

Lakes International Language Academy—District 4116
BLOODBORNE PATHOGEN PROGRAM

I. Background

As part of a broader employee health and safety program, Lakes International Language Academy (the School) establishes this program in accordance with Occupational Safety and Health Administration (OSHA) Regulation 29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens*.

II. Who is covered

This program applies to all employees with reasonable anticipated skin, eye, or mucous membrane contact with human blood, blood components, or other potentially infectious materials that may result from the performance of an employee's duties. The following employee positions, for example, may qualify:

- a. athletic coach
- b. health office personnel
- c. custodial personnel
- d. building engineer
- e. School age care personnel
- f. Recess aides
- g. Lunchroom supervisors, aides, and regular volunteers
- h. paraprofessionals
- i. administrative office personnel
- j. special education professionals (internal)

III. Training

- a. Training components will include:
 - i. Access to this written program and explanation of its contents
 - ii. Explanation of the epidemiology, transmission and symptoms of bloodborne diseases
 - iii. Explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
 - iv. Explanation of the use and limitation of methods that will prevent or reduce exposure including engineering controls, work practices and personal protective equipment (PPE)

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- v. Information on the types, basis for selection, proper use, location, removal, handling, decontamination and disposal of PPE
 - vi. Information on the hepatitis B vaccine, including information on efficacy, safety, method of administration, benefits of being vaccinated and that employees will be offered the vaccination series free of charge
 - vii. Information on the appropriate actions to take and people to contact in an emergency
 - viii. 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
 - ix. Information on the post-exposure evaluation and follow-up
 - x. Explanation of any signs and labels
 - xi. Name of person to contact for more information
- b. When training is required:
- i. Training should be completed within ten working days of initial assignment to tasks where occupational exposure may take place, and at least annually thereafter.
- c. Recordkeeping
- i. Training records will be kept for at least three years from the date on which training occurred. Training records will include training date, attendee names and job titles, and the name and qualifications of the person conducting the training.
- d. A written training module can be found in Appendix A to this program. The School may also tap appropriate online training modules to supplement or use to fulfill parts of the training requirement.

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APPENDIX A

BLOODBORNE PATHOGEN DISEASES

I. Definitions

- a. pathogen: a bacterium, virus or other microorganism that can cause disease
- b. bloodborne pathogens: pathogens present in human blood that can cause disease in humans; these pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)
- c. immune system: the body's natural defenses against pathogens and other potentially harmful elements

II. HIV Facts

- a. HIV is a virus that attacks the immune system, and it can cause Acquired Immune Deficiency Syndrome (AIDS). AIDS is characterized by a defect in natural immunity against disease. People who have AIDS are vulnerable to serious illness that would not be a threat to anyone with a healthy immune system. These illnesses are referred to as “opportunistic” infections or diseases.
- b. AIDS is considered one of the most devastating public health problems in recent history. In 1996, the Centers for Disease Control and Prevention (CDC) estimated that one million people in the U.S. are HIV-positive, and 223,000 are living with AIDS.
- c. Most individuals infected with HIV have no symptoms and feel well. Some develop symptoms that may include tiredness, fever, loss of appetite and weight, diarrhea, night sweats, and swollen glands (lymph nodes) usually in the neck, armpits, or groin.

III. HBV Facts

- a. Hepatitis B is an infection of the liver caused by HBV. HBV is one of several types of viruses (infections) that can cause hepatitis. A vaccine to prevent HBV infection is available.
- b. HBV infection may occur in two phases. The acute phase occurs just after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for their entire lives. They go into the chronic phase and become “chronic carriers”, meaning the virus remains in their liver and blood.
- c. Acute Hepatitis B usually begins with symptoms such as loss of appetite, extreme tiredness, nausea, vomiting and stomach pain. Other common symptoms include dark urine and jaundice (yellow eyes and skin), and

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skin rashes and joint pain can occur. Over half the people who become infected with HBV never become sick, but some may later have long-term liver disease from their HBV infection. About 1 in 250 people in the U.S. is a chronic carrier, and many have no health problems themselves.

- d. The Hepatitis B virus is very durable; it can survive in dried blood for seven to ten days.

BLOODBORNE PATHOGEN TRANSMISSION

I. Treat all human blood and certain human body fluids as if known to be infected with HIV, HBV and other bloodborne pathogens. Although exposure to body fluids other than blood is unlikely in a school, the following are also to be treated as if infectious:

- a. semen and vaginal secretions
- b. amniotic fluid
- c. cerebrospinal fluid
- d. all body fluids where it is difficult or impossible to differentiate

II. Body fluids NOT carrying HIV:

- a. sweat
- b. tears
- c. saliva
- d. vomit
- e. urine
- f. feces
- g. if visible blood, treat as infectious

III. Common methods of transmission for HIV and HBV

- a. sexual contact
- b. needle sharing
- c. blood transfusions
- d. direct skin or mucous membrane contact with infected blood
- e. from mother to baby at birth

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IV. Unbroken skin forms a barrier against bloodborne pathogens. However, infected blood can enter your system through:

- a. open sores
- b. cuts
- c. abrasions
- d. acne
- e. any sort of damaged or broken skin such as sunburn or blisters
- f. a bite, the number one type of exposure in schools
- g. may also be transmitted through the mucous membranes of the eyes, nose and mouth. If you are in doubt as to whether or not you have had an exposure, ask a physician.

UNIVERSAL PRECAUTIONS

I. Universal precautions are practices and procedures that help prevent contact with blood and other body fluids and represent the best protection against HIV, HBV and other infectious agents. They represent the first line of defense against the risks of exposure to bloodborne pathogens.

II. Personal Protective Equipment (PPE)

- a. Use PPE when a potential exposure exists.
 - i. Choose and use this equipment to prevent blood or other potentially infectious materials from contact with skin or mucous membranes. The School provides PPE to employees at no cost.
 - ii. PPE includes disposable vinyl gloves.
 - 1. Use for first aid, clean-up, handling of sharps, and when in contact with any blood or other potentially infectious material. Before putting on gloves, wash your hands. After donning gloves, check for proper fit and punctures. Gloves should fit snugly.
 - 2. To remove gloves, peel one glove off from wrist to fingertips so that the glove ends up inside out. Place the inside-out glove in the palm of the gloved hand and peel the remaining glove the same way, while enfolding the first glove into this one. Following this practice minimizes contamination risk. Dispose of gloves immediately. Never re-use gloves. Wash hands after removing gloves.

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- iii. PPE includes goggles. Use anytime there is a risk of splashing or vaporization of contaminated fluids to protect employee's eyes. Splashing could occur during spill clean up or while providing first aid or medical assistance.
- iv. Aprons may be worn to protect employee clothing and to keep blood or other potentially contaminated fluids from soaking through to employee's skin.
- v. Other examples of PPE include heavy-duty utility gloves, CPR microshields, antiseptic wipes, sharps containers, and mouth to mask resuscitator shield.

III. Hand washing procedure

- a. Use warm water only, not hot or cold.
- b. Wet both hands and wrists well before applying soap.
- c. Apply liquid or foam soap to palms first.
- d. Lather well; spread lather to back of hands and wrists.
- e. Continue scrubbing, carefully including fingernails and between fingers. The scrubbing time should be a minimum of 20 seconds.
- f. Rinse hands and wrists well to remove all soap.
- g. Dry completely.
- h. Turn off faucet using disposable towels, to avoid recontamination of clean hands.

IV. Personal hygiene

- a. Do not eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure. Food and drink should not be stored in close proximity to where blood or other potentially infectious materials are present.
- b. Employees are asked to physically cover all exposed skin lesions, abrasions or cuts so as to protect themselves and others from potential bloodborne pathogen exposure.

V. Needles

- a. Do not bend or recap needles or other contaminated sharps.
- b. Do not break or shear needles.
- c. Dispose of needles and other sharps in labeled sharps containers only.

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VI. Sharps handling

- a. Use disposable gloves.
- b. Pick up contaminated sharps (including blood-covered broken glass) by using a dustpan and broom or tongs (mechanical means).
- c. Dispose of sharps in labeled sharps containers only. Sharps containers are located in the health office of the School.
- d. Dispose of used/full sharps containers properly; consider them to be infectious waste. Close the containers prior to moving them, to prevent spillage during handling, storage, transport and shipping.
- e. Label sharps containers with the biohazard symbol. Pick-up shall occur on an as-needed basis.

BLOODBORNE PATHOGEN EMERGENCY PROCEDURES

In an emergency involving blood or other potentially infectious materials, use universal precautions and PPE.

I. Spill Clean-Up

- a. Always use gloves. Do not reuse disposable gloves. If utility gloves are used, decontaminate after use with soap, water and appropriate disinfectant.
- b. Use absorbent or paper towels over spill to absorb spill.
- c. Clean spill with soap and water.
- d. Use appropriate disinfectant (one option is a 1:10 household bleach and water that is mixed fresh daily; one part bleach to ten parts water) and follow procedures on label or below:

Use for Hard Surfaces (800 ppm)		
Water	Regular Strength Bleach (5.25%)	Ultra-Bleach (6 to 6.25%)
1 gallon (16 cups or 3.8 L)	¼ cup (60 mL)	3-1/3 tablespoons (52 mL)
1 quart (4 cups or 0.95 L)	1 tablespoon (15 mL)	2-1/2 teaspoons (6.2 mL)
1 pint (2 cups or 0.47 L)	1-1/2 teaspoons (7.4 mL)	1-1/4 teaspoons (6.2 mL)

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Use for Mouthed Toys and Food Contact Surfaces (200 ppm)		
Water	Regular Strength Bleach (5.25%)	Ultra-Bleach (6 to 6.25%)
1 gallon (16 cups or 3.8 L)	1 tablespoon (15 mL)	2 teaspoons (10 mL)
1 quart (4 cups or 0.95 L)	¾ teaspoon (3.7 mL)	½ teaspoon (2.5 mL)
1 pint (2 cups or 0.47 L)	3/8 teaspoon (1.8 mL)	1/4 teaspoon (1.2 mL)

- e. Dispose of waste in a proper container. (Rags or towels with blood can be disposed of in regular, lined waste containers unless they are saturated or dripping. If this is the case, then they are considered biohazardous waste and must be disposed of as infectious waste.)
- f. Generally, items that may be contaminated with blood or other body fluids, such as feminine hygiene product containers, diaper pails, etc. should be plastic/paper-lined to eliminate exposure potential.
- g. Wash hands thoroughly with warm water and soap.
- h. Contact direct supervisor or Program Coordinator for spill evaluation.

II. Post Exposure Information

- a. If you are exposed, the School is responsible for evaluating an exposure incident (i.e., blood contact with skin by needle stick, cut, bite, etc.)
- b. In the event of an exposure, it is very important that the employee and the School follow the appropriate protocol. Time is important in providing the most comprehensive and protective treatment. The Program Coordinator may refer the exposed individual to their personal health care professional immediately following the exposure.
- c. Any School employee who has an exposure incident should follow the post-exposure protocol. The School is responsible for providing for a confidential medical evaluation and follow-up after an exposure incident has been reported. The exposed employee should use the following protocol:
 - i. Immediately wash exposed area or flush mucous membrane with running water.
 - ii. Contact supervisor and Program Coordinator immediately.
 - iii. Complete an Injury Report Form and submit to school’s main office.

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- iv. Get a medical follow-up through the exposed employee's own physician as soon as possible or at least within 24 hours of the exposure.

BLOODBORNE PATHOGENS HEPATITIS B VACCINATIONS

- I. The HBV series is provided at no cost to all employees with occupational exposure to blood or other potentially infectious material.
- II. Employees who qualify and who wish to receive the vaccine series should submit a written request to their supervisor (see attached HBV Request/Declination Form). Once the request is approved, the School will instruct the employee in options available to them to get the vaccine series.
- III. Employees who have already had the vaccine series do not need to repeat it, unless recommended by medical professional or CDC.
- IV. The School Safety Officer keeps a record of employees (who have occupational exposure to blood or other potentially infectious material) who have received the vaccine.
- V. Employees with occupational exposure risk who choose not to get the Hepatitis B vaccination must sign a form (see attached HBV Request/Declination Form).
- VI. Information about Hepatitis B vaccine efficacy (effectiveness), safety, method of administration (how it is given), and the benefits of being vaccinated, from the CDC website as of November 2009:
 - a. How is the Hepatitis B vaccine series given?
 - i. The Hepatitis B vaccine is usually given as a series of 3 or 4 shots over a 6-month period.
 - b. Is the Hepatitis B Vaccine safe?
 - i. Yes, the vaccine is safe. Soreness at the injection site is the most common side effect reported. As with any medicine, there are very small risks that a serious problem could occur after getting the vaccine. However, the potential risks associated with Hepatitis B are much greater than the risks the vaccine poses.
 - ii. Since the vaccine became available in 1982, more than 100 million people have received Hepatitis B vaccine in the United States and no serious side effects have been reported.
 - c. Is the Hepatitis B vaccine series effective?
 - i. Yes, the Hepatitis B vaccine is very effective at preventing Hepatitis B virus infection. After receiving all three doses, Hepatitis B vaccine provides greater than 90% protection to

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infants, children and adults immunized before being exposed to the virus.

- d. Is it harmful to have an extra dose of Hepatitis B vaccine or to repeat the entire vaccine series?
 - i. No, getting extra doses of Hepatitis B vaccine is not harmful.
- e. If the Hepatitis B vaccine series was not completed, inform the School. You'll be directed to talk to your health professional to resume the vaccine series as soon as possible. The series does not need to be restarted.
- f. Who should not receive the Hepatitis B vaccine?
 - i. The Hepatitis B vaccine is not recommended for people who have had serious allergic reactions to a prior dose of Hepatitis B vaccine or to any part of the vaccine. Also it is not recommended for anyone who is allergic to yeast because yeast is used when making the vaccine. Tell your doctor if you have any severe allergies.
- g. Are booster doses of Hepatitis B vaccine necessary?
 - i. It depends. A booster dose of Hepatitis B vaccine is a dose that increases or extends the effectiveness of the vaccine. Booster doses are recommended only for hemodialysis patients and can be considered for other people with a weakened immune system. Booster doses are not recommended for people with normal immune status who have been fully vaccinated.