

Personnel - All EmployeesBloodborne Pathogen Compliance Plan**BLOODBORNE PATHOGEN COMPLIANCE PLAN  
FOR THE SCHOOL SETTING**

In December 1991, the Occupational Safety and Health Administration (OSHA) issued safety standard regulations for the handling of bloodborne pathogens (Federal Register, 1910.1030) by entities subject to its control. It is the intent of Springfield Platteview Community Schools to eliminate or minimize occupational exposure to bloodborne pathogens including, but not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

**EXPOSURE CONTROL PLAN**

Springfield Platteview Community Schools establishes this written exposure control plan to eliminate or minimize occupational exposure to bloodborne pathogens. The school district's exposure control officer is the building principal. A copy of the exposure control plan will be available and is located in the School Offices. The exposure control plan will be reviewed annually and includes the following:

- A. Exposure Determination
- B. Training of Employees
- C. Hepatitis B Vaccination
- D. Occupational Exposure
- E. Post-exposure Evaluation and Follow-up
- F. Record keeping
- G. Control Methods

**EXPOSURE DETERMINATION**

All job classifications in which it is reasonable to anticipate that blood or other infectious body fluids will come in contact with an employee's mucous membranes (eye, nose, mouth); skin; or through parenteral contact (piercing mucous membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.) while performing job duties will be included in the plan. Other potentially infectious materials include body fluids such as cerebral spinal fluid, amniotic fluid, semen, vaginal secretions, respiratory secretions and saliva, tears, vomitus, urine, feces, drainage from wounds, and any fluid containing blood.

1. School personnel likely to experience occupational exposure shall be those who are designated to deal with "bloodborne pathogen situations" ("designated employees"); the persons so designated are: school nurses, primary first aid providers, custodians, athletic trainers, coaches, P.E. teachers, bus drivers, playground supervisors, and special education teachers or paraprofessionals who work with exceptional children.

2. School personnel unlikely to have occupational exposure include all employees not listed in paragraph "1" above ("non-designated employees"). All non-designated employees shall refer bloodborne pathogen situations to a designated employee, and shall not be required to personally render first aid in bloodborne pathogen situations or be disciplined for failure to personally render first aid in bloodborne pathogen situations.
3. An employee who has an employment related bloodborne pathogen exposure incident (an incident in which another person's blood or other potentially infectious material contacts the employee's eye, mouth, mucous membrane, non-intact skin, or pierced mucous membrane or skin barrier) shall promptly give notice of the incident and details of the incident to the superintendent or the superintendent's designee.

### **TRAINING OF EMPLOYEES**

Springfield Platteview Community Schools will require all identified employees who, in the performance of their duties, may have occupational exposure to participate in a training program at the time of the initial assignment to such duties. The training program will:

- a. Be provided at no cost to employees.
- b. Occur annually, within one year of previous training.
- c. Be conducted by an individual knowledgeable in the subject area, as it applies to the school setting.
- d. Contain the following elements:
  1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
  2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
  3. An explanation of the modes of transmission of bloodborne pathogens.
  4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
  5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
  7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
  8. An explanation of the basis for selection of personal protective equipment.
  9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and that the vaccine and vaccination will be offered free of charge.

10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color coding denoting containers of regulated waste.
14. An opportunity for interactive questions and answers with the person conducting the training session.

### **HEPATITIS B VACCINE**

Springfield Platteview Community Schools will offer Hepatitis B vaccine at no cost to school personnel identified as likely to experience occupational exposure in the performance of their duties. The vaccine will be made available after the employee has received the required training and within 10 working days of the work assignment. The employee may decline to receive the vaccine if he/she wishes to do so, if he/she previously received the complete Hepatitis B vaccine series, if antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. An employee who initially declines the Hepatitis B vaccination may receive the vaccine, at no cost, at a later date if job duties continue to be covered by the standard. Vaccine shall be given under the supervision of a licensed health care professional.

### **OCCUPATIONAL EXPOSURE**

Occupational exposure relates to the reasonable anticipation that blood or other infectious body fluids will come in contact with an employee's mucous membranes (eye, nose, mouth), skin, or through parenteral contact (skin piercing) while performing job duties.

If an exposure would occur by staff or student, the following should occur:

1. Wash exposed area immediately with soap and water.
2. If mucous membrane, irrigate or wash thoroughly.
3. Report exposure immediately. The post-exposure evaluation must occur within 24 hours.
  - a. If a student:
    1. Notify principal and parent or guardian.
    2. Recommend medical provider be consulted.
  - b. If an employee:
    1. Report immediately to the principal.
    2. Complete the post-exposure incident report form.
    3. Follow a post-exposure evaluation and follow-up plan.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Following the report of an exposure incident, Springfield Platteview Community Schools will make a confidential medical evaluation and follow-up available to the exposed employee. This evaluation and follow-up shall be:

- a. made available at a reasonable time and place within 24 hours of the exposure.
- b. Performed by a licensed physician or trained health care professional.

**RECORD KEEPING**

Documentation of personnel participation in the training program will be maintained for 3 years from the date on which the training occurred and include:

1. Dates of training sessions.
2. Contents or summary of training sessions.
3. Names and qualifications of persons conducting the training.
4. Names and job titles of all persons attending.

Confidential medical records will be maintained and kept separate from the personnel file for each employee for at least the duration of employment plus 30 years. This record will include:

1. The name and social security number of the employee.
2. Information regarding Hepatitis B vaccination status.
3. Documentation of exposure incident.
4. Medical evaluation and follow-up.

**CONTROL METHODS**

Universal precautions (UP) are practices and procedures established to assist in the prevention of contact with blood and other body fluids. Although the risk of exposure to bloodborne pathogens (HIV & Hepatitis B) in the educational setting is low, safe work practices require the assumption that all blood or body fluids be considered potentially infectious (blood, any fluid containing blood, cerebral spinal fluid, amniotic fluid, semen, vaginal fluids, feces, urine, vomitus, drainage from wounds, respiratory secretions and saliva).

The following safe work practice and engineering controls are identified to protect students and school personnel from exposure to blood and body fluids which could potentially cause infectious disease. Universal precautions will be employed at all times by employees of Springfield Platteview Community Schools. Appropriate personal protective equipment will be provided for personnel.

**HANDWASHING**

Handwashing is thought to be the most important procedure in preventing the spread of infection.

**Hands should always be washed when:**

1. Hands are soiled.
2. Handling or preparing food.
3. Eating.
4. Blowing or wiping nose.
5. Using toilet, assisting students with toileting needs, or diapering.

6. Coming in contact with contaminated equipment.
7. Skin contacts blood or body fluids.
8. After gloves are removed.

**Proper hand washing procedure:**

1. Wet hands with warm water.
2. Apply soap, lather hands & wrists.
3. Scrub all surfaces of hands, between fingers, under fingernails for a minimum of 15 seconds keeping hands and fingers pointed down.
4. Rinse hands and wrists thoroughly with warm water, allowing water to flow from wrist down.
5. Dry hands well and air dry or single-use paper towel, turning off faucet using towel before discarding to prevent recontamination.

**BARRIERS**

When possible, direct contact with blood and body fluids should be avoided. Barriers reduce the risk of contact as well as control the spread of infection between individuals.

1. Wear disposable gloves when direct contact with blood or body fluids, handling soiled clothing or equipment, toileting children, or when regularly exposed to a student's saliva or oral cavity. If unanticipated contact occurs, wash hands immediately following contact. Gloves should be removed without touching the outside or other objects. Dispose after each use.
2. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They should be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.
3. During CPR procedures, the use of a one-way protective shield is recommended.
4. Spill-resistant gowns, masks and protective eyewear should be used when splashing, spraying, spattering or airborne droplets of potentially infectious material is anticipated. It is recommended that at a minimum, one set, containing a gown, mask, and protective eyewear, should be available for use in a serious emergency (the size and layout of a building may require greater availability).

Personal protective equipment is available in the following location/s: All classrooms, offices, gyms. Additional materials are available with the custodian.

**BLOOD AND OTHER POTENTIALLY INFECTED MATERIAL SPILL CLEANUP:**

1. Wear disposable or utility gloves. Do not reuse disposable gloves. Disinfect utility gloves after use.
2. Use disposable (paper) towels and other absorbent materials to absorb spill.
3. Saturate the spill with a 1:10 household bleach solution prepared daily or other EPA approved disinfectant and allow to disinfect for 10 minutes **before** agitating the spill.
4. Disinfect the surface after the spill has been removed. Allow the disinfectant to work 10 minutes before wiping dry with disposable (paper) towels.

5. Rugs contaminated with body fluids should be cleaned by applying an absorbent compound. Saturate the spill with an EPA approved disinfectant appropriate for rug/carpet use for 10 minutes. Allow to dry as directed. Vacuum or mechanically remove with dust pan and broom. Apply EPA approved disinfectant appropriate for rug/carpet use for 10 minutes. Revacuum when dry.
6. Dispose of waste (gloves, paper towels, etc.) in leakproof plastic bag.
7. Clean and disinfect reusable equipment (mops, buckets, etc.)
8. Wash hands thoroughly with warm water and soap.

**CLEANUP OF OBJECTS CONTAMINATED WITH BLOOD OR OTHER POTENTIALLY INFECTED MATERIAL (i.e., athletic equipment):**

1. Wear disposable or utility gloves. Do not reuse disposable gloves. Disinfect utility gloves after use.
2. Discard contaminated items that cannot be cleaned or disinfected into lined container.
3. Disinfect the object using EPA approved disinfectant or 1:10 household bleach solution prepared daily.
4. Allow disinfectant to work 10 minutes before wiping dry.
5. Dispose of contaminated materials in leakproof plastic bag.
6. Wash hands thoroughly with warm water and soap after gloves are removed.

**FIRST AID/HEALTH CARE**

Whenever possible and appropriate, employees should practice self-management of injuries and should teach students the same. The principle of self-management includes self treatment, cleaning and disposing of contaminated materials to avoid contact by a second party.

When that is not possible:

1. Wear gloves.
2. Use paper toweling or gauze pads to wipe injury and, if appropriate, allow student to rinse injury with running water.
3. Place soiled materials in a plastic bag lined waste container.
4. Soiled clothing should be removed and placed into a plastic bag, secured, and sent home.
5. Assist in cleaning affected area and applying bandage as necessary.
6. Dispose of gloves along with other soiled materials in plastic lined waste container, secured, and disposed of properly.
7. Wash hands thoroughly after removing gloves.

Contaminated waste is any material which has been soiled with blood or other potentially infectious material which cannot be disinfected. This waste may be placed in a leakproof plastic bag and placed in the trash unless it meets the definition of regulated waste. Regulated waste is defined by OSHA as liquid or semi-liquid blood or other potentially infectious materials and caked dried blood capable of releasing these materials during handling or contaminated sharps. If regulated waste is generated, it must be properly identified by using a red bag, biohazardous

label, or sharps container. This waste must be disposed of according to state and local ordinances.

Contaminated work surfaces in the health office-first aid area shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are contaminated and at the end of each school day.

Eating, drinking, storing of food and drink, applying cosmetics or lip balm, and the handling of contact lenses should be prohibited in areas where there is a reasonable likelihood of occupational exposure (areas where first aid is provided).

#### **Contaminated Sharps (broken glass, needles, lancets, knives, blades)**

1. Tongs or dust pan and broom should be used to pick up contaminated sharps such as blood-covered broken glass to avoid direct contact.
2. Gloves should be worn when handling contaminated sharps.
3. Needles, lancets and other contaminated sharps should not be bent, recapped or removed.
4. A student who generates his/her own regulated waste (self glucometer use, self insulin injection, etc.) should transport the waste home daily for disposal.
5. All other sharps should be placed in a puncture-resistant, labeled, leak-proof container, able to be closed after each use. A sharps container should be available and when used, disposed of properly according to state and local ordinances.

#### **Clothing/Laundry**

Student clothing and other nondisposable items soaked with body fluids should be placed in plastic bags and sent home. If rinsing or presoaking is needed for items laundered at school, wear gloves. Clothes contaminated with body fluids, should be washed separately from other items. Wash as usual, add 1/2 cup bleach to wash cycle if bleachable. Add 1/2 cup non-chlorine bleach if unbleachable.

#### **Diaper Changing Procedure**

1. Wear disposable gloves.
2. Place student on a clean changing table using waterproof pad with two lean papers towels for each change.
3. Remove the soiled diaper and place in a plastic bag.
4. If other clothing is soiled, place in a plastic bag and mark with the child's name.
5. Clean skin in diaper area using individual disposable wipes or other cleansers provided by parents when special consideration to skin cleansing is needed for an individual student and apply clean diaper.
6. Wash pad after each change with soap and water and follow with 1:10 household bleach solution prepared daily or EPA approved disinfectant.
7. Remove gloves and place in plastic bag.
8. Wash hands with soap and water before and after diaper change.
9. Never leave child unattended on the changing area.
10. Supplies should be stored close to the changing area and out of the child's reach.

11. Report any abnormal conditions (blood or pus in diaper area, diarrhea, light colored, black or tarry stools, skin rashes, bruises or breaks in the skin).

### **Toy Sanitation Technique**

If children drool and mouth toys, special consideration for the sanitation of the toys should follow:

1. Sanitize by putting through a dishwasher cycle.
2. If dishwasher is not available:
  - a. Wear gloves and wash toys with soap and water.
  - b. Rinse with hot water.
  - c. Soak in a 1:100 bleach solution 10 minutes.
  - d. Air dry.

### **Dishwashing Sanitation Technique**

If it should be necessary to wash dishes in the classroom, the following should be followed:

1. The dishwashing area should be separate from the handwashing area.
2. Dish pans should be used.
3. Wash in hot soap and water.
4. Rinse with hot water.
5. Soak in a 1:100 bleach solution 10 minutes.
6. Drain and air dry.

### **Disinfectants**

1. All cleaning supplies must be kept in labeled containers.
2. All cleaning supplies must be kept out of the reach of students in locked cabinets.
3. Custodial staff will follow guidelines from their department as it relates to disinfectants.
4. If household bleach water is used as disinfectant, it must be prepared daily.
5. The ratio of bleach to water for a disinfectant solution is 1:10. A ratio of 1:100 bleach solution is considered a sanitizing solution.

## **INFECTION CONTROL PRACTICES OUTSIDE THE CLASSROOM**

The following guidelines should assist specific personnel in practicing good hygiene and helping limit the spread of communicable disease.

### **Blood Brother Rites**

It should be noted that some students may practice "blood brother" type rites where they wish to share small amounts of blood from finger pricks with each other. This practice should be discouraged.

**Bus Drivers**

The potential spread of communicable disease on a school bus is primarily confined to inappropriate handling of body fluids. Bus drivers can play an important role in reducing this risk.

Buses should be equipped with the following supplies:

1. Tissues
2. Dry absorbent compound
3. Disinfectant
4. Large plastic garbage bags
5. Antiseptic towelettes such as hand wipes or liquid alcohol cleansing agents (e.g., Hibistat, etc.)
6. Disposable gloves

In the event that a child vomits or loses bowel or bladder control, the following steps should be followed in handling the body fluids:

1. Assist the child in cleaning his/her face and hands with the use of handiwipes. Wear gloves if direct contact with the body fluid is possible.
2. Segregate the child as much as possible from other children on the bus, but make certain that he/she can be observed by a responsible individual at all times in case additional assistance is needed.
3. Cover the body fluid with dry compound and large plastic garbage bag.
4. Clean hands using handiwipes or liquid alcohol agent.
5. Wearing disposable gloves, completely clean and disinfect the area when the bus arrives at school or other appropriate location. Use a 1:10 solution of household bleach prepared daily or an EPA approved disinfectant. For surfaces where such a solution is not recommended, alcohol may be substituted. Do not use canned aerosol solutions. Solutions in a "pistol grip" hand spray bottle are preferred.
6. Any supplies used to clean the child or the area (towels, paper towels, tissues, disposable wipes) should be placed in a plastic bag, sealed and properly discarded.
7. Finally, wash hands thoroughly with soap and water even if gloves were worn during the cleaning process.

**Custodians**

Personnel that are involved in the general maintenance and cleaning of the school building play a vital role in controlling the potential spread of disease. It is important that these individuals practice good technique when handling waste materials and cleaning the building.

General guidelines include:

1. Clean and disinfect mop buckets at the end of each day and when there is gross soil.
2. Change wet mops after every 5 hours of use or after mopping gross soil.
3. Use an EPA approved disinfectant in the mop buckets.
4. Hang mops and dust mops so as to not leave them resting with the mop bucket, sink or on the floor.

5. Empty waste cans daily.
6. Wear gloves for pulling trash, cleaning restrooms, or any activity where employees may come in contact with body fluid.
7. Garbage and waste can liners should be changed daily.
8. Restrooms should be cleaned and disinfected daily. Employees should wear utility gloves which should be disinfected after each use.
9. Materials used in body fluid spill cleanups should be discarded into a plastic trash bag. All tools used in the cleaning should be disinfected after each use.
10. Sinks, drinking fountains, and showers should be disinfected with 1:10 bleach solution prepared daily.

### **Dietary Workers**

Personnel that prepare or serve food in the school setting play a key role in preventing the contamination of foods or eating utensils; thereby, reducing the spread of certain diseases.

Guidelines for individuals that handle foods include:

1. Wear clean clothes and a hair net.
2. Keep fingernails short and clean.
3. Always work with clean hands, and wash them thoroughly after using the toilet or handling raw foods.
4. Never work around food when ill.
5. Keep hands away from mouth, nose, and hair.
6. Cover coughs and sneezes with tissues, follow by handwashing.
7. Never use cooking utensils to taste food while cooking or serving, lick fingers, or eat while preparing foods.
8. Avoid manual contact with unpackaged food by the use of tongs, scoops, forks, etc.
9. Wear gloves when sorting silverware.

Basic principles to follow in the general housekeeping of the kitchen:

1. Mop the floor surface daily and as needed.
2. Clean and sanitize storage areas on a fixed schedule.
3. Clean ranges and grills after each use.
4. Sanitize all work surfaces, utensils, and equipment after each use.
5. Dispose of waste in waste cans with plastic liners.

### **Drama**

Make-up equipment such as sponges, eye or lip make-up applicators should not be shared. If student has acne or open lesions on face, eyes, or mouth, this recommendation is especially important. Individual portions of make-up will be most effective at preventing the transmission of bacteria and viruses.

### **Ear Piercing**

1. Discourage the practice of ear and other piercing by students. If a student is planning to have this procedure performed, advise that it be done professionally.
2. Discourage the practice of trading earrings.

3. If a student is having gross discharge from a pierced ear opening, he/she should clean the ear with soap and water, rinse with alcohol, dry and apply band-aid. Encourage student to keep hands away from ear after cleaning. Materials used for cleaning should be placed in a plastic-lined garbage receptacle or an individual plastic bag which can be sealed. Student should wash hands after procedure. Encourage student to seek medical attention as antibiotics may be indicated.
4. If minor discharge from ear lobe, encourage student to clean as above and to periodically apply antiseptic solution. Remind student to keep hands away from ear.

### **Sciences**

If blood stick procedures are used in science classes for special projects (microscopic exam of student's own blood cells, blood typing, etc.) only single use, sterile lancets should be used. Special precautions should be given to thorough hand-washing before and after procedure, proper cleaning of blood spills, safe disposal of lancets in a puncture-proof container, covering wound with band-aid.

### **Sports/Physical Education**

Participation in sports and physical education activities can pose an increased risk for the transmission of communicable disease. The specific risks are related to a number of variables including the type of sport, individual characteristics of students, equipment used, and physical facilities available.

Depending upon these variables, factors that can contribute to the spread of disease are:

- Degree and length of direct physical contact (wrestling versus tennis)
- Sharing of uniforms or equipment
- Using common drinking cups. This does not pose a threat in the transmission of bloodborne diseases, but can perpetuate the transmission of other communicable diseases.
- Contacting uniforms and equipment that has not been adequately cleaned.
- Compromised locker room hygiene

Teachers and coaches in these situations are in a key position to help prevent the spread of communicable diseases. Specific steps that can be taken include:

1. Avoid the use of shared drinking cups.
2. Establish and monitor a regular schedule for students to take uniforms home to be laundered.
3. Assure adequate supply of soap and towels in locker rooms.
4. Insist locker rooms be cleaned and disinfected daily.

### **Athletic Situations**

It is recommended that students with open lesions (cuts/sores/acne) do not participate in close physical contact sports unless:

1. The lesions are dry or

2. The lesion can be appropriately dressed (e.g., with band-aid or gauze) in a secure manner.

### **Handling of Body Fluid Spills During Sports:**

Items to have on hand:

1. Disposable gloves
2. Garbage bags with seal/twist
3. Paper towels
4. Soap and water
5. Alcohol
6. Bleach or other disinfectant

### **General Guidelines:**

1. Do not use a common towel for wiping sweat or secretions during sports.
2. Do not use common water bucket for cleaning wounds.

### **Blood Spill On Another Athlete:**

1. If an athlete sustains any open skin lesions which have come into contact with blood or saliva of another athlete, wash thoroughly, scrubbing the skin with soap and running water. Alcohol skin cleansers should be applied.
2. If athlete's skin at area of blood contact is intact, have that athlete wash off his own skin with soap and water.
3. If athlete gets blood in eye or mouth, flood exposed part for 1 to 2 minutes under running water.
4. If vomitus is involved, observe the same procedures (1-3).

### **Blood Spill on Clothing of Either Athlete:**

1. Athlete to remove soiled garment. Wash skin under areas of soiling with soap and water and put on clean garment.
2. Placed soiled garment in plastic bag, seal bag, set aside for later attention.
3. Clothing soaked with body fluids should be washed according to procedure. If clothing is to be washed at student's home, a copy of these guidelines should be sent to the home.

### **Blood Spill On Surfaces, Equipment (mats, footballs, etc.):**

1. Wear disposable or utility gloves. Do not reuse disposable gloves. Disinfect utility gloves after use.
2. Use disposable (paper) towels and other absorbent materials to absorb spill.
3. Saturate the spill with a 1:10 household bleach solution prepared daily or EPA approved disinfectant and allow to disinfect for 10 minute **before** agitating the spill.
4. Disinfect the surface after the spill has been removed. Allow the disinfectant to work 10 minutes before resuming use. Items may be washed/rinsed again.

5. Dispose of gloves and all other disposable cleaning materials in plastic bag, secure and give to custodian for disposal.
6. Place any non-disposable cleaning materials in separate bag, secure and treat with disinfectant.
7. Wash hands thoroughly.

Soak towels in bleach solution (add 1/2 cup bleach per load) for 10 minutes. Follow with regular washing procedure.

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