

Onondaga Central School District



Exposure Control Plan

Purpose/Scope: To Minimize the Occupational Exposure Potential to Bloodborne Pathogens

Reason for Revision: Annual Review and Reformat

Date Reviewed: October 2019

Onondaga Central School District
Exposure Control/Bloodborne Pathogens Program

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I. INTRODUCTION

There has been growing concern in New York State about the spread of infectious disease in all institutions, including schools. Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV) warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented the regulation, Occupational Exposure to Bloodborne Pathogens, Code of Federal Regulations (29CFR) 1910.1030 to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. OSHA estimates the Standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone.

The Standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV, HBV and HCV. Exposure to bloodborne pathogens may occur in a variety of ways including needle stick injuries and contact with the mucous membranes and non-intact skin of workers. Exposure to HIV, HBV and HCV can be minimized or eliminated by using work practice controls, protective equipment, and other provisions in the work setting. (Other general information on bloodborne pathogens is included in this Plan as Appendix A).

Each employer must determine the application of “Universal Precautions” by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the Standard, then the Standard mandates a number of requirements. To minimize the risk of exposure to HBV, HCV and HIV; only staff within the school district designated as having a potential for occupational exposure to blood and potentially infectious materials as a result of their job duties should handle situations requiring first aid or blood and body fluid clean up. They can achieve protection through adherence to work practices designed to minimize or eliminate exposure through the use of personal protective equipment (e.g. gloves), which provides a barrier between the staff person and the exposure source.

One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations, and training. The Standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

The Onondaga Central School District is committed to provide a safe and healthful work environment. The District has developed this Exposure Control Plan to eliminate or minimize occupational exposure to bloodborne pathogens and to define the methods for reporting, evaluating, and recording exposures when they occur in accordance with the “Bloodborne Pathogens Standard”.

This Plan outlines the responsibilities for the management of exposure control, identifies the job classifications where occupational exposure to blood may occur without regard to personal protective clothing and equipment, and addresses the components of the “Bloodborne Pathogens Standard”. A copy of the applicable excerpts of the regulation is available in the Exposure Control Plan (Appendix B) and also upon request.

II. POLICY

The Onondaga Central School District is committed to provide 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 in accordance with the OSHA "Bloodborne Pathogens Standard", Title 29 Code of Federal Regulations 1910.1030. A copy of the applicable excerpts of the regulation is available in the Exposure Control Plan (Appendix B) and also upon request.

The ECP is a key document to assist our school district in implementing and ensuring compliance with the Standard, thereby protecting our employees. This ECP includes:

- I. Employee exposure determination,
- II. The procedure for evaluating the circumstances surrounding an exposure incident, and,
- III. The schedule and method for implementing the specific sections of the standard, including:
 - Methods of compliance;
 - Training and communication of hazards to employees;
 - Hepatitis B vaccination;
 - Post-exposure follow-up;
 - Recordkeeping.

III. PROGRAM ADMINISTRATION

A. General

It is the responsibility of the Director of Facilities to ensure the implementation of the Exposure Control Plan (ECP) and to maintain and update the ECP at least annually and whenever necessary to include new or revised employee positions with occupational exposures, employee tasks or procedures including the consideration of safer needle devices. Review of safe needle devices shall involve employees designated to use needles.

Employees covered under this ECP or who incur exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined in this Plan.

Employees desiring to see or receive a copy of this plan should address the request to the above.

B. Specific

OCM BOCES, Health, Safety and Risk Management Service is responsible for meeting the training requirements under this Standard and for the documentation of that training. The school district is responsible for ensuring that employees who have been designated in this plan as *at risk* receive both the initial and annual refresher training.

The Director of Facilities is responsible for making sure the written Exposure Control Plan is available to employees or their designees and to PESH and NIOSH representatives.

The Director of Facilities is responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.

The Director of Facilities is responsible for providing and maintaining all the necessary personal protective equipment (PPE), engineering controls (i.e., sharps containers), labels, and red bags are required by the Standard. He/she will also ensure that adequate supplies of the aforementioned equipment are available.

The Director of Facilities is responsible for ensuring that housekeeping protocols are written and that effective EPA-approved disinfectants are used. She/he will also ensure that these protocols are maintained and updated as needed.

IV. EMPLOYEE EXPOSURE DETERMINATION

Employee determination analyzes job tasks for their potential exposure to blood or other potentially infectious material (OPIM). The Onondaga Central School District has performed an exposure determination of those employees who may incur occupational exposure to blood or OPIM. At risk employees have to perform tasks that might involve exposure to blood in the course of performing their job duties. This exposure determination is required to list all job classifications in which all or some employees may be expected to incur such occupational exposure, regardless of frequency. The exposure determination has been made without regard to the use of personal protective equipment.

- A. The following is a list of **all** job classifications in which all employees have an occupational exposure:

Job Title

School Nurse
Coaches *

* (First Aid exemption - offered post-exposure)

- B. The following is a list of job classifications in which **some** employees may incur occupational exposure. Included are the tasks and/or procedures in which an occupational exposure may occur for those individuals.

Job Title

Task/Procedure

Special Education Instructors

Diapering and General Hygiene Functions

"Good Samaritan" acts such as assisting a co-worker or student with a nosebleed, giving CPR or first aid, which result in exposure to blood or other potentially infectious materials are not covered either within the Standard or in this ECP, and would not be considered an occupational exposure. However, the District will offer post-exposure evaluation and follow-up in such cases.

V. METHODS OF IMPLEMENTATION AND CONTROL (Exposure Control Safety Precautions)

A. Universal Precautions

"Universal Precautions" are specific hygiene procedures used to prevent blood or OPIM exposure, and they shall be observed by all employees in order to prevent contact with blood or OPIM. "Universal Precautions" include the following:

- having an appropriate barrier (i.e., wearing gloves);
- using disposable towels;
- putting all contaminated items in a plastic bag;
- cleaning and disinfecting contaminated areas;
- removing gloves carefully and correctly;
- washing hands thoroughly.

All blood, all body fluids, and all materials contaminated by blood or body fluids shall be considered infectious for HIV, HBV, HCV, and other bloodborne pathogens regardless of the perceived status of the source individual or the degree of risk perceived by the responding employee, and must be treated accordingly. General information regarding standard operating procedures for blood and body fluid incidents is provided to district employees in their bloodborne pathogen disease prevention training (Appendix C).

B. Exposure Control Plan (ECP)

Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting their building office. Employees seeking copies of the Plan may contact the School Business Administrator. A copy of the Plan will be made available free of charge within 15 days of the request.

The Director of Facilities will also be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any method or modified tasks and procedures, which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

V. METHODS OF IMPLEMENTATION AND CONTROL (cont'd)

C. Engineering and Work Practices Controls

Engineering controls and work practices controls will be used to prevent or minimize exposure to bloodborne pathogens. Careful adherence to safe work practices constitutes the primary method of preventing exposure to bloodborne diseases. Specific procedures used to reduce the potential for exposure to blood and OPIM are referred to as work practices. Standard operating procedures for employees in the various disciplines and departments are included in this plan as Appendix D. These safe work practices are mandatory.

Where the potential for exposure exists after utilizing safe work practices, personal protective equipment shall also be utilized.

Those engineering controls and work practices controls observed by the school district are outlined below. The effectiveness of the controls used will be reviewed during the annual review of this ECP.

1. **Handwashing facilities** are available throughout the schools within the school district, and handwashing is the most important preventive measure employees have available to them. Handwashing with soap and water is required after any contact of body areas with blood and/or OPIM whether or not an exposure occurred. Thorough handwashing is a basic and effective way to maintain good hygiene and infection control.
2. **Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses** is prohibited in work areas where there is a likelihood of occupational exposure.
3. **Storage of food and drink** is prohibited from being kept in refrigerators, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
4. **If needles are used:** Ensure that safety type needles are used (sharp or a needle device with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident). Recapping or shearing or breaking contaminated needles is prohibited. A labeled, puncture-resistant and leak-proof sharps container will be available in the building school nurse's office. Sharps containers will be inspected and maintained by user departments and replaced as needed by the School Building Nurse. Disposal of used sharps containers will be in accordance to the procedure outlined in the "Waste Disposal" part of this section. Sharps containers are never to be opened, emptied or reused. Designated areas for the required storage of sharps containers and other related supplies such as disposable gloves, paper towels, disinfectant, and red bags are in the nurse's office.

V. METHODS OF IMPLEMENTATION AND CONTROL (cont'd)

C. Engineering and Work Practices Controls (cont'd)

5. **Equipment which may become contaminated**, with blood or other potentially infectious material, shall be examined prior to servicing or shipping, and shall be decontaminated as necessary. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
6. **All procedures involving blood or OPIM** shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.

D. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) must also be used if occupational exposure remains after instituting engineering and work practices controls, or if controls are not feasible. Training will be provided whenever necessary, such as if an employee takes a new position or if new duties are added to the current position.

1. **PPE used in this District** will be provided to employees without cost. Plastic gloves will be available from building nurses. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The types of PPE, which may be used, are gloves or resuscitation masks. PPE 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 which the protective equipment is used. Appropriate personal protective equipment is required for the following tasks (the specific equipment to be used is listed after the task):

- spill/clean-up - latex gloves*, paper towels, leak resistant bags;
- first aid - latex gloves*, paper towels, leak resistant bags.

* = Persons allergic to latex may use nitrile or vinyl gloves.

Also, the PPE must fit comfortably and well enough to provide the degree of protection required. All PPE must be removed prior to leaving the incident site. Used PPE must also be placed in appropriate bags and designated containers when being stored, washed, decontaminated or discarded.

V. METHODS OF COMPLIANCE (EXPOSURE CONTROL SAFETY PRECAUTIONS) - (cont'd)

D. Personal Protective Equipment (PPE) - (cont'd)

2. **Gloves shall be worn** where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and/or mucous membranes. Disposable gloves are not to be washed or decontaminated for re-use. They are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

If utility gloves are used, they must be decontaminated as noted in Section VI. A. of this ECP. Such gloves are to be examined periodically to be sure the integrity of the glove is not compromised. They must be discarded when they show signs of cracking, peeling, tearing, puncture, or deterioration.

3. **Eye and face protection** (e.g., goggles, glasses with side shields, mouthpieces) must be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may pose a hazard to the eye, nose, or mouth. The type of eye and face protection available includes safety glasses and face shields.
4. **Training in the use of the appropriate PPE** and in the removal of contaminated PPE will be provided for employees' specific job classifications and tasks/procedures they will perform. This will be part of the initial training and reviewed in the annual refresher training. Additional training will be provided if new duties are added and/or new or different PPE is used.
5. **If a garment is penetrated by blood and/or OPIM**, the garment(s) must be removed immediately or as soon as feasible. If a pullover becomes minimally contaminated, employees should remove it in such a way as to avoid contact with the outer surface (e.g., rolling up the garment as it is pulled toward the head for removal). However, if the amount of blood or OPIM exposure is such that the material penetrates the pullover and contaminates the inner surface, not only is it impossible to remove it without exposure, but the penetration itself would constitute exposure. It may be prudent to cut off a contaminated pullover to aid removal and prevent exposure.

V. METHODS OF COMPLIANCE (EXPOSURE CONTROL SAFETY PRECAUTIONS) - (cont'd)

E. Labeling

Bags and other containers for waste designated as regulated medical waste will be labeled with a biohazard label (see Appendix E for an example of this label). The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word "BIOHAZARD" in contrasting color, and be attached to each bag or container by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.

The School Nurse will ensure that red biohazard bags and sharps containers with the appropriate biohazard label affixed are available for use as required. Employees are to contact the School Nurse if they discover unlabeled regulated biohazard waste containers.

F. Waste Disposal

Regulated medical waste may be generated in a school facility, although most of the waste generated most likely will not meet the criteria given in the regulations as being regulated medical waste. Contaminated sharps such as needles or syringes and items that are so saturated with blood or OPIM that squeezing them will release those fluids would be considered to be regulated medical waste. Most towels, bandages, and other items that do not meet this criteria, can be disposed of in sealed plastic bags with regular trash.

All blood-contaminated wastes, absorbent, decontamination materials, bandages, and contaminated clothing or protective equipment which meets the criteria of regulated medical waste are to be placed in sealable and either labeled or color-coded containers (red biohazard). Waste placed in bags should be securely tied or double bagged in a trash bag, securely tied, and labeled with a biohazard label.

Properly secured bags and used sharps containers are to be taken to the health office and placed in sealable and labeled containers for storage separate from other waste. When storing, handling, transporting or shipping; regulated waste will be placed in containers that are constructed to prevent leakage. If an outside container becomes contaminated, the material will be placed in a second suitable container. Disposal will be through an approved, licensed facility for incineration where appropriate. Information on the disposal of regulated medical waste is included as Appendix F of this Plan.

V. METHODS OF COMPLIANCE (EXPOSURE CONTROL SAFETY PRECAUTIONS) - (cont'd)

G. Needle Stick/Sharps Injury Log

- (i) 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 Needle Stick/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.
- (ii) The requirement to establish and maintain a Needle Stick/Sharps Injury Log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.
 - (iii) The Needle Stick/Sharps Injury Log shall be maintained for the period required by 29 CFR 1904.6

Records shall be maintained in the

VI. HOUSEKEEPING

Good hygiene is a very important aspect of infection control, and along with that goes good housekeeping practices. Keeping surfaces clean helps control the potential for the spread of many germs, and on surfaces contaminated with blood or OPIM, additional measures should be implemented as indicated in this ECP. Restrooms and health offices are cleaned on a routine basis using gloves and disinfectants. The Director of Facilities has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the Standard.

A. Decontamination and Clean Up

Decontamination shall be performed immediately when a work surface becomes overtly contaminated or after any spill of blood or other potentially infectious materials, and after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.

An EPA-registered disinfectant should be used to clean and disinfect blood spills. Products used by the Operations and Maintenance Department are registered disinfectants and should be used during clean-up. As a last resort, a solution of freshly mixed Clorox or other equal brand of 5% sodium hypochlorite solution and water will be used to decontaminate. (Mixing ratio is to be 1:10: 1 part Clorox to 10 parts water.) A solution of 1:10 is required to be effective against Hepatitis B, therefore, this should be the standard to follow for any blood/body fluid spill. Any unused mixture should be discarded at the end of the work day.

Reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated will be inspected on a regular basis. When contamination is visible, they will be cleaned and decontaminated immediately, or as soon as feasible.

B. Laundry

If clothing or linens (school-owned clothing, blankets, or uniforms, etc.) become contaminated they should be bagged at their location of use and not sorted or rinsed in areas of use. The items can be decontaminated using an EPA-approved disinfectant or freshly mixed Clorox or other equal brand of 5% sodium hypochlorite solution and water if this can be done without further contaminating others or the area. However, if decontamination cannot be safely accomplished, the clothing/linens will be double bagged, tied, and labeled. They will then be taken to the Maintenance Office for placement in storage until they are laundered in-house, sent out for laundering, or picked up for disposal if they are determined to be regulated medical waste.

VI. HOUSEKEEPING - (cont'd)

B. Laundry (cont'd)

If school-owned clothing or linens are laundered in-house, employees must wear utility gloves and other appropriate PPE (i.e., aprons, mask, eye protection) when handling and/or sorting contaminated laundry. If hot water is used, linens should be washed with detergent in water at least 140° F - 160° F for 25 minutes. If low-temperature (140° F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used. Laundry will be handled as little as possible and with a minimum of agitation.

If school-owned clothing or linens are sent out for laundering, the items must be placed in a leak-proof red laundry or trash bag marked with the biohazard symbol if they are determined to be contaminated with blood or body fluid. The laundry must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.

C. Broken Glassware

Employees shall never pick up broken glassware by hand. Contaminated glassware should be picked up by mechanical means (tongs, forceps, or a brush and pan) even if gloves are worn. The implements used for these purposes are to be cleaned and decontaminated if the glassware held any material. Glassware should not be discarded in a regular trash bag.

D. Disposal of Contaminated Clothing/Linens

All contaminated clothing/linens deemed regulated wastes (i.e., liquid or semi-liquid blood or OPIM; items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials) will be discarded according to federal, state, and local regulations.

VII. TRAINING

A. Employees Covered

All employees who are reasonably anticipated to have occupational exposure to bloodborne pathogens shall be trained in the nature of the health hazards and in the work practices required to prevent bloodborne disease transmission. Training will be conducted during business hours, at no cost to the employee, at the time of initial assignment, at least annually as refresher training, and whenever procedures or tasks which might put them at risk of exposure are changed or added.

Employees with a job classification listed in this ECP have received the initial training in the prevention of bloodborne pathogens. Employees newly hired in a job classification listed in this ECP will be given initial training prior to the start of duties which may result in exposure.

B. Training

Training will be conducted by a trained professional of OCM BOCES Health, Safety, Risk Management Service or the school district using materials supplied by OCM BOCES initially and at least annually for those employees identified in this plan as at risk.

C. Content

This training will include the following at a minimum:

1. Information on the OSHA "Bloodborne Pathogens Standard", 29CFR 1910.1030.
2. A general explanation of the epidemiology and the symptoms of bloodborne diseases, and methods of disease transmission.
3. Explanation of this Exposure Control Plan and its availability (also reviewed in the annual refresher course).
4. Recognition of potential exposures, including a description of engineering controls and work practices and methods for the prevention of exposure, including personal protective equipment.
5. Proper use, selection, location, handling, decontamination (if applicable), and disposal of PPE.

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VII. TRAINING (cont'd)

C. Content (cont'd)

6. Discussion of the hepatitis B vaccine as a preventive measure, including safety, efficacy, benefits, and methods of administering.
7. How to respond to and report exposure incidents, including emergencies.
8. Explanation of post exposure follow-up and evaluation, as well as the mandatory reporting procedures and forms the District requires.
9. Explanation of signs and labels as well as color-coding of containers and bags of potentially contaminated material.
10. Opportunity for question and answers.

D. Documentation

A training record form (Appendix G) will be maintained for each training session and a copy of this will be filed in the school district bloodborne pathogens records in the Maintenance Office.

VIII. HEPATITIS B VACCINATION

A vaccine has been developed that is effective in the prevention of Hepatitis B. Although originally made with plasma, the vaccines are made now using baker's yeast and recombinant DNA technology, and have a very high rate of effectiveness. Vaccination involves a series of three shots given in the following order over a six-month period:

- First Shot - Day 1
- Second Shot - Day 30
- Third Shot - Day 180

Since the vaccine is made from yeast, it is not recommended for people who are allergic to yeast to have these shots. Some people may experience such side effects as a sore arm or soreness at the site of the injection, or even a headache or mild joint ache, but most suffer little or no discomfort. At this time, there does not seem to be a need for a booster shot; however, if it is determined that a booster is needed, this information will be disseminated to all who have received the vaccine series and be included in the training and information given to employees.

A. Employees Covered

All employees who have been identified as having potential exposure to blood or other potentially infectious materials will be offered the hepatitis B vaccine, at no cost to the employee, during regular business hours.

All employees are encouraged to receive the hepatitis B vaccination series. However, employees who decline the vaccine shall be required to sign a declination form (Appendix H). If an employee initially declines the vaccine but later wishes to have it, he/she may do so at no cost during regular business hours.

B. Vaccine

The vaccine will be offered to employees within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless:

- the employee has previously received the vaccine;
- antibody testing reveals the employee is immune;
- medical reasons prevent taking the vaccination;
- the employee chooses not to participate.

The vaccine will be administered in accordance with the U.S. Health Service (USPHS) recommended protocol (outlined above).

VIII. HEPATITIS B VACCINATION

B. Vaccine (cont'd)

The Director of Facilities in conjunction with the High School Nurse will arrange for the employee to receive the hepatitis B vaccination series with the healthcare professional. Information on the hepatitis B vaccine will be provided to all identified at risk employees at no cost and during working hours. This information will include its safety, benefits, efficacy, methods of administration, and availability prior to obtaining the employee's consent or declination.

C. Documentation

Records of the vaccination or documentation of refusal of the hepatitis B vaccine will be kept in the employee's personnel file. The Hepatitis B Vaccine Immunization Record (Appendix J) shall be maintained by the High School Building Nurse.

IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP

All employees, whether at occupational risk or acting as "Good Samaritans" are able to receive a free confidential medical follow-up if an exposure incident occurs in their workplace. OSHA defines an exposure incident as a "specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties". Early action after an exposure is crucial, and prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.

A. Reporting an Exposure Incident

1. **All employees who incur an exposure** shall be offered post-exposure evaluation and follow-up in accordance with the OSHA Standard and the New York State Health Department. An employee who has been exposed should immediately contact the school nurse or their supervisor if the nurse is unavailable. The School Nurse, if unavailable at the time of the incident, must be notified as soon as possible.
2. **All exposures will be documented** by the school nurse on an "Exposure Incident Report Form" (Appendix I of this Plan) identifying the route of exposure and the circumstances related to the incident, including the identification of the source individual, unless identification is infeasible or prohibited by state and local law. (Public Health Law [Article 27-F] requires that information about AIDS and HIV is kept confidential). This law strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information **MUST** keep it confidential. Re-disclosure may occur with another authorized signed release. The nurse will add any additional information as needed.

A copy of the Exposure Incident Report form will be forwarded to the School Business Administrator. The School Business Administrator will review the circumstances of the exposure to determine if procedures, protocols and/or training should be revised and forward the Report Form to the District Physician as warranted.

3. Exposures involving sharps and/or needles must be documented on the "Needlestick/Sharps Injury Log" (Appendix L of this Plan), the New York State Department of Labor; SH-900 and related forms (see also Section IX (D), "Documentation" of this plan for instructions).

IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP (cont'd)

B. Evaluation and Follow-Up

If a school nurse deems that there is a potential for an “incident of exposure” involving blood, or bodily fluids containing blood, then an evaluation for exposure to bloodborne pathogens, i.e., HBV, HCV, and HIV, should be undertaken. An Exposure Incident Report Form (Appendix I) needs to be completed as soon as possible. If medical follow-up is warranted, the School Nurse will recommend that the employee seek an immediate confidential medical evaluation and follow-up through their family physician or other healthcare professional.

The employee has the right to refuse medical follow-up or evaluation. Status of medical follow-up should be noted on Appendix I by the School Nurse.

The employee will be given a copy of both the completed Exposure Incident Report Form and a blank “Healthcare Professional’s Written Opinion” (Appendix K) to give to the attending health professional.

The School Nurse will provide the healthcare professional with a copy of the "Bloodborne Pathogens Standard"; a description of the exposed employee's duties relevant to the exposure incident; the route(s) of exposure and the circumstances under which the exposure occurred; and relevant employee medical records including vaccination status.

The School Nurse will contact the School Business Administrator whenever an employee is recommended to see a healthcare provider as a result of an exposure incident.

Medical follow-up will be conducted by the employee’s private physician or by the local emergency room physician. The healthcare professional shall consider the following:

1. Facts of Exposure: Document the routes of exposure and how exposure occurred, including the source individual (noted on the "Exposure Incident Report Form").
2. Blood Testing – Source Individual: A recommendation to obtain parental consent, where appropriate, and test source individual's blood for HIV/HBV infectivity (unless infectivity is known) and document the source's blood test results. (If consent is not obtained, the health care professional will note on the form that legally required consent cannot be obtained.) Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented.
3. Results: Provide the exposed individual with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status (see A.2. above).

IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP (cont'd)

B. Evaluation and Follow-Up (cont'd)

4. Blood Testing – Exposed Individual: Upon voluntary consent, collect or arrange for the collection of the exposed employee's blood as soon as feasible after the exposure incident and test blood for HIV, HBV & HCV serological status (unless infectivity is known). If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.
5. Hepatitis B Vaccine: The medical professional evaluating the exposure incident may recommend the hepatitis B immune globulin and hepatitis B vaccination series as part of the post exposure prophylaxis.
6. Prophylaxis: The medical professional will also include information on the current post-exposure prophylaxis for HIV and Hepatitis B (as of this writing, post-exposure prophylaxis is not specified for Hepatitis C).

C. Healthcare Professional's Written Opinion

The written opinion (see Appendix K of this Plan) for post-exposure evaluation and follow-up will be submitted to the Director of Facilities and will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment. Regarding the Hepatitis B vaccinations; the healthcare professional's written opinion will be limited to whether the employee requires or has received the Hepatitis B vaccination. All other diagnoses must remain confidential and are not to be included in the written report to the school district.

Within 15 days after completion of the evaluation, the designated healthcare provider will provide the exposed employee with a copy of the evaluating healthcare professional's written evaluation.

D. Documentation

In addition to the above records, the person responsible for tracking work-related injuries/illnesses must make an entry on Form SH-900, New York State Department of Labor Accident/Illness and Injury Log, following all true incidents of exposure.

Incidents involving needles must also be recorded on the Needle Stick/Sharps Injury Log (Appendix L of this plan) and must be maintained by the nurse. Incidents involving needles must be recorded with the completion of the Exposure Incident Report and follow-up must be insured, as with all types of exposure incidents.

IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP (cont'd)

Onondaga Central School District
Exposure Control/Bloodborne Pathogens Program

D. Documentation (cont'd)

Documentation should be kept for the length of the individual's employment plus 30 years. (Note: When the SH-900.1 form is posted annually, names are not included on this form. When completing the SH-900, "Log of Work Related Injuries and Illnesses", the employee name must not be included as per section 901.8 of the Reporting Instructions".)

X. RECORDKEEPING

A. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29CFR 1910.1020. The Transportation/Maintenance Supervisor is responsible for the maintenance of the required medical records, which will be kept in the personnel office in a separate file. Medical records will include the following in addition to the requirements of 29CFR 1910.1020:

- employee's name and Social Security number;
- HBV vaccination status, dates of vaccinations, signed declinations where applicable, and any medical records relative to the employee's ability to be vaccinated;
- A copy of any Exposure Incident Report Forms (Appendix I of this Plan).
- documentation that examinations, medical testing, and follow-up procedures as required by the Standard were conducted;
- a copy of the healthcare professional's written opinion (Appendix K of this Plan);
- copies (or notation) of all information submitted to the healthcare professional.

All employee medical records will be kept confidential and will not be disclosed to any person other than the employee or his/her designee without written permission from the employee except as is required by law. Records will be maintained for the duration of employment plus 30 years in accordance with 29CFR 1910.1020.

Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days of the request.

B. Needle Stick/Sharps Injury Log

Log shall be maintained as required in Section V, (G) of this Plan. If there are not incidents involving needles/sharps write "None" on the Log and maintain. The log shall be retained for 5 years plus the current year.

C. Training Records

Bloodborne pathogen training records will be maintained in the Business Office at the School District and will include the following:

- the dates of the training session;
- the contents or a summary of the training;
- the name and affiliation of the trainer;
- the names and job titles of all attendees at the training.

Onondaga Central School District
Exposure Control/Bloodborne Pathogens Program

X. RECORDKEEPING (cont'd)

C. Training Records (cont'd)

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred. Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days of the request.

D. Transfer of Records

If the Onondaga Central School District ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the NIOSH Director.

XI. FIRST AID PROVIDERS

A. General

This section applies only to employees who are designated to render first aid assistance, but this is not their primary work assignment (these are in addition to nurses and the athletic trainer). First aid providers who are in this collateral duty category at this facility are listed below.

Designated First Aid Providers:

- Nurses*
- Coaches/Athletic Trainers**

B. Hepatitis B Vaccination

Our school district has elected to offer the hepatitis B vaccination to the first aid provider:

X** after a first aid incident; X* as a pre-exposure vaccination

**Coaches meet the criteria for exemption from the pre-exposure vaccination under the New York State Public Employee Safety and Health (PESH) policy.

C. Personal Protective Equipment (PPE)

District employees providing First Aid will have access to impervious (latex, vinyl or nitrile) gloves, and other appropriate items.

D. Post Exposure Evaluation and Follow-Up

In the event of a first aid incident where blood or OPIM are present, the employees providing the first aid assistance are instructed to report this incident to School Building Nurse or school district physician before the end of their work day. If an incident occurs after hours, report to the building nurse immediately the next morning. If an incident occurs after hours on a Friday or over a weekend, contact the District Physician, if unavailable, report the incident to your family physician, if not available, report to the nearest emergency room.

If the School Nurse deems that an incident of exposure may have occurred, then the Post-Exposure guidelines in Section IX, page 17 of this Plan will be followed.

The school building nurse will ensure that any first aid provider who desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than 24 hours after the incident.

XI. FIRST AID PROVIDERS (cont'd)

E. Recordkeeping

The High School Building Nurse will ensure that an "Exposure Incident Report" form (Appendix I) which describes the name of the first aid provider, date, time and description of the incident is written and given to the person noted in Section X. "Recordkeeping" of this plan.

F. Training

The Director of Facilities will ensure that first aid providers will receive the training required under the standard and as described in Section VII. "Training" of this plan.

APPENDIX A

BLOODBORNE PATHOGENS GENERAL INFORMATION

Bloodborne pathogens are 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), Hepatitis C Virus (HCV) and human immunodeficiency virus (HIV).

Certain pathogenic microorganisms can be found in a variety of sources. These microorganisms have the potential to invade the body and multiply, producing unfavorable conditions such as disease, illness, and sometimes death. The microorganisms may be found in the air, food, water, soil, animals, insects, or human carriers. Principle infectious disease-causing agents belong to the following groups of microorganisms: viruses, bacteria, rickettsiae, fungi, and protozoa.

I. Hepatitis

Hepatitis, meaning inflammation of the liver, can be caused by various viruses as well as chemical agents or obstruction.

- A. Hepatitis A is caused by the Hepatitis A virus. The incubation period is 15-50 days (average, 28 days) generally through fecal contamination and oral ingestion. Hepatitis A virus is shed in the feces from an infected person to an uninfected person facilitated by poor hygiene (lack of good handwashing). Signs/Symptoms may include gastrointestinal disturbances followed by sudden onset of fever, malaise, loss of appetite, jaundice (yellow eyes, skin), dark urine, and enlarged and tender liver.

The method of control/prevention includes avoiding potentially contaminated water or food (e.g., uncooked shellfish, unwashed fruits or vegetables in areas with poor sanitation). Use correct handwashing procedure as defined under the general infection control guidelines. Provide post-exposure prophylaxis (a singular intramuscular dose of IG) as soon as possible following last exposure; if more than 2 weeks following last exposure, prophylaxis is not indicated.

- B. Hepatitis B is caused by the Hepatitis B virus (HBV). The incubation period is long and varies from 45-160 days (average 120 days). Transmission may be through direct inoculation through skin (needle stick, IV drug user sharing needle/syringe, cut, human bite), mucous membranes, sexual intercourse (vaginal/anal), mother-to-baby. Other body fluids containing visible blood could contain the virus.

APPENDIX A
(continued)

BLOODBORNE PATHOGENS
GENERAL INFORMATION
(continued)

B. Hepatitis B (cont'd)

Signs/Symptoms for acute hepatitis B include flu-like symptoms with headache, fever, chills, nausea, vomiting, abdominal pain, jaundice (yellow eyes and skin), malaise, loss of appetite, joint/muscle pain, and enlarged tender liver.

Some individuals may have no symptoms, some may have severe symptoms, and in rare cases, death may result. Of adults who do become infected, 6-10% become carriers. These individuals cannot clear their liver cells and become chronic carriers. They may develop persistent hepatitis, cirrhosis, or primary liver cancer.

Infection control is maintained by using "Universal Precautions" at all times. Pre-existing uncovered lesions on hands, i.e., dermatitis may provide a route of entry for HBV; transfer via inanimate objects or environmental surfaces may be a source of transmission of HBV because this virus may survive in a dry state up to 7 days. An EPA-registered disinfectant should be used to clean and disinfect blood spills. Products used by the Operations and Maintenance Department are registered disinfectants and should be used during clean-up. As a last resort, a bleach solution of 1:10 is effective against HBV.

Pre-exposure prophylaxis is a series of three intramuscular injections of the hepatitis B vaccine over 6 months. Post-exposure prophylaxis is a single injection of hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine series provides short and long-term protection. The HBIG should be administered within 7 days of exposure, within 24 hours, if possible.

NOTE: A test to determine if a person is infected with HBV is available. It detects the presence of antibodies for HBV.

C. Hepatitis C

Hepatitis C is an infection of the liver caused by infection with the hepatitis C virus, which is found in the blood of persons who have this disease. Blood tests used to identify blood donors for hepatitis C were not available and were less precise than they were before the discovery of HCV was reported in 1989, and the first blood test for HCV available in May 1990. Improved blood tests were put into use in July 1992.

APPENDIX A

(continued)

BLOODBORNE PATHOGENS GENERAL INFORMATION

(continued)

C. Hepatitis C (cont'd)

If tested positive for hepatitis C, it is very likely that you will have chronic (long-term) liver disease. Many persons who have hepatitis C have no symptoms and feel well. For many persons, the most common symptom is extreme tiredness. The only way to tell if you are infected with HCV is to have a blood test. About 4 million Americans are infected with HCV, and most are not aware of it.

Hepatitis C is serious for some persons, but not for others. Most persons with hepatitis C carry the virus for the rest of their lives. Most of these persons suffer some liver damage, but many do not feel sick from the disease. Some persons with liver damage due to hepatitis C may develop cirrhosis (scarring) of the liver or liver failure which may take many years to develop. Others have no long-term effects. Antiviral medicines are approved for the treatment of persons with chronic hepatitis C. Treatment is effective in about 2-3 out of every 10 persons. There is no vaccine for hepatitis C.

II. Human Immunodeficiency Virus (HIV)

The human immunodeficiency virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). People who have HIV in their bodies are said to have HIV infection or to be HIV-positive. HIV damages the body's immune system. The immune system normally protects the body from disease. HIV is a retrovirus that infiltrates the white blood cells, causing them to replicate it and infiltrate, destroying subsequent white blood cells. HIV is a disease with many stages, and consequently, over time there are less and less white blood cells, which are essential to normal immune system function. An HIV-infected person can range from being healthy to being very sick. AIDS is the stage when an HIV-infected person's immune system gets very weak. When this happens, other diseases and infections can enter the body and the infected individual becomes increasingly susceptible to opportunistic infections, cancers, and diseases.

APPENDIX A

(continued)

BLOODBORNE PATHOGENS

GENERAL INFORMATION

(continued)

II. Human Immunodeficiency Virus (HIV) (cont'd)

Transmission involves the blood or OPIM with the infectious virus from one person (source individual) being able to enter the bloodstream of another person (exposed individual), such as through an open wound, abraded skin, or mucous membranes. Possible ways in which transmission could occur are: needle sticks; sharing of needle/syringe by IV drug user; unprotected sexual intercourse (anal, vaginal, and oral); mother to baby; getting cut by a sharp object which is contaminated; or any situation where there is direct blood/OPIM to blood or mucous membrane contact.

Signs/Symptoms include rash, loss of weight, diarrhea, white patches on mouth, night sweats, pneumonia, change in memory, personality or judgment, etc.

Infection control is maintained by using "Universal Precautions" at all times. Skin that is non-intact from abrasions, cuts, or open sores may provide a route of entry for HIV; therefore, use of barrier protection is recommended. Additional methods of protection include abstinence from sexual intercourse; mutual monogamous relationships with no known risk factors; elimination of drug use and sharing IV needles/syringes for drug use or other purposes (e.g., ear piercing).

III. General

Although the potential for HBV transmission in the workplace is greater than for HIV, the modes of transmission for these two viruses are similar. Blood is the most important source of HIV, HBV and HCV transmission in the workplace setting. In the school setting the potential for exposure probably occurs most often when a staff member is responding to an injury.

APPENDIX B

OSHA 29 CFR 1910.1030

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

The complete OSHA standard can be found on the OSHA website at

<http://osha.gov/comp-links.html>

APPENDIX C

STANDARD OPERATING PROCEDURES FOR BLOOD/BODY FLUID INCIDENTS GENERAL INFORMATION

If an incident involving blood and/or body fluid should occur, staff is instructed to follow standard operating procedures. Whenever possible, the injured person should be encouraged to care for his/her own minor bleeding or injury once he/she is stabilized. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves. However, the absence of barrier equipment should not preclude providing assistance to a person with a bleeding injury. Whenever possible, take individual to health office for appropriate care.

In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

I. Clean-Up Materials and Procedures

The following clean-up materials should be readily accessible to any employee who may be faced with a situation that would involve handling or clean-up of blood/body fluid spills. These materials should be provided to each staff member or placed in each classroom, office, gym, locker room, and other areas where a spill may occur.

Materials may include:

- a. Disposable latex/vinyl gloves.
- b. Disposable paper towels.
- c. Sanitary absorbent material (optional).
- d. Plastic bags with twist seals.
- e. Liquid soap packet or alcohol towelettes.
- f. Gauze pads.
- g. Band-aids (assorted sizes).

Instructions for Use:

1. Wear disposable gloves before handling blood/body fluids.
2. Provide first aid treatment.
3. Soak up spilled blood/body fluid with disposable towels or sanitary absorbent material.
4. Vigorously clean with soap and water.
5. Disinfect with EPA-approved disinfectant (Clorox 1:10, etc.).
6. Place all soiled materials in a plastic bag.
7. Remove gloves, turning inside out during removal, and place in plastic bag of soiled materials. Avoid touching skin with soiled gloves. Seal and dispose of plastic bag properly.

APPENDIX C

STANDARD OPERATING PROCEDURES FOR BLOOD/BODY FLUID INCIDENTS GENERAL INFORMATION

(continued)

Instructions for Use: (cont'd)

8. Wash hands thoroughly with soap and water using hand-washing procedures.
9. **Refer larger blood/body fluid spills to appropriate custodial personnel; keep students/staff away from the area.**

II. Reporting an Incident

1. Report incident as soon as feasible and call the Custodial Office to clean up any blood spill.
2. Keep students/other unnecessary personnel (or ask someone to do so) away from incident area (cover with paper towels, if available).

III. Handling a Blood/Body Fluid Incident

1. School personnel should have on hand the spill clean-up materials designated above (or as provided by district).
2. Wear safety glasses, goggles, face mask prior to any situation where splashes of blood/body fluids may occur. Examples of such situations include:
 - a. Extreme medical emergencies.
 - b. Occupational/technical programs, i.e., dental assistant.
3. Wear disposable latex/vinyl gloves and if necessary, eye and/or face protection, when responding to an incident involving blood/body fluid. When an unanticipated contact occurs, wash hands and all other affected areas with soap and water immediately after contact.
4. If an accident involving blood or body fluids occurs, encourage the individual to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion) hand him/her clean paper towels to hold over the injury. If this is not possible, provide assistance using a barrier between yourself and the individual and observe the following:
 - a. When the skin is intact, have the person wash using a disposable soap or alcohol towelette or dispenser soap under running water. Discard towels and/or towelette in a leak-resistant plastic bag (double bag as needed). Wash hands using proper hand washing procedures.

APPENDIX C

**STANDARD OPERATING PROCEDURES
FOR BLOOD/BODY FLUID INCIDENTS
GENERAL INFORMATION**

(continued)

III. Handling a Blood/Body Fluid Incident (cont'd)

- b. If open lesions or wounds have come in contact with blood from another person, scrub with soap and running water. Apply a skin disinfectant (e.g., 70% alcohol, Betadine, Hibiclens) after washing. Discard any used towelettes in leak-resistant plastic bag (double bag as needed).
 - c. If an individual gets blood in the eyes, flood exposed area with running water at room temperature for 2 - 3 minutes. Take individual to eyewash station if one is available. If blood gets into the mouth, rinse with water for 2 - 3 minutes and spit out.
 - d. In the absence of soap and running water, wipe contaminated skin with soap towelette or alcohol wipe or spray skin with diluted bleach (1:10) solution and wipe off. Dispose of all cleaning items in leak-resistant plastic bag (double bag as needed).
5. Place personal clothing soaked with blood/body fluids in a sealable plastic bag using gloves. These will be sent home with the individual for laundering. Place other non-disposable items (i.e., towelettes, etc.) soaked with blood/body fluids in a sealable plastic bag and take to designated area for medical waste. Any skin which came in contact with the contaminated items should be washed as indicated above.
6. Do not continue daily activities while wearing blood contaminated clothing or protective equipment.
7. Remove disposable gloves and any other protective equipment and place in a leak-resistant plastic bag (double bag as needed). Avoid touching skin with soiled gloves.
8. Wash hands thoroughly with soap and water using the handwashing procedures.
9. Ensure that all contaminated items have been picked up and placed in leak-resistant plastic bag (double bag as needed).
10. Advise custodian of all areas (including rugs, carpets, furniture, etc.) requiring decontamination.

APPENDIX C

**STANDARD OPERATING PROCEDURES
FOR BLOOD/BODY FLUID INCIDENTS
GENERAL INFORMATION**

(continued)

IV. Clean-Up

Clean-up blood/body fluid spills observing the following procedures.

1. Clean and disinfect all soiled, washable surfaces (i.e., tables, chairs, floors) immediately, removing soil before applying disinfectant:
 - a. Use paper towels or tissues to wipe up small soiled areas. After the spill is removed, use clean paper towels and soap and water to clean area.
 - b. Apply a sanitary absorbent agent for larger soiled areas. After the spill is absorbed, vacuum or sweep up material. Discard material in a leak-resistant plastic bag (double bag as needed).
 - c. Disinfect area with an EPA-registered disinfectant according to manufacturer's instructions.
2. Clean and disinfect soiled rugs, carpets, and upholstered furniture immediately.
 - a. Apply sanitary absorbent agent, let dry, and vacuum. Discard material in a leak-resistant plastic bag (double bag as needed).
 - b. Apply a sanitary shampoo with a brush or an extractor and re-vacuum. Discard material in a leak-resistant plastic bag (double bag as needed).
 - c. Spray with an EPA-approved disinfectant according to manufacturer's instructions.
3. Clean equipment and dispose of all disposable materials:
 - a. Soiled tissues and flushable waste can be flushed in a toilet. Discard paper towels and vacuum bag or sweep into a leak-resistant plastic bag (double bag as needed), seal, and dispose of according to procedure.
 - b. Rinse broom and dustpan in disinfectant solution after removing debris.
 - c. Soak mop in disinfectant solution for a minimum of 20 minutes and rinse thoroughly.
 - d. Used disinfectant solution should be promptly poured down a drain.

APPENDIX C

**STANDARD OPERATING PROCEDURES
FOR BLOOD/BODY FLUID INCIDENTS
GENERAL INFORMATION**

(continued)

IV. Clean-Up (cont'd)

4. Personal clothing soaked with blood/body fluids should be rinsed wearing gloves, placed in a leak-resistant plastic bag (double bag as needed) and sent home for laundering. Other non-disposable items (i.e., sheets, towels, etc.) soaked with blood/body fluids should be rinsed wearing gloves and placed in a leak-resistant plastic bag (double bag as needed). Then wash in the hottest water available (160° F) with laundry soap; bleach may be added if water doesn't reach 160° F. Dry in hot dryer or dispose of as regulated medical waste. The skin in contact with the contaminated garment should be washed as indicated above.
5. Store all disinfectants in safe areas inaccessible to students.
6. Ensure that dumpsters are located in a safe area away from the playground or other areas used by students.

APPENDIX D

STANDARD OPERATING PROCEDURE FOR ATHLETICS AND PHYSICAL EDUCATION

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/ Body Fluid Incidents General Information" sheet (attached). Other precautions unique to athletics and physical education situations are provided below.

1. Use proper protective equipment and adhere to safety procedures in all athletic activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. During practices and competitions, coaches identified at risk for occupational exposure to BBP should always have on hand disposable latex gloves, sealable plastic bags, paper towels, sanitary absorbent material, disposable alcohol towelettes, liquid soap and water, alcohol and bleach or another disinfectant.
3. Do not permit students with open lesions (i.e., cuts, acne with draining lesions) to participate in close physical contact sports unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze.
4. If open lesions or wounds do come in contact with blood from another person, the affected area should be scrubbed with soap and running water. As skin disinfectant (i.e., 70% alcohol, Betadine, Hibiclens) should be applied after washing.

APPENDIX D

(continued)

**STANDARD OPERATING PROCEDURE
FOR
ATHLETICS AND PHYSICAL EDUCATION**

(continued)

5. When the skin is intact, have the player wear gloves and wash his/her own skin using a disposable towel containing soap and water or with soap under running water. Gloves and towels should be discarded in a plastic bag. Player should wash hands using handwashing procedures.
6. If a player gets blood in the eyes, flood exposed area with running water at room temperature for 1 - 2 minutes. Take player to eyewash station if one is available. Report incident to appropriate personnel (i.e., school nurse).
7. Do not permit students to share razors.
8. Fluids provided for players should be dispensed in individual, single-use disposable cups to prevent saliva transfer among players. Drinking bottles shared among players can be a source of infection. Several outbreaks of viral meningitis have been attributed to this practice.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR BUS DRIVERS/TRANSPORTATION DEPARTMENT EMPLOYEES

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex").

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/ Body Fluid Incidents General Information" sheet (attached). Other precautions unique to bus drivers are provided below.

1. All bus drivers should have training in basic first aid. Each bus should be equipped with a first aid kit and blood/body fluid clean-up materials, including sanitary absorbent material.
2. When absorbent agents are used to clean vomitus, blood or other body fluids, the dry materials (i.e., absorbent powder or paper towels) should be applied, allowed to absorb, and then picked up. This waste material should be placed in a plastic bag that is tightly closed and tied, and then disposed in proper receptacle upon return to garage.
3. Follow standard operating procedure for soiled, hard washable surfaces as applies to inside of bus upon return to bus garage.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR CLASSROOM TEACHERS

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions for classroom teachers are provided below.

1. Use proper protective equipment and adhere to safety procedures in all activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. Do not permit students with open lesions (i.e., cuts, acne with draining lesions) to participate in close physical activities unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze.
3. Do not permit students to share eating or drinking utensils.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR CUSTODIAN/MAINTENANCE

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions unique to custodial maintenance staff are provided below.

1. **Gloves** - Latex rubber or vinyl gloves must be worn when clean restrooms and for other activities where custodians may come in contact with blood/body fluids during regular or emergency cleaning tasks. Household rubber gloves can be used; however, they should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
2. **Mop Water** - Generally, mop water should be changed when the mop is not visible through the solution. Mop water must be changed after it is used to clean blood/body fluid spills. Contaminated mop water should be carefully poured down the drain, to prevent splashing or spilling on to clean areas. After use, mops should be soaked in a disinfectant solution for 20 minutes.
3. **Restroom Cleaning** - Floors, toilets, and sinks of all restrooms should be cleaned and disinfected daily with an EPA-approved disinfectant, and observe the following:
 - a. Restock toilet paper, paper towels, and dispenser soap on a daily basis.
 - b. Check busy restrooms throughout the day and restock when necessary.
 - c. Place overflowing toilets or blocked drains "Out of Service" until they are repaired and cleaned.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR CUSTODIAN/MAINTENANCE

(continued)

3. **Restroom Cleaning** (cont'd)
 - d. Have a covered, leak-resistant container easily accessible to dispose of sanitary napkins/tampons in all the female restrooms.

4. **Garbage and Waste Receptacles** - All garbage cans and waste paper baskets should have plastic liners and must be changed daily. Plastic liners should be tied as part of the removal and disposal process. Any plastic liner that contains non-dripping or caked blood/body fluid waste should be double bagged and then discarded in the normal trash.

5. **Disinfectant** - Select an intermediate-level disinfectant which will kill vegetative bacteria, fungi, tubercle bacillus, and virus. Select an agent that is registered with the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in schools. Use all products according to the manufacturer's instructions. Agents should belong to one of the following classes of disinfectants:
 - a. Sodium hypochlorite (1:10 or 1:100 dilution of household bleach). **This solution must be made fresh for each use.** It is effective against HIV and Hepatitis B.
 - b. Ethyl or isopropyl alcohol (70-90%).
 - c. Quaternary ammonium germicidal detergent solution (2% aqueous solution).
 - d. Iodophor germicidal detergent (500 ppm available iodine).
 - e. Phenolic germicidal detergent solution (1% aqueous solution).

6. **Soiled Surfaces** - Clean and disinfect all soiled, washable surfaces (i.e., tables, chairs, floors) immediately, removing soil before applying a disinfectant:
 - a. Use paper towels or tissues to wipe up small soiled areas. After the spill is removed, use clean paper towels and soap and water to clean area.
 - b. Apply a sanitary absorbent agent for larger soiled areas. After the spill is absorbed, sweep up material. Discard material in a sealable plastic bag.
 - c. Disinfect area with an EPA-approved disinfectant according to manufacturer's instructions.

APPENDIX D

(continued)

**STANDARD OPERATING PROCEDURE
FOR**

CUSTODIAN/MAINTENANCE

(continued)

7. **Soiled Rugs, Carpets, Upholstered Furniture** - Clean and disinfect soiled rugs, carpets, and upholstered furniture immediately, and observe the following:
 - a. Apply sanitary absorbent agent, let dry, and vacuum. Discard material in a sealable plastic bag.
 - b. Apply a sanitary shampoo with a brush or an extractor and re-vacuum. Discard material in a sealable plastic bag.
 - c. Spray with an EPA-approved disinfectant according to manufacturer's instructions.

8. **Equipment** - Clean equipment and dispose of all disposable materials, observing the following:
 - a. Flush soiled tissues and flushable waste in a toilet. Discard paper towels and vacuum bag or sweep into a plastic bag, seal, and dispose of according to procedure.
 - b. Rinse broom and dustpan in disinfectant solution after removing debris.
 - c. Soak mop in disinfectant solution for a minimum of 20 minutes and rinse thoroughly.
 - d. Pour used disinfectant solution promptly down a drain.

9. **Health Office** - The health office should be considered as a high priority for cleaning on a daily basis. These rooms must be cleaned and disinfected. Special attention should be given to all work surfaces. All trash should be double bagged and discarded each day. The Health Office may contain regulated medical waste that requires special handling; therefore, refer to the "Waste Disposal" section of the Exposure Control Plan for further information on disposal of this waste.

10. **When responding to an incident resulting in a blood or body fluid spill**, follow standard operating procedure for clean-up. Adherence to all the steps in the clean-up procedure is critical for decreasing transmission of infectious diseases in the school environment.

11. **Follow frequent handwashing procedures throughout the day**, especially after removing gloves.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR DRAMA CLASS

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions for drama teachers are provided below.

1. Use proper protective equipment and adhere to safety procedures in all activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. Do not permit students with open lesions (i.e., cuts, acne with draining lesions) to participate in close physical activities unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze.
3. Do not permit students to share make-up equipment such as sponges, eye or lip make-up applicators, etc. If a student has acne or open lesions on the face or mouth, this recommendation is especially important. Use of make-up that is packaged individually is the most effective in preventing the transmission of pathogens. Students who frequently participate in drama productions should purchase their own make-up kits.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR FOOD SERVICE WORKERS

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions for food service workers are provided below.

1. Use proper protective equipment and adhere to safety procedures in all activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. Do not permit workers with open lesions (i.e., cuts, acne with draining lesions) to participate in close food preparation activities unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze or covered with gloves.
3. Maintain a clean area of the kitchen for preparing and serving food. A separate area of the kitchen should be designated for clean-up.

During clean-up, food from soiled dishes should be scrapped into a plastic-lined, covered waste receptacle. Disposable dishes and utensils should be placed in this receptacle. Liquids should be poured into the sink drain. Non-disposable dishes and utensils should be rinsed with warm water before being placed in the dishwasher.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR

FOOD SERVICE WORKERS

(continued)

4. If blood/body fluid spills on to any equipment (i.e., machinery, tools, cutlery), do not attempt to clean up. Follow standard operating procedure of calling for custodial/maintenance.
5. Sinks, counter tops, tables, chairs, trays, and any other areas where food or liquids have been discarded or spilled should be cleared.
6. Before removing clean dishes from the dishwasher for storage, follow proper handwashing procedures.
7. Wear plastic gloves during food preparation and use serving tongs, forks, spatulas or other devices when handling ready-to-eat foods.
8. Food service handlers with cold/flu-like symptoms, diarrhea, etc. **should not** prepare or serve food.
9. Open sores and cuts should be covered with a bandage, and gloves should be used throughout the work day. Gloves should be changed frequently.
10. Employees must wash hands prior to preparation and serving of food, after using toilet, after blowing nose, following break, and after handling any blood or body fluids. **Employees must wash hands frequently**

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR SCHOOL HEALTH OFFICE

The school nurse or designated health service personnel have the responsibility to protect self, students, and staff from the transmission of infectious diseases. Adherence to infection control procedures including "Universal Precautions" must be strictly practiced at all times. School nurses and other health personnel meet the criteria for occupational risk to bloodborne pathogens, and are covered by this exposure control plan.

1. The school health office must be equipped at all times with all essential materials/equipment to provide complete, effective handwashing, first aid, blood/body fluid clean up, waste disposal, and disinfection of special equipment routine care, emergencies, and/or accidents.
2. School health personnel must use protective barrier equipment and measures to prevent skin and mucous membrane exposure to any body/blood fluids during routine care, emergencies, and/or accidents. Observe the following guidelines:
 - a. Wash hands before and after all contact with an individual and associated materials using proper handwashing procedures.
 - b. Use gloves for any procedure with potential for exposure to blood/body fluids.
 - c. Use goggles, mask, and apron when splash/splattering may be anticipated.
 - d. Use mouthpiece for resuscitation to eliminate mouth-to-mouth contact in CPR situation.
 - e. Place used syringes, needles, lancets (all sharp instruments) immediately in nearby puncture-proof impermeable container labeled medical or infectious waste. Never re-cap a syringe.
 - f. Dispose of all contaminated materials in a covered waste receptacle lined with disposable plastic bag.
 - g. Call a custodian for clean-up of large blood/body spill.
3. Maintain documentation/recordkeeping of each individual incident requiring care and treatment. Maintain confidentiality of health records by securing records in a locked file.

APPENDIX D

(continued)

**STANDARD OPERATING PROCEDURE
FOR**

SCHOOL HEALTH OFFICE

(continued)

4. The school health office has an extremely high priority for cleaning on a daily basis. The area must be dusted daily and all work surfaces cleaned with an EPA-approved tuberculocidal disinfectant. All trash and materials used in treatment must be appropriately bagged and disposed of daily. Bathrooms connected to the school health office should be cleaned according to the following standard operating procedures.
 - a. Any materials, tools, or equipment used must be disinfected immediately following use.
 - b. Fabric mattresses and pillows should be covered with plastic which can be thoroughly cleaned with soap and water and an EPA-approved disinfectant in case of blood/body fluid spill after each use.
 - c. Bedding and towels are to be changed and laundered on a regular schedule as pre-determined guidelines for housekeeping. If contaminated from blood/body fluid spill, immediately remove, place in a sealable plastic bag, label and following laundering instruction in the exposure control plan.
 - d. Disposable examination paper can be used to cover sheets and pillows to minimize laundering.
 - e. Maintain storage areas for clean linens, equipment and disposable items. These areas must be separate from areas used for storage of soiled items.
 - f. Follow standard operating procedures identified for Special Education classroom related to assisting with change of a menstrual pad, diapering, or fecal or urine accidents.
5. If health service personnel are handling regulated medical waste, following standard operating procedures for regulated medical waste disposal in the exposure control plan.
6. Following any percutaneous injury, the health service personnel should advise the employee/student or legal guardian regarding the need for a tetanus vaccination. Follow the standard operating procedure for follow-up of an exposure incident in the Exposure Control Plan.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR LABORATORIES

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions unique to laboratory situations are provided below.

1. Use proper protective equipment and adhere to safety procedures in all activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. If blood stick procedures are conducted in the school, single-use, sterile lancets should be used. Proper handwashing before and after the procedure must be observed. Prior to lancing, the area should be cleaned with an alcohol swab. Dispose of used lancets in a puncture-proof container labeled as "Infectious Waste." The skin puncture should be thoroughly washed with dispenser-style soap and water and covered with a bandage.
3. If lab coats or smocks are soiled by a blood or body fluid spill, place the soiled garment in a sealable plastic bag to be taken home for laundering. Skin in contact with the soiled garment should be washed with dispenser soap and running water.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR MUSIC CLASS

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions for music teachers are provided below.

1. Use proper protective equipment and adhere to safety procedures in all activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. Students should have their own mouthpiece or instrument. If this is not practical, thoroughly cleanse mouthpiece by washing with soap and warm water. A small bottle brush (often available from the science lab) or cloth should be used to clean the inside of the mouthpiece. Follow this by soaking mouthpiece in a bleach solution (1 part bleach to 10 parts water) for 10 minutes. Wash, rinse, and dry before reusing. **Caution: Make sure that the bleach solution will not harm or stain the instrument finish.**
3. Another option is the following. Use Sterisol Germicide (EPA Registration No. 2767-5), a special musical instrument disinfectant. A 30 second exposure to Sterisol will destroy a wide variety of organisms and infections including aerobic and anaerobic organisms. Vincent's Infection (Trench Mouth), typhoid, diphtheria, streptococci, and E coli bacteria. It can be used to disinfect mouthpieces or poured directly into instruments to sanitize the entire instrument. It will not harm the

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE

FOR

MUSIC CLASS

(continued)

3. (cont'd)

finish on wood or metal instruments. Sterisol comes in concentrate and is used after mixing 20 oz. of concentrate to 1 qt. of water. Rinsing of instrument or mouthpiece after soaking in Sterisol is recommended. Rinse until red color of Sterisol disappears. It is manufactured by Person-Hickrill Laboratories, Glendale, Arizona, and can be purchased from Lyon, P.O. Box 1003, Elkhart, In 46515, (219) 294-6602.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR OCCUPATION AND TECHNICAL EDUCATION

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions for occupational and technical teachers are provided below.

1. Use proper protective equipment and adhere to safety procedures in all activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. If a student gets blood in the eyes or mouth, flood exposed area with running water at room temperature for 2 - 3 minutes. Take student to an eyewash station if one is available. Report the incident to appropriate health service personnel.
3. Any clothing soiled by blood/body fluid spill should be removed, placed in a sealable plastic bag and sent home for laundering. Skin in contact with the contaminated garment should be washed with dispenser-style soap and running water.
4. If blood/body fluid spills on to any equipment (i.e., machinery, tools, cutlery), do not attempt to clean up. Follow standard operating procedure of calling for custodial/maintenance.
5. In cosmetology classes, materials used for make-up application (i.e., sponges, mascara, lip and eye brushes and pencils) should not be shared. Also, other equipment and tools such as scissors, comb, brushes should not be shared.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR PLAYGROUND

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

When a staff member needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). Other precautions unique to the playground are provided below.

1. Use proper protective equipment and adhere to safety procedures in all activities as prevention strategies for reducing risk of blood/body fluid spills and the risk of exposure.
2. Playground monitors should be alert to any blood/body fluid spills on equipment or grounds and should contact appropriate personnel for clean-up.
3. Students must be cautioned not to touch any discarded needles, syringes or other sharps found on school property, but instead should report the incident to the school office immediately. The school nurse or other staff person should remove the item(s) and appropriately dispose of it in a puncture-proof sharps container. A tool such as pliers, forceps or tweezers should be used to pick up sharp items.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR SPECIAL EDUCATION CLASSROOM, DAY CARE, AND EARLY CHILDHOOD

If an incident involving blood and/or body fluid should occur, staff should always direct or help an individual. However, there may be situations involving blood/body fluid when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between himself/herself and the individual in need of assistance, using clean materials or latex or vinyl gloves ("latex"). In most instances, the staff member should not clean up the blood/body fluid spill or the environment, but should instead notify appropriate custodial staff for clean-up.

Teachers and instructional aides in facilities where instruction is provided for the developmentally disabled are at increased risk due to children's vulnerability to injury, special medical needs, occasional aggressive behavior, and dependence on adults for personal care. Among developmentally disabled children there may be some who are carriers of HBV. Between 25% and 50% of children infected before age 5 become carriers. Over 98% of developmentally disabled students were instructed in public facilities during the 1986-87 academic year. A pregnant staff person who may become infected has a 90% chance of infecting her newborn. Therefore, some or all staff working with the developmentally disabled may be covered under the OSHA Bloodborne Pathogen Standard.

When a staff member not covered needs to intervene and implement "Universal Precautions" he/she does so from an informed voluntary response under the "Good Samaritan Act" and use of prudent public health protective procedures.

If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. Follow the instructions on the "Blood/Body Fluid Incidents General Information" sheet (attached). It is essential that routine procedures be followed by staff and students to avoid cross-contamination and to maintain a clean and safe environment for all.

The special classroom may pose some increased risk of infection for both the staff and students and other precautions unique to the special classroom are listed below.

1. Students who have special needs should have a written procedure to follow to meet their special health care needs.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR SPECIAL EDUCATION CLASSROOM, DAY CARE, AND EARLY CHILDHOOD

(continued)

2. Everyone should practice proper handwashing techniques before and after assisting children with feedings, runny noses, diapering, etc. Wearing a clean smock over street clothes is advisable. Spills need to be promptly removed and play areas and articles routinely cleaned. Waste receptacles with disposable plastic bags need to be accessible and emptied daily.
3. All school personnel identified at risk for occupational exposure to BBP should have on hand disposable latex gloves, plastic bags, disposable towels, disposable soap or alcohol towelettes (or dispenser soap and water), sanitary absorbent agent, and bleach (1:10) or an EPA-approved disinfectant.
4. Assisting with the Change of a Menstrual Pad - equipment needed includes:
 - a. Disposable latex gloves.
 - b. Disposable towels.
 - c. Readily accessible handwashing facilities including dispenser-style liquid soap.
 - d. Plastic bag for disposal.
 - e. Clean pad (and belt, if needed).
 - f. Clean clothes (if needed).

Follow the procedures below:

- a. Wear disposable gloves when assisting a student with limited physical or mental abilities in changing menstrual pads.
- b. Prepare disposable towel with soap and water.
- c. Wearing gloves, remove soiled pad and clothing and place in separate plastic bags. Send clothing home to parent in plastic bag.
- d. Clean any blood from student's skin with soap, water, and disposable towel. Place in disposable bag with soiled pad.
- e. Wash gloved hands.
- f. Put clean pad and clothes on student.
- g. Encourage student to wash her own hands if hands become soiled or if she participates in the procedure.
- h. Still wearing gloves, clean up minor blood spills on toilet seat or floor per standard operating procedure. For major spills, contact school custodian.
- i. Remove gloves and place in disposable plastic bag with soiled pad.
- j. Wash hands thoroughly with soap and water using handwashing procedures.

APPENDIX D

(continued)

STANDARD OPERATING PROCEDURE FOR SPECIAL EDUCATION CLASSROOM, DAY CARE, AND EARLY CHILDHOOD

(continued)

5. Diapering - equipment needed includes:
 - a. Changing table: student's own bed, cot, mat or safe, firm, nonporous surface (clean and sanitized).
 - b. Readily accessible handwashing facility, including hot and cold running water, liquid soap and disposable paper towels.
 - c. Supplies for cleaning student's skin, disposable baby wipes, soap, water, and cotton balls or soft tissue and clean disposable diaper.
 - d. Plastic bags for student's soiled clothing.
 - e. Covered waste receptacle inaccessible to students lined with a disposable plastic bag and/or sealable plastic bags for disposable diapers.
 - f. The use of cloth diapers is discouraged. However, if cloth diapers are used, a covered receptacle lined with a disposable plastic bag should be used. Soiled cloth diapers should be stored in an area inaccessible to the students.
 - g. Plastic bag ties or masking tape for sealing disposable plastic bags at time of discard.
 - h. Disposable latex gloves.
 - i. Disinfectant for cleaning changing surface.

Follow the procedures below:

- a. Wash hands and put on disposable latex gloves.
- b. Place student on clean changing surface (do not leave unattended).
- c. Remove soiled diaper folding inward, wrapping the diaper in its own plastic liner and place in appropriate receptacle or place in a sealable plastic bag.
- d. If other clothing is soiled, remove, rinse using gloves and place it directly in a plastic bag that can be marked with student's name and secure; send home at the end of the day.
- e. Cleanse the perineum and buttocks thoroughly with disposable baby wipes or soap and water; move from front to back to prevent urinary tract infections, paying particular attention to skin creases. Discard in a sealable plastic bag.
- f. Use disinfectant to clean changing area and other contaminated surfaces according to standard operating procedure.
- g. Remove gloves.
- h. Rinse well and dry skin prior to applying clean diaper.
- i. Wash student's hands.
- j. Wash own hands.

APPENDIX D

(continued)

**STANDARD OPERATING PROCEDURE
FOR
SPECIAL EDUCATION CLASSROOM, DAY CARE, AND EARLY CHILDHOOD**

(continued)

5. Diapering - procedures: (cont'd)
 - k. Return student to class activity.
 - l. Wear disposable plastic gloves to rinse and wring out in toilet and cloth diaper soiled with feces.
 - m. After rinsing, place the cloth diaper in the appropriate receptacle.
 - n. Remove gloves and discard them in the appropriate receptacle.
 - o. Wash hands according to handwashing procedures.
 - p. Report abnormal conditions to the appropriate personnel, school nurse or school administrator.

6. Guidelines for Classroom Cleanliness - equipment needed:
 - a. Lab coat or smock (large blouse or shirt to cover street clothes).
 - b. Covered waste receptacles with disposable plastic bags.
 - c. Plastic bags that can be labeled and sealed for individual's soiled laundry.
 - d. Disposable plastic gloves.
 - e. Disinfectant.
 - f. Handwashing facility, including hot and cold running water, liquid soap and disposable paper towels.

Follow the procedures below:

- a. Wash hands.
- b. If a lab coat or smock is worn:
 - (1) use a clean garment each day.
 - (2) always hang the garment right side out when leaving the work area for breaks or lunch.
- c. If there are open cuts, abrasions, or weeping lesions on hands, wear disposable plastic gloves.
 - (1) Use a new pair of gloves in each situation in which hand washing is indicated.
 - (2) Discard used gloves in plastic bag in covered waste receptacle.
- d. Store and handle clean clothing and linens separately from soiled clothing and linens.
 - (1) Immediately place each student's soiled clothing and linens in individually labeled plastic bag, which is to be sealed and sent home at the end of the day.

APPENDIX D

(continued)

**STANDARD OPERATING PROCEDURE
FOR
SPECIAL EDUCATION CLASSROOM, DAY CARE, AND EARLY CHILDHOOD**

(continued)

6. Guidelines for Classroom Cleanliness - procedures (cont'd):
 - d. (cont'd)
 - (2) Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily.

7. The following are techniques for storing, cleaning, and disposing of classroom equipment, supplies, and other items:
 - a. Use only washable toys and educational tools with diapered and/or drooling children. Provide equipment for each child group so that items are not shared between groups.
 - b. Hard-surfaced toys should be washed daily; stuffed toys should be washed weekly, more often when heavily soiled. Whenever possible, a toy that is mouthed should be washed before other children handle it.
 - c. Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.
 - d. Store each student's personal grooming items (combs, brushes, toothbrushes) separately.
 - e. In handling disposable diapers, at least once a day seal and discard the disposable plastic bag used to line the covered receptacle.

8. When laundry facilities are available at school, launder diapers, sheets or other cloth items soiled in the school setting daily, observing the following:
 - a. Launder diapers or other items soaked with body fluids separately.
 - b. Pre-soak heavily soiled items.
 - c. Follow the manufacturer's directions on the label to determine the amount of detergent to be added.
 - d. If the material is bleachable, add 1/2 cup of household bleach to the wash cycle.
 - e. If the material is not colorfast, add 1/2 cup non-chlorine bleach (e.g., Clorox II, Borateam, etc.) to wash cycle.
 - f. Use hot cycle on washer and dryer.
 - g. Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.

APPENDIX D

(continued)

**STANDARD OPERATING PROCEDURE
FOR
SPECIAL EDUCATION CLASSROOM, DAY CARE, AND EARLY CHILDHOOD**

(continued)

9. Establish a routine cleaning and disinfecting schedule, and include the following:
 - a. Clean protective floor pads, bolsters, wedges, and so forth after each non-ambulatory student has been removed and at the end of each day.
 - b. Wash all toys with soap and water and rinse thoroughly as needed and at the end of each day.
 - c. Clean all equipment at the end of each day.
 - d. If a rug or carpet becomes soiled, clean it immediately according to procedures.
 - e. Clean changing surface, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.
 - f. Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.

10. Report incident to appropriate district personnel immediately and fill out an incident exposure report form (appendix I).

APPENDIX E

BIOHAZARD LABEL



APPENDIX F

REGULATED MEDICAL WASTE DISPOSAL GENERAL INFORMATION

I. General

Under New York State law, some medical wastes have become regulated, and therefore, require special handling for their disposal. It is important for schools to understand how their activities may produce medical waste, both regulated and unregulated, so they can comply with these standards accordingly.

Generators of regulated medical waste must register with the state by completing a "Regulated Medical Waste Generator Registration Form" (available from OCM BOCES). Under state laws, regulated medical waste is managed depending upon the amount produced and shipped off site in each calendar month:

- a. Less than 50 pounds per month: If your facility produces and ships off site for disposal less than 50 pounds of regulated medical waste (see definitions below) a school is a "small quantity generator." Each school building in a district is considered a generator. Therefore, each school building has the potential for being considered a small generator.
- b. More than 50 pounds per month: If you are responsible for a hospital, professional practice, clinic, infirmary, laboratory or other facility that produces and ships off site for disposal more than 50 pounds of regulated medical waste in a calendar month, your district is a "large quantity generator" (probably will not be applicable to individual school buildings), and must follow rules as a medical waste hauler.
- c. If you are a small quantity generator but transport or offer for transport more than 50 pounds in any one shipment, you come under the regulation for a large quantity generator.
- d. Whether your facility is a small or large quantity generator, if your regulated medical wastes are not disposed of in a state-licensed incinerator or in a sanitary sewer on site, you are responsible for documenting the delivery of your regulated medical wastes to a licensed disposal facility.
- e. School building sites may store regulated medical waste as long as they dispose of it to the accepting disposal site before waste is 50 pounds. However, if regulated medical waste has potential for becoming putrescible (spoiling), it must be refrigerated.

APPENDIX F

REGULATED MEDICAL WASTE DISPOSAL GENERAL INFORMATION

(continued)

II. Definitions

The Medical Waste Tracking Act defines medical waste as any solid waste which is generated in the diagnosis, treatment (i.e., provision of medical services) or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals.

A. Regulated Medical Waste

Regulated medical wastes which may be found in schools are materials that belong in the following categories:

1. Items that are saturated and/or dripping with human blood or have been caked with dried human blood.
2. Sharps or needles, syringes, and used blades, broken or unbroken glass and plastic ware contaminated with infectious material.
3. Any additional waste material that has come in contact with infectious material that the school believes may pose a risk.

B. Unregulated Medical Waste

Unregulated medical waste is material that has come in contact with blood/body fluids that can normally be disposed of in a sanitary sewer system and/or by a local waste hauler. Examples of unregulated medical waste include disposable towels, gowns, and paper sheeting; blood-stained bandages, gauze, and cotton; cotton swabs and tongue depressors; diapers.

III. Disposal Procedures

A. Preparing Waste for Disposal

1. All sharps must be segregated from other regulated wastes and placed in a leak-proof, puncture-proof container clearly marked as "infectious" or "regulated medical waste."

APPENDIX F

REGULATED MEDICAL WASTE DISPOSAL GENERAL INFORMATION

(continued)

III. Disposal Procedures (continued)

2. Place all other materials except sharps, such as materials **saturated** and **dripping** or dried and caked with human blood into a "red bag" and mark as "regulated medical waste" or "infectious medical waste". The bag shall be impervious to moisture and have a strength sufficient to resist ripping, tearing or bursting under normal conditions of usage and handling. The bags shall be secured so as to prevent leakage during storage, handling or transport. Tag or mark with indelible ink the school name (generator) and address, date of shipment, and identification of the contents as medical waste.
3. If wastes are stored before shipment, keep the containers in a manner and location which afford protection from the weather and limit public access and exposure. Reusable storage containers may need to be disinfected between uses.

IV. Tracking

A. Waste Shipment

For each shipment of medical waste, fill out a medical waste tracking form. If you self-transport, keep transporter copy. If you use a transporter, have the transporter sign one copy and keep it for your files (for at least three years). Give the transporter the three other copies with the waste. The destination facility operator signs the tracking forms, retains a copy, and gives one to the transporter and mails one copy back to you, the generator, to document completion of the delivery. Keep this copy for at least three years, also.

If you have not received the form signed by the owner or operator of the disposal facility within 35 days after the initial shipment, it is your responsibility to check on the delivery. If, after 45 days, a signed tracking form is still not received, then you must file an exception report by the next (46th) day both with the Environmental Protection Agency Region II office and your NYSDEC regional office. The exception report should include a letter explaining your efforts to locate the wastes and the results of those efforts, and a legible copy of the original tracking form. Keep for three years.

APPENDIX F

REGULATED MEDICAL WASTE DISPOSAL GENERAL INFORMATION

(continued)

IV. Tracking (cont'd)

B. Medical Waste Generator Annual Report

All generators of regulated medical waste are required to submit an annual report to the DEC summarizing the amount of regulated medical waste disposed of, the disposal destination(s), and the costs incurred. OCM BOCES Safety, Health, Risk Management Service will assist in the preparation and submission of these annual reports for districts which generate regulated medical wastes.

APPENDIX H

HEPATITIS B VACCINATION SERIES PARTICIPATION

PARTICIPATION CONSENT

I understand the benefits and risks of the Hepatitis B vaccine. I understand that I must receive at least three (3) intramuscular doses of vaccine in the arm over a six-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. The Hepatitis B vaccine will be made available at no charge to me.

I have been provided information on the vaccine, and I have had an opportunity to ask questions, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent.

I understand that pre-vaccine blood testing for immunity Hepatitis B is available at my own expense.

I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts. In addition, I can withdraw from the vaccination regimen at anytime by first notifying the school nurse.

I grant permission for the school district physician or authorized designee to administer three (3) doses of Hepatitis B vaccine.

Employee Signature _/_/_/
Date

PRINT NAME _____
Worksite

DECLINATION STATEMENT

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

Employee Signature _/_/_/
Date

PRINT NAME _____
Worksite

Have you previously received the vaccine? Yes / No, If yes, _____, _____
Date Provider

Return Completed Form to the School Business Administrator, District Office

APPENDIX I

EXPOSURE INCIDENT REPORT FORM

I. Exposed Employee - General Information

Employee's name: _____ SS #: _____

DOB: ___/___/___ Home Phone: () _____ Business Phone: () _____

Job Title: _____ Vaccination Status: _____

II. Incident Information

Date of Exposure: ___/___/___ Time of Exposure: _____ AM PM

Location of incident (be specific: e.g., Room 302, playground, gym, etc.): _____

Nature of incident (be specific: e.g., fight, trauma, medical emergency): _____

Identification of source individual(s): _____

Names: _____

III. Exposed Employee Activities at Time of Incident

What task(s) were you performing when the exposure occurred (be specific)? _____

What personal protective equipment (PPE) was the employee wearing at the time?

If none, write "None". _____

Did the PPE fail? Yes No If yes, explain how: _____

IV. Exposure

Did the employee treat the source individual directly? Yes No

If yes, state what treatment the employee provided (be specific): _____

What body fluid(s) was the employee exposed to (be specific: blood, saliva, etc.)? _____

Exposure Control/Bloodborne Pathogens Program
Onondaga Central School District

APPENDIX I - (continued)

What part of the employee's body became exposed (be specific: index finger, eyes, skin (location) etc.)?

If the exposure was to the employee's skin, was the skin bruised in any way? Yes No

If yes, what was the nature of your skin abrasion? Acne Dermatitis Cracks due to dry skin

Unhealed cuts or scratches Other (specify) _____

Estimate the size of the area of employee's body that was exposed: _____

How long was the employee's body part in contact with the substance? _____

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate the employee's body?

Yes No

If yes, what was the object? _____

Where did it penetrate the body? _____

Was any fluid injected into the body? Yes No

If yes, what fluid? _____ How much? _____

V. Post Exposure Activity

After exposure, what did the employee do? Washed hands/washed exposed area Showered

Changed clothes Flushed eyes/rinsed mouth Other (specify) _____

VI. Medical Evaluation and Follow-up

Did the employee receive medical attention? Yes No

If yes, where? _____

When? _____ From whom? _____

If no, was follow-up declined? _____

Please add any other pertinent information:

VII. Documentation

Employee signature: _____

Date ___/___/___ Time _____ AM PM

Supervisor notified:

Date ___/___/___ Time _____ AM PM

School Nurse signature: Name _____ Title _____

Date ___/___/___ Time _____ AM PM

Note: This document must be maintained with employee's file for the duration of employment plus 30 years.

Exposure Control/Bloodborne Pathogens Program
Onondaga Central School District

APPENDIX J

HEPATITIS B VACCINE IMMUNIZATION RECORD
CONFIDENTIAL

Name: _____ Sex: M F Date of Birth: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ SS#: _____

Employer: _____ Address: _____

Have you ever had Hepatitis B? No Yes

Have you ever had Hepatitis B vaccine? No Yes

If yes, dates: _____ Location: _____

Hepatitis B titer drawn? No Yes If yes, result: _____

Medication allergies? No Yes If yes, list: _____

Yeast allergies? No Yes

Are you pregnant? (females only) No Yes Are you a nursing mother? No Yes

Some of the more common side-effects may be: arm soreness, fever, upper respiratory symptoms, nausea.

I understand the risks and benefits of receiving the Hepatitis B vaccine. I consent to receive the Hepatitis B vaccination series.

Employee Signature Date Witness Signature Date

Date Vaccine Type Dosage Site Exp. Date Mfg. Lot # Initial

Booster dose, if given: _____

Reactions after: 1st dose No Yes _____

2nd dose No Yes _____

3rd dose No Yes _____

History Reviewed at: 2nd dose No Yes _____

3rd dose No Yes _____

Remarks:

Signature – HBV provider

APPENDIX K

Healthcare Professional's Written Opinion

Employee Name: _____ SS#: _____

Employer: _____ Employer Address: _____

Employer Phone #: _____ Occurrence Time: _____

1. Please check either A or B:
 - A. _____ The Hepatitis B vaccination *is* indicated for the above exposed employee.
 - B. _____ The Hepatitis B vaccination *is not* indicated for the above exposed employee.
2. Has the above exposed employee received the Hepatitis B vaccination? Yes No
3. The above exposed employee has been informed of the results of their medical evaluation. The employee has also been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

(Please type or print)

Name of Healthcare Professional: _____ Title _____

Address of Healthcare Professional: _____

Signature: _____ Date: _____

Return original to:
Onondaga Central Schools
ATTN: School Business Administrator
4466 South Onondaga Road
Onondaga, NY 13120

Exposure Control/Bloodborne Pathogens Program
Onondaga Central School District

APPENDIX L

NEEDLE STICK / SHARPS INJURY LOG
Calendar Year _____

School District: _____

School Building: _____

SH 900.2 – Case # (Injury and Illness Incident Report)	<i>INJURY DATE</i>	LOCATION OF INJURY (PLACE)	DESCRIPTION OF INJURY (include type and brand of device involved in incident)	EXPOSURE INCIDENT REPORT FORM YES / NO	FORM COMPLETE YES / NO

Nurse Signature: _____

Date: ____/____/____

APPENDIX M

DESCRIPTION OF HEPATITIS AND THE RECOMBIVAX VACCINE

The general term "Hepatitis" means an inflammation of the liver. This can occur from agents such as medication and/or alcohol as well as from bacteria and viruses.

The vaccine that you are being offered is to protect you from the Hepatitis B virus. This virus can be found mainly in blood, blood products, semen and vaginal fluids of infected individuals. These fluids are the MOST important body fluids involved for the transmission of Hepatitis B. The virus may also be found in tears, saliva, breast milk, urine, and feces, however these are NOT important transmission fluids, unless visibly contaminated with blood.

Hepatitis B is transmitted from an infected individual to another by:

- blood-to-blood contact from a needle stick, contaminated needle sharing, tattooing, ear piercing and blood brother activities;
- skin contact can allow infectious fluids to enter the body through wounds, cuts, broken or damaged skin;
- mucous membrane contact can allow infectious fluids to enter the body through the mucous membranes of the eyes, nose, and mouth;
- sexual contact can allow infectious fluids to enter the body through unprotected intercourse;
- vertical transmission infection can occur from a pregnant mother to the newborn.

The time between infection by the Hepatitis B virus and the onset of the illness (the incubation period) is usually between two and six months. The signs of the disease are somewhat vague but most often include loss of appetite, nausea and vomiting, abdominal pain, and a yellowish cast to the skin and eyes (jaundice).

There is no specific treatment for this disease. The most important factor, however, is that 10% of all persons who are infected with this virus become chronic carriers of the virus and this can cause cirrhosis and cancer of the liver. There are an estimated 170 million people in the world today who are chronic Hepatitis B carriers, some of whom do not know that they are infectious.

RISK GROUPS FOR ACQUIRING HEPATITIS B

Due to the types of body fluids in which the virus is prevalent and the nature of work that some personnel in a school district perform, it is recommended that persons within a school district who have daily contact with needles, blood and/or body fluids, receive this vaccine.

Within the Onondaga Central School District, this group includes the following personnel:

Building School Nurse
Special Education Teachers*

OTHER FORMS OF HEPATITIS

There are, as mentioned previously, other forms of Hepatitis. One other form of viral Hepatitis is Hepatitis A. **The Recombivax Vaccine will only protect you from Hepatitis B.** Hepatitis A is a different virus from Hepatitis B. This virus is found in infected fecal matter and thus is spread via the fecal-oral route. This is the form of hepatitis that has been prevalent in Onondaga County over the past few years. Remember, the Recombivax vaccine will not protect you from this form of hepatitis.

THE RECOMBIVAX VACCINE

This vaccine is a non-infectious sterile solution that is made from a portion of the Hepatitis B genetic material and grown in a yeast cell. The part of the genetic material used is the part that stimulates your body to form antibodies to the Hepatitis B virus. This is what gives you immunity to this virus.

Since the vaccine for Hepatitis B is relatively new, it is impossible to predict how long your immunity to the virus will last after the vaccination series is completed. A pre-vaccine and/or post-vaccine blood test (titer test) can be conducted by your personal physician, at your own expense, to verify your immunity to the virus.

Even after you are vaccinated, if you should sustain an exposure to blood and/or body fluids, please report it to your immediate supervisor and the School Nurse immediately and obtain a post-exposure evaluation and follow-up from a health care professional.

METHOD OF RECEIVING THE VACCINE AND THE VACCINE SCHEDULE

The vaccine will be given in three doses: the initial dose followed by a dose in one month, with the final dose to be given six months from the initial dose.

All doses will be given via an injection into the deltoid muscle of the upper arm.

REASONS NOT TO HAVE THE VACCINATION

There are three situations when it is advised not to receive this vaccine. If you should have any questions concerning your medical history as it relates to any of the following or if you are undecided about your medical history as a whole, please contact your personal physician prior to receiving this vaccine.

REASONS NOT TO HAVE THE VACCINATION (cont'd)

The three (3) situations are as follows:

1. **The vaccine in pregnancy:**
Animal studies have not been conducted as to the potential harmful effect of the Recombivax vaccine. It has been proven to cross the placenta. Therefore, if you are pregnant or contemplating a pregnancy within the next six (6) months, you should not receive the vaccine.
2. **The vaccine in nursing mothers:**
It is not known whether the vaccine is secreted in the breast milk. Since many drugs are secreted in human milk, it is advised that you delay receiving this vaccine until you cease nursing.
3. **The vaccine with a history of allergic response to yeast:**
This vaccine should not be taken if you have any history, past or present of an allergy or hypersensitivity to yeast. Please contact your physician if you should have any questions.

POTENTIAL SIDE EFFECTS OF THIS VACCINE:

The Recombivax vaccine is generally well tolerated by all individuals. To date, no serious reactions have been attributed to this vaccine.

The following list includes the side effects that you *could* exhibit after receiving this vaccine:

1. Injection site soreness, redness, swelling or warmth usually subsiding within 48 hours
2. Headache, fatigue
3. Slight fever (100° F)
4. Upper respiratory symptoms (cold-like)
5. Nausea
6. Rash
7. Insomnia
8. Dizziness

These symptoms, aside from soreness at the injection site occurred in less than 10% of 1,252 healthy individuals who were extensively studied after having received Recombivax.

The Onondaga Central School District is providing this vaccine free of charge to the involved employees, as defined in the plan. If you should terminate your employment prior to receiving all three (3) doses of the vaccine, it will be your financial responsibility to obtain the remaining doses should you wish to do so.

Please make sure that you complete either the consent or declination portion of the attached "Participation Consent" form and return it to the Building Nurse.

Exposure Control/Bloodborne Pathogens Program
Onondaga Central School District

APPENDIX N

**SCHOOL NURSE LOCATION
2019-2020**

Staff Location	Name/Phone Number
Wheeler Elementary School	Robin Larkin, 315-552-5050
Rockwell Elementary School	Patti Cormier, 315-552-5072
Onondaga Jr/Sr High School	Deborah Rohe, 315-552-5026
Bus Garage	Deborah Rohe
District Office	Deborah Rohe