

Muskogee Public Schools

Bloodborne Pathogen Standard

" Safety First "

Board Approved June 13, 1995
Revised March 14, 2007

OSHA Bloodborne Pathogens Standard

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MUSKOGEE PUBLIC SCHOOLS

Bloodborne Pathogen Program

I - PURPOSE:

The purpose of this plan is to reduce and/or eliminate the exposure to the Hepatitis B virus (HBV), the Human Immunodeficiency virus (HIV) and other Bloodborne pathogens to all district employees. In compliance with 29CFR 1910.1030 this plan will be reviewed and updated annually and will be available for public inspection.

II - THOSE AFFECTED:

Occupational exposure is defined by OSHA as those individuals who can "reasonably anticipate skin, eye, mucous membrane or parenteral exposure to blood or potentially infectious materials that may result from the performance of an employees duties". As it is not currently possible to identify all infected persons, blood, and other body fluids containing visible blood, all persons should be considered potentially infectious for HIV, Hepatitis B virus, and other bloodborne pathogens. All school staff should be alerted to dangers of infection from bloodborne pathogens.

The following job classifications are divided into two categories. Category I are those with duties which are reasonably anticipated to involve exposure to blood or body fluids. Category II, are those in which the worker is not exposed to blood and body fluids in the routine performance of their duties. "Good Samaritan" acts such as assisting a co-worker with a nosebleed, would not be considered occupational exposure.

Category I

- First responders (1 per site)

- School Nurses

- Coaches (as designated by Athletic Director)

- Teachers of multihandicapped children

- Teacher assistants of multihandicapped children

- Bus aides for multihandicapped children

- Custodians (as designated by Director of Plant Operations)

Category II

Classroom teachers
Teachers assistants
Classroom volunteers
Bus drivers and bus monitors
Speech pathologists
Counselors
Physical and Occupational therapists
Secretarial staff other school secretaries
Central office staff
Staff in buliding not attended by students
Cafeteria personnel and hostesses
Food services personnel
Warehouse personnel
Maintenance personnel
Parking lot attendants
Custodians

III - PLAN MANAGEMENT:

Muskogee Public Schools Director of Maintenance & Facilities will be responsible for implementation. Muskogee Public Schools Human Resorces Department will be in chage of record keeping. Each Department Head or Principal will be responsible for overseeing these policies and forwarding records to the Human Resorces Department. Ultimately, the most important role will be that of the employee in the field, to insure compliance with the Bloodborne pathogens program.

IV - RECORDKEEPING:

Accurate records of all employees status involving incidents and reports of exposure will be kept in a separate file from their personnel records. This file should contain - Name, Social Security Number, copies of Hepatitis B vaccination status or a declination statement, copies of all reports of exposure incidents, medical testing, results of exams, and follow-up reports as a result to an employee being exposed to a bloodborne pathogen. Records will be maintained in this file for the duration of employment, plus 30 years.

Records of employees in category I status, will in their personnel file, contain copies of Hepatitis B vaccination status or a declination statement.

V - DEFINITIONS:

1. Body Fluids - Urine, feces, vomit, stool, mucus and saliva due to possible blood stain - Also menstrual blood and semen.
2. Blood Spills - Blood from nose, mouth, and skin lacerations.
3. Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans, including Hepatitis B virus and Human Immunodeficiency (HIV), etc.

VI - METHODS OF COMPLIANCE:

A general rule requires the treatment of all bodily fluids and waste products as if they are known to be infectious for any bloodborne pathogen. In order to protect themselves, all staff members will follow the following universal precautions at all times while on the job:

1. Handle the blood and body substances of all people as potentially infectious.
2. Wash hands thoroughly with soap and running water before and after all person or specimen contact, even when gloves are used.
3. Wear disposable gloves for all potential contacts with blood and body substance. Discard gloves immediately after each use.
4. Wear a gown when splashing with blood or body substance is reasonably expected.
5. Wear protective eyewear and mask if splattering with blood or body substance is possible.
6. Place used syringes immediately in nearby impermeable container, DO NOT recap or manipulate needle in any way.
7. Treat all linen soiled with blood or body substance as infectious.
8. Process all laboratory specimens as potentially infectious.
9. Change gloves after each contact, as glove integrity cannot be assured with washing and repeated use.
10. Wear waterproof dressing and gloves if you have cut, abrasions, or other skin lesions.
11. Clean up and disinfect all spills or contamination immediately using the established procedures described in Part XII.
12. Follow exposure/needlestick reporting and follow up procedure as established in Part XII.

13. Discard disposable bandages, and dressings in non-reusable red bags in plastic containers and discard as required by an appropriate disposal procedure.
14. Use utility or disposal gloves for general cleaning.
15. Use disposable gloves for all housekeeping chores involving potential contact with body fluids.
16. Use face shield when performing CPR.

VII - ENGINEERING AND WORK PRACTICE CONTROLS:

All practices, equipment and supplies will be examined, maintained and updated as needed on a annual schedule. Information on the use of these procedures will be provided to all employees annually.

1. Sharps will be placed in an approval sharps container. The container will be placed in the appropriate bagging system for disposal when moderately full. Sharps will not be reused, recapped, bent or removed.
2. Other contaminated disposable items or bodily products will be placed in the appropriate bagging system for disposal.
3. All bags will be color coded to alert disposal personnel, of the hazard.
4. Each site at which exposure can reasonably be expected will have hand washing facilities with soap and running water within easy access.
5. Areas which have slight potential for contamination without hand washing facilities (such as buses) will have ample supplies of towelettes, disinfectant, gloves, first aid supplies, etc.
6. For contamination with larger amounts of bodily fluids such as vomitus, blood, etc., kits will be provided for cleanup by designated trained personnel. This kit will prevent any exposure to the cleaning team.
7. Training will be provided in the use of kits to custodians, bus drivers and any other personnel designated as responsible for cleanup.
8. No eating, drinking, cosmetic application, food storage, etc., will be allowed in areas where contamination or contaminated fluids are present.
10. All areas and containers with contaminated products will be marked by labels, colors, and signs as describes Federal Register, 29 CFR Part 1910.1030.

VIII - PERSONAL PROTECTIVE EQUIPMENT:

The Muskogee Board of Education has a written policy that requires all personnel to use gloves when handling any potentially infectious materials, objects or surfaces. Gloves are available at every campus. Additionally, all staff herein identified as at risk of exposure are provided ample supplies at no cost to the employee. Although no activities are performed at any site that would reasonably be expected to require any additional types of personal protective equipment for bloodborne pathogens, appropriate goggles, face shields, gowns, head covers, foot covers, etc. are available upon request.

IX - HOUSEKEEPING EQUIPMENT & SUPPLIES NEEDED:

Water	Disposable Bags	Disinfectants
Hand Soap	Dust Pans	Mops
Paper Towels	Buckets	Absorbing Agent
Trash Cans	Disposable Gloves	Liners

- A. "Expose" disinfectant
- B. Hydrogen Peroxide - Use 50% solution mixture.

X - HOUSEKEEPING:

1. GENERAL:

- A. Wear disposable gloves before making contact with body fluids during care, treatment and all cleaning procedures.
- B. Discard gloves after use. (Some exceptions per instructions)
- C. Wash hands after handling fluids and contaminated articles, whether or not gloves are worn.
- D. Discard disposable bandages and dressings in red plastic liner, plastic trash containers, and discard as required.
- E. Do not re-use red plastic bags.
- F. Use disposable items to handle body fluids whenever possible.
- G. Use absorbing agent or paper towels to pick up and discard any soiled waste materials such as vomit or feces.
- H. Use general purpose utility gloves (e.g, rubber household gloves) for housekeeping chores involving potential blood contacts and for general cleaning. Utility gloves can be

cleaned and reused, but should be discarded if they are peeling, cracked or discolored, or if they have punctures, tears or other evidence of deterioration.

2. HAND WASHING

- A. Use soap and running water. Soap suspends easily removable soil and micro-organisms allowing them to be washed off.
- B. Rub hands together for approximately ten (10) seconds to work up a lather.
- C. Scrub between fingers, knuckles, back of hands and nails. Nails should be short and trimmed. Jewelry should not be worn. HANDS SHOULD BE SCRUBBED FOR MINIMUM OF 1 MINUTE.
- D. Rinse hands under running water. Running water is necessary to carry away debris and dirt.
(Repeat this procedure in its entirety twice)
- E. Use paper towels to thoroughly dry hands.
- F. Discard paper towel, after using paper towel to turn water off.

3. FOR WASHABLE SURFACES

- A. Bottles, dishes, toys, tables, desks, etc.
 - 1. Use Expose
 - 2. Allow to air dry.
 - 3. Rinse
- B. FLOORS
 - 1. Use approved disinfectant at approved mixture rate.
 - 2. Soak mop in clean disinfectant solution after use.
 - 3. Disposable cleaning equipment and water should be placed in a toilet or plastic bag, as indicated.
 - 4. Rinse non-disposable cleaning equipment (dust pans, buckets) in clean disinfectant.
 - 5. Dispose disinfectant solution down drain pipe.
 - 6. Remove gloves, if worn, and discard in appropriate receptacle.
 - 7. Wash hands as in described in item #2 (Hand Washing).

4. NON-WASHABLE SURFACES:(Carpet and Upholstery, etc.)

- A. Apply sanitary absorbing agent, then apply disinfectant, let dry, vacuum.
 - 1. Available from custodian.
- B. If necessary, use broom and dust pan to remove soiled material
- C. Reapply disinfectant, and vacuum.
- D. Apply carpet or upholstery shampoo as directed.
 - 1. Re-vacuum according to directions on shampoo.
- E. Spray soiled area with approved disinfectant mixed at approved mixture ratio.
- F. Clean dust pan and broom if used. Rinse in disinfectant solution.
- G. Wash hands as described in #2 (Hand Washing).

5. PROCEDURE TO CLEAN BLOOD SPILLS:

(Blood from nose, mouth and skin lesions, etc.)

- A. Put on gloves.
- B. Apply appropriate disinfectant solution to complete spill area.
- C. Proceed to apply absorbent agent to spill area.
- D. Place soiled material in a plastic bag for disposal.
- E. Reapply disinfectant solution to spill area and let air dry.
- F. Remove gloves, include with soiled materials and discard.

- G. Wash hands as described in #2.
- H. Dry hands with a paper towel.

The above procedures follow the Guidelines set forth by The Center For Disease Control, United States Department and Human Services/Public Health Services.

XI - HEPATITIS B VACCINATION AND POST EXPOSURE REPORTING AND EVALUATION:

Hepatitis B vaccine will be made available at no cost to all employees within ten days of assignment in targeted jobs. Employees, after Bloodborne Pathogen Training, will be given a full description of the vaccination series and side effects. They will sign a consent/refusal form(see appendix). Those consenting will be scheduled and given time off for the vaccination series. Records of the vaccination will be maintained. Appropriate follow up boosters will be scheduled as medically prescribed.

All Muskogee Public Schools employees, whether under the plan or not, are required to report to their supervisor immediately ALL exposures to bodily fluids using Muskogee School's Exposure Report(see appendix). All reports will be held as confidential. All exposed employees, both under and not under the plan, will receive full follow up.

Follow up to a report of exposure:

1. An exposed employee will be immediately referred to the designated district healthcare professional. For confidential medical evaluation and follow up. The physician will be provided a copy of this plan.
2. The healthcare professional will inform the employee and, within five days, the district whether the incident is defined as an exposure under the standard.
3. If the incident is not defined as an exposure, the employee will be counseled and no further action will be taken. The reporting form with the physician's determination will be placed in the employee's supplemental file.
4. If there is a defined exposure, the physician will immediately provide follow up activities as no cost to the employee including:
 - A. Documentation of the circumstances and routes of exposure.
 - B. Identification and documentation of the source individual.
 - C. Collection and testing of the source individual's blood with consent, or
 - D. Establishment that legally required consent cannot be obtained.
 - E. Make available results of these tests to the employee.
 - F. Testing of the employee's blood per U. S. Public Health Services protocol including immediate, 3-month,

- 6-month, and 1-year tests.
- G. With employees permission immediately begin the Hepatitis B vaccination series. (within 24 hours)
 - H. Post-exposure prevention treatment and evaluation of reported illness.
 - I. Appropriate counseling as determined by the healthcare professional.
 - J. Any other activities deemed appropriate by the physician.
 - K. No reports, other than the initial determination, will be made by the physician to the district. The physician will maintain records for the appropriate time.

XII - INFORMATION AND TRAINING:

All employees designated as part of this plan will be given complete training at the time of initial assignment and annually thereafter. Training records will be kept for three years, Training will include:

1. Bloodborne Pathogens Standard.
2. Epidemiology and symptoms of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. Our facility's Exposure Control Plan (and where employees/students can obtain a copy).
5. A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - A. Engineering controls
 - B. Work practice controls
 - C. Personal protective equipment
6. Selection and use of personal protective equipment including:
 - A. Types available
 - B. Proper use
 - C. Location within the facility
 - D. Removal
 - E. Handling
 - F. Decontamination
 - G. Disposal
7. Visual warnings of biohazard within our facility including labels, signs, and "color-coded" containers.
8. Information on the Hepatitis B Vaccine, including its:

- A. Efficiency
 - B. Safety
 - C. Method of Administration
 - D. Benefits of Vaccination
 - E. Our facility's free vaccination program
9. Consent form for Hepatitis B vaccine.
10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. The procedures to follow if an exposure incident occurs, including incident reporting.
12. Information on the post-exposure and follow up, including medical consultation, that our facility will provide.
13. Time to answer specific questions/concerns of attendees.

All employees not a part of this plan will be given training in avoiding contamination. All training will be given at no cost and during working hours. Should regulations, procedures, or potential for hazard change, update training will be provided.

XIII - RECORD AVAILABILITY:

Records are available to:

- 1. The District Safety Officer
- 2. Appropriate personnel staff
- 3. Appropriate healthcare professionals
- 4. Those identified in 29 CFR 1910.20
- 5. The employee upon request
- 6. Anyone with the written consent from the employee

MUSKOGEE PUBLIC SCHOOLS, DISTRICT I-20
HEPATITIS B VACCINE OPTION FORM

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Employee Name: _____ Date: _____
Address: _____
Phone: _____

Current Duty Assignment: _____
Building(s) . Program

On this date I have been trained on precautionary measures for dealing with body fluids, counseled on the risks of contracting the Hepatitis B virus in my current job assignment, informed of the risks associated with taking the Hepatitis B vaccine series, received literature concerning the Hepatitis B virus, and been informed of the opportunity to obtain the Hepatitis B vaccine series at the expense of Muskogee Public Schools, Dist. I-20.

Employee Signature

Date

At this time, I am requesting that I be provided with the Hepatitis B vaccine series. I am fully aware of the risks associated with the Hepatitis B vaccine and that Muskogee Public Schools will incur no liability for these associated risks.

Employee Signature

Date

Witness

Date

At this time, I am declining the opportunity to obtain the Hepatitis B vaccine series. I have been informed of the risks of contracting the virus through my current job assignment and understand that Muskogee Public Schools, Dist. I-20 will incur no liability in the event that the Hepatitis B virus is contracted through my employment.

Employee Signature

Date

Witness

Date

Exposure Evaluation Form

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Description of the exposure incident and date: _____

Could the exposure have been prevented with proper use of engineering or work-practice controls or personal protective equipment?

_____ yes _____ no

Is the engineering or work-practice control or personal protective equipment that should have been used addressed in the Exposure Control Plan?

_____ yes _____ no

Comments _____

Would following the procedures and use of equipment outlined in the Exposure Control Plan have :

_____ prevented the delivery of necessary emergency first aid/medical care?

_____ posed an increased hazard to the safety of those involved?

_____ prevented or decreased the risk for occupational exposure?

What changes can be implemented to prevent similar occurrences in the future?

Date _____ Employee Signature _____

Date _____ Employer Representative _____

Post Exposure Evaluation Form

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Name _____ Social Security number _____

Date of exposure _____ Date form completed _____

Hepatitis B Vaccine Status

Has employee received the Hepatitis B vaccine?

_____ yes _____ no

If yes, when? 1st _____ If no, why? _____

2nd _____

3rd _____
4

Description of exposure incident _____

Results of source individual's blood testing _____

Healthcare Professional's Written Opinion

Circle one, two or three

1. HBV vaccine is indicated for this employee; vaccine not received.
2. HBV vaccine is not indicated for this employee; vaccine not received.
3. HBV vaccine is indicated for this employee; vaccine received.

Check after completion

_____ Employee has been informed of evaluation results.

_____ Employee has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

_____ All other findings or diagnoses shall remain confidential and shall not be included in this written report.

Healthcare Professional Signature

Title

Date

SUPERVISOR'S REPORT OF ACCIDENT

(PLEASE READ AND FOLLOW INSTRUCTIONS ON BACK)

EVERY ACCIDENT SHOULD BE INVESTIGATED AND THE CAUSES CORRECTED SO THAT MORE ACCIDENTS WILL NOT OCCUR. DO NOT OVERLOOK THE SO-CALLED "UNIMPORTANT" CASES, BECAUSE, EXCEPT FOR "CHANCE" THEY COULD ALSO HAVE BEEN SERIOUS. IT IS ONLY BY THOROUGH INVESTIGATION THAT MANY OF THE REAL CAUSES CAN BE DETERMINED AND CORRECTED.

NAME OF EMPLOYEE _____ COMPANY _____ DEPT. _____

DATE OF ACCIDENT _____ TIME _____ DID EMPLOYEE LOSE TIME FROM WORK? YES _____ NO _____

HOURS LOST DATE OF ACCIDENT _____ HAS EMPLOYEE RETURNED TO WORK? YES _____ NO _____

JOB TITLE _____ SERVICE WITH THE COMPANY _____ YEARS, IN PRESENT JOB _____

GIVE US YOUR HONEST COMMENTS ON QUESTIONS BELOW. WE ARE NOT TRYING TO BLAME ANYONE. YOUR OPINION MAY HELP US TO PREVENT REPETITION.

PLEASE ANSWER THE FOLLOWING:

- | | CHECK "YES" OR "NO" | |
|---|------------------------------|------------------------------|
| 1. WAS INJURED PERSON PROPERLY INSTRUCTED IN SAFE AND EFFICIENT METHOD? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. DID INJURED PERSON VIOLATE ANY INSTRUCTIONS? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 3. WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. DID POOR HOUSEKEEPING CONTRIBUTE TO ACCIDENT? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 5. DID HORSEPLAY CAUSE THE ACCIDENT? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 6. WAS IT CAUSED BY SOMETHING WHICH NEEDED REPAIRS? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 7. SHOULD A GUARD BE PROVIDED? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 8. DID ANY BODILY DEFECT CONTRIBUTE TO ACCIDENT? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 9. WAS IT CAUSED BY AN UNSAFE ACT? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 10. DID INJURED REPORT THE INJURY TO YOU, THE SUPERVISOR, IMMEDIATELY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

ACCIDENT. (DESCRIBE WHAT INJURED WAS DOING AT TIME OF ACCIDENT, WHAT HAPPENED, WHO WAS INVOLVED, NATURE OF INJURY, PART OF BODY AFFECTED.) _____

NUMBER OF EMPLOYEES AT WORK SITE _____ WITNESSES' NAMES _____

UNSAFE ACT. (WHAT DID THE EMPLOYEE OR ANOTHER PERSON DO INCORRECTLY?) _____

UNSAFE CONDITIONS. (WHAT UNGUARDED OR UNSAFE CONDITION OF MACHINERY, EQUIPMENT, BUILDING OR PREMISES WAS INVOLVED?) _____

REMEDY. (WHAT SHOULD BE DONE TO PREVENT OTHER ACCIDENTS LIKE THIS?) _____

ACTION TAKEN. (WHAT HAS BEEN DONE TO CORRECT THE CONDITIONS WHICH CAUSED THIS ACCIDENT?) _____

MEDICAL CARE. DID EMPLOYEE GO TO DOCTOR OR HOSPITAL? YES _____ NO _____ IF YES, COMPLETE THE FOLLOWING

NAME OF DOCTOR OR HOSPITAL _____ DATE OF INITIAL VISIT _____

ADDRESS _____ TELEPHONE NUMBER _____

IS SUPERVISOR, DO YOU FEEL THAT THIS INJURY SHOULD BE COVERED UNDER WORKERS' COMPENSATION BENEFITS? YES NO REASONS WHY _____

REPORT SUBMITTED BY _____ DATE _____

MUSKOGEE PUBLIC SCHOOLS (I-020)
Employee Accident Report

Name of injured _____ Home Address _____ Phone _____

Social Security # _____ Sex _____ Birthdate _____ Position _____

Time Accident Occured _____ A.M. _____ P.M. _____ Date _____
Place of Accident: Sch.Bldg. _____ Bus _____
Grounds _____ Other _____

Nature of Injury:

Part of the body injured:
(right, left, or both)

Abrasion _____	Fracture _____	Abdomen _____	Foot _____
Amputation _____	Poisoning _____	Ankle _____	Hand _____
Asphyxiation _____	Puncture _____	Arm _____	Head _____
Bite _____	Scratches _____	Back _____	Knee _____
Bruise _____	Shock _____	Chest _____	Legs _____
Burn _____	Sprain _____	Ear _____	Mouth _____
Concussion _____	Other _____	Elbow _____	Nose _____
Cut _____		Face _____	Tooth _____
Dislocation _____		Finger _____	Wrist _____
		Other (Specify) _____	

How did accident happen ? _____

List specifically unsafe conditions that contributed to the accident:

Person in charge when accident occurred: _____

Was this person present at the scene of the accident? _____

Immediate action taken :
First Aid _____ By: _____
Sent Home _____ By: _____
Hospitalized _____ By: _____ Amubulance? _____
Other (Specify) _____

Witnesses _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____