



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN INTERMEDIATE SCHOOL DISTRICT 917

A. EXPOSURE CONTROL PLAN – OVERVIEW

Most school personnel can reasonably anticipate exposure to blood or other potentially infectious material during their day-to-day work duties. In general, school employees incur a very low risk of exposure to bloody fluids due to the nature of casual contact with individuals in the school environment. Special education students may be more vulnerable to injury, have a higher incidence of medical needs, require adult support for personal care, engage in risky behavior, have self-injurious behavior, and become agitated and/or combative, increasing the likelihood of exposure to blood and bodily fluids. It is imperative that all school employees understand the danger of exposure to bloodborne pathogens and ways to minimize their risk.

An exposure incident is defined as an accidental contact with blood or body fluids in the eyes, mouth, other mucous membrane, non-intact skin, or parenterally (needlestick, bite) that may occur during the performance of an employee's duties or tasks. Work practice controls are used to reduce the risk to the worker by minimizing or eliminating employee exposure incidents to bloodborne pathogens. The bloodborne pathogen (BBP) exposure control plan is the District's written policy for determination of exposure and implementation of procedures relating to control of infectious disease hazards. It is reviewed annually and includes the following components:

- A. Exposure Control Plan Overview/Policy
- B. Program Administration
- C. Definitions
- D. Exposure Determination in the School Setting
- E. Engineering and Work Practice Controls
 - 1. Universal Precautions
 - 2. Hand washing
 - 3. Sharps handling
 - 4. Sharps containers
 - 5. Body fluid clean up
 - 6. Self management
 - 7. First Aid and Health Care
 - 8. Eating, Drinking and Smoking
- F. Personal Protective Equipment & Work Practice
- G. Housekeeping
- H. Hepatitis B Vaccine & Post Exposure
- I. Exposure Incident, Evaluation & Follow Up
- J. Information and Training
- K. Record Keeping
- L. Evaluation and Review of Exposure Control Plan
- M. Appendix
 - 1. OSHA (Occupational Safety and Health Act) Standard 29 CFR 1910.1030
 - 2. Assessment Tool
 - 3. Employee Instructions on Obtaining Hepatitis B Immunizations

POLICY

Intermediate School District 917 is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens (BBPs) in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

B. PROGRAM ADMINISTRATION

The Bloodborne Pathogen Exposure Control Plan will be reviewed annually by staff and approved by the school board.

Supervisors are responsible for exposure control in their work areas. All supervisors are to ensure that proper exposure control procedures are followed.

At the time of an employee's hire, human resources maintains a record of the Hepatitis B vaccination/declination form.

C. DEFINITIONS

Blood: Human blood, human blood components and products made from human blood.

Other Potentially Infectious Materials (OPIM): The following human body fluids are to be considered potentially infectious: semen, vaginal secretions, cerebrospinal fluid, synovial (joints) fluid, peritoneal (abdominal) fluid, amniotic (pregnancy) fluid, saliva, 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. OPIMs also include any unfixed tissue or organ other than intact skin from a human (living or dead).

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and body fluids that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C, Human Immunodeficiency (HIV), malaria, syphilis, and tuberculosis.

Personal Protective Equipment (PPE) and Supplies: Specialized clothing or equipment worn by an employee for protection against a hazard.

Contaminated: The presence or reasonably anticipated presence of blood or other potentially infectious human body fluids on an item or surface.

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

Engineering controls: Means a control that isolates or removes the bloodborne pathogen hazard from the workplace.

Parental: Piercing mucous membranes or skin barriers through such events as needle sticks, human bites, cuts and abrasions.

Universal Precautions: An approach to infection control where all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious material that results from the performance of an employee's duties. An exposure incident includes a human bite.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Regulated Waste: Liquid, semi-liquid or other potentially infectious materials (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.

Sharps with Engineered Sharps Injury Protection (SESIP): Sharps that have engineering controls that are built into the product and are designed to prevent sharps injuries.

Needleless systems: Device that does not use needles for the collection or withdrawal of body fluids, the administration of medication or fluids, any other procedure involving the potential for occupational exposure to bloodborne pathogens due to injuries from contaminated sharps.

D. EXPOSURE ASSESSMENT/ DETERMINATION

When an employee is hired or an employee changes jobs within the District, the following assessment process takes place to ensure that they are assessed, and if necessary, trained in the appropriate work practice controls:

1. The employee's job classification and the tasks and the procedures the employee will perform are evaluated by the classification and tasks list which are identified in the ECP.
2. If the employee is transferring from one job to another within the District, the job classifications and tasks/procedures pertaining to the previous position are also checked against these lists.
3. Based on the assessment, the employee's occupational exposure risk will be identified and documented. And necessary training will follow.

Those employees who are determined to have occupational exposure risk to blood or other potentially infectious materials (OPIM) **MUST COMPLY** with the procedures and work practices outlined in this Exposure Control Plan (ECP).

Classification 1: Employees who provide first aid or healthcare as a primary component of their position are potentially exposed to blood or other potentially infectious material (OPIM). It is recommended that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. All employees in this job classification are covered under this regulation.

- Health Service Employees
- Nurses

Classification 2: Employees who provide first aid, healthcare or are required to clean up blood or other potentially infectious material (OPIM) as an auxiliary component of their position are potentially exposed to blood or other potentially infectious material (OPIM). It is recommended that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. Identify specific employees in this job classification and the tasks they perform where potential exposure to blood or OPIM occurs. Also included are employees who have potential for other occupational exposure to bloodborne pathogens such as blood/OPIM contact with mucous membranes (eyes, nose, mouth) or blood/OPIM contact with skin or the piercing of mucous membranes of the skin barrier through such events as needlesticks, bites, cuts, abrasions, etc.

Employees identified under Classification 2 are fully covered under the Bloodborne Pathogen Standard.

Any other employee who reasonably expects exposure to blood or other potentially infectious materials should contact Human Resources immediately.

E. ENGINEERING & WORK PRACTICES CONTROLS

Work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following work practices shall be followed:

- Wear disposable gloves. Do not reuse disposable gloves and wash your hands with soap and water after removing gloves. If utility gloves are used, decontaminate them appropriately by washing with detergent and water and disinfecting according to procedure.
- Wear safety goggles if there is potential for contaminants splashing in the eyes.
- Wear a mask if there is potential for contaminants splashing in the mouth or nose.
- If your skin is not covered, wear additional protective clothing.
- Use an absorbent material as a barrier between you and the blood source.
- In the event you become exposed to any blood or OPIM, wash the area with soap and water or flush mucous membranes immediately and report it to the Nurse and/or appropriate Supervisor so an evaluation can be made and professional medical attention can be provided.

UNIVERSAL PRECAUTIONS

Universal precautions will be observed in the school district to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Any employee encountering blood or other body fluids is to treat them as being infectious, and use necessary personal protection and work practice controls listed in this section.

- Assume everyone is infected with HIV, Hepatitis B or other bloodborne pathogens.
- Avoid skin exposure to body fluids.
- Use a barrier to keep fluids from contact with your skin (i.e. gloves, masks, aprons, sleeves).
- Be careful with sharps and dispose of sharps such as needles, lancets or contaminated broken glass in a puncture-resistant container. Use tongs or other equipment to pick up broken glass contaminated with blood or OPIM. Use disposable equipment whenever possible.
- Dispose of items soiled with potentially infected fluids in leak-proof bags or containers.
- Wash hands thoroughly for 15-20 seconds, minimum, with soap and water.
- Clean up spills of potentially infected fluids with soap and water and disinfect spill area

HAND WASHING

Hand-washing facilities (running water, liquid soap, single use towels or air dryers) are readily accessible to all employees. In the event hand-washing facilities are not immediately available, antiseptic hand cleaner will be provided. Hand and/or skin will be washed with soap and water as soon as possible.

Hand washing is the first line of defense against infectious disease and is one of the universal precautions. Proper hand washing procedures include the use of warm water and soap, hands should be wetted and soap applied to hands and wrists, scrubbing between fingers and using a nail brush for fingernails, wash a minimum of 15 seconds. Air dry or single use towels should be used to dry hands.

SHARPS HANDLING

- Intermediate School District 917, except in extraordinary circumstances, does not provide needles for student or staff use. The designation of an extraordinary circumstance will be determined by a Licensed School Nurse with approval of their supervisor. Students needing injections/blood testing will provide their own supplies to do their own testing/injections. Students with limitations that prevent them from self-administration may be provided assistance by district staff after appropriate staff training.
- Sharps will not be removed or recapped unless it is demonstrated that an alternative is not feasible (i.e. EpiPens) and approval from the Licensed School Nurse Lead is obtained. Needles and other contaminated sharps will not be bent, recapped or removed. Shearing or breaking of the contaminated needles is

absolutely prohibited. As soon as possible after use, contaminated sharps should be placed in appropriate marked storage/disposal containers.

- Mechanical devices such as tongs or dustpan and broom will be available to pick up contaminated sharps to avoid any direct contact. Contaminated glass will not be picked up by hand. Appropriate gloves as provided by the employer should be used when handling any contaminated sharps.

SHARPS CONTAINERS

- Sharps containers are provided in the health office at each school.
- Contaminated needles or other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken unless it is demonstrated that an alternative is not feasible.
- Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. Containers are easily accessible and located in each health office. The containers are maintained upright throughout use and replaced when full and at the end of the school year.
- Licensed School Nurse will be responsible for sharps disposal.
- When sharps containers are filled, the Licensed School Nurse will be contacted for final disposal.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- All facility containers for reusable sharps are puncture-resistant, labeled with a biohazard label and are leak-proof.
- All full sharps containers are taken to a local health care facility for disposal.

BODY FLUID CLEAN UP

Body fluid clean up is to be performed as soon as possible. In the event a custodian is not available, body fluid clean up supplies are available to employees for clean up use.

- Use gloves. Do not reuse disposable gloves. If utility gloves are used, decontaminate after use with soap and water and appropriate disinfectant.
- Use disposable towels and other absorbent materials to absorb spill.
- Clean spill area with soap and water or approved cleaning agent. Immediately utilize proper Environmental Protection Agency (EPA) registered disinfectant.
- Clean, followed by disinfection, any contaminated object/items using approved solutions as already described.
- Dispose of waste in proper container.
- Discard contaminated items that cannot be cleaned into a lined container.
- If object is to be placed in mouth, e.g. mouth guard for football players, use applicable disinfectant and follow manufacturer's disinfectant directions
- Dispose of contaminated cleaning material in a lined container.

SELF MANAGEMENT

The principle of self management says the person whose blood or other body fluids are exposed should themselves, when possible, manage, treat, clean and dispose of the contaminated materials, to avoid contact and exposure to other parties involved in cleanup, treatment or help.

FIRST AID/HEALTHCARE

- Use gloves or other personal protective equipment.
- Use paper toweling or other absorbent material to wipe injury, if appropriate, allow a person to rinse injury with running water.
- Place soiled materials into a lined waste container and direct person to perform as much of these

- procedures as possible.
- Soiled clothing should be removed and placed into a plastic bag for laundering, if feasible.
- Assist in cleaning the affected area: use cotton swabs to apply medicine, if appropriate.
- Follow other procedures for care in minimizing direct contact with blood or body fluids.
- Wash hands thoroughly.

Note: If you do not have access to personal protective equipment (PPE) or exposure control kits, assist the injured person on self-care for him/herself where feasible. Place a barrier between yourself and the injury if you need to provide assistance.

- Mouth Pipetting and Suctioning of Blood or OPIM is prohibited by employees.

EATING, DRINKING, SMOKING

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or handle contact lenses. Food and beverages shall not be stored in close proximity to where blood or OPIM may be present.

F. PERSONAL PROTECTIVE EQUIPMENT AND WORK PRACTICES

All personal protective equipment used in District 917 will be provided without cost to employees. Personal protective equipment (PPE) will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used. District 917 will ensure that employees use appropriate PPE through proper training and procurement. Under rare and extraordinary circumstances, an employee may decline to use PPE; these cases will be investigated and documented. We will repair, replace, clean and dispose of PPE at no costs to the employee. Hypoallergenic gloves and or cleansers shall be provided to employees that may be allergic/sensitive to materials normally provided.

PPE includes, but is not limited to:

GLOVES- used for first aid, cleanup, handling of the sharps, and when in contact with any blood or OPIM.

Disposable or single use gloves

If possible, before putting on gloves, wash your hands. After you have put gloves on, check for proper fit and punctures. Pull snug to ensure a good fit. To remove gloves, they shall be rolled down or pulled from the wrist to the fingers so that the glove is inside out. This minimizes contamination. Disposable gloves shall be placed in a lined container and never reused.

Utility gloves

Can be used for blood clean up. They must be inspected prior to each use and discarded if their integrity is compromised. They must be cleaned and disinfected after use.

FACE SHIELD/ MASK- may be used during a serious accident or clean up to prevent the splashing of fluids to the mucous membranes including nose, mouth and eyes.

CPR MASKS/MOUTHPIECES- used for resuscitation; may be used to avoid direct contact with blood or saliva during resuscitation.

OTHER- AS APPROPRIATE for example

Disposable gowns/lab coats and shoe covers may be used to prevent potential contamination in the case of accidental exposure.

G. HOUSEKEEPING

Clean and sanitary conditions shall be maintained at the work site.

- All contaminated equipment, environmental and work surfaces, will be cleaned and disinfected after contact with blood or OPIM as already noted under "Body Fluid Clean Up".
- Broken glass which may be contaminated will not be picked up directly with the hands. Tongs, forceps or a brush and dustpan will be used and the material disposed of in a sharps container. After contact with blood or OPIM this equipment will be cleaned and disinfected in "Body Fluid Clean Up".
- Gloves are used throughout the handling process
- Contaminated laundry is handled as little as possible and bagged immediately. If laundered at District 917, appropriate cleaning and disinfection processes will be utilized.
- Regulated Waste

Few items in a school setting are deemed regulated waste. If a material is saturated to the point of dripping or would release fluid if compressed, then it would be considered regulated waste. All other contaminated items (gauze, Band-Aids, facial tissues) should be placed in a trash container designated for materials not meeting the definition of regulated waste.

Regulated waste shall be placed in containers that are closeable and constructed to contain all contents and prevent fluid leaks during handling, storage and transport.

Waste will be labeled or color coded and closed prior to removal. Disposal is done according to federal, state and local regulations. When possible, if 911 is called, the regulated waste will be sent with the ambulance.

H. HEPATITIS B VACCINE AND POST-EXPOSURE AND FOLLOW UP

Intermediate District 917 shall make available the Hepatitis B vaccine and vaccination series to all identified employees who have **risk of** occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

Intermediate District 917 shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis, are:

- a) Made available at no cost to the employee;
- b) Made available to the employee at a reasonable time and place;
- c) Performed by or under the supervision of a licensed physician **or another licensed healthcare provider;**
- d) Provided according to the recommendations of the U.S. Public Health Service; and
- e) Hepatitis B vaccine titer will be provided at no cost to Classification 1 Employees who receive their Hepatitis B vaccines after February 2000 and with ongoing exposure to blood and injuries from sharps. A titer needs to be drawn within two months after completion of the three vaccination series to be accurate.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination shall be made available to all identified employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination, but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

Employees who decline the Hepatitis B vaccination are requested to sign a declination statement.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

I. EXPOSURE INCIDENTS

Intermediate District 917 Bloodborne Incident Procedure:

The employee will report all incidents to their supervisor. They will also call the Alaris Nurse Care Line at 1-844-847-8708 to determine if exposure occurred. The nurse care line will provide referral for further medical treatment per their protocol.

The employee will receive extensive counseling and necessary follow-up by the healthcare provider. Records will be maintained at the clinic site as per OSHA guidelines.

If a student is involved as the source person, either the student or the student's parent **or guardian** (if student is under age 18) will be contacted to have the source tested for HIV and Hepatitis B serological status. A consent form will also be requested.

A copy of the incident report is to be retained in a confidential file in the office of the employee designated to handle the Worker's Compensation Program.

Post Exposure Evaluation and Follow-up

The exposed employee shall immediately receive a confidential medical evaluation and follow-up done by the healthcare provider, including at least the following elements:

- a) Provision for a Hepatitis B Vaccination.
- b) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- c) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- d) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, Intermediate District 917 shall establish that legally required consent cannot be obtained.
- e) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- f) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collections and testing of blood for HBV and HIV serological status will comply with the following:

- a) The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
- b) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

Healthcare Professional's Written Opinion

Within 15 days of the completion of the evaluation, the employee will provide Intermediate School District 917 a copy of the evaluating healthcare professional's written opinion for post-exposure follow-up. This information provided to the employer shall be limited to the following information:

- a) Whether Hepatitis B vaccination is indicated.
- b) Whether Hepatitis B vaccination was given.
- c) A statement that the employee has been informed of the results of the evaluation.
- d) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other information shall remain confidential and not be included in the written report to the employer.

J. INFORMATION AND TRAINING

Intermediate District 917 shall ensure that training is provided at the time of initial assignment **for duties** where occupational exposure may occur, and shall be repeated annually. Training will be interactive and cover the following:

- a) An explanation of the standard and how to get a copy.
- b) A discussion of the epidemiology and symptoms of bloodborne disease.
- c) An explanation of the modes of transmission of bloodborne pathogens.
- d) An explanation of the District 917 Bloodborne Pathogen Exposure Control Plan and a method of obtaining a copy.
- e) The recognition of tasks that may involve exposure.
- f) An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- g) Information on the use of gloves.
- h) Information of the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- i) Information on the appropriate action and persons to contact in an emergency involving blood or other potentially infectious materials.
- j) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- k) Information on the evaluation and follow-up required after an employee exposure incident.
- l) An explanation of the signs and labels.

Annually each staff person is assigned mandatory training in Blood Borne Pathogens. This is done through SafeSchools online training.

K. RECORDKEEPING

Medical Records

The employer shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.1020.

This record shall include:

- a) The name and social security number of the employee.
- b) A copy of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations.
- c) The employer's copy of the healthcare professional's written opinion.
- d) A copy of information provided to the healthcare professional.

This information cannot be released without written consent of the employee as required by OSHA regulations or by law.

The employer shall maintain this record for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

Training Records

Intermediate District 917 is responsible for maintaining the following training records. Bloodborne pathogens training is done through SafeSchools Online courses. Linda Berg, Health and Safety Coordinator, maintains these records in the District Office. Training is done annually by all staff. These records will be maintained in the District Office. Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a) The dates of the training session.
- b) An outline describing the material presented.
- c) The names and qualifications of persons conducting the training.
- d) The names and job titles of all persons completing the training sessions.

Transfer of Records

If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three-month period.

Sharps Injury Log

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- a) The type and brand of device involved in the incident.
- b) The department or work area where the exposure incident occurred, and
- c) An explanation of how the incident occurred.

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

Availability

A copy of this plan and the current OSHA standard will be available for review in the District Personnel Office, and the Health Office at Alliance Education Center and Dakota County Technical College. Also, each Special Education Assistant Director has a copy. The OSHA standard for bloodborne pathogens is also available at www.osha.gov.

All employee records shall be made available to the employee, employee's representatives, the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health, or designated representative, upon request.

L. EVALUATION AND REVIEW OF EXPOSURE CONTROL PLAN

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

- a) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, if that technology is appropriate to tasks/procedures performed in Intermediate School District 917.
- b) Include documentation of annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure from tasks/procedures performed in ISD 917.
- c) Non-managerial employees directly responsible for tasks/procedures that create a potential exposure for injuries from contaminated sharps shall be solicited for input. The input shall be utilized in the identification, evaluation and selection of effective engineering work practice controls and will be documented in the exposure control plan.

M. Appendix

- Bloodborne Pathogens-Post-Exposure Incident Packet
- Post-Exposure Instructions and Response Actions
- BBP 1: Exposed Employee Declination of Medical Evaluation
- BBP 2: Source Individual Consent/Declination for Blood Testing
- BBP 3: Cleaning and Disinfection Procedures for Blood and Body Fluids

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Board Approved May 2, 2023

Intermediate School District 917

Section 1: Bloodborne Pathogens-Post-Exposure to Incident Packet

This packet has been developed as an informational guide on what to do when an employee is actually (or potentially) exposed to blood or other potentially infectious materials (OPIM). This packet contains the following important documents:

- BBP1: Exposed Employee Declination of Medical Evaluation
- BBP2: Source Individual consent/Declination for Blood Testing
- BBP3: Cleaning and Disinfection Procedures for Blood and Body Fluids

The injured employee will begin to use this packet by reading and working through the BBP Exposure Self-Assessment and Response Process.

For assistance with this packet or process, please seek help from the district OSHA consultant:

Amy Alexander
651-423-8229
amy.alexander@isd917.org

Section 2: Additional Post-Exposure Instructions and Response Actions

Steps ISD 917 employees will take when there is potential BBP exposure:

1. Inform supervisor of incident.
2. Fill out the First Report of Injury document and submit it to the supervisor.
3. Call the Alaris Nurse Care Line (NCL)
4. NCL makes an initial assessment for follow up which may include sending the employee to a healthcare provider.
5. NCL facilitates employee's appointment with healthcare providers.
6. Employee will obtain from healthcare provider written treatment given and any follow up plan (Healthcare Professional Written Opinion).
7. Employee will be responsible for all follow up treatment including additional testing.

Intermediate School District 917 (ISD 917) employees who experience a work-related exposure to blood or any other potentially infectious agent (OPIM) are encouraged to seek medical care immediately. Exposed employees are allowed to seek a medical evaluation through a provider of their choice, at no cost to the employee.

Additionally, ISD 917 has identified Allina Health Apple Valley as an optional, primary provider for post-exposure health care services.

Contact Information:

Allina Health Apple Valley
14655 Galaxie Avenue
Apple Valley, MN 55124
952-432-6161

The purpose of medical care is to discuss the event with a qualified healthcare professional and obtain baseline blood antibody levels for Hepatitis B and HIV (Human Immunovirus). Based on the health care provider's recommendation, the exposed employee and source individual may be given an opportunity to accept or decline

having their blood drawn and tested, or drawn and held for future testing. In addition, the exposed employee could be offered and provided with a hepatitis vaccine and/or gamma globulin to prevent development of hepatitis or medication to deter disease development, if deemed necessary.

Form BBP1: Post Exposure: Exposed Employee Declination of Medical Evaluation

The exposed employee must complete this form if she /he chooses not to receive medical care for a work-related exposure involving blood or OPIMs.

Employee Name: _____ **Job Title:** _____

Date of Exposure: _____ **School and Program Area:** _____

I understand that I have been involved in a workplace encounter with blood or body fluids that may place me at risk for HBV (Hepatitis B virus that causes liver disease) or HIV (Human Immunodeficiency Virus- the virus which causes AIDS).

I have been given the opportunity for a post-exposure follow up examination. Including testing of my blood for HBV and HIV.

I understand that I may have this examination through the physician/health care provider of my choice or at:

Allina Health Apple Valley
14655 Galaxie Avenue
Apple Valley, MN 55124
952-432-6161

Medical services will be provided at no cost to me for work related incidents involving exposure to blood or other potentially infectious material. I understand that I am eligible for this examination even if I have been previously vaccinated against HBV.

I have been offered the opportunity to have a sample of my blood drawn and preserved for 90 days in the event that I might choose to have that sample tested at some point within 90 days.

Understanding the written information above, I decline any post exposure medical evaluation, blood sampling, blood testing, or follow-up examination at this time.

Employee signature

Date

Witness

Date

Form BBP2: Source Individual Consent or Declination for Blood Testing

Name of Source Individual: _____ Today's Date: _____

Date of Incident: _____ Date of Birth: _____

On the above date, an exposure incident as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if any infectious diseases (Hepatitis B and HIV) are present.

We are requesting to have your blood drawn and tested for HBV and HIV in order to provide the appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by either the Hepatitis B Virus (HBV) or the human immunodeficiency virus (HIV) or advise or counsel you on appropriate steps to take as a result of such infections.

Please read the following and, if you consent, sign and date the form. Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following: (check only one)
 - ☐ Human Immunodeficiency Virus (HIV)
 - ☐ Hepatitis B Virus (HBV)
 - ☐ Both the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV)
 - ☐ Other: _____ (please indicate)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my physician for information regarding the nature and purpose of the HIV/HBV test and the meaning and significance of the test results.
4. I understand that HIV/HBV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.
5. I understand the results of the test will be confidential and will not be disclosed unless necessary for ISD # 917 to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee and their healthcare professional.
6. I understand I can personally make arrangements to have my blood drawn, as authorized, or that arrangements will be made for me, with the assistance of district personnel or other designated parties.

7. I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give informed consent/declination.

Section 1

Name

Witness

(Print Name/Other Legally Responsible Person)

(Print Name/Witness)

Signature

Signature

Date

Time

Date

Section 2

I HAVE READ ALL INFORMATION CONTAINED ON THIS FORM, HAVE ASKED QUESTIONS WHERE ADDITIONAL INFORMATION WAS NECESSARY AND FULLY UNDERSTAND THE ISSUES INVOLVED IN THIS MATTER.

I REFUSE TO HAVE MY BLOOD DRAWN AND TESTED AT THIS TIME OR DRAWN AND STORED FOR UP TO 90 DAYS FOR POSSIBLE FUTURE TESTING, UPON MY WRITTEN CONSENT.

Signature

Date

Time

Form BBP3: Cleaning & Disinfecting Procedures for Blood and Body Fluids

Materials Needed

- _____ “Caution Wet Floor” or “Do Not Enter” signs, as needed
- _____ Disposable vinyl or nitrile gloves.
- _____ Disposable cloth or paper towels or absorbent granules or disposable cardboard pieces.
- _____ Pail containing soap & water (or spray bottle of general cleaner).
- _____ Pail (or spray bottle) of rinse water.
- _____ EPA approved disinfectant (tuberculocidal disinfectant) or Lysol Brand II™ Spray Disinfectant
(MUST use for all body fluid clean up involving possible blood)

1. PROTECT YOURSELF AND THE AREA

- Secure the area with “Wet Floor” or “Do Not Enter” signs.
- Put on disposable gloves.

REMOVE BODY FLUIDS SAFELY

- Soak up liquids with absorbent, disposable towels.
- If there is a large volume, use absorbing granules. Pick up debris with cardboard pieces.
- For carpet, vacuum granular remains if necessary.
- Place debris and disposable materials used in a plastic bag.

2. CLEAN AND DISINFECT THE AREA

- **CLEAN** the area with soap and water or a general cleaning agent. Use disposable towels.
- **RINSE WITH CLEAR WATER.** Use disposable towels.
- **APPLY DISINFECTANT ** and allow to air dry (at least 10 minutes).**
- **CARPET** Use the same process as above. Extra agitation, cleaning agent, and water may be necessary. Repeat wash until blood or body fluids are gone. Rinse and apply disinfectant. Allow to air dry.

****AN APPROPRIATE DISINFECTANT IS:**

- EPA APPROVED (Environmental Protection Agency Approved as “sterilant”) or
- Tuberculocidal (lists on the bottle that it is capable of killing tuberculosis) or Lysol Spray Disinfectant
- Bleach & Water Solution

To prepare bleach solution, mix 2 teaspoons of bleach to one quart of water.

BLEACH SOLUTION MUST BE MIXED DAILY.

DO NOT MIX BLEACH WITH ANY OTHER CHEMICALS OR PRODUCTS.

LABEL BLEACH SOLUTIONS AND KEEP OUT OF REACH OF CHILDREN.

3. FINISHING

Clean and disinfect any mops, brooms, brushes, dust pans, etc. used in the cleaning process. Remove your gloves and dispose of them in a plastic trash bag and seal. Discard in regular trash.

WASH YOUR HANDS COMPLETELY.