HERSCHER COMMUNITY UNIT SCHOOL DISTRICT NO. 2

BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

PROGRAM PURPOSE

The Illinois Department of Labor (IDOL) has proposed a standard which is similar to the "Bloodborne Pathogens Standard" developed by the Occupational Safety and Health Administration (OSHA) and codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to "reduce the occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their work place." The regulations apply to the "occupational exposure to blood or other potentially infectious materials" and were designed with hospital, medical laboratory and other medical personnel in mind.

While it is true that exposure to bloodborne pathogens may occur in education setting, the relative risk of such exposure is minimal and may be reduced further through the use of reasonable precautions.

Herscher Community Unit School District No. 2 has developed this Exposure Control Program to meet four objectives:

1. To protect our employees from the health hazards associated with bloodborne pathogens.

2. To provide appropriate training for all employees regarding the risks of exposure as well as the protective measures required to minimize the risks.

3. To provide appropriate treatment with counseling should an employee be exposed to bloodborne pathogens in the workplace.

4. To comply with IDOL requirements and regulation regarding bloodborne pathogens exposure control

A copy of the IDOL regulations regarding bloodborne pathogen exposure control shall be affixed to and incorporated herein as reference upon its adoption and certification.

APPLICATION

Herscher Community Unit School District No. 2 believes that the risk of occupational exposure to bloodborne pathogens is minimal for all classes of employees given the nature of the work performed in a school setting and the definitions of bloodborne pathogens and exposure.

However, there are a number of good general hygiene principles that should be followed when working with children and there are practices and procedures which can and should be implemented to further minimize the risk of exposure to bloodborne pathogens. These include the following:

- It is prudent to minimize all exposure to bloodborne pathogens
- Risk of exposure to bloodborne pathogens should never be underestimated
- Our facilities should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens

DEFINITIONS

Bloodborne Pathogens: a bloodborne pathogen is defined as a micro organism that is present in human blood and can cause human disease. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Blood: means human blood, human blood components, and products made from human blood.

Other Potentially Infectious Materials: other potentially infectious materials are defined as the following human body fluids: cerebrospinal fluid, synovial fluid, pleural, pericardial fluid, peritoneal fluid, amniotic fluid, semen, vaginal secretions, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. "Other potentially infectious materials" does not include saliva, tears, sweat, feces, urine or most other body fluids not visible contaminated with blood.

Universal Precautions: a term used with the concept of treating all persons, all blood and certain body fluids to be a potential carrier of infectious disease.

Engineering Controls: those physical or mechanical systems which eliminate hazards at their source.

Occupational Exposure: means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of one's duties. The U.S. Health Department describes exposure which may place a worker at risk to bloodborne pathogens as percutaneous injury (e.g. cut with sharp object that may carry blood or an infectious material), contact with exposed skin (especially when the skin is cut, abraded, chapped, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood or other infectious materials to which universal precautions apply. In general these regulations were designed to protect workers in the health and allied fields such as workers in hospitals, medical or dental offices, medical laboratories, dependent care institutions, nursing home and hospices. Application to the regular educational community is therefore limited.

Work Practice Controls: those procedures or practices in the workplace performed by employees to reduce or eliminate the risk of exposure to blood or other potentially hazardous materials.

Personal Protective Equipment: are those types of equipment appropriate for a given job, which vary with the tasks and the degree of exposure anticipated.

PROGRAM MANAGEMENT

There are three major "Categories of Responsibility" that are critical to the effective implementation of our Exposure Control Program. They are:

- Administration
- Education/Training Instructors
- Our Employees

The following sections define the roles played by each of these groups in implementing our program.

ADMINISTRATORS:

The Administration will be responsible for the overall management and support of the District's bloodborne Pathogen Control Program. The activities which are delegated of the Administration will include:

1. Overall responsibility for implementing the Exposure Control Program for the entire district

2. Working with administrators, other employees and agencies or professionals providing services to the District to develop any additional bloodborne pathogen related policies and practices needed to support the effective implementation of this program.

3. Exploring ways to improve the Program as well as to revise and update the Program when necessary

4. Collecting and maintaining a suitable reference library on the bloodborne Pathogen Standard and bloodborne safety and health information

5. Knowing current legal requirements concerning bloodborne pathogens and conducting periodic facility audits to maintain up-to-date compliance

6. Maintaining an up-to-date list of staff requiring training

7. Developing suitable training seminars for employees in each facility or operational program

8. Scheduling periodic training seminars for employees

9. Maintaining appropriate documentation of training, etc.

10. Periodically reviewing the training programs and revising these programs to include new information when appropriate

11. Identifying the risk of exposure levels associated with each of the various work responsibilities and occupational categories in the District.

12. Annually reviewing policies to verify adequacy.

EDUCATION/TRAINING INSTRUCTORS:

The education/training instructors will be responsible for providing information and training to all employees who have potential for exposure to bloodborne pathogens.

EMPLOYEES:

As is the case with all of our District's activities, the role of the employee is crucial to the effective implementation and operation of the bloodborne Pathogen Control Program. Ultimately, the success of our exposure control program rests in their hands. The responsibilities of our employees will include:

1. Knowing what specific tasks may involve the potential for exposure to bloodborne pathogens (particularly important for employees whose normal job tasks may place them at greater risk).

2. Attending the bloodborne pathogens training sessions and adhering to the procedures established in the exposure control program.

3. Maintaining good personal hygiene habits

INFORMATION AND TRAINING

Having well informed and educated employees is extremely important when attempting to eliminate or minimize exposure to bloodborne pathogens. All employees who have the potential for exposure to bloodborne pathogens will be provided a training and education program annually. New employees will be provided training within ten (10) days of the beginning of their duties.

Training Topics

The topics covered in the training program include, but are not limited to, the following:

- The bloodborne Pathogen Standard and Legal Requirements.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens
- An explanation of the District's Exposure Control Program
- Methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials
- A review of the use and limitation of methods that will prevent or reduce exposure, including:
    * Engineering/work practice controls
    * Personal protective equipment

- Selection and use of personal protective equipment including:
  * Utility and disposable gloves
  * Eye protection
  * Location within the school of exposure control equipment/material
  * Removal of equipment
  * Handling equipment, decontamination and disposal
- Visual warning signs of biohazards.
- Information on the Hepatitis B vaccine, including its:
  * Efficacy and Safety
  * Method of Administration
  * Free Vaccination Program
- Actions to take and persons to contact in an emergency involving blood or other infectious materials.
- Procedure to follow if an exposure incident occurs, including an incident report.
- Information on the post-exposure follow up, including medical consultation that the District will provide

We understand that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in our District. Five of these areas are:

1. The use of Universal Precautions
2. Engineering controls
3. Implementing appropriate Work Practice Controls
4. Using necessary Personal Protective Equipment
5. Implementing appropriate Custodial Procedures

Each of these areas is reviewed with our employees during their bloodborne pathogens related training. By rigorously following the requirement of IDOL's proposed bloodborne Pathogen Standard in those five areas, we feel that we will minimize our employees' occupational exposure to bloodborne pathogens to the extent practical.

1. **<u>UNIVERSAL PRECAUTIONS</u>- BODY SUBSTANCE ISOLATION**

   In our District we will treat all persons and all human blood and body fluids visibly containing blood as if they are known to be infectious for HBV, HIV or other bloodborne pathogens.

   District Administration will be responsible for overseeing the Universal Precautions-Body Substance Isolation Program

2. **ENGINEERING CONTROLS**

Hand washing facilities including a 10:1 diluted chlorine solution will be readily accessible to all employees who have the potential for exposure.

3. **WORK PRACTICE CONTROLS**

The District has adopted the following Work Practice Controls as part of our bloodborne Pathogens Control Program

A. Employees will wash their hands immediately, or as soon as feasibly possible, after removal of gloves or other protective equipment.

B. Following any contact of body areas with blood, fluids, secretions or other body substances visibly contaminated with blood, employees will wash their hands and any other exposed skin with soap and water as soon as possible.

C. Clothing or protective equipment exposed to blood or other body fluids will be removed as soon as possible and placed in appropriate closed containers.

D. Cleaning materials (rags, paper towels, mops, etc.) will be disposed of or cleaned according to procedures stated in the employee education/training program.

E. School buildings will have designated waste containers located in accessible and appropriate areas of the school and will be properly labeled and designed to prevent intentional or accidental entry or spillage of contents.

F. Containers for contaminated materials or substances will have the following characteristics:

-Puncture resistant
-Color-coded or labeled with biohazard warning label
-Leak-proof on the sides and bottom

4. **PERSONAL PROTECTIVE EQUIPMENT**

Personal protective equipment is our employees' last line of defense against bloodborne pathogens. Given the nature of the work performed in the school district the "protective equipment" to be made available will be disposable gloves, resuscitation bags or other ventilation devices (for use by individuals who are trained to administer CPR and other emergency resuscitation), and utility gloves.

To insure that personal protective equipment is available and in the appropriate condition to protect employees from potential exposure, our district will adhere to the following practices:

- All personal protective equipment will be inspected on a regular basis and replaced as needed to maintain the effectiveness of the equipment
- Single-use personal protective equipment (e.g. gloves) will be disposed of in designated waste receptacles immediately after use.
- Gloves will be replaced if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier"
- Utility gloves will be decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they will be disposed of properly
- Appropriate personal protective equipment will be made available to each employee directly or will be readily accessible to employees

5. CUSTODIAL PROCEDURES

Supplies including disposable gloves, chlorine absorbent or bleach, approved disinfectant, leak-proof plastic bags, labeled special waste containers, and utility gloves should be available, and easily accessible at all schools.

The following procedures should be used when dealing with blood or spills of other body fluid visibly contaminated with blood on the part of the student or employee:

1. Wear disposable gloves. If not available or unanticipated contact occurs, hands and other affected areas should be washed with soup and temperate water immediately after contact.
2. Clean and disinfect all hard, soiled, washable surfaces immediately, removing soil before applying disinfectant.
   A. Small spills: Use paper towels or tissues to wipe up soiled areas. After soil is removed, use clean paper towels, soap and water to clean area. Dispose of paper towels in an approved plastic bag. Disinfect the area with 10% chlorine solution or commercial disinfectant.
   B. Large spills: Apply commercial sanitary absorbent agent on soiled areas. After spill is absorbed, sweep all material into an approved plastic bag, taking care not to create dust emissions. Disinfect the area with a clean mop.
3. Clean and disinfect soiled rugs and carpets immediately by one of the following methods:
   A. Use an industrial wet/dry vacuum cleaner (follow manufacturer's directions and check products for shampooing and disinfecting).
      - Apply commercial sanitary absorbent agent on soiled area. After soil is absorbed, carefully vacuum with a wet/dry vacuum cleaner.
      - Disinfect area with a compatible disinfectant
      - Apply a bacteriostatic rug shampoo. Follow label directions and re-vacuum.
   B. If an industrial wet/dry vacuum cleaner is not available:

- Apply a commercial sanitary absorbent agent on the soiled area. Carefully scoop or scrape into an approved plastic bag while still wet.
- Disinfect area with a compatible disinfectant
- Apply a bacteriostatic rug shampoo. Follow label directions. Brush and allow to dry
- Vacuum area.

4. Clean and disinfect equipment according to manufacturer's directions. Dispose of all disposable materials.
   A. Flushable soiled tissues and waste may be flushed in toilet. Discard non-flushable items (paper towels, vacuum bag and sweepings) in a tied plastic bag placed in a covered receptacle lined with a bag and designated for this purpose.
   B. Wash broom and dust pan in disinfectant solution.
   C. Soak mop in disinfectant solution and rinse thoroughly or wash in hot water after soaking in disinfectant
   D. Disinfectant solution and waste from wet/dry vacuum cleaner should be promptly disposed of in a sanitary sewer.
5. Clothing and other non-disposable items (e.g. sheets, towels) soiled with body fluids and/or secretions should be placed in a tied plastic bag and sent home or laundered.
6. Remove and discard disposable gloves in an approved container.
7. Plastic bags holding contaminated waste should be secured and disposed of properly.
8. Wash hands thoroughly after handling body fluid spills.
9. Never pick up broken glass with bare hands. Always were gloves and use a broom and dust pan
10. Place contaminated sharp objects and other potentially infectious materials in labeled leak-proof puncture resistant containers that are closeable. Do not allow infectious waste containers to overfill.
11. Bins, pails, cans and similar receptacles that are reused and have a reasonable likelihood of becoming contaminated with blood or other infectious materials should be inspected and decontaminated on a regular basis.
12. Never wash or decontaminate disposable single-use gloves for reuse. Dispose of them after one use.
13. All used linen or other materials to be laundered should be placed in a moisture resistant bag prior to transport to the laundry or before sending home.

AVAILABILITY OF THE EXPOSURE CONTROL PROGRAM

To assist them with their efforts, our District's exposure control program will be available to our employees at any time and employees will be advised of this availability during the education/training sessions. Copies of the exposure control program plan will be available for inspection in each school administrative office and the Board of Education office as well.

EMERGENCY CARE SERVICES

School personnel are required to provide assistance in an emergency. The greatest risk of exposure to bloodborne pathogens in an emergency situation will occur when large amounts of blood or body fluids are present or when respiratory resuscitation is required. In addition to immediately requesting professional assistance in emergency situations, employees must utilize protective equipment in those situations when exposure risk is at its highest.

Listed below are the minimum requirements recommended during specific situations in order to protect the employee from potentially infectious agents. This list is not all-inclusive, so judgment is required on the part of the employee to assess the need for additional barrier protection in situation not expressly addressed herein. Information provided during the educational/training sessions will assist the employee in making prudent judgments in all situations.

Employees with an open cut or abrasion on their hands - GLOVES

All injuries with extensive wounds or loss of blood or other body fluids- HAND WASHING, GLOVES

Extensive Lacerations – HAND WASHING, GLOVES

Simple Lacerations – HAND WASHING, GLOVES

Applying pressure to control bleeding – HAND WASHING, GLOVES

All injuries without skin break or loss of blood/body fluid – HAND WASHING

Cleaning up spills of blood/body substance – HAND WASHING, GLOVES

Cleaning up surfaces contaminated by blood/body surfaces- GLOVES, HAND WASHING

Handling dirty dishes – HAND WASHING, GLOVES

Sanitary Napkins – GLOVES, HAND WASHING

Vital signs (i.e. temperature, pulse, etc) – HAND WASHING

Eye Irrigation – GLOVES

Cleaning resting cots – HAND WASHING

Care of individuals with vomiting/diarrhea (w/visible quantities of blood) – HAND WASHING, GLOVES

Emptying wastebaskets – HAND WASHING, GLOVES

Oral peripheral exam performed with tongue blade – HAND WASHING

Oral peripheral exam performed with hand – HAND WASHING

Handling oral retainers – HAND WASHING

Direct contact with individuals with swallowing problems, excessive saliva – HAND WASHING

Resuscitation – HAND WASHING, RESUSCITATION BAG or other VENTILATION DEVICE (for use by trained personnel only)

DETERMINATION OF OCCUPATIONAL EXPOSURE POTENTIAL

Occupational exposure (i.e., occurring during the performance of job duties) that may place a worker at risk to bloodborne Pathogens is defined by the Center for Disease Control, Public Health Department, U.S. Department of Health and Human Services as percutaneous injury (e.g., cut with a sharp object), contact of skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) or contact of eye or mucous membrane with blood or other body fluids to which universal precautions apply (CDC, MMWR 1990; 39, No. RR-1: p. 1). As noted above, the OSHA regulations were developed primarily for workers in the health and allied health fields and it is these related occupations which are normally considered "occupational exposure risks". Direct application of the regulations to the education community is difficult. IDOL excludes urine, vomit, feces, saliva, sweat and tears without visible signs of blood contamination from this standard.

It is the duty of the District to determine the relative risk of exposure to bloodborne pathogens to each category of worker in the District based upon the characteristics of the work performed and the responsibilities of the worker in each

category. However, few educational workers are occupationally exposed to bloodborne pathogens while performing his or her job. The District has determined that there are two categories of potential exposure to which employees may be assigned:

1. **NO** EXPOSURE **RISK** expected based upon expected job tasks.

2. REMOTE THEORETICAL POSSIBILITY of exposure based upon job description

The following types of tasks and procedures have been determined to involve a theoretical or minimal of risk of exposure to bloodborne pathogens. The list is not all-inclusive and requires that employees exercise judgment relative to the risks of exposure in specific situations. It is possible that any employee may, due to unexpected circumstances or emergency conditions (such situations are not considered "exposure incidents" by statute) be required to perform one of the tasks or procedures listed herein although the employee's risk classification does not normally involve high or minimal risk of exposure.

- administration of first aid involving bleeding, choking, vomiting or coughing

- clean-up of blood and/or the materials soiled with blood or other body fluids

- taking a student's or employee's temperature

- assisting a handicapped individual with toileting or intrusive medical procedures

Based upon the above definitions and an analysis of job descriptions the following job types have been assigned a "risk classification":

REMOTE THEORETICAL EXPOSURE RISK

Principals	P.E. Teachers
School Secretaries	Bus Drivers
Athletic Coaches	Custodians
Personal Aides (performing medical procedures)	

NO EXPOSURE RISK

Speech Therapist	Psychologist
Social Worker	Special Ed Teacher

No Exposure Risk cont.

K-4 Teachers	Clerical Staff
Classroom/Library Aide	Drivers Ed Teachers
Maintenance Staff	Central Office Administration
Cafeteria Staff	Library Staff
6-12 Teachers	Guidance Staff
Bus Mechanic	Cafeteria staff (washing dirty dishes)

Early Childhood/Preschool/Kindergarten Teachers
Early Childhood/Preschool/Kindergarten Aides
Personal Aides for multiply or severely handicapped

EXPOSURE RESPONSE

HEPATITIS B VACCINATION

The District has recognized that even with good adherence to exposure prevention practices, exposure incidents can occur. As a result, the District has implemented a Hepatitis B Vaccination Program as well as a procedure for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

The vaccination program consists of a series of 3 inoculations over a 6 month period. The vaccinations will be available on a voluntary basis for those employees deemed to be at high risk of exposure or those employees who may been exposed to bloodborne pathogens in the course of their job performance. The District administration shall be responsible for setting up and operating the vaccination program. Vaccinations are performed under the supervision of a licensed physician designated by the District. Employees do not have the legal right to determine that they are “at risk” and eligible for vaccination for Hepatitis B. IDOL does not intend for an educational employee in a standard setting be offered the vaccine unless a known HBV carrier is present.

It should be noted that Hepatitis B Vaccinations are not always effective or without risk. Due to the risk to employees from the vaccination itself, the District will not encourage vaccinations for employees unless actual exposure has occurred.

POST EXPOSURE EVALUATION and FOLLOW-UP

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, an incident report will be completed and the District administration will investigate the circumstances surrounding the incident. The employee will receive medical consultation/treatment (if required) as soon as possible after verification of exposure is made.

PERSONAL EXPOSURE REPORT

The Administration recognizes that the prevention of serious harm to its personnel is heavily dependent upon their reporting and the subsequent investigation of every potential occupational exposure incident. The overwhelming majority of such incidents are negative with regard to an employee being infected with a bloodborne disease. The sensitive nature of many of these diseases is such that disclosure of an incident could prove to be a great injustice to the employee whether or not they have contracted the disease. Accordingly, Herscher Community Unit School District No. 2 employees must know that they can report every potential incident without concern for disclosure. The District Administration takes this responsibility to employees as a covenant and will view with great disfavor any violation of employee confidentiality in these matters.

In the event of exposure, records relating to the exposure and any subsequent counseling and/or medical treatment shall be kept separate from other employment records and shall be treated in the strictest confidence.

Employee: _____ Date: _____

Time of Incident: _____ Location: _____

Description of Incident Causing Injury/Exposure: _____

_____

_____

What Personal Protective Equipment in Use at Time? _____

_____

_____

Equipment Failure (describe): _____

_____

Date & Time Reported: _____

Reported to Whom: _____

THIS FORM WILL BE KEPT FOR THIRTY (30) YEARS FOLLOWING THE EMPLOYEE'S DATE OF EMPLOYMENT TERMINATION.

EXPOSURE INCIDENT INVESTIGATION FORM

Date: _____ Time: _____

Location: _____

Potentially Infectious Material Involved: _____

_____

Circumstances (work being performed): _____

_____

How Incident was caused (accident, equipment malfunction): _____

_____

Personal Protective Equipment Being Used: _____

_____

Actions Taken (documentation, clean-up, exposure report): _____

_____

Recommendations for Avoiding Repetition: _____

_____

_____

Was person with whom employee had exposure contact requested to take test to determine if infected? _____ Person's response to request: _____

_____

If the source person's blood was tested what were results and were results shared with exposed person? _____

_____

_____
Administrator

THIS FORM WILL BE KEPT FOR THIRTY (30) YEARS FOLLOWING THE EMPLOYEE'S DATE OF EMPLOYMENT TERMINATION

CONSENT FOR HEPATITIS B VACCINATION

Hepatitis B Vaccine, Recombinat (Recombivax-HB) is indicated to immunize against infection caused by Hepatitis B virus. The vaccine is prepared from recombinant yeast cultures and is free of association with human blood or blood products. It will not prevent hepatitis caused by other agents, such a Hepatitis A, non-A non-B Hepatitis virus. Vaccination is recommended for persons of all ages, especially those at increased risk of infection with hepatitis B virus.

Contraindications

1. Vaccine should not be given if there is hypersensitivity to any component of the vaccine. The vaccine consists of a formalinindicated Hepatitis B surface antigen subunit in an alum adjuvant with a mercury derivative preservative.
2. Caution should be used when giving vaccine to persons with severely compromised cardiopulmonary status.
3. Persons with immunodeficiency or on immunosuppressive drugs require larger doses and respond less well.
4. Caution should be used when giving vaccine to pregnant women or nursing mothers.
5. Administration of vaccine should be delayed if the person has a serious active infection.
6. Since the vaccine is obtained from cultures of yeast, it is recommended that individuals who are hypersensitive to yeast receive the plasma derived vaccine (Heptavax-B).

Adverse Reactions:
Vaccine is generally well tolerated. The most frequent adverse reaction is injection-site soreness. Less common local reactions include erythemia, swelling, warmth or in duration. Rare systemic complaints include fever, malaise, fatigue, headache, nausea, vomiting, dizziness, myalgia and arthralgia.

This is to certify that I (print name), _____
have read and understand the above and hereby consent to the Hepatitis B vaccination.

_____ _____ _____ _____
Employee Signature Date Witness Signature Date

Injection Date Site Dosage Lot # Administered By:

#1 - 0 Months _____

#2 - 1 Month _____

#3 - 6 Months _____

HEPATITIS-B VACCINATION DECLINATION FORM

Employee Name: _____ Date: _____

By executing this form with my signature I hereby decline to receive the Hepatitis B Vaccine and am fully aware of the risk associated with the decision.

Employee Signature: _____ Date: _____

District Administrator Signature: _____

Date: _____

THIS FORM WILL BE KEPT FOR THIRTY (30) YEARS FOLLOWING THE EMPLOYEE'S DATE OF EMPLOYMENT TERMINATION