin lesions that are weeping or pus-filled
- *Diarrhea - 3 watery stools/day with fever or condition persisting longer than 3 days

Emesis (Vomiting)

The custodial staff is available to clean up after a student who has vomited. However, if possible, provide student with a plastic basin to utilize as needed. If student needs assistance, wear disposable gloves with rendering care. Contents of plastic basin may be discarded in toilet,

basin washed with soap and water, then soaked in bleach solution or germicide for 10 minutes. After providing care, remove gloves and wash hands properly.

Nose/Mouth Discharge

Student should, whenever possible, be encouraged to care for his/her own nose/mouth discharges. A disposable tissue should be used one time, discarded, and the student should then wash hands with soap and water. If assistance is required, caregiver should wear disposable gloves when rendering care. Remove gloves (turning inside out) after aiding, place in plastic bag, then wash hands with soap and water.

Students Who Loose Bladder/Bowel Control

Stool/urine-soaked clothing should be removed and replace with clean, dry clothing, using precautions to prevent contamination of the helper. Use disposable gloves and thorough handwashing techniques. Soiled clothing should be placed in a red plastic bag, sealed, and sent home with the child for laundering.

Athletic Situations

It is recommended that students with open lesions (cuts/sores/acne) do not participate in close physical contact sports unless: 1. The lesions are dry or 2. The lesion can be appropriately dressed (e.g. with bandage or gauze) in a secure manner.

Blood Spills on Athletic Equipment

Soak towels in bleach solution [1 part bleach to 10 parts water (1:10)] or other EPA approved agent for 10 minutes. Follow with regular washing procedure. Clean surface with soap and water. Wearing gloves, use friction (SCRUB!) and follow with bleach solution for 10 minutes exposure time. Items can be washed/rinsed again.

Fluids Dispensed

Fluids provided at breaks should be dispensed in individual single-use cups to prevent transfer of saliva from one person to another.

Discarded Contaminated Sharps, Removal/Disposal

Needles, syringes and other sharp objects have often been found on school playground, parking lots and around school buildings. Appropriate disposal of sharps found in these areas will prevent possible parenteral (piercing skin or mucous membranes) injuries. School personnel should observe the following procedures if sharp objects are found around the school building:

1. Adults should direct children to leave needles or other sharp objects where they are found and report immediately to an adult.
2. Adults should:

- a. Leave the needles, syringes, or other sharp objects where they are found.
- b. Obtain a puncture proof sharps container and bring the container to the site of the sharp object.
- c. Use protective gloves, kitchen tongs, or pliers to carefully pick up the object and place it in the puncture-proof container.
- d. Tape the top of the container to prevent spilling. Handle container with care to avoid injury to self or others.
- e. Dispose of puncture-proof container into biohazard-labeled receptacle or in same manner as other sharps containers as identified in the school's EXPOSURE CONTROL PLAN.
- f. Discard gloves in trash receptacle and wash tongs, or pliers in a solution of one part household bleach to nine parts water.
- g. Wash hands with soap and water

Other Discarded Contaminated Materials

It is possible that other items contaminated with OPIM may be found on or around the school grounds. Unfortunately, there have been incidents where staff or students have found used condoms on or around the school grounds. If any of these contaminated items should be located, students should be advised not to touch these items without gloved hands or personal protective equipment. Any contaminated or possible contaminated items must be considered regulated waste and disposed of in a biohazard receptacle.

Drama

Make-up equipment such as sponges, eye or lip make-up applicators should not be shared. If student has acne or open lesions on face, eyes or mouth, this recommendation is especially important. Individual portions of make-up will be most effective at preventing the transmission of bacteria and viruses.

Food Handling

One type of disease transmission may occur via the fecal-oral route. This happens when a person does not thoroughly wash hands after toileting, diapering a child or helping a child at the toilet. The virus or bacteria is found in the solid body waste and may be present before and after symptoms of illness appear. To prevent spread of infection from this source:

1. Hands are to be thoroughly washed after toileting and before handling any foods.

2. All food items should be commercially prepared and individually wrapped by the commercial supplier.
3. Students should be directed to touch only their food and not to share food with others.
4. Beverages should be purchased ready to serve. Beverages must not be reconstituted in classrooms, bathrooms, janitors' closets, or similar areas with a water source. If it is decided to serve a beverage which requires reconstituting it must be reconstituted in the cafeteria kitchen and a clean, sanitized covered pitcher must be used.
5. Food prepared and served under the direct supervision of the Nutrition Services Director is permitted.
6. No food products from home should be shared.
7. Food at school carnivals may be prepared and served under direct supervision of the school lunch room supervisor or a "temporary restaurant" license may be secured.
8. Faculty picnics always have the potential risk of spreading Hepatitis B, as well as other food borne diseases.

Food-borne illnesses may also occur as a result of eating food that has been improperly handles, stored or prepared. To prevent spread of illness:

1. Thoroughly wash hands after toileting and before handling any food.
2. Keep cold foods cold (35E-45E) and hot foods hot (140E and above).
3. Store foods properly.
4. Wash and sanitize dishes, utensils and surfaces properly.

Music

Each student should have his/her own mouthpiece or instrument. If this is not practical, thorough cleaning must be observed by scrubbing with soap, water, small bottle brush or cloth with careful attention to inside area. Follow this by soaking item in bleach solution [1 part bleach to 10 parts water (1:10)] for 10 minutes. Wash, rinse, and dry with disposable towels before re-using.

Mattresses in Nurses Office

Fabric covered mattresses and pillows should be covered with plastic which can be thoroughly cleaned with soap and water and bleach solution in case of body fluid spills. It is recommended that a vinyl covered coach specifically designed for health rooms be used. Rolls of exam paper can then be used to replace sheets. Paper soiled with body fluids should be disposed of.

Health Room Linen

Bedding and towels from health rooms are to be replaced with fresh linens immediately if soiled with anybody fluid. No student should encounter the body fluid of students who may have preceded him/her

Sciences

It is strongly recommended that commercially prepared slides be used in science labs. If blood stick procedures are used in science classes for special projects (e.g., microscopic exam of student's own blood cells) only single use, sterile lancets should be used. Special precautions should be given to thorough handwashing before and after procedures, proper cleaning of blood spills, safe disposal of lancets and specimen slides in a puncture proof container with a biohazard label, covering wound with bandage.

School Bus Setting

If body fluid spills occur on a school bus during transportation, it is recommended that general first aid assistance guidelines be observed. Due to the lack of equipment and supplies necessary to observe hand-washing guidelines, measures are recommended for immediate cleaning. Following through with adequate handwashing is important. Use gloves whenever possible. For cleaning hands soiled with body fluids (in absence of soap and water): Wipe skin contaminated with body fluid with disposable towels; scrub skin with disposable soap towelettes, hand sanitizer or Clorox wipes. If desired, spray skin with dilute bleach (1:10) solution and wipe again with clean soap towelettes, hand sanitizer or Clorox wipes, and allow to air dry. Dispose of all cleaning items in a doubled plastic bag which can be sealed. For items saturated with blood or OPIM that have a potential for leaking if compressed, double bag in a red, sealed biohazard bag. Contact site supervisor for proper disposal of biohazard (regulated) waste.

Soiled equipment (e.g., wheelchairs, etc.) or bus seats should be cleaned in a manner similar to that outlined in custodial guidelines for cleaning school desks.

It is recommended that a bottle of disinfectant approved for use by the school district be kept on the school bus for body fluid spills.

BLOOD OR OTHER BODY FLUID POST-EXPOSURE REPORT

Policy Statement: An exposure incident (a specific mouth, eye or other mucous membrane, non-intact or parenteral contact with blood or OPIM that result from the performance of a staff member's duties) shall be reported immediately to the Building Principal. A Workers Compensation form 122 shall be filled out and sent to the Employee Services Director. Medical assistance shall be obtained from the District Workers Compensation directed care.

Bloodborne Pathogen and Needlestick Prevention

Standards

What is the Bloodborne Pathogens Standard?

OSHA's Bloodborne Pathogens Standard (**29 CFR 1910.1030**) as amended pursuant to the **2000 Needlestick Safety and Prevention Act**, is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens. It has provisions for exposure control plans, engineering and work practice controls, hepatitis B vaccinations, hazard communication and training, and record keeping. The standard imposes requirements on employers of workers who may be exposed to blood or other potentially infectious materials such as certain tissues and body fluids.

Bloodborne pathogens and needlesticks are addressed in specific OSHA standards for general industry. This section highlights OSHA standards and documents related to bloodborne pathogens and needlestick prevention.

<https://www.osha.gov/bloodborne-pathogens/standards>

OSHA Standards

General Industry (29 CFR)	Related Information	
1910 Subpart Z- Toxic and Hazardous Substances	1910.1030, Bloodborne pathogens. Revisions to 1910.1030 as a result of the Needlestick Safety and Prevention Act: Paragraph 1910.1030 (d)(2)(i) requires the use of engineering and work practice controls to eliminate or minimize employee exposure to bloodborne pathogens. Employers must keep a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps [1910.1030 (h)(5)(i)]. The Exposure Control Plan (1910.1030 (c)(1)(i) shall: Reflect changes in technology that eliminate or reduce exposure to the bloodborne pathogens [1910.1030 ©(1)(iv)(A)]. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure [1910.1030(c)(1)(iv)(B)]. Solicit input from non-managerial employees responsible for direct patient care, who are potentially exposed to injuries from contaminated sharps, in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation of the Exposure Control Plan [1910.1030(c)(1)(v)].	Related Information

State Standard Plan

There are 29 OSHA-approved State Plans operating state-wide occupational safety and health programs. State Plans are required to have standards and enforcement programs that are at least as effective as OSHA's and may have different or more stringent requirements.

Visit OSHA website for full standard and regulations:

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

Morgan School District Declination Statement

Declination Statement

I understand that due to my occupation, I am at risk for exposure to blood or other potentially infectious materials (OPIM). I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date: _____

Department: _____

Employee Services Director Signature: _____

Date: _____

Please return a copy of this completed document to the Employee Services Director at the school district office.