

**Spectrum Charter School  
4369 Northern Pike  
Monroeville, PA 15146**

**Board of Trustees Policy 820**

**BLOODBORNE PATHOGEN POLICY**

Definitions

**Bloodborne Pathogen Training - Outline**

Employee education and training for Bloodborne Pathogens should be part of the new employee orientation for all employees, and conducted for all employees on an annual basis. Keep a copy of the Exposure Control Plan on file in the school at all times.

Training should cover specifics in the plan, applications of the Bloodborne Pathogens program to the employee's specific job and answer any questions.

The training should cover the following items of the Exposure Control Plan:

1. The OSHA definitions/regulations that include
  - Definition of Bloodborne Pathogens;
  - Occupational exposures and exposure incidents;
  - Potentially infectious materials;
  - Modes of transmission; and
  - Definition and symptoms of Hepatitis and HIV.
2. Exposure Determination
3. Control Measures
4. Decontamination/Cleaning Procedures
5. Regulated Waste Disposal Procedures
6. Hepatitis B Vaccination
7. Incident and Exposure Procedures
8. Post-Exposure Follow-UP

**Purpose of the Plan**

The purpose of this plan is to minimize or eliminate employee occupational exposure to blood or certain other body fluids and to comply with the Occupational Safety and Health Administration (OSHA) Exposure to Bloodborne Pathogens: Final Rule. OSHA's purpose is to ensure that no employee will suffer material health or functional

impairment due to exposure to hazardous agents during the course of their employment.

“Occupational exposure” is any reasonably anticipated contact with blood by skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials resulting from the performance of any employee’s duties.

## **Exposure Determination**

### **Initial Exposure Determination of the Jobs**

In the Spectrum Charter School (“Charter School”) the following employees may incur an occupational exposure: The Chief Executive Officer (“CEO”), administrative assistant, secretary, teacher, assistant teacher, vehicle driver, cleaning personnel

### **Occupational Tasks at Risk for Exposure**

Specific tasks associated with the above-mentioned job classifications that may cause these employees to have an occupational exposure include:

- Responding to an injured child that results in visible blood.
- The need for cleaning a wound with soap and water.
- Application of a band-aid.
- Visible blood in stool, urine, vomit or nasal secretions of children.

### **Definition of Exposure**

- Skin or parenteral (piercing the skin) contact with blood or other potentially infectious fluids.
- Mucous membranes (eyes, nose, mouth, ears, etc.) contact with blood or other potentially infectious fluids.

## **Control Measures: Universal Precautions**

A universal precaution is an approach to infection control whereby all human blood and certain potentially infectious bodily fluids are treated as if infected with HIV or Hepatitis B or other Bloodborne Pathogens. These precautions have been adopted by the Charter School to protect staff from Bloodborne Pathogens.

Blood can become mixed with normal bodily fluids such as saliva, vomit, sweat, urine or stool, and these fluids should be treated as being possible HIV/HBV contaminated fluids. When staff comes in contact with or handle blood or body fluids, they must always wear gloves.

You can't identify every child or adult who may transmit infection. Yet you cannot afford to ignore the risk of infection since it takes just one exposure to become infected. Universal precautions resolve this uncertainty by requiring you to treat all human blood and certain human bodily fluids as if they were known to be infected with HIV, HBV or other Bloodborne Pathogens.

### **Reducing your Risk**

- Engineering controls.
- Employee work practices.
- Personal Protective equipment.
- Decontamination procedures.

### **Engineering Controls**

Engineering controls are items provided by the employer that serve to reduce employee exposure in the work place. Engineering control effectiveness depends on the employee actually using the provided items.

- Puncture-Proof Containers: "Sharps" which include needles and broken glass, or other sharp, pointed instruments, are to be placed in disposable puncture-proof containers.

Sharps are never to be thrown directly into a trash receptacle. Disposable puncture-proof containers are located: In the Nurse's Cabinet

- Biohazard Items: Biohazard items include: hypoallergenic gloves, disinfectant wipes and CPR Micro Shields. First Aid kits will include biohazard items as well as Band-Aids, and paper towels to absorb blood. All first aid supplies and biohazard items will be located in areas free from food and drinking liquids. Biohazard items will be located throughout the Charter School and in the Charter School's first aid kit and playground first aid kits.
- Disinfecting Solutions and Disposable Cloths: Clorox wipes are located in all classroom storage areas.
- Gloves: In addition to being stored in first-aid kits, gloves are also available in all classrooms and other locations throughout the Charter School .

Supervision: All Engineering controls are to be examined and maintained by a designated person:

School Nurse ON A REGULAR BASIS.

**Employee Work Practices**

Employee work practices reduce the likelihood of exposure through changing the manner in which the task is performed. These are specific procedures you must follow on the job to reduce your exposure to Bloodborne pathogens or other infectious material.

- **Hand washing;** if infectious material gets on your hands, the sooner you wash it off, the less chance you have of becoming infected:

**Hand washing will occur at the following times:**

1. When hands become soiled.
2. Before and after handling food.
3. Before and after drinking.
4. After using the bathroom, personal.
5. After assisting a child in the bathroom or with changing soiled clothing.
6. After wiping your nose or someone else's nose
7. Immediately after removing protective gloves.
8. Immediately after having contact with blood, body fluids, or other potentially infectious material.
9. Before and after administering medication.
10. Immediately after cleaning/ disinfecting any contaminated surfaces.

**Purpose:**

1. To protect employees and others from exposure to harmful microorganisms.
2. To prevent transmission of infection from one individual to another.
3. To remove transient bacteria on hands contaminated after handling children, objects and surfaces.

**Equipment:**

1. Warm running water.
2. Soap dispenser with liquid soap.
3. Paper towels.

**Procedure:**

1. Adjust running water to comfortable temperature and force at a level to prevent splattering water.
2. Wash hands, vigorously scrubbing with soap and water for a minimum of 15 seconds. Scrub hands, wrists and between fingers and around nails. Rinse hands with fingertips downward. The friction of the skin with soap and water is essential in hand washing. Microorganisms will remain unless effectively removed.
3. Dry hands with paper towel.
4. Turn off faucet with paper towel.
5. Leave equipment clean and in proper place.

**Note:** Disinfectant wipes should be available when a hand washing facility is not available.

**Sharps will be handled in the following manner:**

1. Sharps including needles, broken glass or other sharp, pointed instruments are to be placed in a disposable puncture-proof container.
2. Sharps are never to be picked up directly with the hands. Sharps should be picked up with a dust pan, pliers, tweezers or similar tool.
3. Contaminated needles should not be bent, recapped, removed, sheared or purposely broken.
4. Label containers as containing sharps and tape shut to prevent re-opening before disposing.
5. Dispose of puncture-proof container. See section on Regulated Waste Disposal Procedures.

**Work Area Restrictions include:**

1. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
2. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious material.

### **Personal Protective Equipment (PPE)**

#### **Gloves**

Gloves are the most widely used form of personal protective equipment. Gloves act as a primary barrier between your hands and Bloodborne Pathogens. Gloves will be worn when:

1. Assisting with toileting of a child.
2. Blood is visible on an adult, child, surface or piece of equipment.
3. Cleaning a contaminated surface or object.
4. Dealing with vomit, stool, urine, non-intact skin or other potential infectious fluids or material.
5. The employee anticipates hand contact with blood.
6. The employee feels the need to properly protect self from any illness, disease, surface or object.
7. When removing garbage from the Charter School to the dumpster.
8. When handling soiled laundry.

#### **Types of gloves include:**

1. Hypoallergenic gloves in appropriate sizes for each employee.

#### **Procedure for using gloves:**

1. Check gloves for holes, tears, or punctures before wearing.
2. Since gloves can be torn or punctured, bandage any cuts before being gloved.
3. Wear one glove on each hand.
4. To remove gloves, peel one glove off from top to bottom and hold it in the gloved hand.
5. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second one.
6. Place in a Zip-lock bag and dispose of the entire bundle promptly. See section on Regulated Waste Disposal Procedures.

7. Do not wash or attempt to disinfect the glove for reuse.
8. Wash your hands immediately after removing the gloves.
9. Change gloves between attending to different individuals, using this entire procedure.

### **CPR Micro Shields**

During the provision of CPR, the victim may expel saliva, blood or other fluids, CPR Micro Shields are recommended as a type of personal protective equipment that is designed to protect you from contact with fluids during resuscitation. Dispose of contaminated CPR Micro Shields in a Zip-lock bag, See section on Regulated Waste Disposal Procedures.

### **Decontamination and Cleaning Procedures**

Employees must clean the work area or surfaces when surfaces become obviously contaminated; after any spill of blood or other potentially infectious materials; after any individual care procedure whether visible contamination occurs or not; at the end of the work shift.

### **Hard Surfaces**

A hard surface is any surface that can be cleaned immediately by the use of a registered germicide or bleach solution and paper towel. The surface will be allowed to air dry and has no need to be laundered or otherwise treated. In addition bins, pails, cans, and similar receptacles should be decontaminated on a regularly scheduled basis.

### **Method of Cleaning:**

1. Gloves must be used when decontaminating these surfaces.
2. Pre-clean surfaces with a suitable detergent prior to disinfecting. Anti-bacterial soap, hot water and a paper towel can be used for pre-cleaning.
3. Disinfect surface with a registered germicide or bleach solution by applying the solution until the entire surface is wet, allow to remain at least 10 minutes, if possible and allow to air dry or remove with clean dry paper towel or cloth.

### **Soft Surfaces**

A soft surface is any surface that would need to be laundered if contaminated. The surface will usually need to be dried mechanically or hung out to dry.

### **Method of Cleaning:**

1. Gloves must be used when decontaminating soft surfaces or when doing laundry.
2. Put soft surface or laundry into a washing machine with soap and bleach solution.
3. If a washing machine is unavailable, the contaminated item(s) should be put into a bucket with bleach and water solution to soak until a washer is available and the item can be laundered. This solution should be emptied out and discarded when not being used. Fresh bleach and water solution should be made for each instance of contamination.

### **Miscellaneous Surfaces**

Any surface area that cannot be thoroughly cleaned by school personnel and equipment, i.e. carpeting, ceiling tiles, etc.

### **Method of Cleaning**

1. Gloves must be worn when attempting to secure or decontaminate the area.
2. Pre-clean the area with soap and water as well as possible.
3. Disinfect: use a registered germicide or bleach solution directly on the surface, then rise with water.
4. Inform the CEO or his/her designee that a contamination has occurred and identify the site.
5. The CEO or his/her designee will notify a commercial cleaning company to thoroughly clean the item or site that same day.
6. Contaminated area must be secured so that no exposure can occur to children or faculty i.e. carpeting contamination should be covered and labeled in order to alert other teachers, parents and staff to the site or item.

### **Regulated Waste Disposal Procedures**

#### **Sharps:**

1. Place all sharps in a disposable puncture-proof container.
2. The puncture-proof container should then be labeled as containing sharps to prevent re-opening.
3. Tape container shut and dispose of container in approved receptacle.



## First Aid Clean-Up Items

1. All disposable first aid clean-up items, such as band aids, used cotton balls, used antiseptic wipes, used paper towels or facial tissues shall be placed in a Zip-lock bag and then thrown into an approved receptacle.

## Personal Protective Equipment (PPE)

1. All PPE such as gloves shall be removed immediately after use.
2. All PPE shall be placed into a Zip-lock bag and disposed of in an approved disposal area.
3. Any waste should then be tied up and taken out to the Charter School's approved disposal area.

1. **Note: Used gloves that are not suspected to be contaminated with blood or other potentially infectious materials can be thrown into the regular garbage without a Zip-lock bag.**

All contaminated waste should be disposed of in the red biohazard material box located in the furnace room.

## Hepatitis B Vaccination

Employees who render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents need not receive a pre-exposure Hepatitis B vaccination.

The CEO or his/her designee will ensure that the vaccination is offered at no cost to the employee within 24 hours of any exposure incident and that the appropriate forms are signed. Employees who decline the Hepatitis B vaccination will sign a waiver (see the Forms Section). Employees who initially decline the vaccination but who later wish to have it may then have the vaccine provided at no cost.

Employees should be made aware in Bloodborne Pathogen trainings of the following information regarding the vaccine:

**An employee should not take the vaccine if he/she has an allergy to yeast**

## WARNINGS

**Active Infections:** any serious active infection is reason for delaying use of the vaccine except when, in the opinion of a physician, withholding the vaccine entails a greater risk.

**Pregnancy:** it is not known whether the vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. The vaccine

should be given to a pregnant woman only if clearly needed and recommended by a physician.

**Nursing Mothers:** it is not known whether the vaccine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when the vaccine is administered to a nursing woman.

Employees should consult a physician before taking the vaccine.

## **Incident and Exposure Procedures**

### **Incident and Accident Reporting**

All injuries that require any first aid must be written up on the Charter School's Medical Accident Report. The Charter School's Medical Accident Report will include the following information:

1. Name of injured person;
2. Date and time of accident/incident;
3. Location of the accident/incident on the premises;
4. Brief description of the accident and resulting injury;
5. First aid procedures used on the injured person;
6. Names of any staff members in attendance;
7. Signature of the supervisor to whom the accident/injury was reported;
8. Signature of the staff member who filed the report;
9. Brief description of the PPER used during the first aid treatment; and
10. Answer to the question: Did the accident involve staff being exposed to blood or potentially infectious fluids?     Yes     No

### **Exposure Reporting Procedures**

If the treatment and/or care of an individual or an accident results in an exposure of a staff member, then an Exposure Incident Report must be completed by the employee and submitted to the supervisor on duty.

1. The Determination: each incident must be evaluated by the employee to determine if an exposure has occurred. (See section on Exposure Determination)
2. Complete the Report Form (See Forms Section)
3. Submitting the Report:
  - The report must be completed the day the exposure occurs.
  - The completed report must be submitted to and signed by the CEO or his/her designee.

- The CEO or his/her designee will notify the appropriate agencies and the solicitor within 24 hours of the exposure.

### **Post Exposure Follow-Up**

#### **In the event of an exposure, the employer will provide the employee with:**

1. The post exposure Hepatitis B Immune Globulin (HBIG) vaccine, and the series of Hepatitis B vaccinations if the employee consents and the health care provider recommends the full vaccination series at no cost. (See section describing Hepatitis B Vaccination)
2. Immediate blood testing with the employee's consent.
3. If the employee refuses HIV testing, the lab will be instructed to hold the sample for 90 days. The employee may then decide to test for HIV, and the test is done free of charge to the employee.
4. A written confidential report of the employee's blood test as soon as available.
5. A copy of the report with the identity of the source individual, unless prohibited by law.
6. If the source individual refuses to test, the same procedures will still apply to the employee.
7. Re-Testing of the employee's blood at 6 weeks, 12 weeks, 6 months and one year following exposure. The employee must provide a separate consent form for each test.
8. Post exposure services, when medically indicated, may include counseling and evaluation of related illnesses.

#### **In the event of an exposure, the employer will provide the healthcare provider with:**

1. A copy of the Occupational Exposure to Bloodborne Pathogens: Final Rule.
2. A description of the exposed employee's job as it relates to the exposure incident.
3. Documentation of the routes of exposure.
4. Documentation of the circumstances.
5. Results of the source individual's blood testing, if available.
6. All medical records that are relevant to the appropriate treatment of the employee.

#### **Written Opinion from Health Care Provider:**

The exposed employee will be provided with a copy of the health care professional's written opinion within 15 days of the completion of the medical evaluation. The exposed employee is also entitled to complete confidentiality and the freedom to

designate, by express written consent, what persons will be notified of the physician's findings and the results of the testing.

**The Chief Administrative Officer's Responsibilities:**

The CEO of the Charter School will assure that the policies described in this document are effectively carried out.

**Record Keeping:**

The CEO and designated staff are required to maintain medical records related to Bloodborne Pathogens, including exposure incidents, post exposure follow-up, Hepatitis B vaccination status, and training for all employees with occupational exposure. These records are to be kept confidential and should be held for the duration of the employee's employment plus thirty (30) years. Training records should be held for three (3) years. Additionally, all records related to an exposure incident should be promptly copied and forwarded to the Charter School solicitor.

Attachments:

- [Confidential Incident Log](#)
- [Exposure Report for School](#)
- [Exposure Report for Healthcare Provider](#)
- [Exposure Control Plan](#)
- [Post Exposure Plan and Follow-up](#)
- [Supervisor/Employee Report of Accident](#)
- [Supply List for Exposure Control](#)
- [Vaccination Consent](#)
- [Vaccination Declination](#)

**TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.**

ADOPTED this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary