

PROTECTION OF EMPLOYEES FROM BLOOD-BORNE PATHOGENS

It shall be the policy of the Lyon County School District to offer appropriate protections deemed necessary to protect shield all employees, particularly those deemed “at-risk”, from the health hazards associated with the Hepatitis B virus and other blood-borne pathogens. An employee is considered “at-risk” if their normal job duties subject them to frequent contact with blood or other bodily fluids in the course of their employment, or if their employment is in a medical-related field such as nursing or first school health aid. The Exposure Control Plan (ECP) outlined in the administrative regulations of this policy will eliminate or minimize occupational exposure to bloodborne pathogens in accordance with 29 CFR 1910.1030.

In accordance with guidelines and standards provided by the Occupational Safety and Health Administration (OSHA) in 29 CFR 1910.1030, the District will offer preventative measures to protect employees from blood-borne pathogens. These measures shall include, but are not limited to:

1. Training employees in the use of universal precautions, both at the beginning of their employment and on an “as needed” regular basis as outlined in the administrative regulations.
2. Making protective devices that reduce or eliminate exposure such as gloves, gowns, face masks, appropriate disposal containers, and disinfectants available to employees.
3. Offering to provide, at District expense, protective vaccinations to reduce or eliminate exposure. However, no employee will be required to submit to vaccination as a condition of employment with the District. If, while in the performance of their duties, an unvaccinated employee experiences an “exposure incident” such as a needle stick or other cross-contamination they will be offered, at District expense, a confidential medical evaluation and appropriate follow-up care from a licensed health care professional. A screening of the employee’s blood will also be conducted if the employee consents.

All information gathered by the health care professional, other than whether or not the vaccination is recommended and if it was received by the employee, shall remain confidential and may not be released to the District by the health care professional. The Superintendent or their designee will periodically revise the procedures developed to execute this policy.

Reference: 29 CFR 1910.1030

**PROTECTION OF EMPLOYEES FROM BLOOD-BORNE PATHOGENS -
ADMINISTRATIVE REGULATIONS**

Lyon County School District Exposure Control Plan (ECP)

1. Roles and Responsibilities

A. The Benefits and Risk Manager in conjunction with the Chief Nurse are responsible for:

- (1) Implementing, maintaining, reviewing, and, as necessary, updating this plan. This plan will be reviewed annually and whenever necessary to accommodate new or modified tasks and/or procedures.
- (2) Providing and maintaining Personal Protective Equipment (PPE), engineering controls, labels, and regulated waste containers.
- (3) Ensuring that medical actions required by the plan are performed and that employee and OSHA records are appropriately maintained.
- (4) Providing training, documenting training, and making this plan available to employees and/or OSHA representatives, upon request.

B. Those employees determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

2. Employee Exposure Determination

A. The following job classifications (listed in no particular order) at the LCSD are designated “at-risk” for occupational exposure by virtue of the primary job duties:

- (1) Athletic Trainer
- (2) Bus Driver
- (3) Chief Nurse
- (4) CTE Teacher
- (5) Custodian (including Lead Custodian)
- (6) Nurse (2-year RN and LPN)
- (7) Paraprofessional
- (8) School Nurse (4-year RN)
- (9) School Health Aide (including CNA)
- (10) Special Education Teacher

B. Some employees in the following job classifications (listed in no particular order) at LCSD may have occupational exposure by virtue of providing first aid services only as a collateral duty:

- (1) Administrator
- (2) Coach
- (3) Counselor
- (4) Maintenance
- (5) Principal Secretary
- (6) School Secretary
- (7) Secretary Aide
- (8) Special Services Aide
- (9) Teacher

C. The following tasks and procedures create occupational exposure for the employees listed above:

- (1) Rendering first aid services and health related support to students and staff;
- (2) Care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs);
- (3) Care of students with medical needs (such as tracheotomy, colostomy, injections);
- (4) Care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);
- (5) Care of students who receive training or therapy in a home-based setting; and/or
- (6) Cleaning tasks associated with blood or OPIM.

3. Methods of Implementation and Control

A. Universal Precaution

- (1) All employees will utilize universal precautions. Under the concept of Universal Precautions, all human blood and other potentially infectious material (OPIM) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

B. Exposure Control Plan

- (1) Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their new-hire training. It will also be reviewed in the annual refresher training. All employees can review this plan at any time during their shifts by contacting their supervisor.

(2) The Benefits and Risk Manager in conjunction with the Chief Nurse are responsible for reviewing and updating the ECP annually, or more frequently, if necessary, to reflect any new or modified standards, policy, or procedure that affects occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Engineering and Work Practice Controls.

(1) Engineering and Work Practice Controls are used to prevent or minimize exposure to bloodborne pathogens.

(a) Engineering Controls.

(i) Handwashing Facilities are located throughout all district buildings.

(ii) Where potable water or a sink is not available or practical, prepackaged antiseptic or water-less antiseptic hand cleaner will be available.

(iii) Eyewash stations or kits are located in mechanic shops, maintenance shops, science classrooms, CTE classrooms, and nurses offices.

(iv) Sharps Disposal Containers are located in all LCSD nurses offices.

(b) Workplace Controls.

(i) Employees must wash their hands immediately or as soon as feasible after removal of gloves or other PPE. **DO NOT reuse disposable gloves.**

(ii) Employees must wash hands and any other skin with soap and water, or flush eyes and mucous membranes with water, immediately or as soon as feasible following contact of such areas with blood or OPIM.

(iii) Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas with a reasonable likelihood of occupational exposure.

(iv) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or OPIM is present.

(v) Mouth pipetting/suction of blood or OPIM is prohibited.

(vi) Any procedure involving blood or OPIM shall be performed in a manner that minimizes splashing, spraying, spattering, and generation of droplets.

D. Personal Protective Equipment (PPE)

(1) The LCSD provides PPE to employees at no cost whenever there is potential for occupational exposure. PPE will be chosen based on anticipated exposure to blood or OPIM. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Benefits and Risk Manager or Chief Nurse.

(2) PPE available to employees consists of:

- (a) Gloves, including puncture resistant gloves, are to be worn when working in areas where it is anticipated that employees will have hand contact with blood, OPIM, or sharps.
- (b) Safety glasses/goggles, or face shields will be worn in those areas where splashes of sewage or waste could enter the eye.
- (c) Infection Control and Clean-up Kits, located in custodial closets in each building.

(3) All employees using PPE must observe the following precautions:

- (a) Wash hands immediately or as soon as feasible after removing PPE.
- (b) Remove PPE after it becomes contaminated and before leaving the work area.
- (c) Used PPE may be disposed of in red, regulated waste bags or appropriately color-coded or labeled biohazard buckets.
- (d) Wear appropriate PPE where there is potential for contact with blood, OPIM, or contaminated sharps.
- (e) Puncture-resistant or other utility gloves may be decontaminated for reuse if their integrity is not compromised and will be discarded if they show signs of tearing, puncturing, or other deterioration.
- (f) Disposable gloves must be discarded and replaced if torn, punctured, contaminated, or if their ability to function as a barrier is otherwise compromised. Never wash or decontaminate disposable gloves for reuse.
- (g) Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- (h) Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

E. Housekeeping

- (1) LCSD facilities will be maintained in a clean and sanitary condition. Schedules for cleaning and decontamination are maintained by site administration.
- (2) Used or contaminated disposable PPE will be placed in regulated waste containers such as bags, buckets, or sharps disposal containers. Regulated waste containers will be closed prior to removal to prevent spillage or protrusion of contents during handling. Regulated waste containers will be closable, constructed to prevent leakage, and color coded or clearly labeled in accordance with 29 CFR 1910.1030(d)(4)(iii)(B)(1).
- (3) Contaminated sharps are discarded immediately or as soon as possible in sharps disposal containers. Sharps disposal containers will be closable, puncture-resistant, leakproof on sides

and bottoms, and be clearly labeled as such in accordance with 29 CFR 1910.1030(d)(4)(iii)(A)(1).

(4) Sharps disposal containers will be disposed of by the contracted vendor with the LCSD at regularly scheduled intervals (e.g., every 6 months, annually) or, at a minimum, when full.

(5) Other regulated waste, such as bags or buckets, will be disposed of as needed through the contracted vendor with the LCSD.

(6) Any other contaminated bins, buckets, and/or basins will be cleaned and decontaminated as soon as feasible after visible contamination.

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

F. Laundry

(1) Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is a reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled and/or colored red, including laundry sent for cleaning or disposal.

G. Labels

(1) Where color coded bags or containers are not used for the collection, storage, transport, or disposal of regulated waste, contaminated sharps, or other contaminated items, the container shall be labeled in fluorescent orange or orange-red with the following legend:



BIOHAZARD

(2) Employees are to notify their supervisor who will then notify the Benefits and Risk Manager as soon as possible if regulated waste containers are discovered without proper labels or color-coding.

4. Hepatitis B Vaccination

A. The Chief Nurse will provide training to employees on hepatitis B vaccinations addressing safety, benefits, efficacy, methods of administration, and availability.

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

C. If an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination later at no cost. Documentation of refusal of the vaccination is kept by the Benefits and Risk Manager in conjunction with the Chief Nurse.

D. Vaccinations will be provided by a licensed healthcare provider contracted by the District.

E. Following a vaccination evaluation, a copy of the licensed healthcare professional's written opinion will be obtained and provided to the employee within fifteen (15) days of the completion of the evaluation. The opinion is limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

5. Post-Exposure Evaluation and Follow Up

A. Should an exposure incident occur, immediately contact the supervisor who will then contact the Benefits and Risk Manager and Chief Nurse.

B. A confidential medical evaluation and follow-up will be conducted by a licensed, healthcare provider contracted by the District.

C. Following initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), the following activities will occur:

(1) Document the routes of exposure and how the exposure occurred.

(2) Identify and document the source individual (unless the employer can establish that identification is not feasible or prohibited by state or local law).

(3) Obtain consent and arrange to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Document that the source individual's test results were conveyed to the employee's healthcare provider. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.

(4) Ensure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

(5) After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident and test blood for HBV and HIV serological status.

(6) If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible. Otherwise, the sample will be appropriately discarded.

6. Administration of Post-Exposure Evaluation and Follow Up

A. The Benefits and Risk Manager in conjunction with the Chief Nurse ensures that the licensed healthcare professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow up are given a copy of OSHA's bloodborne pathogen standard.

B. The Benefits and Risk Manager in conjunction with the Chief Nurse ensures that the licensed healthcare professional evaluating an employee after an exposure incident receives the following:

- (1) A description of the employee's duties related to the incident.
- (2) Documentation of the route of exposure and exposure circumstances.
- (3) Available source blood testing results.
- (4) A copy of, or information regarding, all available medical records relevant to the treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

C. The Benefits and Risk Manager in conjunction with the Chief Nurse will obtain a written opinion from the licensed healthcare provider following an exposure incident. The opinion shall only include (1) that the employee was informed of the evaluation results and (2) that the employee was informed of any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment. The Benefits and Risk Manager will provide the employee with a copy of the evaluation within 15 days of its completion.

D. All employee medical records shall be kept confidential.

7. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

A. The Benefits and Risk Manager in conjunction with the Chief Nurse will review the circumstances of all exposures and complete a Bloodborne Pathogen Exposure Report. The investigation and report will seek to determine:

- (1) Engineering controls in use at the time.
- (2) Work practice controls in place and followed at the time.
- (3) A description of the device being used (including type and brand).

- (4) PPE or clothing that was used at the time of the exposure incident (i.e. gloves, eye shields, etc.)
- (5) Location of the incident.
- (6) Procedure being performed when the incident occurred.
- (7) Employee training.

B. If revisions to this ECP are needed, the Benefits and Risk Manager in conjunction with the Chief Nurse will ensure that appropriate changes are made (e.g., adding employees to the exposure determination list, adding PPE, adding engineering controls, etc.).

8. Employee Training

A. All employees who have occupational exposure to bloodborne pathogens will receive initial and annual training. The Benefits and Risk Manager in conjunction with the Chief Nurse will keep and make available training materials.

B. Training will consist of epidemiology, symptoms, and transmission of bloodborne pathogen diseases. Additionally, training will cover the following elements:

- (1) A copy and explanation of the OSHA bloodborne pathogen standard.
- (2) An explanation of this ECP and how to obtain a copy.
- (3) An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure event.
- (4) An explanation of the use and limitations of engineering controls, work practice controls, and PPE.
- (5) An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- (6) An explanation of the basis of PPE selection.
- (7) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- (8) Information on the appropriate actions to take and people to contact in an emergency involving blood or other OPIM.
- (9) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow up that will be made available.
- (10) Information on the post-exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.
- (11) An explanation of the signs and labels and/or color-coding required by the standard and used at this facility.
- (12) An opportunity for interactive questions and answers with the person conducting the training session.

9. Recordkeeping

A. Training Records

- (1) Training records are completed for each employee upon completion of training and will be maintained for at least three (3) years by the Benefits and Risk Manager.
- (2) Training records include dates of the training session, contents or summary of the training, names and qualifications of persons conducting the training, and names and job titles of all persons attending the training.
- (3) Training records are provided upon request to the employee or the employee's authorized representative.

B. Medical Records

- (1) Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- (2) Medical records for each employee must include
 - (a) The name of the employee;
 - (b) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required;
 - (c) A copy of all results of examinations, medical testing, and follow-up procedures as required;
 - (d) A copy of the licensed, healthcare professional's written opinion that the Benefits and Risk Manager received; and
 - (e) A copy of the information provided to the licensed healthcare professional.
- (3) The LCSD Human Resources Department is responsible for maintaining required medical records. These confidential records are kept for at least the duration of employment plus 30 years.
- (4) Medical records are provided to the employee or the employee's authorized representative upon request.

C. OSHA Recordkeeping

- (1) An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and recording activities are performed by the Benefits and Risk Manager in conjunction with the Chief Nurse.

(2) In addition to 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are recorded in a Sharps Injury Log. All incidents must include at least:

- (a) Date of injury.
- (b) Type and brand of the device involved.
- (c) Department or work area where the incident occurred.
- (d) Explanation of how the incident occurred.

(3) These logs are reviewed as part of the annual program evaluation and maintained for at least five (5) years following the end of the calendar year covered. If a copy is requested by anyone, or used by the Safety Committee, any personal identifying information must be removed.

10. Definitions

“Blood” means human blood, human blood components, and products made from human blood. 29 CFR 1910.1030(b).

“Bloodborne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). 29 CFR 1910.1030(b).

“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. 29 CFR 1910.1030(b).

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps. 29 CFR 1910.1030(b).

“Contaminated Sharps” means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires. 29 CFR 1910.1030(b).

“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 or item is rendered safe for handling, use, or disposal. 29 CFR 1910.1030(b).

“Engineering Control” means a physical change to the workplace that removes a hazard or creates a barrier between an employee and a hazard. See NRS 618.7304; The National Institute

for Occupational Safety and Health (NIOSH), <https://www.cdc.gov/niosh/engcontrols/> (as viewed Nov. 19, 2021).

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. 29 CFR 1910.1030(b).

“Handwashing Facilities” means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines. 29 CFR 1910.1030(b).

“Licensed Healthcare Professional” is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up. 29 CFR 1910.1030(b).

“HBV” means hepatitis B virus. 29 CFR 1910.1030(b).

“HIV” means human immunodeficiency virus. 29 CFR 1910.1030(b).

“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 duties. 29 CFR 1910.1030(b).

“Other Potentially Infectious Materials” means:

(1) The following human body fluids: 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. 29 CFR 1910.1030(b).

“Regulated Waste” means liquid or semi-liquid blood or 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. 29 CFR 1910.1030(b).

“*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. 29 CFR 1910.1030(b).

“*Work Practice Control*” means a practice, procedure, or rule that is used to reduce the risk of a hazard in the workplace. See NRS 618.7310; Occupational Safety and Health Administration (OSHA), <https://www.osha.gov/ergonomics/control-hazards> (as viewed Nov. 19, 2021).

“*Universal Precautions*” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. 29 CFR 1910.1030(b).

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Appendix A -



LCSD Hepatitis B Vaccination Program Record

Lyon County School District has a Board Policy to offer appropriate protection deemed necessary to shield at-risk employees from the health hazards associated with the Hepatitis B virus and other bloodborne pathogens.

You can schedule an appointment to receive the Hepatitis B virus inoculation series from any of the three Public Health Nurses listed below:

<u>Public Health Nurse</u> <u>26 Nevin Way</u> <u>Yerington, NV 89447</u> <u>Phone: 775-463-6539</u> <u>(Monday-Fridays</u> <u>for immunizations)</u>	<u>Public Health Nurse</u> <u>5 Pine Cone, Suite #103</u> <u>Dayton, NV 89403</u> <u>Phone: 775-246-6211</u>	<u>Public Health Nurse</u> <u>555 E. Main Street</u> <u>Fernley, NV 89408</u> <u>Phone: 775-575-3363</u> <u>(call first for appointment)</u>
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<u>Name:</u>	<u>Date of</u>	<u>Date of</u>	<u>Date of</u>	<u>Done</u>
<u>SSN:</u>	<u>First</u>	<u>Second</u>	<u>Third</u>	
<u>Job Title:</u>	<u>Vaccine</u>	<u>Vaccine</u>	<u>Vaccine</u>	
<u>School:</u>				

Please take this form with you to your scheduled appointment.

Public Health Nurse: After each vaccine, make a copy for your billing office. When the series has been completed, please return this form to Blake Smith or Shannon Nelson at the District Office, 25 E. Goldfield Avenue, Yerington, NV 89447, for our billing purposes.

Blake Smith, Benefits & Risk Manager

Date



Hepatitis B Vaccine Declination

I understand, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Management Signature

Date



NOTICE OF AT-RISK EMPLOYEES FOR BLOOD-BORNE PATHOGENS EXPOSURE

Lyon County School District has a Board Policy to offer appropriate protection deemed necessary to shield at-risk employees from health hazards associated with the Hepatitis B virus and other bloodborne pathogens. (Reference is made to Lyon County School District's Policy GBBS).

Employees in the following classifications are eligible for Hepatitis B virus vaccinations:

- A. Athletic Trainer**
- B. Bus Driver**
- C. Chief Nurse**
- D. CTE Teacher**
- E. Custodians (including Lead Custodian)**
- F. Nurse (2-year RN and LPN)**
- G. Paraprofessional**
- H. School Nurse (4-year RN)**
- I. School Health Aide (including CNA)**
- J. Special Education Teacher**

If you are a new hire, or an employee in one of the above categories and have not had or been offered these immunizations, please see your school secretary for an appointment form, or you may find the appropriate documents on the Benefits webpage. You will need to schedule an appointment with the Public Health Nurse listed on the form.

PLEASE POST and/or DISTRIBUTE

Appendix B -

Bloodborne Pathogen Incident Exposure Form

In the event of an incident involving the exposure of a staff person, student and/or infant/toddler to blood or other potentially infectious materials, this form, as required by the Occupational Safety and Health Administration (OSHA), shall be completed as soon as possible. The information collected below is intended to assist with evaluating the control methods used and with preventing future exposures.

Name of Person(s) Exposed: _____

Location: _____

Incident Date: _____ **Time:** _____

Incident: Check in each box, as appropriate:

Exposure: _____ **Injury Type/Exposure Route:** _____ **Body Part Injured:** _____

Blood _____ Abrasion _____ Finger _____

Other Body Fluids _____ Laceration _____ Hand _____

Specify: _____ Puncture _____ Arm _____

Was blood seen in body fluid? Mucous Membrane _____ Eye _____

Yes _____ No _____ Human Bite _____ Other: _____

Other Infectious Material _____ Other: _____

Specify: _____

Description of Incident: _____

Protective equipment in use at time of incident:

Gloves _____ Protective Sleeves _____ Other: _____

Goggles _____ Lab Coat _____

Face Mask/shield _____ Gown _____

Referred to: _____

No Medical Treatment sought _____ Emergency Treatment Center _____

“Universal Precautions, Infection Control and Post-Exposure Management”:

All staff are trained and familiar with policy. - or - Number of staff not currently trained: _____

Describe below the engineering controls in place at the time of the exposure incident:

(The term "engineering controls" includes all control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Examples include blunt suture needles and plastic or mylar-wrapped glass capillary tubes, as well as controls that are not medical devices, such as sharps disposal containers and biosafety cabinets.)

Describe below the work practices and protective equipment or clothing used at the time of the exposure incident:

Describe below any notation of any “failures to control” at the time of the exposure incident:

Describe below any changes that need to be made to prevent reoccurrence of an incident?

Report prepared by (Name and Title): _____

Signature

Date:

Appendix C –

Sharps Injury Log

<u>Lyon County School District</u>				<u>Year:</u>	
<u>Date</u>	<u>Case/Report Number</u>	<u>Type of Device</u> <small>(e.g., syringe, broken glass)</small>	<u>Brand Name of Device</u>	<u>Work Area Where Injury Occurred</u> <small>(e.g., detention center, park)</small>	<u>Brief Description of How Incident Occurred</u> <small>(i.e., action being performed, body part injured)</small>

29 CFR 1910.1030(h)(5), OSHA’s Bloodborne Pathogens Standard, requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in facilities and to identify problem devices or procedures requiring additional attention or review. This Log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

