

BLOODBORNE PATHOGENS' EXPOSURE PLAN

In compliance with OSHA's Bloodborne Pathogens Standard, the RSU 23 Board has developed a Bloodborne Pathogens Exposure Plan. Exposure means reasonable anticipated skin, eye, mucous membrane, or contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. The following employees of RSU 23 may incur occupational exposure to blood or other potentially infectious materials.

Job Classification:

Nurses
 Secretaries
 Physical Education Teachers
 Coaches
 Bus Drivers
 Custodians
 Principals
 Assistant Principals
 Self contained special ed teachers and ed techs
 Family and Consumer Science teachers
 Technology Ed teachers

Tasks:

People in these job classifications have been designated to provide first aid to students or to clean up blood spills in the schools.

Although teachers do not administer first aid, it is possible in a dire emergency they may come in contact with blood.

Implementation Schedule and Methodology

"Universal Precautions" will be observed in RSU 23 (see GBG-1). All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source. Printed copies of "Universal Precautions" will be given to each employee designated to deal with blood. There will be a yearly workshop reviewing in detail the elements of "Universal Precautions".

Non-latex gloves will be kept at the front desk and nurse's office of each school. Non-latex gloves will also be kept on all school buses and each teacher will have a supply of non-latex gloves in the classroom and will carry gloves on playground duty. Non-latex gloves will be supplied to coaches for first aid boxes for after school games and will also be provided to employees designated to provide first aid. Non-latex gloves will be provided to employees designated to clean blood spills. The nurse will be responsible for purchasing and distributing all non-latex gloves. The maintenance supervisor is responsible for purchasing and distributing non-latex gloves to custodians. Non-latex gloves are to be used only once.

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Containers for used sharps will be placed in a sharps container in each nurse's office. In RSU 23, the sharps containers will be puncture resistant, labeled with a

RSU #23 School Department

biohazard label and are leak proof.

Food and beverages will not be kept in refrigerators, freezers, shelves, and cabinets or on counter tops where blood or other potentially infectious materials may be present. All contaminated surfaces (most likely desks, chairs, floors) will be decontaminated with bleach or EPA registered germicide immediately after any spill of blood. Wastebaskets will be lined with leak proof plastic bags. Blood soaked gauze, tissues, band-aids; etc...will be placed in wastebaskets.

Children who have blood on their clothing shall remove contaminated clothing and put on clean clothing as soon as possible. Contaminated clothing will be placed in a leak proof plastic bag and sent home to parents.

Hepatitis B Vaccine

Employees identified as high risk will be offered the Hepatitis B vaccine within 10 working days of their initial assignment to work. Employees who decline need to sign a waiver declining the vaccine. Employees who initially decline but later wish to have it may have the vaccine provided at no cost.

When any employee incurs an exposure incident, it should be reported to the school nurse. All employees who have been identified as having exposure to blood will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial exposure to blood or other potentially infectious materials unless the employee has previously had a vaccine. Employees who decline the Hepatitis B vaccine will sign a document signifying their declination (see GBG-2).

Following a report of an exposure incident, an RSU 23 employee health designated agency will make immediately available to the exposed employee a confidential medical evaluation, in accordance with the OSHA standards. This follow-up will include the following:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual.
3. The source individual's blood may be tested as soon as feasible after consent (by child's parent) is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, RSU 23 shall establish that legally required consent cannot be obtained.
4. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
5. The employee will have blood collected for HBV and HIV as soon as possible after consent has been obtained.

RSU #23 School Department

6. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as possible.
7. Post-exposure prophylaxis, when medically indicated, will be provided in accordance with the current recommendations of the U.S. Public Health Service.
8. Counseling and evaluation of risk for infection will be provided to the employee by a designated health provider.
9. The human resources employee has been designated to assure that the policy outlined here is effectively carried out.

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional that evaluates employees of RSU 23. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following the incident.
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the employer is not to reference any personal medical information).

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

1. Training for employees will include an explanation of the following:
 - The OSHA standard for Bloodborne Pathogens
 - Epidemiology and symptomatology of bloodborne disease
 - Modes of transmission of bloodborne pathogens
 - This Exposure Control Plan (i.e. points of the plan, lines of responsibility, how

RSU #23 School Department

- the plan will be implemented, etc.)
- Procedures that might cause exposure to blood or other potentially infectious materials at this facility.
 - Control methods that will be used at the facility to control exposure to blood or other potentially infectious materials.
 - Personal protective equipment available and who should be contacted concerning protective equipment needs
 - Post exposure evaluation and follow-up
 - Signs and labels used at the facility
 - Hepatitis B vaccine program at the facility

All records required by the OSHA standard will be maintained in the RSU 23 Human Resource office. The school nurses will coordinate any Bloodborne Pathogen Exposure training. Training materials, including written materials and videotapes, will be kept in the school nurse's office and be accessible to the RSU 23 Human Resource office.

The Exposure Control Plan shall be reviewed and updated annually or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Adopted: 12/14/10