

Employer Guide and Model

Exposure Control Plan

Bloodborne Pathogens Standard 29 CFR Part 1910.1030

To access the standard, go to:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Cobleskill-Richmondville Central School District

Adapted from:
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TABLE OF CONTENTS

POLICY	3
PROGRAM ADMINISTRATION	4
EMPLOYEE EXPOSURE DETERMINATION	5
First Aid Providers	6
EFFECTIVE DATES	7
EXPOSURE CONTROL PLAN	8
Universal Precautions	8
Exposure Control Plan	8
Engineering & Work Practice Controls	9
Personal Protective Equipment	10
Training	12
Hepatitis B Vaccination	13
Post Exposure Evaluation	14
Health Care Professionals	18
Housekeeping	19
Laundry	20
Labeling	21
Recordkeeping	22
Medical Records	22
Training Records	22
Transfer of Records	23
Sharps Injury Log	23
APPENDIX SECTION	24
Appendix A – District Specific Information	25
Appendix B – Definitions	298
Appendix C – Examples of Engineering/Work Practice Controls & PPE	29
Appendix D1 – Bloodborne Pathogens Training Cover Sheet	31
Appendix D2 – Sample Training Sign in Sheet	32
Appendix E – Hepatitis B Vaccination Consent/Declination Form	33
Appendix F – Post Exposure Treatment/Follow-up Information	34
Appendix G1 – Bloodborne Incident Information Form (Form D)	34
Appendix G2 – Identification, Documentation & Consent/Refusal of Source Individual (Form E)	36
Appendix G3 – Healthcare Provider Written Opinion for Post-exposure Evaluation (Form F)	37
Appendix H – Needlestick & Sharp Object Injury Form	38
Appendix I – First Aid Provider Blood Presence Incident Report Form	39
Appendix J – Sample Blood/OPIM Clean-up Procedures	410

POLICY

The school district is committed to provide a safe and healthful work environment. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal regulations 1910.1030.

The Exposure Control Plan is a key document to assist our school district in implementing and ensuring compliance with the Bloodborne Pathogens Standard 29 CFR Part 1910.1030, thereby protecting our employees. This ECP includes:

- I. Employee exposure determination
- II. The procedures for evaluating the circumstances surrounding an exposure incident, and
- III. The schedule and method for implementing the specific sections of the standard, including:
 - methods of compliance
 - Hepatitis B vaccination and post-exposure follow-up
 - training and communication of hazards to employees
 - recordkeeping

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

PROGRAM ADMINISTRATION

Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.

The school district is responsible for:

- The implementation of the ECP. The school district maintains and updates the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Written housekeeping protocols and ensures that effective disinfectants are purchased.
- Ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- Training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
- Maintaining and providing all necessary personal protective equipment (PPE), engineering controls (i. e., sharp containers, etc.), labels, and red bags as required by the standard.
- Ensuring that adequate supplies of the aforementioned equipment are available.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

EMPLOYEE EXPOSURE DETERMINATION



I. EMPLOYEE EXPOSURE DETERMINATION

Employees in our organization have occupational exposure to bloodborne pathogens. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee’s duties. Parenteral contact means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

- A. As part of the exposure determination section of our ECP, a list of all job classifications at our establishment in which **ALL** employees have occupational exposure can be found in **Appendix A** of this document.

See **Appendix B** for more detailed definitions pertaining to employee exposure.

Note: All other staff that are indicated within the school district are trained in Infection Control and Universal Precautions. They are informed of the “Good Samaritan” acts which result in exposure to blood or other potentially infection materials from assisting a fellow employee (i.e. assisting a co-worker/student with a nosebleed, giving CPR or first aid). During the training it is explained to each employee about the Post-Exposure Evaluation and Follow-up.

B. First Aid Providers

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment.

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing aid assistance is (are) instructed to file a report before the end of their work day.

The school district maintains a report which describes name of the first aider, date, time and description of incident.

The school district ensures that any first aider that desires the vaccine series after an incident involving blood or OPIM receives it as soon as possible, but no later than twenty four hours after the incident.

The school district trains first aid providers on the specifics of the reporting procedures, in addition to all the training required in the Standard.

Note: See section 7.3 for post-exposure procedures for first aid providers in the “collateral duty” category.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

EFFECTIVE DATES

II. EFFECTIVE DATES – CODE OF FEDERAL REGULATIONS

❖ **Bloodborne Pathogens Standards
(Including Universal Precautions)**
March 6, 1992

❖ **Exposure Control Plan**
May 5, 1992

❖ **Recordkeeping**
June 4, 1992

❖ **Information and Training**
June 4, 1992

❖ **Methods of Compliance
(Except Universal Precautions)**
July 6, 1992

❖ **Hepatitis B Vaccination and Post-Exposure
Evaluation and Follow-up**
July 6, 1992

❖ **Labels and Signs**
July 6, 1992

❖ **Occupation Exposure to Bloodborne Pathogens,
Needlestick and other Sharps Injuries**
April 18, 2001

EXPOSURE CONTROL PLAN

III. METHODS OF IMPLEMENTATION AND CONTROL

1.0 Universal Precautions

1.1 As of March 6, 1992, all employees utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.

2.0 Exposure Control Plan (ECP)

2.1 Employees covered by the Bloodborne Pathogens Standard receive an explanation of this ECP during their initial training session. It is also reviewed in their annual refresher training. The school district ensures that all employees have an opportunity to review this plan at any time during their work shift and may request a copy of the plan, which will be made available free of charge and within 15 days of the request.

2.2 The school district reviews and updates the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. In addition, any new technologies (e.g. engineering controls or work procedures) that reduce or eliminate exposure, are also reviewed.

Documentation of how the employer solicited employee involvement in the identification, evaluation, and collection of effective engineering and work practice controls. Such input is solicited from non-managerial employees who are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

ENGINEERING CONTROLS

3.0 Engineering Controls and Work Practices

3.1 Engineering controls and work practice controls are used to prevent or minimize exposure to bloodborne pathogens. See **Appendix C** for examples of engineering/work practice controls.

New technology for needles and sharps are evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts.

Engineering controls (i.e. sharps containers, etc.) are inspected and maintained or replaced a minimum of once a year and as needed.

The district ensures that sharps containers are available, inspected, maintained or replaced at regular intervals or whenever necessary to prevent overfilling.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

PERSONAL PROTECTIVE EQUIPMENT

4.0 Personal Protective Equipment (PPE)

4.1 Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. PPE is provided to our employees at no cost to them. Training is provided in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they perform. See **Appendix C** for examples of PPE.

Additional training is provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required and is provided by the school district as needed. Below is an **example** of appropriate equipment to be used when performing specific tasks.

Task	PPE Requirements
Clean up materials that may contain blood or OPIM	<ul style="list-style-type: none"> • Disposable gloves • Disinfectant
Handling waste that may contain blood or OPIM	<ul style="list-style-type: none"> • Disposable gloves • Splash proof safety goggles* • Splash proof face shield*
Providing first aid	<ul style="list-style-type: none"> • Disposable gloves • Splash proof safety goggles* • Splash proof face shield*
Maintenance and repairs on equipment contaminated with blood or OPIM	<ul style="list-style-type: none"> • Disposable gloves • Disinfectant
Emergency/Spill Clean-up Kits (1 st aid providers)	<ul style="list-style-type: none"> • Mask with eye shield • Pair of gloves • Absorbent powder (chlorine-free solidifier) • Antimicrobial hand wipe • Paper towel • Scoop with scraper • 1 biohazard bag with tie • Germicidal cloth
Classroom Kit	<ul style="list-style-type: none"> • Pair of gloves • Antimicrobial hand wipe • Paper towel

*Needed when there is a potential for blood or OPIM to splatter, squirt, or spray.

Whenever possible, the injured person is to be encouraged to care for his/her own minor bleeding or injury. Once he/she is stabilized the absence of barrier equipment is not to preclude providing assistance to a person with a bleeding injury. Whenever possible, take individual to health office for appropriate care

The amount of PPE needed depends upon the activity the employee is engaged in. Use the table above to determine what PPE is required to be worn.

Employees designated as first aid responders must have quick access to kits having impervious gloves, resuscitation bags or mouthpieces, eye protections, aprons, disinfectant towelettes for hand washing, and red bags or biohazard-labeled bags. Appropriate PPE includes non-latex gloves available to those employees who prefer them.

4.2 As a general rule, all employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure involves disinfection.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse or before disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees are trained to remove the pull-over scrub in such a way as to avoid contact with the outer surface; e. g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face.
- Repair and/or replacement of PPE is at no cost to employees.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

TRAINING

5.0 Training

5.1 All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens receive the required initial training and annual training.

Training is used to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program consists of the following items listed below.

- A copy and explanation of the standard.
- Epidemiology and symptoms of bloodborne pathogens.
- Modes of transmission.
- The Exposure Control Plan and how to obtain a copy.
- Methods to recognize exposure tasks and other activities that may involve exposure to blood.
- Use and limitations of Engineering Controls, Work Practices and PPE.
- PPE - types, use, location, removal, handling, decontamination, and disposal.
- PPE - the basis for selection.
- Hepatitis B Vaccine - offered free of charge. Training is given prior to vaccination on its safety, effectiveness, benefits, and method of administration.
- Emergency procedures - for blood and other potentially infectious materials.
- Exposure incident procedures.
- Post-exposure evaluation and follow-up.
- Signs and labels - and/or color coding.
- Questions and answer session.

An Employee Education and Training Record is completed for each employee upon completion of training.

See **Appendix D** for a sample training cover sheet and sign in sheet.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

HEPATITIS B VACCINATION

6.0 Hepatitis B Vaccination

6.1 The school district provides information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. The Hepatitis B vaccination series is made available during work hours at no cost within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- the employee has previously received the series
- antibody testing reveals that the employee is immune
- medical reasons prevent taking the vaccination
- the employee chooses not to participate

All employees that have an occupational exposure are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline Hepatitis B vaccination, then the employee must sign a statement to this effect. A copy of the declination statement can be found in **Appendix E**.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination is kept by the school district.

Highlights of Hepatitis B Vaccination Other Requirements

Participation in pre-screening is not a prerequisite for receiving Hepatitis B vaccination. Vaccination administered in accordance with the latest United States Public Health Service (USPHS) recommended protocol. HBV booster doses must be available to employees if recommended by USPHS. Current USPHS recommendations concerning antibody test.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

POST EXPOSURE EVALUATION

7.0 Post Exposure Evaluation and Follow-up Procedures for Reporting, Documenting and Evaluating the Exposure

Our organization has made prearrangements for appropriate post-exposure evaluation and follow-up for ALL employees involved in an exposure incident. An exposure incident means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. **Appendix F** provides important information regarding post exposure treatment/follow-up and a checklist of items that an Employee must bring with them to the district-approved health care provider.

7.1 Should an exposure occur, the incident must be documented by the employee on a "Bloodborne Incident Information Form" (**Appendix G1**). Immediately following the exposure (within two hours of the exposure) the exposed employee is to visit the school district's designated health care facility. Available confidential medical evaluation and follow-up is conducted by the attending district-approved physician. Following initial first aid (clean the wound, flush the eyes or other mucous membrane, etc.), the following elements are performed:

- Document the routes of exposure and how exposure occurred.
- If the route of exposure involves a needlestick/sharp object, complete the Needlestick & Sharp Object Injury Report (**Appendix H**).
- Identify and document the source individual unless the employer can establish that identification is infeasible or prohibited by State or local law (**Appendix G2**).
- Obtain consent and test source individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results (**Appendix G2**).
- If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. The circumstances of the exposure incident are reviewed to determine if procedures, protocols and/or training need to be revised.

7.3 The hepatitis B vaccine must be offered to all unvaccinated first aid providers who are in the collateral duty category who render assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual "exposure incident" as defined by the standard occurred) and the appropriate post-exposure evaluation, prophylaxis, and follow-up must be provided for those employees who experience an "exposure incident". A plan is in place for these situations and includes the following:

- A reporting procedure that ensures that all first aid incidents involving the presence

of blood or OPIM is reported to the employer before the end of the work shift during which the incident occurred. The First Aid Provider Blood Presence Incident Report Form (**Appendix I**) includes the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and describes the first aid incident, including time and date. The description includes a determination of whether or not, in addition to the presence of blood or other potentially infectious materials, an "exposure incident," as defined by the standard, occurred. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis, and follow-up procedures of the standard are made available immediately, whenever there has been an "exposure incident" as defined by the standard.

- A report that lists all such first aid incidents, that is readily available, upon request.
- Provision for the bloodborne pathogens training program for designated first aiders to include the specifics of this reporting procedure.
- Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM, regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.

Comparison Chart – Training, Hepatitis B Vaccine Offer and Post Incident Procedures

"Designated" Employees		First Aid Providers (Collateral Duty)		All Other "Good Samaritans"
All receive BBP Training		Receive BBP Training		Receive Universal Training
YES		YES		NO
Consent	Declination	Consent	Declination	
<p>Obtain <i>Bloodborne Incident Information Form (Form D)</i> from school RN or Supervisor.</p> <p>Complete <i>Bloodborne Incident Information Form (Form D)</i>.</p> <p>Obtain medical treatment if needed.</p> <p>Obtain follow-up/ prophylaxis as needed.</p>	<p>Obtain <i>Bloodborne Incident Information Form (Form D)</i> from school RN or Supervisor.</p> <p>Complete <i>Bloodborne Incident Information Form (Form D)</i>.</p> <p>Obtain medical treatment if needed.</p> <p>Obtain follow-up/ prophylaxis as needed.</p>	<p>Obtain <i>Bloodborne Incident Information Form (Form D)</i> from school RN or Supervisor.</p> <p>Complete <i>Bloodborne Incident Information Form (Form D)</i>.</p> <p>Obtain medical treatment if needed.</p> <p>Obtain follow-up/ prophylaxis as needed.</p>	<p>Obtain <i>Bloodborne Incident Information Form (Form D)</i> from school RN or Supervisor.</p> <p>Complete <i>Bloodborne Incident Information Form (Form D)</i>.</p> <p>Obtain medical treatment if needed.</p> <p>Obtain follow-up/ prophylaxis as needed.</p> <p>Obtain offer of Hepatitis B. vaccination within 24 hours.</p>	<p>Obtain <i>Bloodborne Incident Information Form (Form D)</i> from school RN or Supervisor.</p> <p>Complete <i>Bloodborne Incident Information Form (Form D)</i>.</p> <p>Obtain medical treatment if needed.</p> <p>Obtain follow-up/ prophylaxis as needed.</p>
		<p>Obtain <i>First Aid Provider Blood Presence Incident Report Form</i> from school RN or Supervisor.</p> <p>Complete <i>First Aid Provider Blood Presence Incident Report Form</i>.</p>	<p>Obtain <i>First Aid Provider Blood Presence Incident Report Form</i> from school RN or Supervisor.</p> <p>Complete <i>First Aid Provider Blood Presence Incident Report Form</i>.</p> <p>Obtain offer of Hepatitis B. vaccination within 24 hours.</p>	

* Refers to PRE-exposure Hepatitis B vaccination series. The employee's Consent/Declination for vaccine series is obtained at the time of training.

7.4 The school district reviews the circumstances of all exposure incidents to determine if procedures, protocols and/or training need to be revised.

The items reviewed include the following:

- Engineering controls in use at the time.
- Work practices followed.
- A description of the device being used (including type and brand).
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
- Location of the incident (gym, playground, etc.).
- Procedure being performed when the incident occurred.
- The exposed employees training.
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

HEALTH CARE PROFESSIONALS



8.0 Health Care Professionals

8.1 The school district ensures that health care professionals responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Bloodborne Standard. The school district also ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident.
- The route(s) of exposure.
- The circumstances of the exposure.
- If possible, the results of the source individual's blood test.
- Relevant employee medical records, including vaccination status.

8.2 Healthcare Professional's Written Opinion

The healthcare provider will provide the employee with a copy of his/her written opinion within 15 days after the completion of the evaluation. A blank copy of the Healthcare Provider Written Opinion for Post-exposure Evaluation (**Appendix G3**) will be provided to the doctor.

For Hepatitis B vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the Hepatitis B vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to our school district.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Info [REDACTED] Appendix A of this document.

HOUSEKEEPING

9.0 Housekeeping

9.1 The school district has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

When a blood/body fluid spill occurs, the blood/body fluids are handled immediately. Appropriate cleaners and disinfectants are made available and used. See **Appendix J** for sample blood/OPIM clean up procedures.

- Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- Store or process reusable sharps in a way that ensures safe handling.
- Place regulated medical waste in closable and labeled or color coded containers. When storing, handling, transporting or shipping, place other regulated medical waste in containers that are constructed to prevent leakage.
- When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
- Never manually open, empty, or clean reusable contaminated sharps disposal containers.
- Discard all regulated medical waste according to federal, state, and local regulations, i. e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood other potentially infectious materials that would release these substances in a liquid or semi liquid state if compressed; items cakes with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

9.2 Laundry

Disposable Protective Clothing is used if needed as needed.

The following requirements must be met, with respect to contaminated laundry:

- Handle contaminated laundry as little as possible and with a minimum of agitation.
- Use appropriate personal protective equipment when handling contaminated laundry.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- Bag contaminated laundry at its location of use.
- Never sort or rinse contaminated laundry in areas of its use.
- *Use red laundry bags or those marked with the biohazard symbol unless universal precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.
- *All generators of laundry must have determined if the receiving facility uses universal precautions. If universal precautions are not used, then clearly mark laundry sent off-site with orange biohazard labels or use red bags. Leak proof bags must be used when necessary to prevent soak-through or leakage.
- When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i. e., aprons, mask eye protection) must be worn.
- Laundries must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.
- Linen soiled with blood or body fluids are placed and transported in bags that prevent leakage. If hot water is used, linen is washed with detergent in water at least 140F-160F for 25 minutes. If low temperature (<140F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration are to be used.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

LABELING

10.0 Labeling

10.1 The following are pre-labeled or have proper labeling affixed to it:

- sharps containers
- red biohazard bags and/or biohazard waste receptacles

The school district ensures warning labels are affixed or red bags are used as required. Employees are to notify appropriate school district personnel if they discover unlabeled regulated medical waste containers.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

RECORDKEEPING

11.0 Recordkeeping

11.1 Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20.

The school district is responsible for maintenance and retention of the required medical records.

In addition to the requirements of 29 CFR 1910.20, the medical record includes the following:

- The name and social security number of employee.
- A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard.
- A copy of all healthcare professional's written opinion(s) as required by the standard.

All employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records are maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

11.2 Training Records

Bloodborne pathogen training records are maintained by the school district. The training record includes:

- dates of the training sessions
- contents or a summary of the training sessions
- names and qualifications of persons conducting the training
- names and job titles of all person attending the training sessions

Training records are maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.

11.3 Transfer of Records

The employer complies with the requirements involving transfer of records as indicated in 29 CFR 1910.1020(h).

If the school district ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer notifies the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three months prior to the scheduled record disposal and prepares to transmit them to the director.

Note: Details including names, locations, procedures, etc., can be found on the District Specific Information for Exposure Control Plan chart, which is Appendix A of this document.

APPENDIX SECTION



Program Administration	Name/title of Responsible Person
Implementation of plan	Director of Pupil Personnel Service
Maintenance and updating of plan	Director of Pupil Personnel Services, with BOCES Safety Specialist and Lead Nurses.
Housekeeping protocols and purchasing of disinfectants	Supervisor of Buildings and Grounds and Transportation
Performance of medical actions and medical record maintenance	School Nurse
Training, documentation, and availability of plan	Director of Pupil Personnel Services, with BOCES Safety Specialist
Provide and maintain PPE and engineering controls	Supervisor of Buildings and Grounds and Transportation

Job Title -All employees who fall within the following job titles have occupational exposure	Department
1. Coaches	
2. Custodian and Plumbing Maintenance	
3. Food Service Staff	
4. School Nurse	
5. Special Education Teachers, Aides and Teaching Assistants	
6. Bus Aides who are responsible for Special Education Students	

Part-time, temporary, and substitute employees must also be considered. The district handles these employees as follows: The requirement to take the online Bloodborne Pathogens training will be included in the appointment letter for part-time temporary and substitute employees in the occupational exposure categories above. This requirement will also be posted on the CRCS website, and principals will be made aware of it as well.

Job Titles of Designated First Aid Providers (Collateral Duty)	Our Facility has decided to (choose one):
Bus Drivers	<input checked="" type="checkbox"/> Offer hepatitis B vaccination to the first aid provider and all other employees in the facility. <input type="checkbox"/> Offer pre-exposure vaccination.

Procedures for First Aid Providers	Name/title/Phone # of Responsible Person
Employee will report incident* to (include day, evening, and weekend contacts)	Supervisor of Buildings and Grounds and Transportation, (c) 231-0261
Maintenance of incident report	Supervisor of Buildings and Grounds and Transportation, (c) 231-0261
Vaccine availability within 24 hours	Supervisor of Buildings and Grounds and Transportation, (c) 231-0261
Training of first aid providers	Supervisor of Buildings and Grounds and Transportation, (c) 231-0261

The hepatitis B vaccine is offered to all unvaccinated first aid providers who are in the collateral duty category who render assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual "exposure incident" as defined by the standard occurred) and the appropriate post-exposure prophylaxis, and follow-up is provided for those employees who experience an "exposure incident".

Methods of Implementation	Name/title of Responsible Person or Location
Where the Exposure Control Plan (ECP) is located in the Main Office of each school, School Nurses offices, Bus Garage and Buildings and Grounds	
Who an employee contacts to review the ECP	School Nurse in each building
Who an employee contacts to get a copy of the ECP	Main Office of each school, School Nurses offices, Bus Garage and Buildings and Grounds
Who is responsible for reviewing and updating the ECP	Director of Pupil Personnel Services, with BOCES Safety Specialist and lead Nurses.

District Process for obtaining employee input on the ECP:

Engineering Controls	Work Practice Controls
Sharps Containers	Hand washing facilities
	Washing hands after removal of gloves
	Prohibiting recapping or bending of needles
	No shearing or breaking of needles
	Proper labelling
	No eating, drinking, smoking, applying cosmetics or contact lenses in work areas of likely occupational exposure

The school district's procedures with respect to injections and the provision of syringes is as follows:

ool nurses maintain a small supply of epi-pens, other than that all syringes are supplied by parents.
 jections and/or syringes are provided by parents/guardians, then the district is not able to make the decisions regarding safer sharps. However,
 ommendations will be made for safer sharps. The final decision in such instances is often made through student physician's orders.

Sharps Containers	Name/title of Responsible Person or Location
Locations -- School Nurses offices	
Maintained/replaced by School Nurse in each building	
Frequency of replacement	Annually unless full before that.

Personal Protective Equipment	Name/title of Responsible Person or Location
Training provided by BOCES Safety Specialist	
Location	Nurses Offices, Bus Garage, Buildings and Grounds office.
Obtained through	School Nurses or Supervisor of Buildings and Grounds and Transportation
Designated area/container for contaminated PPE- If dripping wet, red bags. If not dripping,	into waste basket that has a plastic liner.
PPE available at our district is:	
kits for each school nurse, the bus garage and the evening custodians. They include latex- free gloves, gowns, booties, masks, goggles, and a respirator.	
District's guidelines for decontaminating and disposing of contaminated PPE is as follows: Decontamination. If dripping wet, red bags. If not dripping, into waste basket that has a plastic liner.	

Training	Name/title of Responsible Person or Location
Who conducts the initial and annual training -BOCES Safety Specialist either via live or online training.	
Where your training records are kept-	District Office

Hepatitis B Vaccination	Process and/or Location
Process for obtaining employee consent/declination-	During hiring process- thru District Office, post exposure-thru school nurse or supervisor
Process for receiving Hepatitis B vaccination once consent is obtained-	School Nurse or Superintendent's Secretary would call Bassett Healthcare hand phone to employee. Employee should also be advised to consult their primary care physician about possible risks associated with vaccination.
Where documentation of declination of HBV Vaccination is stored-	District Office

Post Exposure Evaluation	Name/title of Responsible Person or Location
Who to contact for exposure incident during school hours and phone number –	School Nurse or for Transportation or Buildings and Grounds- Superintendent
District-approved physician and location of this physician-	Dr. Sellers, Bassett Healthcare , 136 Parkway Drive, Cobleskill, 234-2555
Who reviews the circumstances of all exposure incidents (incident investigation)	School Nurses via the BBP Incident reports.
District's method for ensuring the health care provider is given a copy of the OSHA Bloodborne Standard and required incident documentation (forms):	
Forms D, E and F will be provided to employee by the school nurse or Supervisor of Transportation and Buildings and Grounds to bring to Bassett. District will provide a copy of the district's Exposure Control Plan and the link to the OSHA Bloodborne Standard in advance.	

Cleaning Schedule			
Area	Scheduled Cleaning (Day/Time)	Cleaners and Disinfectants Used (provide brand name)	Specific Instructions
Classrooms	Daily	Rejuvna Disinfectant	Follow instructions
Teacher rooms	Daily	Rejuvna Disinfectant	Follow instructions

Sharps containers are stored in the School Nurses Offices	
District procedure for disposing regulated medical waste: Employees take to Cobleskill Regional Hospital ER (fill out sharp's disposal tracking form)	
Laundry Facility has decided to (choose one): <input type="checkbox"/> Launder contaminated articles <input type="checkbox"/> Not launder contaminated articles	The following contaminated articles are laundered: N/A Name/title of person responsible for laundering: Location of laundry facility:
District procedure regarding laundering of contaminated athletic uniforms: All athletic uniforms are laundered	

Labeling	Name/title of Responsible Person
Who ensures red bags and/or warning labels are available and used -	Supervisor of Buildings and Grounds and Transportation
Who to notify if unlabeled regulated medical waste is found	Supervisor of Buildings and Grounds and Transportation
Record Keeping – Medical and Training Records	Name/title of Responsible Person or Local
Who is responsible for the maintenance of the required medical records and where they are kept –	District Office, Secretary to the Superintendent
Who medical record requests are made to-	District Office, Secretary to the Superintendent
Who maintains bloodborne pathogens training records-	District Office, Secretary to the Superintendent
Where the bloodborne pathogens training records kept-	District Office, Secretary to the Superintendent
Who establishes and maintains the sharps injury log -	District Office, Secretary to the Superintendent, personnel files.

APPENDIX B DEFINITIONS

A. Blood - human blood, human blood components, and products made from human blood.

B. Bloodborne Pathogens - pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency virus (HIV), and Hepatitis C virus (HCV).

C. Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

D. Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

E. 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 an employee's duties.

F. Other Potentially Infectious Materials (OPIM) –

1. The following human body fluids:

- a. semen
- b. vaginal secretions
- c. cerebrospinal fluid
- d. synovial fluid
- e. pleural fluid
- f. pericardial fluid
- g. peritoneal fluid
- h. amniotic fluid
- i. saliva in dental procedures
- j. any body fluid visibly contaminated with blood
- k. all body fluid in situations where it is difficult or impossible to differentiate between body fluids

2. Any unfixated tissue or organ (other than intact skin) from human (living or dead).

3. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions.

4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

G. Regulated Medical Waste –

Waste generated in diagnosis, treatment or immunization of humans, or animals, in research pertaining thereto, or in production and testing of biologicals; provided, however, that regulated medical waste shall not include hazardous waste and household medical waste except as prescribed in Subparagraph (iv) below. Regulated medical waste shall include:

1. Cultures and stocks, culture dishes and devices used to transfer, inoculate and mix cultures that have come into contact with cultures and stocks, and biologicals.
2. Human pathological waste, including tissue, organs, body parts, excluding teeth and contiguous structures of bone and gum, body fluids removed during surgery, autopsy or other medical procedures, specimens of body fluids and their containers, and discarded materials saturated with body fluids other than urine. Human pathological waste shall not include urine or fecal material submitted for purposes other than diagnosis of infectious diseases.
3. Human blood and blood products, including their components (*e.g.*, serum and plasma), containers with free-flowing blood, discarded blood products as defined in 10 NYCRR Subpart 58-2, and materials saturated with flowing blood (except feminine hygiene products).
4. Sharps, whether used or unused, including residential sharps accepted by a facility regulated under Article 28 of the Public Health Law pursuant to Section 1389-dd (4) of the Public Health Law; animal waste, including animal carcasses, body parts, body fluids, blood, or bedding originating from animals known to be contaminated with infectious agents (*i.e.*, zoonotic organisms) or from animals inoculated with infectious agents for purposes including, but not limited to, research, production of biologicals, or drug testing.
5. Any other waste materials containing infectious agents designated by the Commissioner of Health as regulated medical waste.

APPENDIX C

EXAMPLES OF ENGINEERING/WORK PRACTICE CONTROLS & PERSONAL PROTECTIVE EQUIPMENT

Examples of engineering controls include, but are not limited to:

- self-sheathing needles
- puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass
- mechanical needle recapping devices
- bio-safety cabinets
- ventilated laboratory hoods
- needleless injection systems
- needleless IV access systems
- retractable scalpels

Examples of work practice controls include, but are not limited to:

- Providing readily accessible hand washing facilities.
- Washing hands immediately or as soon as feasible after removal of gloves.
- At non-fixed sites (i. e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measure, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
- Prohibiting the recapping or bending of needles.
- Shearing or breaking contaminated needles is prohibited.
- Proper labeling.
- Equipment decontamination.
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.
- Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Requiring that all procedures involving blood or other potentially infectious materials be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.
- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items are labeled per the standard if not completely decontaminated.

Examples of PPE items include:

- gloves
- gowns
- laboratory coats
- face shields
- masks
- eye protection(splash-proof goggles, safety glasses with side shields)

APPENDIX D1



BLOODBORNE PATHOGENS TRAINING COVER SHEET*

DATE OF TRAINING: _____

NAME OF PRESENTER(S): _____

PRESENTER CREDENTIALS (Job Title, Academic Degree(s), etc.) _____

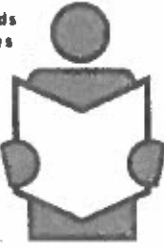

Summary of Topics Covered During this Training:

- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 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.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding as required.

*Attach this cover sheet to the training session Sign-In Sheet when Bloodborne Pathogens is presented.

APPENDIX D2 SAMPLE TRAINING SIGN IN SHEET

Printed Name	Signature	Job Title	Department

<p>YOU HAVE A RIGHT TO KNOW!</p> <p>Your employer must inform you of the health effects and hazards of toxic substances at your worksite.</p>  <p><small>1-800-455-4600 www.osha-slc.gov OSHA-DC: 200-955-1149 OSHA-EL: 202-201-2600 OSHA-EN: 202-201-2700 OSHA-PA: 202-201-2800 OSHA-VA: 202-201-2900 OSHA-WA: 202-201-3000 OSHA-OR: 202-201-3100 OSHA-CA: 202-201-3200 OSHA-AZ: 202-201-3300 OSHA-NV: 202-201-3400 OSHA-UT: 202-201-3500 OSHA-NM: 202-201-3600 OSHA-NH: 202-201-3700 OSHA-ME: 202-201-3800 OSHA-NY: 202-201-3900 OSHA-CT: 202-201-4000 OSHA-RI: 202-201-4100 OSHA-MA: 202-201-4200 OSHA-VT: 202-201-4300 OSHA-NJ: 202-201-4400 OSHA-DE: 202-201-4500 OSHA-MD: 202-201-4600 OSHA-DC: 202-201-4700 OSHA-VA: 202-201-4800 OSHA-NC: 202-201-4900 OSHA-SC: 202-201-5000 OSLA-GA: 202-201-5100 OSLA-AL: 202-201-5200 OSLA-MS: 202-201-5300 OSLA-LA: 202-201-5400 OSLA-TX: 202-201-5500 OSLA-OH: 202-201-5600 OSLA-KY: 202-201-5700 OSLA-TN: 202-201-5800 OSLA-AR: 202-201-5900 OSLA-MO: 202-201-6000 OSLA-IL: 202-201-6100 OSLA-IN: 202-201-6200 OSLA-OH: 202-201-6300 OSLA-KY: 202-201-6400 OSLA-TN: 202-201-6500 OSLA-AR: 202-201-6600 OSLA-MO: 202-201-6700 OSLA-IL: 202-201-6800 OSLA-IN: 202-201-6900 OSLA-OH: 202-201-7000 OSLA-KY: 202-201-7100 OSLA-TN: 202-201-7200 OSLA-AR: 202-201-7300 OSLA-MO: 202-201-7400 OSLA-IL: 202-201-7500 OSLA-IN: 202-201-7600 OSLA-OH: 202-201-7700 OSLA-KY: 202-201-7800 OSLA-TN: 202-201-7900 OSLA-AR: 202-201-8000 OSLA-MO: 202-201-8100 OSLA-IL: 202-201-8200 OSLA-IN: 202-201-8300 OSLA-OH: 202-201-8400 OSLA-KY: 202-201-8500 OSLA-TN: 202-201-8600 OSLA-AR: 202-201-8700 OSLA-MO: 202-201-8800 OSLA-IL: 202-201-8900 OSLA-IN: 202-201-9000 OSLA-OH: 202-201-9100 OSLA-KY: 202-201-9200 OSLA-TN: 202-201-9300 OSLA-AR: 202-201-9400 OSLA-MO: 202-201-9500 OSLA-IL: 202-201-9600 OSLA-IN: 202-201-9700 OSLA-OH: 202-201-9800 OSLA-KY: 202-201-9900</small></p>	<p style="text-align: center;">Hazard Communication/Right-to-know/ Universal Precautions/Bloodborne Pathogens</p> <p style="text-align: center;">XXXX-XXXX School Year</p> <p>School District: Group: Training Date: Presenter:</p>	 <p style="text-align: center;">Health □ Safety □ Risk Management</p> <p style="text-align: center;">900 Watervliet-Shaker Road Suite 102 Albany, NY 12205 (518) 464-5115</p>
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APPENDIX E HEPATITIS B VACCINATION CONSENT/DECLINATION FORM

HEPATITIS B VACCINATION CONSENT FORM

Option A: I understand the benefits and risks of hepatitis B vaccination. I understand that I must receive at least 3 intramuscular doses of vaccine in the arm over a 6-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I do understand that anyone with a known allergy to yeast should not accept this vaccine. Hepatitis B vaccine will be made available at no charge to employees having occupational blood exposure. I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent. I understand that participation is voluntary and my consent or refusal of vaccination regimen at any time.

I desire that my employer provide the required (3) doses of hepatitis B vaccination.

Print Name

Last 4 Digits of Social Security #

Date

Signature

If you sign this form because you want the hepatitis B vaccination, then send the completed form within the next 10 days to the Secretary to the Superintendent of Schools for placement in employee personnel file.

HEPATITIS B VACCINATION DECLINATION FORM

Option B: I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name

Last 4 Digits of Social Security #

Date

Signature

Option C: If you already had the hepatitis B vaccine series, then you do not need another vaccine. Please fill out the following information:

I have received the hepatitis B vaccination on:

_____ _____ _____ _____
Day 30 3rd Shot: Day 180 1st Shot: Day 1 2nd Shot:

Print Name

Last 4 Digits of Social Security #

Date

Signature

If you sign this form because you do not want the hepatitis B vaccination, then send the completed form within the next 10 days to the Secretary to the Superintendent of Schools for placement in employee personnel file.

APPENDIX F

POST EXPOSURE TREATMENT/FOLLOW-UP INFORMATION

Following a blood/OPIM exposure, it is important for the exposed employee to seek treatment/medical follow-up within 2 hours. The employee is encouraged to make their visit to the healthcare provider their priority. Seeking of medical treatment/follow-up, should not be delayed.

Name/Address/Phone#/Office Hours of District-Approved Healthcare Provider (HCP):

Name/Address/Phone# of Alternate HCP for Off-Hours Treatment/Follow-up:

Checklist of Items for Employee to bring with them to HCP:

- € Copy of his/her job description
- € Copy of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)*
- € Copy of completed Bloodborne Incident Information Form (Form D)
- € Copy of blank form Healthcare Provider Written Opinion for Post-Exposure Evaluation (Form F)
- € Copy of completed (if obtained) form Identification, Documentation & Consent/Refusal of Source Individual (Form E)
- € A letter-size envelope, self-addressed to: *(insert here: school nurse, or whomever documents should be returned to at the school district)*
- € Copy of school district insurance form(s), if applicable
- € School district insurance policy number(s): _____
- € Other: _____

*Unless the school district has already made provisions for the HCP to be furnished with a copy of the OSHA standard.

APPENDIX G1

BLOODBORNE INCIDENT INFORMATION FORM (FORM D)

FORM TO BE COMPLETED BY EXPOSED EMPLOYEE

Employee Name:		Last 4 digits of SS#	
Home Address:		Home Phone:	
School:	Position:		
Supervisor/School Nurse:			

DESCRIPTION OF INCIDENT

1a) Date of Incident:	1b) Briefly describe the incident and what job duties you were performing at the time of exposure (use back of page if necessary)
<p>Wounds:</p> <p>2a) Did the incident involve a wound? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>2b) Did the wound result in visible bleeding? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>2c) Was the wound caused by: <input type="checkbox"/> needle <input type="checkbox"/> human bite <input type="checkbox"/> other sharp instrument (specify) _____</p> <p>2d) Was the object causing the wound covered with blood/body fluids? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Blood/Body Fluid Exposure to Mucous Membranes:</p> <p>3a) Did the source individual's blood/body fluid come in contact with your body? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>3b) What was the substance to which you were exposed? <input type="checkbox"/> N/A, I was not exposed <input type="checkbox"/> blood <input type="checkbox"/> feces <input type="checkbox"/> urine <input type="checkbox"/> emesis <input type="checkbox"/> vomit <input type="checkbox"/> sputum <input type="checkbox"/> sexual fluids</p> <p>3c) If the substance was anything other than blood, was there any blood visible in the fluid? <input type="checkbox"/> N/A <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown</p> <p>3d) What part of your body was exposed to the substance? (check all that apply) <input type="checkbox"/> none <input type="checkbox"/> mouth <input type="checkbox"/> eye <input type="checkbox"/> nose <input type="checkbox"/> ears <input type="checkbox"/> skin (specify location) _____ <input type="checkbox"/> other _____</p>
<p>4a) How long was your body part in contact with the substance? _____</p> <p>4b) If the exposure was to your skin, was your skin bruised in any way? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>4c) If the exposure was to your skin, were there any openings or abrasions on your skin at the time of exposure? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>4d) If yes, what was the nature of your skin abrasion? <input type="checkbox"/> acne <input type="checkbox"/> dermatitis <input type="checkbox"/> cracks due to dry skin <input type="checkbox"/> unhealed cuts or scratches <input type="checkbox"/> other (specify) _____</p>	
<p>5a) Which of the following engineering controls were being used at the time of the incident? (check any that apply) <input type="checkbox"/> none <input type="checkbox"/> mask <input type="checkbox"/> gloves <input type="checkbox"/> cuts/open wounds covered with bandages <input type="checkbox"/> pocket ventilator/bag <input type="checkbox"/> goggles/glasses <input type="checkbox"/> other (specify) _____</p> <p>5b) Did equipment being used fail in any way? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>6) First line of intervention – after exposure, what did you do? <input type="checkbox"/> washed hands/exposed area <input type="checkbox"/> changed clothes <input type="checkbox"/> showered <input type="checkbox"/> flushed eyes/rinsed mouth <input type="checkbox"/> other (specify) _____</p>	
<p>7) Post-Exposure Medical Follow-Up: I understand that I may have contracted an infectious disease such as HIV, HBV or HCV as a result of this exposure incident. I have been offered a follow-up medical evaluation, free of charge, by my employer to determine whether or not I may have contracted an infectious disease such as HIV, HBV, or HCV.</p> <p>Check here to ACCEPT post-exposure follow-up: <input type="checkbox"/></p> <p>Check Here to REFUSE post-exposure follow-up: <input type="checkbox"/> Despite the offer, for personal reasons, I decline this post exposure evaluation and follow-up care.</p> <p><small>Nurse: If exposed employee refuses post-exposure follow-up, please document name of source individual(s) on the Identification, Documentation & consent/Refusal of Source Individual Form and attach it to this form which will be placed in the employee's confidential file.</small></p>	
8a) Signature of Employee:	8b) Date:
8a) Signature of Employee:	8c) Time:
9a) Signature of Nurse or Supervisor:	9b) Date:
9a) Signature of Nurse or Supervisor:	9c) Time:

Medical Intervention – in the event of contact with blood/body fluid, it is suggested that you discuss with the school nurse, HBV antibody or previous vaccination status for HBV; the need for HBV/HCV/HIV antibody testing; and, notifying your physician or healthcare provider of the exposure to blood/body fluid immediately.

In case of incident or injury to the School Nurse/Health Professional – 1) report incident to supervisor; and, 2) complete this form.

Bring a copy of this form with you to the attending physician, along with: 1) A copy of the OSHA Bloodborne Pathogens Standard, and, 2) your Employee job description. The employer must maintain this form for the duration of the employee's employment plus 30 years.

APPENDIX G2

IDENTIFICATION, DOCUMENTATION & CONSENT/REFUSAL OF SOURCE INDIVIDUAL (FORM E)

Incident Information (To be completed by School Nurse)

Exposed Employee Name:	Date of Exposure Incident:
Name & Phone # of Exposed Employee's Attending Physician:	

Source Individual's Information (To be completed by School Nurse or Source Individual)

Source Individual Name:

Source Individual's Statement of Understanding (To be completed by Source Individual)

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a XXXXX CSD employee has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I understand that I am not required to give my consent. If I am a XXXXX CSD employee, this testing will be performed by a health-care provider selected by the District. If I am not a XXXXX CSD employee, and the testing is covered by my insurance, the District will pay any required co-pay; if my insurance refuses to cover the cost of testing, the District will pay the cost in full.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment; to the exposed employee's healthcare provider for his or her medical benefit only; and, to others only as required by law.

Consent or Refusal & Signature (check all that apply)

I hereby CONSENT to:

- HIV Testing
 HBV Testing
 HCV Testing

I hereby REFUSE consent to:

- HIV Testing
 HBV Testing
 HCV Testing

Source Individual Signature _____

Parent/Guardian Signature (if source individual is a minor) _____

Date _____

Report of Source Individual Evaluation: (To be completed by School Nurse or source Individual's attending healthcare provider)

<p><i>Check One:</i></p> <p><input type="checkbox"/> Identification of source individual infeasible or prohibited by state or local law. (State reason why on back of form)</p> <p><input type="checkbox"/> Evaluation of the source individual reflected no known exposure to bloodborne pathogens.</p> <p><input type="checkbox"/> Evaluation of the source individual reflected possible exposure to bloodborne pathogens and medical follow-up is recommended.</p> <p>Source Individual Healthcare Provider Name _____</p>
--

Bring a copy of this form with you to the district approved attending physician

NOTE: HIV-Related information cannot be released without the written consent of the source individual. Do not report blood test findings to the employer.

To Healthcare Provider: Once form is completed, please return in attached pre-addressed envelope. Thank you!

APPENDIX G3

HEALTHCARE PROVIDER WRITTEN OPINION FOR POST-EXPOSURE EVALUATION (FORM F)

To the Evaluating Healthcare Provider:

After your evaluation of this School District employee, please assure that the following information has been furnished to the employee:

(Please initial beside each statement):

_____ the employee has been informed of the results of this evaluation.

_____ the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

No other findings are to be included in this report.

Thank you for your evaluation of this employee.

Healthcare Provider Signature _____

Healthcare Provider Printed Name _____

Date: _____

PLEASE RETURN THIS SHEET TO THE EXPOSED EMPLOYEE

Note to Exposed Employee: Please give a copy of this completed form to your school nurse.

APPENDIX H NEEDLESTICK & SHARP OBJECT INJURY REPORT



District _____

Injured Workers Last Name: _____ First Name: _____

Date of Injury: _____ Time of Injury: _____ a.m. p.m.

Location where Incident Occurred: _____

Home Department of Injured Worker: _____

What is the Job Title of the Injured Worker: _____

Was the Injured Worker the Original User of the Sharp Item? Yes No

The Sharp Item was: (check 1 box only)

- Contaminated
- Uncontaminated
- Unknown

For What Purpose was the Sharp Item Originally Used?

What Type of Device Caused the Injury?

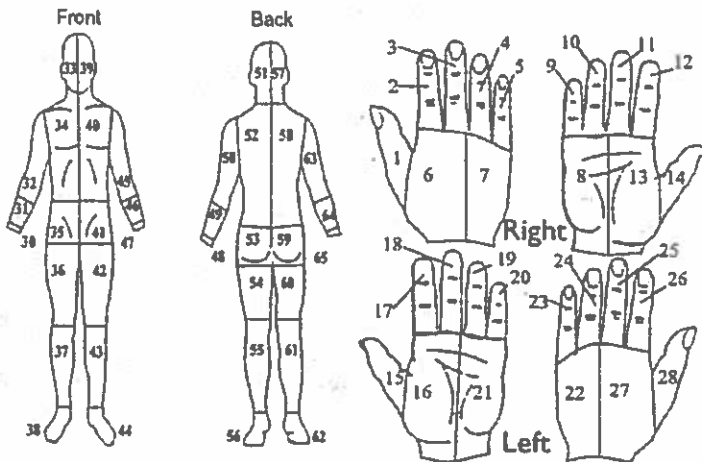
- Needle
- Surgical Instrument or Other Sharp Items
- Glass
- Other (specify) _____

Brand/Manufacturer of Product: _____

Model:

Please Specify: _____ Unknown _____

Mark the Location of the Injury: # _____ (see diagram)



Was the Injury?

- Superficial (*little or no bleeding*)
- Moderate (*skin punctured, some bleeding*)
- Severe (*deep stick/cut, or profuse bleeding*)

If Injury was to the hand, did the Sharp Item Penetrate? (check 1 box only)

- Single pair of gloves
- Double pair of gloves
- No gloves

Describe the Circumstances Leading to this Injury (please note if a device malfunction was involved):

Is this Incident NYS DOL Injury & Illness reportable (SH 900 form)? Yes No Unknown

Signature of person filling out this report:

Printed name of person filling out this report:

The Bloodborne Pathogens Standard (1910.1030 updated 3/01) states employers must maintain a sharps injury log to serve as tool for identifying high-risk areas and evaluation devices. "The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps." The sharps injury log must be retained in each establishment for 5 years following the end of the year to which they relate.

ATTENTION: "This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes."

APPENDIX I

FIRST AID PROVIDER BLOOD PRESENCE INCIDENT REPORT FORM

Note to First Aid Provider: This form is to be completed any time you are involved with an incident where blood/OPIM is **PRESENT**. In the event that this incident also results in you having an occupational blood exposure, an additional form will need to be completed (Bloodborne Incident Report Form – Appendix G1). This form may be obtained from your school nurse, your supervisor or athletic director.

Name(s) of First Aid Provider(s):

Date of Incident:

Time of Incident:

Description of Incident:

Blood Exposure Determination: (please answer the following questions)

1. Did the source individual's blood/body fluid come in contact with your body? yes no
(If you answered no to #1, stop here)
2. What was the substance to which you were exposed? N/A, I was not exposed blood feces urine
 emesis vomit sputum sexual fluids
3. If the substance was anything other than blood, was there any blood visible in the fluid? N/A yes no unknown
4. What part of your body was exposed to the substance? (check all that apply) none mouth eye
 nose ears skin (specify location) _____ other _____
5. How long was your body part in contact with the substance? _____
6. If the exposure was to your skin, was your skin bruised in any way? yes no
7. If the exposure was to your skin, were there any openings or abrasions on your skin at the time of exposure? yes no If yes, what was the nature of your skin abrasion? acne dermatitis
 cracks due to dry skin unhealed cuts or scratches other (specify) _____
8. First line of intervention – after exposure, what did you do? washed hands/exposed area
 changed clothes showered flushed eyes/rinsed mouth other (specify) _____

Upon completion of this form (before the end of your work shift), return it to the *(insert here: school nurse, athletic director, ???)*. Unvaccinated First Aid Providers will have the Hepatitis B Vaccination series made available to them as soon as possible, but no later than 24 hours, after involvement in a situation involving the presence of blood/OPIM regardless of whether or not an "exposure incident" has occurred.

APPENDIX J

SAMPLE BLOOD/OPIM CLEAN-UP PROCEDURES

- 1. Gloves** – Latex/vinyl/nitrile gloves must be worn when clean restrooms and for other activities where custodians may come in contact with blood/body fluids during regular or emergency cleaning tasks. Household rubber gloves can be used; however, they are to be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
- 2. Mop Water** - Generally, mop water is changed when the mop is not visible through the solution. Mop water must be changed after it is used to clean blood/body fluid spills. Contaminated mop water must be carefully poured down the drain, to prevent splashing or spilling on to clean areas. After use, mops are soaked in a disinfectant solution for 20 minutes.
- 3. Restroom Cleaning** - Floors, toilets, and sinks of all restrooms are cleaned and disinfected daily with an EPA-approved disinfectant.
- 4. Garbage and Waste Receptacles** - All garbage cans and waste paper baskets have plastic liners and must be changed daily. Plastic liners are tied as part of the removal and disposal process. Any plastic liner that contains non-dripping or caked blood/body fluid waste are double bagged and then discarded in the normal trash.
- 5. Disinfectant** - Select an intermediate-level disinfectant that will kill vegetative bacteria, fungi, tubercle bacillus, and virus. Select an agent that is registered with the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in schools. Use all products according to the manufacturer's instructions. Agents belong to one of the following classes of disinfectants:
 - a. Sodium hypochlorite (1:10 or 1:100 dilution of household bleach) solution made fresh for each use. It is effective against HIV and Hepatitis B.
 - b. Ethyl or isopropyl alcohol (70-90%).
 - c. Quaternary ammonium germicidal detergent solution (2% aqueous solution).
 - d. Iodophor germicidal detergent (500 ppm available iodine).
 - e. Phenolic germicidal detergent solution (1% aqueous solution).
- 6. Soiled Surfaces** - Clean and disinfect all soiled, washable surfaces (i.e., tables, chairs, floors) immediately, removing soil before applying a disinfectant:
 - a. Use paper towels or tissues to wipe up small soiled areas. After the spill is removed, use clean paper towels and soap and water to clean area.
 - b. Apply a sanitary absorbent agent for larger soiled areas. After the spill is absorbed, sweep up material. Discard material in a sealable plastic bag.
 - c. Disinfect area with an EPA-approved disinfectant according to manufacturer's instructions.
- 7. Soiled Rugs, Carpets, Upholstered Furniture** - Clean and disinfect soiled rugs, carpets, and upholstered furniture immediately, and observe the following:
 - a. Apply sanitary absorbent agent, let dry, and vacuum. Discard material in a sealable plastic bag.
 - b. Apply a sanitary shampoo with a brush or an extractor and re-vacuum. Discard material in a sealable plastic bag.
 - c. Spray with an EPA-approved disinfectant according to manufacturer's instructions.
- 8. Equipment** - Clean equipment and dispose of all disposable materials, observing the following:
 - a. Flush soiled tissues and flushable waste in a toilet. Discard paper towels and vacuum bag or sweep into a plastic bag, seal, and dispose of according to procedure.
 - b. Rinse broom and dustpan in disinfectant solution after removing debris.
 - c. Soak mop in disinfectant solution for a minimum of 20 minutes and rinse thoroughly.
 - d. Pour used disinfectant solution promptly down a drain.
- 9. Health Office** - The health office is considered as a high priority for cleaning on a daily basis. These rooms must be cleaned and disinfected. Special attention is given to all work surfaces. All trash is double bagged and discarded each day. The Health Office may contain regulated medical waste that requires special handling; therefore, refer to the "Housekeeping" section of the Exposure Control Plan for further information on disposal of this waste.
- 10. When responding to an incident resulting in a blood or body fluid spill**, follow standard operating procedure for clean-up. Adherence to all the steps in the clean-up procedure is critical for decreasing transmission of infectious diseases in the school environment.
- 11. Follow frequent handwashing procedures throughout the day**, especially after removing gloves.