

BLOODBORNE PATHOGENS PLAN

Dallas Center - Grimes Community School District

Board Approval ___/___/___

Dallas Center-Grimes Community School District
PO Box 680 | 2405 W 1st Street | Grimes, IA 50111

DISTRICT OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS PLAN

1.Dallas Center-Grimes Exposure Control

A. Exposure Control Plan

The Dallas Center-Grimes School District establishes this written exposure control plan to eliminate or minimize district occupational exposure to blood borne pathogens and to meet the requirements of the Department of Labor, Occupational Safety and Health Administration, 29 Code of Federal Regulations (CFR), Part 1910.1030. The district exposure control plan includes determination, schedule and method of compliance, provision for plan copies to be accessible and available upon request, and the review and updating of the plan.

B. Exposure Determination

The school district and each building have identified the following classification of employees who, in the performance of their duties, may have:

1. reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM) such as blood, semen, vaginal secretions, internal body fluids and body fluids visibly contaminated with blood; and
2. reasonably anticipated contact with all body fluids in situations where it is difficult or impossible to differentiate between body fluids. The exposure determination shall be made without regard to the use of personal protective equipment.

2. Job classifications in which Dallas Center-Grimes employees have occupational exposure.

A. Job classifications in which employees have reasonably anticipated exposure to blood and OPIM:

1. Coaches
2. School nurses
3. Assigned secretary in each center
4. Special needs teachers (Developmentally Delayed)
5. P.E. teachers
6. Industrial Arts teachers
7. Assigned classroom teacher in each center
8. Educational associates
9. Bus drivers
10. Building custodians assigned to school hours

11. Principals

B. Job classifications with possible but very infrequent exposure to blood and OPIM:

1. Classroom Teachers

C. Job classifications with no exposure to blood and OPIM:

1. Superintendent
2. Assessment/Curriculum
3. Dietary Personnel
4. Volunteers
5. District custodian staff assigned non-school hours
6. Board Secretary/Business Manager

3. Designated Response Teams

Employees that are designated as response teams will be called first to respond to an incidence of potential exposure to blood borne pathogens. Universal precautions for school personnel will be followed and instruction will be given to each employee during inservice training on bloodborne pathogens.

METHODS OF COMPLIANCE

UNIVERSAL PRECAUTIONS

Universal precautions shall be used to prevent contact with blood or other potentially infectious materials.

Universal precautions are practices based on the considerations that blood and certain body fluids of all persons are potentially infected with bloodborne pathogens, so all tasks should be performed in a way that will eliminate or minimize the risk of exposure and disease. Since it is currently not possible to identify all infected persons, these precautions must be used with every individual in every circumstance involving blood and body fluids containing blood.

Universal precautions apply to blood, other body fluids containing blood, and to semen and vaginal fluids. These precautions do not apply to saliva, sputum, nasal secretions, tears, sweat, feces, urine or vomit unless they contain visible blood. If it is difficult or impossible to differentiate between body fluid types in a particular situation, all body fluids should be considered potentially infectious materials. Engineering and work practice controls based on universal precautions should be used to eliminate or minimize employee exposure. Essential techniques of infection control include diligent and proper handwashing, the use of barriers, appropriate handling and disposal of waste products and sharp objects, and proper clean up and decontamination of infectious materials.

INSERVICE TRAINING

The Dallas Center-Grimes School District will ensure that all employees identified as having occupational exposure to bloodborne pathogens participate in a training program provided at no cost during employee work hours. Training will be provided at the time of employment or assignment of tasks where occupational exposure occurs, and at least annually review and update.

The training program will be conducted by persons knowledgeable about the subject matter and will contain the following:

- an accessible copy of the OSHA bloodborne pathogen standard, a general explanation of bloodborne diseases, their symptoms, and mode of transmission (with school nurse).
- an explanation of the Dallas Center-Grimes Exposure Control plan including jobs or tasks that place an employee at risk of occupational exposure, information on methods that prevent or reduce exposure, including the use of engineering and work practice control, universal precautions, and personal protective equipment.
- information on the types, selection, location, proper use, removal, handling, and disposal of personal protective equipment, actions to take in an incident involving blood or OPIM, information on the Hepatitis B vaccination program, including efficacy, safety, and benefits of the vaccine.
- a question and answer period.

WORK PRACTICE CONTROLS

HANDWASHING:

The Dallas Center-Grimes School District shall provide handwashing facilities which are readily accessible to employees.

- Hands (and other skin surfaces) must be washed thoroughly using soap and running water immediately following contact with blood or OPIM before touching anything else.
- Hands should be washed whether or not gloves are worn or after gloves are removed.
- Hands should be washed immediately after removing any personal protective equipment.
- If no handwashing facility is immediately available, hands or other skin surfaces should be cleansed with antiseptic hand cleaners or towelettes, followed by washing with soap and running water as soon as feasible.

USE OF PROTECTIVE BARRIERS:

Barriers include personal protective equipment such as gloves. When there is occupational exposure, the Dallas Center - Grimes School will provide, at no cost to employees, appropriate **personal protective equipment (P.P.E.)** in appropriate sizes with laundering, repair, or replacement as needed. P.P.E. does not permit blood or OPIM to penetrate to employees' clothing, skin, or mucous membranes.

GLOVES:

Gloves must be worn in each situation when an employee has the potential to have direct skin contact with blood, OPIM, mucous membranes, or non-intact skin, when handling or touching items or surfaces

soiled with blood or OPIM. The Dallas Center-Grimes School requires employees to wear gloves during contact with any body fluid.

- Disposable single use gloves must be changed as soon as possible when visibly soiled, torn, punctured, or when they no longer function as an adequate barrier.
- Disposable single use gloves shall not be washed or decontaminated for reuse. They must be removed and discarded after each individual contact.
- Utility gloves may be disinfected for reuse as long as there are no breaks in the gloves. However, they must be discarded if they are cracked, peeling, torn, punctured, or show other signs or deterioration such that they no longer serve as an adequate barrier.

RESUSCITATION MASKS:

Masks shall be available for use in the event CPR becomes necessary.

FIRST AID PACKS:

Packs will be available for use by staff supervising playgrounds, on field trips, and in school buses where P.P.E. and soap and water are not readily available. Gloves, paper towels, gauze, antimicrobial wipes, and sealable plastic bags will be in each pack. Clean up kits will also be included in the bus supplies.

SEALABLE PLASTIC BAGS AND PLASTIC GLOVES:

Each classroom will be equipped sealable plastic bags and plastic gloves.

All P.P.E. is available for replacement through custodial and nursing staff.

- All P.P.E. should be removed prior to leaving the worksite and before eating, drinking, or touching the face or mucous membranes.
- If a protective garment becomes penetrated by blood or OPIM, the garment should be removed immediately or as soon as feasible and properly disposed of by being placed in a sealed plastic bag.
- Employees should always provide a barrier between their skin and the blood or OPIM of others. Under supervision, students should be encouraged to take care of their own minor injuries as much as possible. If necessary, the student should then be referred to a member of the response team.
- Barriers other than P.P.E. might include a thick layer of paper towels or cloth (articles of clothing) and the bleeding person's own hand applied to the wound.

HANDLING SHARP OBJECTS:

Sharp objects must be handled so as to prevent accidental cuts or punctures.

- Contaminated broken glass should not be picked up directly with the hands. It should be cleaned up using mechanical means such as a brush and dustpan or tongs, and discarded into a sharps disposal container.
- Sharps disposal containers will be placed in the science department.

GENERAL PRACTICES:

All procedures involving blood or OPIM shall be performed so as to minimize splashing, spraying, or splattering droplets of these substances.

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
- Food and drink shall not be kept on counter tops, cabinets, shelves, or benchtops where blood or OPIM are likely to occur.
- Equipment which may become contaminated with blood or OPIM will be examined prior to servicing or shipping and decontaminated as necessary. A readily observable Biohazard label shall be attached to the equipment stating which portions remain contaminated.

HOUSEKEEPING:

The Dallas Center-Grimes School District ensures that the worksite is maintained in a clean and sanitary condition.

- All equipment and work surfaces are promptly cleaned and decontaminated with an EPA approved disinfectant after contact with blood or OPIM.
- Body fluid spills are solidified and disinfected using approved materials.
- Biohazard bags will be located in each building. These should be used when the blood or OPIM is liquid, semi-liquid, caked with dried blood, unabsorbed by materials, and capable of releasing the substance if compressed. A band-aid, towel, sanitary napkin, or other absorbed waste that does not have the potential of releasing the waste if compressed would not be considered regulated waste.

It is anticipated the school would have regulated waste only in the case of a severe incident.

HEPATITIS B VACCINATION PROGRAM

The Dallas Center-Grimes School District shall make available the Hepatitis B vaccine and vaccination series to all employees who have reasonably anticipated exposure to bloodborne pathogens by nature of their responsibilities.

PROCEDURE

1. All employees classified at risk for occupational exposure will be offered the vaccine after bloodborne pathogen inservice training.
2. All employees at risk for occupational exposure must sign a consent or refusal form indicating whether or not they elect to receive the vaccine. The employee may also provide proof that he/she has developed immunity, has received immunizations previously or has a medical contraindication to the vaccine. Participation in a pre-screening program will not be required.
3. Employees who initially decline Hepatitis B vaccine, but at a later date decide to take the vaccine while still covered under the standard, may sign a consent and receive the vaccination.

4. The Dallas Center-Grimes School District shall be responsible for the cost of the Hepatitis B vaccine and related medical evaluations and procedures. 5. The Hepatitis B vaccine will be administered to employees under the supervision of a licensed physician or other health care professional. Please contact the business office for the physician to be used for Hepatitis B vaccinations.

THE DISEASE

Hepatitis B Virus is a bloodborne pathogen that causes Hepatitis, an inflammation of the liver. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most carriers have no symptoms, but can continue to transmit the disease to other people. Some people infected with Hepatitis B develop chronic active hepatitis and cirrhosis. One to two percent of people with Hepatitis B will die from it. This virus might also be a causative factor in the development of liver cancer. Immunization against Hepatitis B can prevent acute Hepatitis B and its complications.

THE VACCINE

Two types of products are available as a vaccine against Hepatitis B Virus. One type is derived from the plasma of chronic HBV carriers, and the second is produced from yeast cells through genetic engineering. Both products are purified and have been tested extensively for effectiveness and safety. A high percentage of healthy people who receive two doses of vaccine and a third dose as a booster achieve high levels of surface antibody and protection against Hepatitis B. Full immunization requires three doses of vaccine over a six-month period, although some people might not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who were infected with HBV before receiving the immunization could develop clinical hepatitis in spite of immunization. The duration of immunity and need for additional booster doses is unknown at this time.

DOSAGE AND ADMINISTRATION

The Hepatitis B Vaccine is given in three intramuscular injections in the upper arm. Usually, the first two doses are given one month apart and the third is given five months after the second.

POSSIBLE SIDE EFFECTS FROM THE VACCINE

The incidence of side effects is very low. Some people experience soreness and redness at the site of the injections. Some will have low grade fever, fatigue, nausea, or joint pain within the first few days following vaccination. Other side effects could be identified with more extensive use. No known cases of hepatitis have been transmitted by the vaccine.

VACCINE PRECAUTIONS

Pregnant women, nursing mothers, individuals with cardio-pulmonary disease or immune deficiency should not take this vaccine without a doctor's permission. Those with allergy to yeast should be given the plasma-derived vaccine.

DALLAS CENTER-GRIMES COMMUNITY SCHOOL
HEPATITIS B IMMUNIZATION
CONSENT OR REFUSAL

Employee's Name: _____ Social Security Number: _____

I have read the information about Hepatitis B and the Hepatitis B Vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

CONSENT OF HEPATITIS B VACCINATION

Signature of Employee to Receive Vaccine

Date Signed

Signature of Witness

Date Signed

REFUSAL OF HEPATITIS B VACCINATION

After reviewing and discussing the information on Hepatitis B and the Hepatitis B vaccine and after careful consideration of the risks to my health, I hereby refuse the Hepatitis B vaccination. I am aware that I may change this decision by signing the above consent at a later date.

Signature of Employee to Receive Vaccine

Date Signed

Signature of Witness

Date Signed

DALLAS CENTER-GRIMES COMMUNITY SCHOOL
HEPATITIS B VACCINATION RECORD

Employee Name: _____ Ordering Physician: _____

Dose 1: Date: _____ Allergies: _____

Current Meds: _____

Is employee well? _____

1 cc Recombivax IM in _____ deltoid at _____ (time)

Given by: _____

Lot number: _____ Next dose: _____

Adverse reactions: _____

Dose 2: Date: _____ Allergies: _____

Current Meds: _____

Is employee well? _____

1 cc Recombivax IM in _____ deltoid at _____ (time)

Given by: _____

Lot number: _____ Next dose: _____

Adverse reactions: _____

Dose 3: Date: _____ Allergies: _____

Current Meds: _____

Is employee well? _____

1 cc Recombivax IM in _____ deltoid at _____ (time)

Given by: _____

Lot number: _____ Next dose: _____

Adverse reactions: _____

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The following procedure should be followed when any employee has parenteral or cutaneous exposure to blood or body fluids involving large amounts of blood or prolonged exposure, especially if his/her skin is not intact.

1. Employee should cleanse the exposed area thoroughly.
2. Employee should report the incident to the building administrator.
3. The building administrator or designee must document route of exposure and circumstances of the incident.
4. The building administrator or designee will make the necessary inquiries to determine the exposure source and HIV status, if possible.
5. The Dallas Center-Grimes School District shall make available immediately additional medical evaluation by the district's designated physician to the exposed employee. An employee may use his or her own primary physician, after consulting with the superintendent.
6. The Dallas Center-Grimes School District shall ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:
 - a. A copy of OSHA's regulation.
 - b. A description of the exposed employee's duties as they relate to the exposure incident.
 - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - d. Results of the source individual's blood testing, when possible. Written permission needs to be obtained from the source individual and/or parent or guardian before testing can be done and the results made known.
 - e. The employee's vaccination status.
7. The Dallas Center-Grimes School District shall obtain and provide the employee with a copy of the healthcare professionals written opinion within 15 days of the completion of the evaluation.
The report will be limited to the information identified in the regulation.

HEATH CARE PROFESSIONAL REPORT OF POST EXPOSURE MEDICAL EVALUATION

This report is to be filed with the Dallas Center-Grimes School District within 15 working days after exposure incident.

In compliance with Occupational Safety and Health Administration (OSHA), 29 Code of Federal Regulations (CFR) Part 1 910.1030.

Occupational Exposure to Bloodborne Pathogens

Name of Employee: _____

Social Security Number : _____

Physician's Written Opinion

1. Whether the Hepatitis B vaccination is indicated.
2. If indicated, did the employee receive the vaccination?
3. Whether the employee has been informed of the results of the evaluation.
4. Whether the employee has been told about any medical conditions resulting from exposure which requires further evaluation or treatment.

CONTROL METHOD EVALUATION

In addition, the building administrator or designee must evaluate the circumstances of the exposure incident. The goal of this evaluation is to identify and correct problems in order to prevent recurrence of similar incidents. The written protocol for this should include:

- The documentation of the route(s) of exposure and circumstances under which an exposure incident occurred.
- An evaluation of the policies and "failures to control" at the time of the exposure incident.
- The engineering controls in place at the time of the exposure incident.
- The work practices and protective equipment or clothing used at the time of the exposure incident.

BODY FLUID EXPOSURE INCIDENT REPORT (EMPLOYEES)

Employee Name: _____ Social Security No: _____

Job Title: _____

Date of Exposure: _____ Time of Exposure: _____

Date of Last Tetanus Toxoid Vaccination: _____

Employee's Status Regarding Hepatitis B Vaccination: _____

HEPATITIS B VACCINATION DATES

ADMINISTERED BY

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Known prior Vaccination: _____

Known Antibody Levels: _____

Description of Exposure:

Type of body fluid: _____

Amount of body fluid: _____

Site of contact: _____

Presence of cuts, abrasions, irritation at site: _____

Protective equipment worn: _____

Circumstances of exposure: _____

Equipment involved: _____

Duties as they relate to the exposure incident: _____

Identification and Documentation of Source

(Unless infeasible or prohibited by law. Written consent must first be obtained.)

RELEASE OF HEPATITIS B MEDICAL INFORMATION

I hereby authorize release of my Hepatitis B status to the health care provider, in the event of an exposure incident.

Signature of Employee

Date signed

Signature of Witness

Date signed

RECORDKEEPING

MEDICAL

The Dallas Center-Grimes School District will maintain an accurate record of employees with occupational exposure. The record will include:

- Employee's name and social security number, - Employee's Hepatitis B vaccination records and any medical records relative to the employee's ability to receive HBV vaccine,
- Employee's signed consent for/or refusal of HBV vaccine,
- Exposure incident report results of physical exams, medical tests, and follow-up procedure relating to post-exposure evaluation,
- Health care Professional Report.

Medical records will be kept CONFIDENTIAL. They will not be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by this stand. These records will be kept for the duration of employment plus 30 years.

TRAINING

Training records will be maintained for at least three years from the date on which training occurs. These records will include:

- dates of training
- summary of contents of training session,
- name(s) and qualification(s) of person(s) conducting training,
- names and job titles of all persons attending the training sessions.