

**Bloodborne Pathogens Exposure Control Plan
for
Rowan Salisbury School System**

December 2016

Name of Employer:	<u>Rowan-Salisbury Schools</u> Hereafter referred to as "Employer"
Address:	500 N. Main St., Salisbury, NC 28144
Contact Person(s):	Director of Student Services (704) 630-6033 Executive Director of Human Resources (704) 630-6084

Schedule for Implementing Exposure Control Plan

Activity	Scheduled Completion Date	Actual Completion Plan
Adopt policy, review guidelines	February, 93	February, 93
Assign responsibility for monitoring	January, 93	January, 93
Determine which employees are at risk of occupational exposure	January, 93	January, 93
Establish what engineering controls protective equipment are needed, and make appropriate purchases	April, 93	April, 93
Inform staff of policy and guidelines	April, 93	April, 93
Develop training	March, 93	March, 93
Implement training	March, 93	March, 93
Offer HBV vaccine	April, 93	April, 93
Complete annual survey of workplace	May, 93	May, 93
Complete annual review of policy	June, 93	June, 93

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I. Program Administration Responsibilities

The Rowan Salisbury School System (RSSS) Bloodborne Pathogens Exposure Control Plan is developed in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030 and North Carolina Board of Labor requirements.

The following person(s) are responsible for implementation and review of the Exposure Control Plan: Human Resources Assistant Superintendent, Risk Manager/Safety Officer, Student Services Director, Operations-Custodial Manager.

Student Services Director, Risk Manager/Safety Officer, Operations-Custodial Manager and Human Resource Director will:

- a) Ensure annual (or whenever necessary) review of the Exposure Control plan - to include new or modified tasks/procedures and work practice controls
- b) Contract Agencies are responsible for bloodborne pathogens training and implementation of Hep B vaccine, of their employees if required.
- c) Provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.
- d) Ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- e) Be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- f) Be responsible for training, documentation of training, and making the written exposure control plan available to employees, OSHA, and NIOSH representatives.
- g) Maintain a copy of the exposure control plan in the office at each school and administrative sites (Bus garage, maintenance, etc.). The BBP ECP is also available on line under School Health > Manuals.
- h) Maintain annual review and revision signature sheets in Student Services.

BBP Site Based Trainer:

- a) Attend annual training/update for Site Based Trainers
- b) Work with Principal and School Nurse to identify employees who are in "At-Risk" categories.
- c) Coordinate and ensure that on-line site based training is completed by all "At-Risk" employees within 10 days of initial assignment of job duty (and annually) that puts them "At-Risk" of occupational exposure.
- d) Make themselves available for questions during on-line training sessions required for all "At-Risk" employees.
- e) Seek guidance from School Nurse as needed regarding bloodborne pathogens and RSSS bloodborne pathogens policy.
- f) Complete and post in a visible location (for all employees) the RSSS Bloodborne Pathogens Site Based Information sheet.
- g) Submit Training Acknowledgement Forms to Student Services.

School Nurse:

- a) Provide annual site based trainers education.
- b) Provide guidance to site based trainers.
- c) Assist in identification of "At Risk" job classification.
- d) Assist employees with completing the Exposure Determination Questionnaire, if requested.

At Risk Employee:

- a) Identify job tasks placing them at risk for potential occupational exposure and perform all duties in compliance with the bloodborne pathogens exposure control plan.
- b) Complete required bloodborne pathogens training sessions.
- c) Will comply with the procedures and work practices outlined in this bloodborne pathogens exposure control plan.
- d) Make and keep appointments at the specified intervals for vaccination administration, if accepting the hepatitis B vaccination series.
- e) Immediately (no later than 24 hours after-incident) report occupational exposure to blood and other potentially infectious materials to their supervisor and follow the guidelines for post-exposure and follow-up.

Medical facility for post-exposure evaluation and follow-up:

ProMed
628 W Innes St, Salisbury, NC 28144
(704) 637-8040

Facility for Hepatitis B vaccinations:
Rowan County Health Department
811 E Innes St, Salisbury, NC 28146
(704) 216-8777

II. RSSS BBP Exposure Control Policy

[8-16 Communicable Conditions](#)

[Regulation 8-16D Bloodborne Pathogen](#)

III. Definitions

For purposes of this bloodborne pathogens plan, the following definitions shall apply:

“At-Risk employees” means employees identified as being at risk for occupational exposure to blood and other potentially infectious materials.

“Blood and Body Fluids” means liquid blood, serum, plasma and other blood products, emulsified human tissue, spinal fluids, pleural fluids, and peritoneal fluids.

“Bloodborne Pathogens (BBP)” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

“Collateral Exposure” means occupational exposure to blood or other potentially infectious materials as a consequence of collateral job duty (coincidental to the primary job duties) to perform first aid and/or cardiopulmonary resuscitation.

“Contaminated,” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

“Contaminated Laundry,” means laundry that has been soiled with blood, or other potentially infectious materials, or may contain sharps.

“Contaminated Sharps,” means any contaminated object that can penetrate the skin including needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface of item is rendered safe for handling, use, or disposal.

“Engineering Controls” means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections, and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Exposure Determination Questionnaire” is the tool used to identify employees at risk for occupational exposure to blood, bloodborne pathogens, and other potentially infectious materials. Any employee who desires to have his/her occupational exposure status evaluated for at-risk status may complete this questionnaire at any time during the course of employment.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials, which results from the performance of an employee’s job duties.

“Good Samaritan Act” means rendering assistance to accident victims and other exposures that cannot be anticipated. These acts do not constitute occupational exposure.

“Hand-washing Facility” means a facility providing an adequate supply of running potable water, soap, single use towels, or hot air drying machines.

“Licensed Healthcare Professional” is a person whose legally permitted scope of practice allows him/her to independently perform the activities required for hepatitis B vaccination, post-exposure evaluation, and follow-up.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus, the virus that can lead to Acquired Immunodeficiency Syndrome (AIDS).

“Medical Waste” means any solid waste which is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto or in the production or testing of biologicals, but does not include any hazardous waste such as dressings, bandages, sponges, used gloves, and tubing.

“Microbiological waste” means cultures and stocks of infectious agents, including specimens from medical, pathological, pharmaceutical, research, commercial, and industrial laboratories.

“Needleless Systems” means a device that does not use needles for 1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, 2) the administration of medication or fluids, or 3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

“Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s job duties.

“Other Potentially Infectious Materials” means 1) human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic

fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) any unfixed tissue or organ (other than intact skin) from a human, living or dead; and 3) HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

“Parenteral” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

“Pathological waste” means human tissues, organs and body parts, and the carcasses and body parts of all animals that were known to have been exposed to pathogens that are potentially dangerous to humans during research, were used in the production of biological, or in vivo testing of pharmaceuticals, or that died with a known or suspected disease transmissible to humans.

“Personal Protective Equipment” is specialized clothing or equipment worn by an employee for protection against a hazard.

“Reasonably Anticipated” means an individual has reason to believe that exposure will occur while performing a task required by his or her job description.

“Red Biohazard Bag” refers to the bag used for disposal of regulated medical waste.

“Regulated Medical Waste” means blood and body fluids in individual containers in volumes greater than twenty (20) milliliters (ml), untreated microbiological, and pathological waste. This definition refers to blood and body fluids that are in a liquid state and in a container, such as a suction container. This does not refer to blood absorbed by materials such as bandages and dressings.

“Regulated Waste” according to the Occupational Safety and Health Administration, refers to contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and, pathological and microbiological wastes containing blood or other potentially infectious materials.

“Required bloodborne pathogens training” refers to mandatory training within 10 working days of initial assignment for employees at risk for occupational exposure to bloodborne pathogens and other potentially infectious materials. The hepatitis B vaccination series is offered during the session.

“Sharps” means needles, syringes with attached needles, capillary tubes, slides, cover slips, and scalpel blades.

“Sharps with Engineered Sharps Injury Protections” means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

“Source Individual” means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include students and employees, trauma victims, and individuals who donate blood.

“Sterilize” means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

“Universal Precautions” (also referred to as “standard precautions”) refers to an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency virus (HIV), and other bloodborne pathogens.

“Work Practice Controls” means 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).

IV. Employee Exposure Determination

RSSS has evaluated the work environment to determine any actual and potential exposure to bloodborne pathogens. An exposure determination list identifying job classifications that have actual and collateral risk for occupational exposure has been made. Exposure determination has been made without regard to the use of personal protective equipment.

Any employee who desires to have his/her occupational exposure status evaluated for at-risk or collateral status may complete an exposure determination questionnaire at any time during the course of employment.

A. At Risk Employees:

Employees who perform tasks/procedures on a routine daily basis, which could result in an exposure to blood or other potentially infectious materials.

Job classification	Duty/Task
Health Care Professional - (School Nurse)	Screenings, first aid, medical procedures
Athletic Trainers (Employed by RSSS)	First aid
Employees who perform invasive procedures on a daily basis	Injections, catheterizations
Custodians	Removing, cleaning and disposing of regulated waste and blood or body fluids.
Personnel designated to administer first aid for the entire school on a daily basis.	Care of minor injuries that require medical/dental assistance.

At risk employees are required by law to complete the bloodborne pathogens training within 10 days of employment or assignment, during work hours. A bloodborne pathogens trainer must be available at each school site to give employees an opportunity to ask questions at the time of training.

At risk employees should receive the Hepatitis B vaccine series upon employment or sign a declination form if previously vaccinated or declines the vaccine series.

Health Care Professionals who initiate the Hepatitis B vaccination series after employment with RSSS shall have an antibody titer drawn 1-2 months after completion of the 3 dose vaccination series for anti-HBs. Persons who do not respond to the primary series (<10mIU/mL) should complete a second 3 dose vaccines series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series.

B. Collateral Positions:

Employees that do not, on a daily basis, have exposure to blood or other potentially infectious materials.

Job classification	Duty/Task
Bus drivers	Cleaning of blood or body fluids
Teachers/Assistants	Emergency first aid, assisting students with daily living skills (handwashing, toileting, feeding, menstrual needs), care of students who exhibit behaviors that injure themselves or others (biting, hitting, scratching that breaks the skin).
Coaches	Emergency first aid, handling soiled laundry.
Administrators	Care of student exhibiting behaviors that could harm self or other (biting, hitting, scratching).
Speech pathologists	Performing oral exam
Emergency Responder team members (Medical and Crisis Team)	Emergency first aid, care of student exhibiting behaviors that could harm self or other (biting, hitting, scratching that breaks the skin).
Plumbers	Removing, cleaning and disposing of regulated waste and blood or body fluids.

Collateral employees may be offered the hepatitis B vaccine series on a post exposure basis.

It is recommended that all collateral employees complete the annual BBP training.

V. Methods of compliance

Methods of compliance are established per OSHA guidelines and will be followed by RSSS employees while performing job duties, which may result in exposure to blood or other potentially infectious materials. These guidelines are made available to all employees and are included as part of annual training programs. Input from non-management employees is obtained regarding engineering and work practice controls. Evaluation of new procedures and products will occur annually by Student Services, Safety and Human Resources representatives.

A. Universal Precautions: Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual. Gloves should be worn anytime that contact with blood or other potentially infectious material can be reasonably anticipated.

Hand washing will be used in all situations to assist in prevention of the spread of disease.

Hand washing facilities will be made available and readily accessible. When hand washing facilities is not feasible, appropriate antiseptic hand cleanser will be made available.

Employees will wash hands/flush mucous membranes with soap and water, immediately following exposure to blood/body fluid or other potentially infectious materials.

Employees will wash hands as soon as feasible after removing gloves or other personal protective equipment. When hand sanitizer is used, hands should be washed as soon as feasible, with soap and water.

B. Engineering and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize exposure to employees. Controls are examined, maintained or replaced when an exposure incident occurs and/or annually as part of review.

Handwashing

Hand washing will be used in all situations to assist in prevention of the spread of disease.

Hand washing facilities will be made available and readily accessible. When hand washing facilities are not feasible, appropriate antiseptic hand cleanser will be made available.

Employees will wash hands/flush mucous membranes with soap and water, immediately following exposure to blood or other potentially infectious materials.

Employees will wash hands as soon as feasible after removing gloves or other personal protective equipment. When hand sanitizer is used, hands should be washed as soon as feasible, with soap and water.

Personal Protective Equipment

Where occupational exposure remains after implementation of engineering and work practice controls, personal protective equipment shall be used.

Types of personal protective equipment available in RSSS are gloves, gowns, goggles, masks and CPR mouth shields.

Personal protective equipment is located with first aid supplies and custodians.

Disposable gloves should be worn when it is reasonably anticipated that blood or other potentially infectious materials may come into contact with mucous membranes, non-intact skin or when touching contaminated items or surfaces.

Disposable gloves should be replaced as soon as feasible when they become contaminated, upon completion to task/procedure, punctured or when ability to function as a barrier is compromised.

Disposable gloves should not be washed or decontaminated for reuse.

Masks along with eye protection (goggles) should be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Gowns and aprons should be worn when splashes, sprays, spatters, or droplets of blood may contaminate your clothing.

Hands should be washed immediately or as soon as feasible upon removal and disposal of used personal protective equipment.

All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed they shall be placed in an appropriate container for storage, washing, decontamination or disposal.

If blood or other potentially infectious materials penetrate a garment, the garment shall be removed immediately or as soon as feasible.

RSSS shall ensure that employees use the appropriate personal protective equipment and that the employee is knowledgeable in proper use, removal and disposal.

Classroom bloodborne pathogen kits are made available for each classroom. Supplies to replenish kits are kept with first aid supplies. Teachers are responsible for ensuring the kits are available and maintained in the classroom setting (115c-307(b,c) Duties of a Teacher)

Housekeeping

Worksites will be maintained in a clean and sanitary condition. All equipment, materials, and environmental and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant provided by as approved in the RSSS Chemical Hygiene Plan.

No eating, drinking, applying cosmetics, handling contacts, etc. should occur in work areas where there is a reasonable likelihood of occupational exposure.

Sinks designated for use of first aid should not be used for food purposes.

Food and drink shall not be kept in or on refrigerators, freezers, cabinets, shelves, countertops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed only in specified areas.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering or generating droplets of these substances.

Specimens of blood or other potentially infectious materials shall be placed in containers that prevent leaking during collection, handling and processing.

Disinfectant used will be determined based on location within the facility, type of work surface to be cleaned, type of contaminant present and task or procedure being performed.

All equipment, materials and environmental and working surfaces shall be cleaned and decontaminated after use and/or contact with blood or other potentially infectious materials.

Any protective coverings (i.e.-imperviously backed absorbent paper used to cover equipment or environment surface should be removed immediately upon completion of procedure/task.

Appropriate cleaner should be used to clean equipment or environmental surface after removal of covering.

Any surface visibly soiled with blood or other potentially infectious material shall be cleaned as soon as feasible, with appropriate disinfectant, upon completion of task/procedure.

Equipment that may be contaminated with blood or other potentially infectious material must be examined prior to servicing and transportation and must be decontaminated as feasible. If not feasible, an observable biohazard label is to be placed on the equipment stating what

portion(s) is contaminated. This information is to be shared with all affected employees, service representatives and/or manufacturer (as appropriate) prior to handling the device. (Example –student assistive device(s), vocational equipment needing repair, any equipment requiring repair after an exposure incident).

Custodial staff should be notified immediately to respond to a major blood or other potentially infectious material incident, to ensure immediate cleaning and decontamination of the affected area.

Each RSSS site will develop and implement an appropriate written schedule for cleaning and method of decontamination based on the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.

Non-contaminated sharps (broken glass, plastic or other sharp object) should be placed into a sharps container that is puncture resistant and leak proof. Broken glass should not be picked up directly with hands, only mechanical means (broom/dust pan, tongs) should be used. For items too large to fit in RSSS provided sharps containers, an appropriate size container should be used and clearly marked as broken glass/contains sharps. The site custodian is to be notified of container to ensure proper disposal.

Contaminated sharps shall be immediately placed into a sharps container provided by the school district, which shall be able to be closed, puncture resistant, labeled with a biohazard label and leak proof. Containers are to be readily available to employees and located in areas where sharps are used. Employees should never reach into a sharps container to retrieve items. Employees should not overfill sharps containers. Sharps containers should be properly sealed and labeled prior to disposal. Sharps containers are to be disposed of according to guidelines established by the Rowan County Department of Health Services.

Sharps containers are to be inspected and maintained by the school nurse, custodians and other appropriate school personnel to prevent over filling and ensure proper disposal.

Contaminated needles should not be recapped, bent, removed, sheared or purposely broken by employees. Should it be medically necessary for an employee to recap a needle for removal, a one handed technique should be used.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach into the container where sharps have been placed (i.e. – art/vocational classrooms). Items soiled with blood or other potentially infectious materials should be cleaned, utilizing safety guidelines to prevent exposure, with appropriate disinfectant.

Disposal of regulated waste should be in accordance with government regulations.

Items soaked with blood or other potentially infectious materials are to be bagged, tied and designated with a biohazard label. The site custodian is to be notified so that the bag containing contaminated waste is removed as soon as feasible.

Material used to care for a major blood or other potentially infectious materials incident should be placed in a red biohazard bag with appropriate biohazard label.

Sharps containers, biohazard labels and bags are to be available at each RSSS site.

Laundry

Laundry soiled with blood or other potentially infectious materials should be handled as little as possible to minimize agitation. Wet contaminated laundry should be placed into a leak proof bag. Use of gloves and/or gown to handle contaminated laundry is required.

Personal laundry should be returned to the appropriate person for cleaning.

School owned laundry (i.e. – team uniforms) should be handled in a manner as to eliminate exposure of blood or other potentially infectious materials during the cleaning process. Machines used to launder clothing soiled with blood or other potentially infectious materials should be disinfected with appropriate cleaner.

Only school staff knowledgeable of proper cleaning/sanitation of laundry should handle soiled laundry. Laundry knowingly soiled with blood or other potentially infectious materials should be laundered by an “at risk” staff member.

Student assistants may not assist with laundering of items that have been exposed to blood or other potentially infectious materials.

Labels

Employees who perform/assist with health care procedures or respond to incidents where blood or other potentially infectious materials are present are responsible for properly labeling waste with biohazard labels as necessary and properly disposed of.

Should any RSSS employee notice that blood or other potentially infectious materials are present in waste containers, refrigerators or work areas without proper labeling or bagging, the site custodian should be notified immediately.

The following labeling methods are used by the RSSS and are available at each RSSS site:

Warning labels that can be affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store or transport blood or other potentially infectious materials.

Red biohazard bags, which prominently displays the biohazard symbol below.



BIOHAZARD

VI. Hepatitis B Vaccination

A. At Risk Employees

RSSS shall make the hepatitis B vaccination series available to all employees who have occupational exposure in compliance with the following regulations:

- a) The employee is given information on the hepatitis B vaccine including information on efficacy, safety and method of administration as well as the benefits of being vaccinated.
- b) The hepatitis B vaccination series will be made available within 10 working days of initial assignment to all at risk employees. (At risk employees are required to complete the BBP Exposure Control training within 10 days of initial assignment).
- c) The hepatitis B vaccine series shall be offered free of charge, made available to the employee at a reasonable time and place and performed by or under the supervision of a licensed physician, according to the most current recommendations of the US Public Health Service.

- d) RSSS will contract with an approved licensed agency to provide the hepatitis B series to at risk employees. At risk employees are responsible for completion of the vaccine series. Record of the vaccination dates shall be maintained in the Student Services department.
- e) Health Care Professionals (School Nurses) with continued risk for exposure to blood or other potentially infectious materials, who accept and complete the Hepatitis B series while employed with RSSS, will be offered post vaccination serological antibody testing, evaluation and follow up.
- f) RSSS will not make participation in a pre-employment screening program a pre-requisite for receiving the hepatitis B vaccine.
- g) An at risk employee who initially declines the hepatitis B vaccination series, may at a later date (if still covered under the standard) decide to accept the vaccination. RSSS will make the hepatitis B vaccine available at that time.
- h) RSSS will ensure that any employee who declines to accept the hepatitis B vaccine series signs a declination statement established under this standard. These forms are maintained in Student Services.
- h) If a routine booster dose of hepatitis B vaccine is recommended by the US Public Health Service at a future date, such booster dose(s) shall be made available.
- j) Vaccination for hepatitis B will be encouraged for at risk employees unless:
 - Documentation exists that the employee has previously received the hepatitis B series.
 - Medical evaluation shows that vaccination is contraindicated.
 - An employee who declines the hepatitis B series is responsible for providing and documentation required as related to declination, to be maintained along with the signed declination form.
 - Any employee who desires to seek medical advice regarding acceptance or declination of the hepatitis B vaccine is responsible for any expenses incurred.

C. Collateral Employees

Once a collateral employee notifies their Supervisor that an exposure incident has occurred, RSSS will:

- a) Provide the hepatitis B vaccine or series on a post exposure basis to those unvaccinated employees who experience occupational exposure to blood or other potentially infectious materials while performing a collateral job duty.
- b) Ensure that the hepatitis B vaccine series is made available as soon as possible, but no later than 24 hours to unvaccinated employees who render assistance as part of a collateral duty and experience an exposure to blood or other potentially infectious material.
- c) Maintain a record of acceptance or declination of the hepatitis B vaccination series, in accordance with the guidelines set for at risk employee vaccination.

VII. Post Exposure Evaluation and Follow-Up

All exposure incidents shall be reported, investigated and documented according to the following guidelines:

The exposed individual will complete the Bloodborne Pathogens Exposure Incident Report form and return it to their Supervisor immediately or within 24 hours of exposure.

An immediate confidential medical evaluation and follow-up, by a health care provider knowledgeable about the current management of post exposure prophylaxis, will be made available within 24 hours, for employee who experiences a bloodborne pathogen exposure.

Medical care and follow-up will include the following elements:

- a) Documentation of the route of exposure and circumstances under which the exposure incident occurred.
- b) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c) Obtain the consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity. Document the source individual's test results were conveyed to the employee's health care provider. If the source individual is already now to be HIV, HCV and/or HBV positive, new testing need not be performed.
- d) The exposed employee is provided with the source individual's test results after consent is obtained and the employee shall be informed of applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.
- e) After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status. 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.
- f) In the event that an employee may choose to decline medical evaluation post exposure, the exposed employee must complete the Bloodborne Pathogens Employee Waiver form.

VIII. Administration of Post-exposure Evaluation and Follow-up

A. Medical Follow-up:

The Workman's Compensation Specialist will ensure that the health care professional responsible for the employee's post-exposure evaluation and follow-up is given a copy of OSHA's bloodborne pathogen standard.

The Workman's Compensation Specialist will ensure that the healthcare professional evaluating an employee after an exposure incident receives the following information:

- a) A description of the employee's job duties relevant to the exposure incident.
- b) Determination of the route(s) of exposure and circumstances under which the exposure occurred.

- c) Results of the source individual's blood test, if consent was given and results are available.
- d) A copy of all medical records relevant to the appropriate treatment of the employee, including vaccination status.

B. Employee Information:

The Workman's Compensation Specialist will ensure that the employee receives a copy of the healthcare professionals written opinion within 15 days of the completion of the evaluation. Including the healthcare professionals written opinion regarding hepatitis B vaccination, limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- a) The affected employee has been informed of the results of the evaluation.
- b) The affected employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation and/or treatment.
- c) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

IX. Evaluation of Exposure Incident

RSSS School Safety department will review the circumstances of all exposure incidents to determine the following:

Were engineering controls in use at the time of exposure.

Were work practices being followed at the time of exposure.

Obtain 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/task being performed when the exposure occurred.

Employee's training.

If upon evaluation of exposure incident it is deemed necessary to revise the exposure control plan Student Services and Human Resource departments will ensure that appropriate changes are made.

X. Employee Training

RSSS will ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees and during work hours.

Each school administrator will designate an employee to serve as a site-based trainer for their school site. The site-based trainer will attend an annual training to ensure the site-based trainer is knowledgeable of the exposure control plan and bloodborne pathogens materials. A site-based trainer should be selected based on ability to comprehend the information and answer employee questions as well as have knowledge of employee job duties.

The training shall be provided within 10 days of employment or upon initial assignment to tasks in which occupational exposure may take place and at least annually thereafter. This plan is available to all staff for review at any time. A copy will be provided to any staff member at no charge and within 15 days of request.

Additional training will be provided when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure issues.

Training material will be appropriate in content and vocabulary to the educational level, literacy and language of the employee.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace. OSHA requires that the knowledgeable training.

The training will include information on epidemiology, symptoms and transmission of bloodborne pathogen diseases. In addition it will meet the minimum requirements as specified in the standard.

Training materials are available on the RSSS web site. The training information may also be provided in written format upon request.

XI. Record Keeping

A. Training Records:

Training records are completed for each employee upon completion of training. These documents will be kept in Student Services for at least 3 years. Training records should include:

- Date of training session(s)
- Content or summary of training sessions(s)
- Name and qualifications of person(s) conducting the training
- Name and job titles of all person(s) 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 Student Services Department.

B. 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 RSSS School Safety department is responsible for maintenance of the required medical records. Records are kept confidential for 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 requests should be sent to RSSS School Safety department.

C. OSHA:

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

This determination and record keeping activity is done by the Workman's Compensation Specialist.

D. Sharps Injury Log:

A sharps injury log is maintained in a manner that protects the privacy of the employee.

A sharps injury log will be maintained in the RSSS Safety department and will contain the following information:

- Date of injury.
- Type and brand of device involved
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

The log shall be reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered.

If a copy is requested by anyone, any personal identifiers must be removed from the report.

XII. OSHA BBP Standard

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051

XIII. Forms

Hepatitis B Vaccine acceptance

Hepatitis B Vaccine declination

Hepatitis B Vaccine information sheet (visit site below for most recent version)

<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>

Bloodborne Pathogen Exposure Incident Report Form/Instructions

Supervisor's Report

Healthcare Professional's Written Opinion

Bloodborne Pathogens Source Report

Bloodborne Pathogens Employee Waiver

Exposure Determination Questionnaire

Sharps Injury Log - Need to add a sample of what Sharon G uses

Bloodborne Pathogens Site Based Information Sheet