

BLOOD-BORNE PATHOGENS CONTROL PLAN

Findlay City Schools is committed to providing a safe and healthful work environment for all staff. The purpose of this plan is to inform all Findlay City School District staff of known exposure risks in the work-place to blood-borne pathogens, and to provide staff the means and information to not only respond to an incident of possible exposure to blood-borne pathogens but to minimize, reduce, and eliminate their exposure to another person's blood or body fluids. (For definition of terms, see Appendix A.)

To promote safety and reduce occupational exposure, all employees have a responsibility to report hazardous building conditions to their building administrator, report and record all job-related injuries, accidents, or illnesses, follow universal precautions and seek medical treatment when personally injured and/or sustaining an occupational exposure.

Public Employment Risk Reduction Program (PERRP) Regulations and this exposure plan are in no way intended to discourage employees from acting as "Good Samaritans" in coming to the aid of fellow employees, students, or visitors in a medical emergency.

OVERVIEW

Blood-borne pathogens are microorganisms that can cause disease. The most common blood-borne pathogens are the Hepatitis-B Virus (HBV) and Human Immunodeficiency Virus (HIV). If an individual has a blood-borne pathogen, it will be present in their blood, and could be in other body fluids such as saliva, sputum, vomit, urine, stools, breast milk, nasal secretions, pus, spinal fluid, semen, and vaginal secretions. A healthy person who is bitten, scratched, or sustains a contaminated sharps injury, or who is exposed to another person's body fluids via mucous membranes or an open area of the skin, could be at risk of infection.

In the school setting, staff most likely to be at risk of exposure include those whose duties include the following: tending to student accidents and injuries, cleaning up of grounds and facilities, carrying out medical procedures, assisting with personal hygiene and working with students of all ages with special needs.

The district has identified job classifications that may place the employee at increased risk of occupational exposure to blood or other potentially infectious materials in the course of their district duties. Employees eligible for Hepatitis-B Series through the district include the following:

- A. Art Teachers,
- B. Millstream Teachers,
- C. Athletic Directors and Trainers,
- D. Building Administrators,
- E. Bus Mechanics,
- F. Cheerleading Advisors,
- G. Coaches,
- H. Custodians,
- I. Elementary staff that monitor children on the playground,
- J. Grounds and Maintenance staff,
- K. Guidance Counselors,
- L. High School Hall Monitors and Attendance staff,
- M. Instructional Paraprofessionals,
- N. Kitchen staff,
- O. Occupational Therapists, Physical Therapists, and Speech Therapists,
- P. Office Secretaries,
- Q. Physical Education Teachers,
- R. Pre-K, K, 1st and 2nd grade teachers,

- S. Building nurses,
- T. Special education staff,
- U. Transportation staff, and
- V. Findlay City School employees trained to administer student injections.

Any permanent employee who sustains an occupational exposure is also eligible for the Hepatitis-B series. All at risk employees and those who sustain an occupational exposure are required to document their decision to either receive or decline the Hepatitis-B vaccine (Form 7.19f1).

When employees are hired, Human Resources will provide new employees, who are at risk, with the Hepatitis-B Information for Staff at Risk Form 7.19f2 along with the Hepatitis-B Vaccine Consent Form (7.19f1). This form documents whether an employee wishes to have the series, has already had the series, or wishes to decline the series. Those at risk who initially decline the series may rescind their decision at any time and re-sign another consent form.

District staff is expected to adhere to all aspects of this Blood-Borne Pathogen Exposure Control Plan. The district will provide blood-borne pathogen education within ninety (90) days of hire and then annually. The district will provide the employee with the means to follow this plan, but it is up to each employee to follow the directives of the plan and for at-risk employees to decide upon Hepatitis-B vaccination.

UNIVERSAL PRECAUTIONS

To reduce the risk of transmission of blood-borne pathogen, staff must follow Universal Precautions when handling blood or body fluids of another person. The tenets of these precautions are:

- A. Handle ALL blood and body fluids as if they are potentially infectious.
- B. Avoid contact when possible with the blood or body fluids of others.
- C. Encourage students/staff self-care of minor injuries.
- D. Wear disposable gloves before making contact with blood or body fluids. If no gloves are available, place a barrier between hands and any bodily fluid.
- E. Follow-up with hand washing after removing gloves or the barrier.

Universal precautions are always to be followed unless, in the employee's best judgment, not doing so would compromise the delivery of emergency health care or the safety of the employee or injured/ill person.

HEPATITIS-B VIRUS (HBV) AND VACCINE HEPATITIS-B VACCINATION

HBV can cause a wide spectrum of liver diseases, from sudden or long-lasting liver infection, to cancer of the liver, liver failure, and death. HBV can survive for at least 7 days outside of the body on dried surfaces. Once an individual is exposed to HBV, it takes anywhere from one to six months or longer for symptoms to appear. Some people never develop symptoms, but become a "carrier" capable of infecting others. Initial symptoms consist of flu-like symptoms such as mild fever, joint pain, fatigue, weight loss, and vomiting/diarrhea. As liver disease becomes more serious, symptoms can include jaundice (yellowing of the skin), darker urine, light-colored stools, and itching of the skin. In late stages, whites of the eyes become yellowed and urine brown.

Liver disease caused by HBV can be prevented by vaccination with the Hepatitis-B Vaccine, which is a series of three shots given over a minimum time frame of six months. The vaccine has been available since 1982 and provides immunity or reduces the effects of Hepatitis-B infection in over 80-95% of those vaccinated. It is not a "live" vaccine (meaning recipients cannot get hepatitis by receiving the vaccine). After completing the series, between 80-95% of adults will be protected against Hepatitis-B. This protection is currently believed to be life-long.

After signing a consent form, the Hepatitis-B vaccine series may be administered. Once the series is complete it is recommended a copy of the Hepatitis shot record be shared with the employee's health care provider. The original record is to be sent to Central Office to be filed with employee's records.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV affects the body's immune system, specifically a type of white cell that fights infections. HIV is currently treated with multiple medications to slow the progression of the virus into Acquired Immunodeficiency Syndrome (AIDS), which is the final stage of HIV infection. There is no known cure or vaccine to prevent HIV or AIDS.

HIV infection is currently the second leading cause of death in adults ages 25-44. Half of all new cases of HIV infection will be among young adults ages 18-25. The AIDS virus can be present in an individual for 10-15 years without any apparent symptoms. During that time, it can be spread unknowingly to other individuals. Outside of the body, HIV can only survive for two to three hours after it dries, so the environment does not pose as much of a risk to employee as does HBV.

HAND WASHING

FREQUENT HAND WASHING IS THE SINGLE MOST IMPORTANT TECHNIQUE TO PREVENT TRANSMISSION OF DISEASE.

HAND WASHING PROCEDURE

- A. Wet hands with warm running water.
- B. Apply liquid antibacterial soap and lather well.
- C. Wash hands vigorously, using a circular motion for 20 seconds. Be sure to wash the front/back of the hands, between the fingers, underneath/around the fingernails and wrists, and under hand jewelry.
- D. Rinse hands well under warm running water.
- E. If hands still appear dirty, rewash following above steps.
- F. When finished washing and rinsing, dry hands off with a paper towel.
- G. Turn water off with the paper towel and discard towel.
- H. Apply lotion as needed to prevent skin from cracking and bleeding.

If an employee is in a place where running water and soap are not available, such as on a school bus, field trip outing, or on an athletic field, an antiseptic hand cleaner or disinfectant wipe can be used along with a clean paper towel to cleanse and dry the skin until soap and running water are available. As soon as feasible, hands should be washed as above.

PERSONAL HYGIENE AND EATING IN THE WORKPLACE

Where a reasonable likelihood of occupational exposure exists, employees are to refrain from eating, drinking, applying lip balm or cosmetics, or handling contact lenses. Employees are advised to use their own fingernail clippers, nail files, tweezers, lip balms, toothbrushes, and electric or blade razors, and are not to share these with other staff or students.

HANDLING/DISPOSAL OF CONTAMINATED NEEDLES, SHARPS, AND WASTE

Sharps must always be picked up using utility gloves or mechanical means such as a brush and dustpan or tongs and disposed of in a puncture and leak proof container. Students cannot clean up sharps accidents. Should a sharps injury accidentally occur, OSHA and the Public employment Risk Reduction Advisory Commission require documentation of the injury and sharps (see 7.19f3)

Contaminated classroom reusable tools such as scissors and exacto knives are to be promptly and properly disinfected with an EPA-approved disinfectant. Contaminated sharps are not to be placed with like items until they have been properly cleansed and disinfected. To minimize accidental injury, separate and store all reusable sharps flat in a puncture proof container. Used injection needles are not to be recapped, bent or broken and are to be disposed of in a sharps container. If a sharps container is not immediately available, the needle is to be carefully recapped using a one-handed technique.

Sharps containers for needle and lancet disposal are to be red, easily accessible, labeled as biohazard, leak proof, puncture proof, kept upright, and safely stored to avoid accidental or purposeful entry. Leak and puncture proof

containers for larger sharps shall be identified with a biohazard label and kept upright and sealed for disposal. Custodians are to be aware of all sharps container locations in their building.

When any sharps container appears full, it needs to be sealed, maintained upright, and transported to the Diagnostic Center at Blanchard Valley Regional Health Center. (Note: This procedure follows Ohio's EPA regulated waste disposal guidelines, OAC3745-27-30, #7A.) The code states facilities that generate less than 50 pounds of regulated waste a month do not require a certificate of registration as a generator of infectious waste and may transport and dispose of infectious wastes in the same manner as solid wastes.

CLEANING AND DISINFECTING CONTAMINATED EQUIPMENT AND AREAS

Custodians routinely clean each school building following an established schedule set up by the head custodian, custodial manager, and building administrator. Custodians are responsible for routine cleaning as well as the cleanup and decontamination of blood and other body fluid spills on equipment, work surfaces, floors, and the environment. A custodian should be notified immediately of any blood or body fluid spill.

Areas that require daily decontamination because they are susceptible to blood-borne pathogens include the health clinics, restrooms, wrestling mats, exercise areas, and some self-contained special education classrooms. In these environments, school staff may assist in cleaning mats, cots, and equipment to maintain a healthy environment. Bus drivers are responsible for the routine cleaning and disinfecting of their buses, including a blood or body fluid spill. All employees who routinely assist with cleaning or disinfecting of these areas will have the necessary cleaning and disinfecting supplies available to them.

The district uses sanitizing and disinfecting agents and chemical products and protocols for all kitchen and custodial staff for cleaning and spill control products. Any other cleaning and disinfecting agents, such as disinfecting wipes for clinics or classrooms, must be EPA-approved as both a germicide/tuberculocide. Sterilants or products registered against HIV/HBV are also acceptable for disinfecting.

Broken equipment contaminated with blood or body fluid must be decontaminated before moving or shipping. If the equipment cannot be decontaminated, the contaminated part should be labeled as a biohazard and this information communicated to affected employees, service representatives, and the manufacturer before shipping and handling. Florescent orange warning labels are to be affixed to all containers of regulated waste or other potentially infectious waste or contaminated equipment using a string, wire, or adhesive.

On those rare occasions when a Class-A communicable disease is diagnosed in an employee, visitor, or student in the district, the building nurse will consult with the Hancock County Health Department, as well as the Ohio Department of Health to inquire whether alternate cleaning and disinfecting agents or extra PPE is required (beyond Universal Precautions) during decontamination to minimize exposure and spread of disease. Any health department recommended variations will be put in writing by the building nurse to the Director of Operations, Assistant Superintendent, Director of Secondary Instruction, Coordinator of Human Resources, Transportation Coordinator, the building administrator, and the other nurses.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The custodial supervisor oversees the procurement of biohazard bags, labels, PPE, and all chemical agents relating to this plan. PPE is specialized clothing or equipment worn by an employee to provide protection against a possible biohazard, and can include repellent gowns, aprons, lab coats, gloves, masks, and goggles. Street clothes do not suffice as PPE. The type of PPE required on the job is dependent on the likelihood or known risk of exposure incurred with specific job tasks. The district will supply necessary PPE at no costs to the employee. Used PPE is to be disposed of in labeled biohazard trash cans.

LEVEL I PROTECTION

Disposable single-use non-latex gloves for clinic and teaching staff

Disposable non-latex gloves should be worn whenever it can be anticipated that exposure to blood or other body fluids can occur. If a glove becomes punctured, contaminated, torn, or ineffective, remove as soon as possible and

thoroughly wash hands. Do not reuse or decontaminate disposable gloves. Always wear gloves when handling blood or body fluids and especially whenever the hands are cracked, scratched or have other breaks in the skin. Disposable pairs of gloves are available for all classroom teachers from the health clinics or district warehouse.

Utility gloves for custodial staff

Utility gloves should be worn whenever cleaning up body fluid spills, emptying trashcans, and cleaning up sharps. Any cracked, peeling, torn or punctured glove must be discarded. The building principal or area administrator can procure utility gloves through the Custodial Manager.

LEVEL II PROTECTION

Gloves, repellent gowns, and jackets

Level II protection is required when more extensive exposure to blood or body fluids is anticipated. This is most likely to occur in settings such as the cross-categorical rooms and the clinic.

LEVEL III PROTECTION

Gloves, repellent gowns, and protective eye/face gear

Level III protection is considered maximum protection for those rare situations where splashing, spraying, or splattering of blood or body fluids is anticipated to come in contact with the face, mouth, or eyes.

OTHER PPE EQUIPMENT

CPR one-way valve disposable resuscitation masks

These CPR masks provide a barrier to saliva, vomit, and mouth secretions. Masks are available in every health clinic and in the AED packs.

All clean PPE should be stored in areas accessible to at risk employees. Whenever PPE becomes contaminated, it must be handled as little as possible, immediately removed and placed in a designated laundry or other container for washing (decontamination) or disposal if indicated. Hands must be washed after removing PPE. Do not wash or rinse off any PPE in the work area or wear any PPE out of the work area. Always utilize appropriate PPE to prevent exposure when handling contaminated PPE.

HANDLING AN EMPLOYEE OCCUPATIONAL EXPOSURE

Any employee sustaining an occupational exposure during school hours must promptly report the incident to the building nurse and building administrator. The building nurse will:

- A. Provide appropriate first aide to help minimize further exposure by washing hands and skin with soap and water and flushing mucous membranes with water.
- B. Immediately refer a pregnant employee for prompt medical follow-up.
- C. Summon 911 if the injury appears serious enough to require EMS. (Note that the squad needs to be informed of the employee's occupational exposure so hospital staff can be alerted to the employee's need for further post-exposure evaluation.)
- D. Assist the exposed employee in completing an employee accident report and document health care provided on the report.
- E. If employee exposure also caused an injury, remind employee to inform health care provider injury is work-related. Employees should call the district's worker's compensation carrier after being evaluated.
- F. Provide the employee with the Staff Incident Report Form (7.19f4), Health Care Referral, and Consent to Exchange of Medical Information Following a Blood-borne Pathogen Occupational Exposure.
- G. If employee was not utilizing or improperly utilizing personal protective equipment (PPE), provide employee with the Staff Report and Administrative Follow-Up When Personal Protective Equipment is Not Utilized Form (7.19f4). The form is to be returned to the building administrator and attached to the Staff Incident Report Form, Health Care Referral, and Consent to Exchange of Medical Information Following a

Blood-borne Pathogen Occupational Exposure. If retraining on PPE or blood-borne pathogens is needed, the district will provide such follow up training.

If the source individual of the employee exposure is known to be HIV or Hepatitis-B or -C positive, no blood testing is required. If the source individual's disease status is unknown, the source individual; will be asked to sign a consent to be tested for Hepatitis-B, C and HIV at no cost to this individual. A request will be initiated by the building nurse for testing of the source individual's blood using the Request of Parental Consent to Test Child's Blood Due to Employee Exposure Form (7.19f5) if the source is a child, or Request for Consent to Test Adult Source Individual's Blood Due to Employee Exposure Form (7.19f6) if the source is an adult. When the source individual is unknown or refuses to be tested, the building nurse will document that legally required consent could not be obtained.

Human Resources will ensure that the exposed employee is provided with the source individual's test results, if performed, and information on the laws protecting confidentiality of such reports. Employee Hepatitis-B consents and medical records will be kept in confidence by Human Resources for thirty (30) years following the employee's departure except in cases where the employer regularly disposes of employee records and provides the Director of NIOSHA with at least three (3) months' notice on an annual basis of the employee records intended to be disposed. Employee Medical records will not be shared with anyone within or outside of the workplace without the written consent of the employee or legal representative.

APPENDIX A

DEFINITION OF TERMS

BIOHAZARD LABEL: A florescent orange label/logo to identify blood regulated waste and other potentially infectious material.

BLOOD-BORNE PATHOGENS: Microorganisms present in human blood and other body fluids that are capable of causing disease in humans. These pathogens include but are not limited to Hepatitis-B Virus (HBV), Hepatitis-C Virus (HBC) and the Human Immunodeficiency Virus (HIV).

CLASS A COMMUNICABLE DISEASE: A serious communicable disease that can be a major health threat to the public, such as HIV/AIDS, Hepatitis-B, tuberculosis or meningitis. These and other diseases are always reported to the Health Department, which in turn notifies the district of any health or safety precautions to take on behalf of the infected individual and any contacts of exposures.

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

CONTAMINATION LAUNDRY: Laundry that has been soiled with blood, other fluids, contaminated materials or sharps, or may contain contaminated sharps.

CONTAMINATED SHARPS: Any contaminated object capable of penetrating the skin such as needles, scalpels, exacto knives, tweezers, scissors, dental wires, broken glass and lancets.

COVERED EMPLOYEES: Employees designated by the Findlay City Schools Exposure Control Plan who have a job-related risk of exposure to blood or other potentially infectious materials who are subject to the rules and regulations of PERRP concerning occupational exposure to blood-borne pathogens.

DECONTAMINATION: The use of physical or chemical means to remove, inactivate or destroy blood-borne pathogens on surfaces, equipment or items so that the area/items are safe for use or handling as any pathogens are no longer capable of causing disease.

DISPOSABLE: Any item indicated for single use, and then thrown away. Some common disposable items used in the schools are gloves, paper towels, syringes for employee vaccinations, school lunch trays/flatware, and masks. These items cannot be reused or decontaminated.

EXPOSURE CONTROL PLAN: A plan developed and reviewed annually by the Findlay City School District that is designed to eliminate, reduce and respond to incidents of possible exposure to blood-borne pathogens for designated employees of the district.

EXPOSURE INCIDENT: The specific contact of blood or other potentially infectious materials with an employee's mucous membrane, open skin lesion or puncturing of the skin that results from the performance of an employee's duties.

HAZARD: A contaminated item, area, or blood and other potentially infectious material that presents an actual or potential risk to an employee.

OCCUPATIONAL EXPOSURE: Reasonably anticipated exposure to mucous membranes or skin with blood or other potentially infectious materials that may result during the performance of an employee's duties.

PERSONAL PROTECTIVE EQUIPMENT (PPE): Specialized clothing or equipment worn by an employee to provide protection against biohazard. These may include repellent gowns, gloves, dust masks, goggles and CPR masks. General work clothes, including uniforms, clinic gowns, pants, shirts or blouses are not intended to function as, nor are they considered PPE. PPE is provided by the District at no charge to the employee.

POST-EXPOSURE EVALUATION: An evaluation by a licensed healthcare professional or agency after an incident where an employee was exposed to blood or other potentially infectious materials while performing job duties. The district makes this evaluation free to the employee.

PRE-EXPOSURE TRAINING: Training required for all employees designated by the district as at risk for occupational exposure to blood-borne pathogens. Training is to make employees aware of the district's Exposure Control Plan, help eliminate and reduce exposure incidents, explain how to report exposure incidents and thoroughly educate employees on Universal Precautions in the workplace.

SHARPS: Objects such as needles, lancets, broken glass, scissors, exacto-knives, etc. that are capable of penetrating the skin and causing injuries such as cuts, abrasions, and needle sticks.

SOURCE INDIVIDUAL: any living or deceased individual whose blood or other body fluids could be a source of occupational exposure to an employee.

UNIVERSAL PRECAUTIONS: A standard approach to infection control that follows steps to reduce or eliminate occupational exposure to blood or other potentially infectious body fluids or materials.

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