

ASHE COUNTY SCHOOLS

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

PART I

Subject: Purpose and Responsibility Statements

Purpose: The Ashe County Board of Education is committed to providing a safe and healthy working environment for all employees to eliminate or minimize occupational exposure to the Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. Exposure can be minimized or eliminated using a combination of universal precautions, engineering and work practice controls, protective clothing and equipment, training and education. Hepatitis B vaccination, signs, labels, and other provisions. The purpose of this Policy is to limit occupational exposure of employees to blood and other potentially infectious body fluids and materials that may transmit bloodborne pathogens and lead to disease or death. However, it is the responsibility of each employee to follow proper policies and procedures to ensure that the exposure to bloodborne pathogens is minimized or eliminated.

Scope: Employees who could be “reasonably anticipated” as a result of performing required job duties to face contact with blood or other potentially infectious materials are covered by: any reasonably anticipated skin, eye, mucous membrane, or parenteral (an agent such as a drug or solution intended for parenteral administration brought into the body through some way other than the digestive tract) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties. Universal precautions will be in force at all times as follows: in dealing with the cleaning or decontamination of any blood or body fluid, **ALL blood**, body fluid and potential infectious material shall be handled as if infected. The program standards for the control of potential exposure to HIV and HBV as outlined in the proposed **OSHA Rule “Occupational Exposure to Bloodborne Pathogens” Standard 1910.1020** or the most current standards available will be followed.

Responsibilities:

- I. **Principals and/or Assistant Principals will:**
 - A. Ensure and document employee orientation and annual training. Ensure that all elements of the Exposure Control Plan, including, but not limited to exposure determination, work practice standards, Hepatitis B vaccination procedures, development and coordination of educational programs and recordkeeping are met.
 - B. Initiate and document disciplinary action for continued non-compliance. Ensure that suitable education/training programs are provided to employees by a knowledgeable trainer(s).
 - C. Ensure that all employees have access to a copy of the **Policy and Exposure Control Plan**. Conduct review on an annual basis on where engineering controls are currently employed and where they can be updated.
 - D. Evaluate the circumstances surrounding exposure incidents including an evaluation of “failures of controls” at the time of the exposure incident.

II. Occupationally Exposed Employees shall:

- A. Know what tasks they perform which cause occupational exposure.
- B. Attend the bloodborne pathogens training sessions annually.
- C. Practice good handwashing and safe work practice habits to reduce bloodborne pathogen exposure.
- D. Immediately report occupational exposure to blood and body fluids to their immediate supervisor for incident follow-up. Ensure completion of all reports as indicated to evaluate the exposure.

III. Potentially Exposed Students:

While students are not covered under Federal OSHA regulations, the North Carolina State Department of Public Instruction and Ashe County Board of Education recognize that some students, such as those enrolled in Health Occupations, may be exposed to individuals with bloodborne pathogens. The North Carolina Universal Childhood Vaccine Distribution Program makes available the Hepatitis B vaccine to children through 18 years of age. If at-risk students have an exposure incident; the incident shall be reported to the superintendent or school principal as quickly as possible.

IV. Student-to-Student Exposure:*For Biting Incidents***A. For "Person Bitten":**

1. Inspect area to see if skin is broken and if blood is visible.
2. Refer to protocol for treatment of wound.
3. Promptly advise school nurse and principal of incident and plan for prompt parental notification.
4. Advise parent or legal guardian of pertinent health recommendations. Whenever skin is broken, prompt consultation with health care provider for direction regarding any necessary treatment measure, including tetanus immunization. *There is a minimal risk of contracting communicable disease [Hepatitis B/C] from a human bite. HIV is not identified by the Centers for Disease Control as a risk factor from biting.*

B. For a "Biter":

1. When blood is drawn during biting incident, assist student to rinse mouth with water to remove possible residual blood.
2. Promptly advise school nurse and principal of the incident and plan for prompt parental notification.
3. Advise parent or legal guardian of pertinent health recommendations. Whenever skin is broken, prompt consultation with health care provider for direction regarding any necessary treatment measures, including tetanus immunization. *There is a minimal risk of contracting communicable diseases [Hepatitis B/C] from a human bite. HIV is not identified by the Centers for Disease Control as a risk factor from biting.*

V. Testing and Examination:

An employee who suspects that he or she has a blood or body fluid exposure may request to be tested at the school system's expense, provided that the suspected exposure poses significant risk of transmission as defined in the rules of the Commission for Health Services

The HIV and HBV testing of a person who is the source of an exposure that poses a significant risk of transmission will be conducted in accordance with **15A N.C. Administrative Code 19A.0202(4)**.

VI. Anti-Discrimination:

Ashe County Schools will not discriminate against an applicant or employee who has or may be suspected of having TB, HBV, HIV infections, or AIDS. An employee may continue to work as long as the employee is able to satisfactorily perform the essential functions of the job and there is no medical evidence indicating that the employee's condition is a significant, direct threat to coworkers, students or the public.

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Part II

Subject: OSHA terms utilized in Ashe County Schools Exposure Control Plan for Bloodborne Pathogens

| TERM | DEFINITION |
|---|---|
| Blood | Human blood, human blood components and products made from human blood. |
| Bloodborne Pathogens | Pathogens are microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). |
| Contaminated Laundry | Laundry which is wet or soiled with blood or other potentially infectious materials. |
| Contaminated Sharps | Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass and broken capillary tubes. |
| Decontamination | The use of physical or chemical means to remove inactive, or destroy bloodborne pathogens on a surface or item. |
| Engineering | Policies and practices of the employer that eliminate or minimize employee exposure to bloodborne pathogens such as providing protective equipment, handwashing facilities and supplies needed for cleaning, disinfecting and proper disposal of waste. |
| Exposure Incident | An incident when an employee has direct (parenteral) contact with blood, body fluids containing blood, semen, vaginal secretions or unidentified fluids from a needle stick, cut, bite, eye-splash or mouth splash. |
| Hepatitis B Virus (HBV) | The pathogen that causes one form of liver infection and is transmitted by blood and other body fluids containing blood. |
| Human Immunodeficiency Virus (HIV) | HIV is the virus that can cause AIDS. This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breastfeeding. People with HIV have what is called HIV infection. Most of these people will develop AIDS as a result of their HIV infection. |
| Occupational Exposure | Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood, or other potentially infectious materials that may result from the performance of any employee's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonable nor routinely expected, and that the worker is not required to incur in the normal course of employment. |

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|---|--|
| Other Potentially Infectious Materials | (1) The following body fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situation where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from human (living or dead); and (3) HIV or HBV containing cell or tissue cultures, organ cultures, medium or other solutions. |
| Percutaneous | Describes medication that is administered or absorbed through the skin. |
| Parenteral | Injected through or penetrating the barrier of the skin or absorbed through the mucous membrane, for example, a needle stick, transfusion, cut, bite, eye splash or mouth splash involving the blood or other potentially infectious materials from the body of another person. |
| Permucosal | A path of entry via the mucous membranes. |
| Personal Protective Equipment (PPE) | Specialized clothing or equipment worn by an employee for protection against a hazard. |
| Pre-exposure Training | Training required for employees determined by the employer agency to be at risk for occupational exposure to bloodborne pathogens to help eliminate and reduce exposure incident, make employees aware of the plan and intensely inform the designated employees about universal precautions and how to report exposure incidents. |
| Regulated Waste | Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state (if compressed); items that are caked with dried blood or other potentially infectious materials, and are capable of releasing during handling; contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials. |
| Source Individual | Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. |
| Sterilize | The use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores. |
| Universal Precautions | Precautions recommended for handling the blood, and body fluids containing blood, of <i>all</i> persons in a way that would eliminate transmission of disease rather than limiting those precautions to the situations where there is knowledge of the presence of HIV, HBV or other pathogens. The precautions are thus universally. |
| Work Practice Controls | Behavior of employees that eliminates or reduces exposure to bloodborne pathogens, such as using protective gloves, handwashing, proper waste disposal and use of disinfectants to clean work area. |

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Part III

Subject: Exposure Determination

Policy: The work environment must be evaluated to determine the actual and potential hazards, including biological hazards for HIV, HBV and other bloodborne pathogens. Ashe County Schools has prepared an **Exposure Determination List** which identifies all job classifications in which there is or may be occupational exposure to bloodborne pathogens. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs has been completed. Tasks are identified and examined with recommendations made on how to reduce the potential of exposure to blood or other infectious materials through workplace controls, protective equipment or other methods. Exposure status will be determined by the principal, school nurse and an employee of the Ashe County Health Department. Exposure determination will be made without regard to the use of Personal Protective Equipment.

The following is a list of job classification in which employees may have reasonably anticipated occupational exposure:

| | Job Classifications at Risk | Tasks Causing Risks | Protective Barrier |
|----------|--|---|--|
| A | Occupational exposure occurs, bloodborne pathogens does apply to these types of job classifications | Ongoing exposure | Universal Precautions Work Practice Control |
| | Personnel designated to administer first aid | Wound care, injections | gloves, BBP training and handwashing |
| | School Nurses | Daily nursing duties: wound care/accidents/injuries | gloves, BBP training and handwashing |
| | Exceptional Children Teachers/Assistants in pre-school classes and/or self-contained classes | contact with body fluids/spills | gloves, BBP training and handwashing |
| | Exceptional Children Assistants/EC Bus Drivers/EC Bus Monitors designated to provide assistance to students after restroom use and first aid | contact with body fluids/spills | gloves, BBP training and handwashing |

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|----------|---|--|--|
| | Health Occupation Teachers | direct patient care when teaching students in the clinical setting | gloves, BBP training, handwashing, masks, gowns, and eyewear * dependent on type of anticipated exposure work practice contacts |
| | Athletic Trainer | Contact with blood/accidents/injuries | gloves, BBP training and handwashing |
| | Maintenance/custodians | Cleaning up blood and/or bodily fluids/spills | Gloves, BBP training and handwashing |
| B | Exposure occurs in some employee job type in the following groups (areas): | | |
| | Physical Education Teachers/Coaches | care of accidental injuries | gloves, BBP training and handwashing |
| | Bus Drivers | First Aid on bus | gloves, BBP training, handwashing |

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Part IV

Subject: Methods of Compliance

Purpose: The use of universal precautions, engineering controls, and work practice controls will protect employees who have occupational exposure to blood or other potentially infectious materials.

I. Safe Work Practices:

Universal precautions, as outlined by the Centers for Disease Control, shall be observed to prevent contact with blood or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible to determine shall be considered potentially infectious materials.

A. Handwashing

1. Hands must be thoroughly washed between all direct student contacts and after handling soiled or contaminated equipment.
2. Hands or other skin surfaces must be washed immediately or as soon as feasible if contaminated with blood or other potentially infectious materials.
3. Hands must be washed immediately after gloves (or other Personal Protective Equipment) is removed.
4. Flush mucous membranes with water immediately or as soon as feasible following contact with blood or body fluids. When handwashing facilities are not feasible, employees will use antiseptic hand cleansers or towelettes. When antiseptic cleansers or towelettes are used, employees will wash their hands with soap and water as soon as feasible.
5. Antiseptic hand cleansers/towelettes are available in the school offices in the event of water supply shutdown or when water may not be readily available.

B. Personal Protective Equipment (PPE)

All personnel must routinely use PPE when there is a potential for exposure to blood or other potentially infectious materials. When there is occupational exposure, Personal Protective Equipment will be provided by the employer at no expense to the employee. Personal Protective Equipment in the appropriate size will be readily available in the work area. Special arrangements can be made for unique needs (e.g., glove liners, hypoallergenic gloves) of staff members through their principal or supervisor.

II. Personal Protective Barriers:

Employees will be provided, *at no cost*, access to appropriate gloves, gowns and CPR mouth shields.

- A. Gloves must be worn when there is reasonable likelihood of hand contact with**
1. Gloves must be changed when they become contaminated, torn or punctured, and hands must be washed after gloves are removed.
 2. Gloves must be changed between students.
 3. Employees who have allergies to latex gloves will be provided with gloves that are hypoallergenic, glove liners or powderless gloves.
 4. Gloves are available in each classroom and all other areas where exposure to blood and/or body fluid may occur, such as the library, cafeteria and gym.
 5. Utility gloves may be disinfected for re-use, if integrity of the glove is not compromised.
 6. CPR mouth shields, gowns and extra gloves are available in each school's office.
- B. Requirement for Use of Protective Barriers**
1. It is required that all employees use the protective barriers and equipment unless there are rare and extraordinary circumstances in which the employee believes that the use of the barriers would prevent the delivery of emergency care or increase the risk of the worker or a co-worker.
 *SUCH DECISIONS NOT TO USE PROTECTIVE BARRIERS IN THOSE RARE AND EXTRAORDINARY CIRCUMSTANCES WILL NOT BE APPLIED TO A CERTAIN WORK AREA OR A RECURRING TASK.
 2. All instances of appropriate barriers not being used will be documented and investigated by the principal or principal's designee to determine whether prevention of similar occurrences in the future is possible.
 3. Interference with proper performance of a procedure or improper fit is not acceptable reasons to disregard the use of protective barriers.
 4. Protective barriers will be provided in appropriate sizes and kept in accessible and convenient locations.
- C. Training of Employees in Proper Use of Protective Barriers**
1. All employees will be trained in the proper selection, indications, mandated use and disposal or reprocessing of personal protective equipment.
 2. If an employee's own personal clothing or employee-owned uniform becomes contaminated during the course of work, it will be laundered.
 3. Protective clothing must be removed prior to leaving the work area to prevent contamination beyond the work area.
- D. Disposal of Protective Barriers**
1. As long as 20 cc's or less of blood are on protective barriers, they should be placed in a regular trash bag. The trash bag should be tied shut and taken to the dumpster.
 2. If there are more than 20 cc's of blood on protective barriers, a red trash bag (available from the front office) should be used to dispose of the contaminated barriers.
- E. Repair and Replacement**
- The employer shall repair and replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for washing, decontamination or disposal.

F. Clinical Areas and Laboratories

Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses are prohibited in work areas where there is a potential for occupational exposure. Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets, or counter tops where blood or other potential infectious material may be present.

G. Contaminated Needles and Other Contaminated Sharps

Contaminated needles and other contaminated sharps shall not be bent, recapped, sheared, or broken with the following exceptions:

1. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure; and/or:
2. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers for disposal. These containers shall be: (1) puncture resistant (2) labeled or color-coded in accordance with this policy and (3) leak proof on the sides and bottom. Warning labels shall be affixed to containers of regulated waste and containers used to store, transport or ship blood, or other potentially infectious materials. Labels shall include the hazardous waste symbol.

H. Environmental Services (Disinfection/Sterilization)

All contaminated equipment, environmental and work surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. Reusable trash containers must be cleaned on a regular basis and, after contamination. Gloves must always be worn for cleaning spills of blood or other potentially infectious materials.

1. A fresh mixture of bleach and water (10%) in a 10:1 ratio (one part bleach and nine parts water) is adequate to sterilize or disinfect items contaminated with blood or potentially infectious materials. Fresh solutions should be made up every 24 hours. Bleach will be available in each school.
2. Germicides and disinfectants that are registered with United States Environmental Protection Agency may be used for disinfection.
3. Contaminated broken glass will be cleaned using a mechanical means (e.g., brush and pan, tongs) and discarded in a closable, puncture resistant container.

I. Laundry

1. Contaminated laundry shall be handled as little as possible and with minimum agitation. Soiled linen must not be stored or rinsed in student areas.
2. All linen will be handled as contaminated laundry and all employees will recognize the laundry bags as requiring compliance with Universal Precautions. Personal clothing contaminated with body fluids will be cleaned by the employer through a professional cleaner.
3. Contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag shall be placed and transported in bags which prevent soak-through.

J. Other

1. All procedures involving blood and other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
2. Equipment, such as sports equipment, which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
3. A readily observable label in accordance with this policy shall be attached to the equipment stating which portions remain contaminated.
4. The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate prior to handling, servicing or shipping so that appropriate precautions will be taken.
5. Standard sterilization and disinfection procedures for student-care equipment are adequate to sterilize or disinfect instruments, devices or other items contaminated with blood or other potentially infectious materials.

K. Compliance Monitoring

OSHA requires that employers comply with the required protective measures. To ensure that employees are complying with recommended practices, a list of responsibilities was formed. (See "Responsibilities" on page 1)

1. Compliances will also be monitored and evaluated in the following ways (by principal or principal designee):
 - a. Following-up on problems identified through informal reports or complaints from staff
 - b. Safety Reports/Employee Event Reports + minutes from committee
 - c. Comments received during evaluations of education and training programs
 - d. Direct observation of individual employee performance during specific procedures
 - e. Walking rounds
 - f. Indirect observation
2. Non-compliance with recommended practices will be documented by the principal and reported to the superintendent.
3. Follow-up for non-compliance will be done by identifying needs, assuring adequate and appropriate supplies or equipment and providing additional education and training.
4. If monitoring reveals repeated failures to follow recommended practices after additional supplies, education and/or retraining and counseling have been provided, disciplinary action may be necessary.

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PART V

Object: Hepatitis B Vaccination

General: Hepatitis B vaccination will be offered **at no cost** to all employees who have occupational exposure risk (refer to page 6 for list). Post-exposure evaluation and follow-up to all employees who have had actual exposure shall be provided. Ashe County Schools shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine, vaccination series and post-exposure evaluation and follow-up will be:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed healthcare professional.
- Provided according to recommendations of the US Public Health Service current at the time these evaluations and procedures take place.
- **Hepatitis B vaccine shall be available to the employee after the required training and within 10 working days of initial assignment unless the employee has previously received the complete hepatitis B vaccination series**, or antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons.
- Employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
- If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination as soon as possible.
- All employees who decline to accept the hepatitis B vaccination offered must sign the statement declining the vaccine.
- If a routine booster dose(s) of hepatitis B vaccine is recommended by the US Public Health Service at a future date, such booster dose(s) shall be made available in accordance with current recommendations and free of charge to the employee.
- Vaccine will be available through the local health department or family physician.
- Persons who are contracted to perform services within the school district will be responsible for their own immunization program.
- Information regarding immunization will be kept in the employee's confidential medical record.

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PART VI

Subject: Post-Exposure Evaluation and Follow-up

All employees who have exposure incident to blood or other potentially infectious material should immediately report to the school principal for evaluation. Following a report of an exposure incident, Ashe County Schools will make immediately available to the exposed employee confidential medical evaluation and follow-up, including at least the following elements:

- I. **Documentation** of the routes of exposure and the circumstances under which the exposure occurred.
- II. **Identification and documentation of the source individual**, unless the employer can establish that identification is infeasible or prohibited by state or local law. The employer will assure that the source individual's blood is tested as soon as feasible and after consent is obtained in order to determine and document the HBV and HIV infectivity status. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. If unable to obtain consent from the source refer to the health director at the local health department. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. If status is unknown, referral to Ashe County Health Department or Ashe Memorial Hospital for rapid HIV testing is indicated. The results of the source individual's testing shall be made available to the exposed employee where not prohibited by state or local law, and the employee shall be informed of applicable laws and regulations concerning disclosure to the identity and infectious status of the source individual.
- III. **Collection and testing of the exposed employee's blood** for HBV and HIV serological status will be done as soon as possible (prefer 2 hours after exposure) and after consent is obtained. Referral will be made to the local health department or to the employee's family physician who shall consult with the local health department or Centers for Disease Control recommendation in follow-up protocol.
- IV. **Post-exposure prophylaxis**, when medically indicated, will be made available as recommended by the U.S. Public Health Service; counseling and evaluation of reported illness will also be provided.

V. **Information will be provided to the healthcare professional** responsible for the employee's hepatitis B vaccination as follows: a copy of the policy and guidelines, a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and the circumstances under which exposures occurred, results of the source individual's blood testing, such as vaccination. The written report for post-exposure evaluation and follow-up shall be limited to the following information:

1) that the employee has been informed of the results of the evaluation, and 2) that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnosis shall remain confidential and shall not be included in the written report.

Follow the hepatitis B prophylaxis after percutaneous and permucosal exposure, as required by **Communicable Disease Rule [15ANCAC.0203(b)(3)], Treatment When Source is Found to Be..."**:

| Exposed Person | HbsAg Positive | HbsAg Negative | Unknown or Not Tested |
|---|---|------------------------------|------------------------------|
| Unvaccinated | Administer HBIG x 1 and initiate Hepatitis B vaccine *Hepatitis B Immune Globulin (HBIG) dose is 0.06 ml/kg give intramuscularly | Initiate Hepatitis B vaccine | Initiate Hepatitis B vaccine |
| Previously vaccinated; known responder | Test exposed person for Anti-HBs: 1. If adequate, no treatment 2. If inadequate, Hepatitis B vaccine booster dose | No treatment | No treatment |
| Known un-responder | HBIG X 1, plus 1 dose of B vaccine | No treatment | No treatment |
| Response unknown | Test exposed person for Anti-HBs: 1. If inadequate, HBIG x 1, plus Hepatitis B vaccine booster dose 2. If adequate, not treatment | No treatment | No treatment |

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PART VII

Subject: Training and Record Keeping

Purpose: The purpose of this document is to provide an outline for the training of all occupationally exposed employees to ensure that all elements of training are addressed in educational programs.

Policy:

I. General

All employees will receive training opportunities on the basic knowledge and prevention principles for HBV and HIV. **These employees must be informed:**

- A. That they are not first responders and
- B. What procedure to follow (including who to call) in case of an accident or event that would potentially expose them to blood or body fluids. Employees with occupational exposure are required to receive training that includes precautionary measures, epidemiology, modes of transmission, prevention of HBV and HIV, universal precautions and reporting procedures. This training must be updated annually. New employees are required to be trained within ten (10) days of employment, or within ten (10) days from the time of the initial assignment of a task with occupational exposure. Training shall be provided at no cost to the employee and during working hours. Annual training for all occupationally exposed employees shall be provided within one year of their previous training.

II. Training Program Content

Training programs for employees with occupational exposure will contain, but not be limited to the following:

- A. A copy of the workplace policy and guidelines as well as a copy of the OSHA Standard. The content of both shall be explained during training.
- B. An explanation of the epidemiology and symptoms of bloodborne diseases.
- C. An explanation of the modes of transmission of bloodborne diseases.
- D. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- E. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- F. An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal.
- G. Information on the types, proper use, location removal, handling decontamination, and disposal of PPE.

- H. An explanation of the basis for selection of PPE.
- I. Information of the hepatitis B vaccination, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- J. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- K. 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.
- L. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- M. An explanation of the signs and labels and/or color-coding required by OSHA in communication hazards.
- N. An opportunity for interactive questions and answers with the person conducting the training session.

III. Quality of Training

Training shall be conducted by individuals knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

IV. Training Records

Training records must include the following elements:

- A. The dates of the training sessions.
- B. The contents or a summary of the training sessions.
- C. The names and qualifications of the persons conducting the training.
- D. The names and job titles of all persons attending the training sessions.
- E. These records must be maintained for three (3) years from the date on which the training occurred.

The employer shall ensure that all records required to be maintained shall be made available upon request to the Assistant Secretary (refers to the Assistant Secretary of

Labor for Occupational Safety and Health or designated representative) and the Director (refers to the OSHA Director or designated representative) for examination and copying. Employee training records required shall be provided upon request for examination and copying to employees or to persons designated by the employee.

References:

- The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)
- North Carolina Administrative Code, 15ANCAC 190200
- Local Board Policy _____, Occupational Exposure to Bloodborne Pathogens (Adopted _____)
- Good Samaritan Law of North Carolina – “*Good Samaritan*” acts such as assisting a coworker or student with a nosebleed would not be considered “reasonably anticipated occupational exposure.”
- In North Carolina these laws apply to anyone acting in an unpaid capacity rendering medical assistance. For instance, this would apply to a physician giving care at a free clinic, a bystander giving first aid care, a volunteer fire person, etc. “Any person who renders first aid or emergency assistance at the scene of a motor vehicle crash cannot be liable in civil action for their acts or omissions unless there was wanton conduct or intentional wrongdoing. [NC State Statute §20-166(d)] (NC DOT Website)
- OSHA Rule “Occupational Exposure to Bloodborne Pathogens” Standard 1910.1020
- 15A N.C. Administrative Code 19A.0202(4)
- Communicable Disease Rule [15ANCAC.0203 (b)(3)], “Treatment When Source is Found to Be...”

