Fairbanks North Star Borough School District

BLOODBORNE PATHOGENS
Exposure Control Plan

Distributed by the Fairbanks North Star Borough School District
520 Fifth Avenue, Fairbanks, Alaska 99701

PURPOSE

The Fairbanks North Star Borough School District has developed this written **Bloodborne Pathogens Exposure Control Plan** to:

- eliminate or minimize the risk of ***occupational exposure**** to ***bloodborne pathogens**** for District employees;
- identify employees within job classifications who may have an occupational exposure to bloodborne pathogens;
- promote a culture of safety among all staff and students in relation to bloodborne pathogens to align with OSHA focus;
- specify workplace controls and safe practices that employees must use to prevent and minimize occupational exposure to bloodborne pathogens;
- define procedures the District will follow in the event that an employee is inadvertently exposed to a bloodborne pathogen while on the job;
- outline the training program that the District will use to communicate the hazards of bloodborne pathogen exposure to employees; and
- comply with the relevant requirements of the OSHA Bloodborne Pathogens (HIV-HBV) Standard (29 CFR 1910.1030).

***Occupational exposure** is "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."*

****Bloodborne pathogens** are "pathogenic microorganisms that are present in human blood or other potentially infectious materials (OPIM) and could infect and cause disease in persons who are exposed to blood containing the pathogens. These pathogenic microorganisms can cause diseases such as HBV (Hepatitis B virus), AIDS (human immunodeficiency virus - HIV), HCV (Hepatitis C), malaria, syphilis, babesiosis, brucellosis, leptospirosis, viral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-1), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever.*

STAFF RESPONSIBILITIES

School Location Staff	Responsibilities
Principal	BBP Exposure Plan Implementation
School Health Office Staff	Employee Questions
Lead/Day Custodian	Regulated Waste Handling
Lead/Day Custodian	Custodial Employee BBP Exposure Prevention
Phys. Ed. Instructor/Aide	Pool Lifeguard Employee BBP Exposure Prevention
Coach/Activities Coordinator	BBP Exposure Prevention at Athletic Events

School Location Staff Responsibilities

Principal

At each site, the principal, supervisor or building administrator is responsible for assuring the site is in compliance with the district's Bloodborne Pathogens Exposure Control Plan; and

- identify at-risk employees
- ensures that BBP exposure control methods are in place at the work site;
- ensures that personal protective equipment is available to employees at the work site;
- fulfills the responsibilities assigned to the school health office when a school health office staff is not on site;
- ensures that employees observe required safe work practices to minimize bloodborne pathogens exposure at the work site; and
- ensures that employees complete required training in BBP exposure control methods.

School Health Office Staff

- ensures that sharps and regulated waste containers are labeled with the appropriate biohazard warning labels and/or colors;
- restricts access and lock rooms containing regulated waste containers, such as custodial closets and school health offices;.
- answer any questions or concerns about BBP.

- initiate and support the post-exposure procedure in coordination with the supervisor and Risk Management following an exposure incident;

Lead/Day Custodian

The lead/day custodian is typically responsible for the management of any regulated waste and the training of his/her custodial staff; and

- ensures that sharps and regulated waste containers are labeled with the appropriate biohazard warning labels and/or colors; and

- restricts access and lock rooms containing regulated waste containers, such as custodial closets and school health offices.

Physical Education Teacher

At schools with swimming programs, the physical education teacher is responsible for safe practices associated with lifesaving activities.

Coaches/Activities Coordinators

At schools with competitive athletic programs, the activities coordinator or supervising coach has responsibilities for arranging training and reinforcement of safe work practices among coaches, physical education teachers, and student athletes.

Responsibilities of Employees

- All employees are responsible for the following:
- required training in the District's Bloodborne Pathogens Exposure Control Plan;
- understanding what tasks they perform which could present an occupational exposure to blood-borne pathogens;
- planning and conducting activities in accordance with the safe work practices outlined in the District's written BBP Exposure Control Plan;
- exercising and maintaining good personal hygiene habits, especially frequent hand washing;
- wearing required and recommended personal protective equipment when performing activities that could present an occupational exposure to bloodborne pathogens;
- bringing to the attention of an immediate supervisor or the district Human Resources Executive Director, any job or duty which they feel places them or their fellow workers at risk of exposure to a bloodborne pathogen; and
- asking questions about any areas of the Bloodborne Pathogens Exposure Control Plan that are unclear or confusing.

NOTE: Employees who have questions about the School District's Bloodborne Pathogens Exposure Control Plan should contact their Principal/Building Administrator, Supervisor, School Health Office Staff, the District Director of Health Services or the District's Bloodborne Pathogens Exposure Control Officer.

District Administrative Staff:

Administrative Representative	Assistant Superintendent 907-452-2000 X 11412
Bloodborne Pathogens Exposure Control Officer	Business Services Coordinator 907-452-2000 X 11303
Director of Health Services	907-452-2000 X 11253
Human Resources	Human Resources Executive Director 907-452-2000 X 11396 Human Resources Technician 907-452-2000 X 11326
Regulated Waste Coordinator	Executive Director Facilities 907-452-4461, X 15227
BBP Exposure Plan Advisor	Occupational Safety & Health Specialist Fairbanks North Star Borough 907 Terminal St., Fairbanks, AK 99701 907-459-1456
Post-Exposure Plan Advisor	Claims Specialist Fairbanks North Star Borough 907 Terminal St., Fairbanks, AK 99701 907-459-1129
Medical Consultant/Director	Dr. Mishelle Nace, MD FHP Pediatrics 1650 Cowles Street 4th Floor, South Tower Entrance Fairbanks, AK 99701 907-459-3520 Pediatric Clinic 907-459-3500 TVC Main Clinic

District Administrative Staff Responsibilities

Administrative Representative

- responsible for the management, implementation, and financing of the District's Bloodborne Pathogens (BBP) Exposure Control Plan.

Exposure Control Officer (Business Services Coordinator and Risk Liaison)

- maintains current knowledge of legal requirements concerning bloodborne pathogens;
- responsible for the effective implementation of the BBP Exposure Control Plan, establishing procedures with the input of district management and employees;
- revises the District's written BBP Exposure Control Plan annually, or as needed, to reflect changes in employee exposures and practices;
- conducts periodic audits of the District's BBP Exposure Control Plan to evaluate its implementation and effectiveness;

Human Resources

Human Resources Executive Director:

- determines positions which are offered the Hepatitis B vaccinations, based on an incumbent's risk of exposure to bloodborne pathogens;
- periodically reviews training programs with other District personnel to include appropriate new information

Human Resources Technician:

- facilitates initial and ongoing training for employees;
- facilitates communication to staff who have consented to the Hep B vaccine;
- upon request, provides copies of the written BBP Exposure Control Plan to all individuals; including access via the District website;
- maintains records of employee training documentation, Hepatitis B vaccinations and vaccine declinations;

Director of Health Services

- in collaboration with the District Administrative Staff maintains effective education/training programs for employees;
- sets work practices, with the input of district administration and employees, to effectively implement the BBP Exposure Control Plan;
- periodically reviews training programs with other District personnel to include appropriate new information;
- participates in the annual review and periodic audits of the district's BBP Exposure Control Plan;
- initiates parent/guardian contact upon request of Post-Exposure Plan Advisor; and
- notifies Post-Exposure Plan Advisor of results of parent/guardian contact.

Regulated Waste Coordinator

- In collaboration with the Director of Health Services, specifies and approves regulated waste containers used in schools;
- supplies individual schools with approved biohazard signs, labels, and regulated waste containers;
- arranges for the scheduled pick-up of regulated waste containers from schools and transports them to the central District collection site; and
- maintains a log of total regulated waste containers picked up from individual schools.

BBP Exposure Plan Advisor

- acts as a safety program resource to the District;
- acts as the District's BBP Exposure Control Officer in their absence
- maintains updated copies of the District's written BBP Exposure Control Plan; and
- periodically audits and monitors the School District's BBP Exposure Control Program to assure effectiveness and OSHA compliance.

Post-Exposure Plan Advisor

- receives all exposure incident reports, processes claims, investigates the exposure incident; and
- contacts the source individual; receives a HCP's written opinion; and works with the employee to assure medical follow-up treatment is provided as recommended by the U.S. Public Health Service. (When the source individual is a student, works with the Principal when making contact and follow-up.)

Medical Consultant

- acts as a medical advisor to the District in regard to bloodborne pathogens; and
- advises the District on medical evaluation and follow-up for employees who experience an exposure incident to HIV or HBV.

PROGRAM ELEMENTS

EXPOSURE DETERMINATION

The School District, in consultation with OSHA, has determined that the following job classifications and tasks may have occupational exposure to bloodborne pathogens.

Category A: Jobs in which ALL employees in that job classification have potential for occupational exposure to bloodborne pathogens:

Job Codes	Job Class
1028	Speech Pathologists
1605	Swim Teacher
3008	Swim Aides
3023	Autism Behavior Tech
3024	Extended Resource Aides
3026	Intensive Resource Aides
3028	SPED Pre-Kinder Aides
3090	Safety Assistants
3092	Speech Path Assistant
3200, 3201, 3202	Custodians
3315	LPNs
3320	RNs
3325	School Health Assistants
3544	ComputerTechnician
3547	School Technology Specialist
3554	HVAC Technicians
3556	Plumbers
3571	Systems Technician

Initial Hire/Placement: Within forty five (45) days of assignment to any of the jobs listed above, the employee is required to:

1) complete **training** on the District's Bloodborne Pathogens program; **and**
2) be offered the **Hepatitis B vaccination**.

Annually: All employees must complete annual training.

Category B.1: Jobs in which SOME employees in that job classification MAY risk occupational exposure to bloodborne pathogens: Athletic Coaches/Trainers, Physical Education Teachers, Intensive Resource Teachers, Principals/Assistant Principals, and Secretaries.

Category B.2: Employees in ALL OTHER jobs are determined to be at low risk for *unanticipated* exposure to bloodborne pathogens.

Initial Hire: All employees in Categories, A, B1 and B2 are provided information on how to access the BBP Exposure Control Plan and training. Employees in Category A are offered the Hepatitis B vaccine.

Annually: Employees must complete annual general awareness training.

Employees in Category B1 and B2 are not required to be offered the Hepatitis B vaccine.

NOTE: ALL District employees will be offered post-exposure HBV vaccinations if an unanticipated occupational exposure incident occurs.

NOTE: OSHA has indicated that first aid or CPR, when performed by an employee or volunteer at a workplace as a "Good Samaritan Act" or as a collateral duty to his or her regular job does not constitute "occupational exposure." Only those individuals who are specifically designated by the employer (for example, in a written job description) as responsible for providing first aid or CPR as a regular part of their job duties or may reasonably come into contact with bloodborne pathogens in the regular course of their duties are considered to be at risk of "occupational exposure." Employees who are trained in first aid by the employer are not considered to have occupational exposure unless they are *required* by the employer to actually administer first aid.

Tasks and procedures performed by District employees may involve occupational exposure to bloodborne pathogens:		
Task/Procedure	**Job Classification**	**Location**
Injections using hypodermic needles	Health Services	All schools
First Aid/CPR	Health Services; Physical Education/Swimming Instructors/ Aides; any Secretaries or Coaches who are specifically designated to provide first aid/CPR.	All schools
Direct personal care of students with developmental disabilities (handling respiratory or feeding tubes; suctioning body fluids; toothbrushing; flossing; providing speech, physical or occupational therapy; providing personal care training; toileting/diapering; restraining; body manipulation)	Health Services; Teacher's Aides working with developmentally disabled students ***who bite, scratch, or frequently have bleeding gums or open skin lesions.*** Speech Pathologists Licensed Speech Language Path. Asst. Special Education Teachers	All schools
Collection and handling of regulated waste containers	Day Custodian, Health Services or designee	All schools
Collection and transport of regulated waste containers	Warehouse Driver; Health Services at remote schools	Warehouse; Remote schools
Clean-up of blood spills*	Health Services; Swim Instructors; Any Custodians; Any Coaches at athletic events with responsibility for blood clean up.	All schools
Handling laundry soiled with blood	Health Services; Any Coaches or Custodians designated to launder sheets, clothing, or towels that are soiled by blood.	All schools

***NOTE:** OSHA has determined that "employees who clean up surfaces or handle linens soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva (other than saliva from dental procedures) are not occupationally exposed to bloodborne pathogens during these tasks, as long as these substances are not contaminated with visible blood."

PREVENTING EXPOSURE

The District employs a variety of methods, recommended by the OSHA Bloodborne Pathogens Standard, in order to prevent and minimize employee occupational exposure to bloodborne pathogens. These exposure control methods include:

- General Standard Precautions
- Engineering controls and safe work practices
- Personal protective equipment

STANDARD PRECAUTIONS

The term ***standard precautions*** refers to a concept of bloodborne disease control which requires that all human blood and other potentially infectious materials (OPIM) be treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens, regardless of the perceived "low risk" status of a source individual. Employees are directed to use standard precautions in situations in which it is difficult to differentiate between blood and other bodily fluids. To prevent confusion and minimize exposure to infection, employees are to treat ALL bodily substances as potentially infectious.

OSHA's Bloodborne Pathogens Standard recommends that employers implement standard precautions when dealing with ***blood*** and ***other potentially infectious materials, which*** have the capability of transmitting a bloodborne pathogen.

Blood **and** ***other potentially infectious materials*** include:

- human blood, human blood components, and products made from human blood;
- semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures;
- any bodily fluid visibly contaminated with blood; and
- all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

Standard Precautions:

All employees shall routinely observe the following standard precautions for the prevention of infectious disease:

1. Know the location of the nearest bloodborne exposure prevention kit.
2. Take the time to put on disposable waterproof gloves whenever you expect to come into direct hand contact with blood, other bodily fluids, or contaminated items or surfaces.

3. Take the time to put on goggles if you anticipate spattering blood, or liquid proof personal protective equipment (e.g. plastic aprons) if you anticipate soiling your own clothing with blood.
4. Use a CPR mouth shield, resuscitation bag or other ventilation device in place of direct mouth-to-mouth resuscitation.
5. Perform all procedures involving blood or other infectious materials in a manner that minimizes splashing and spraying.
6. Remove contaminated gloves without touching the outside of the gloves and dispose of them in a designated regulated waste container that is either lined with a red plastic liner or marked with a biohazard sign.
7. Do not re-use disposable gloves. Do not re-use contaminated utility gloves without first decontaminating them.
8. After removing your gloves, wash your hands and any other contaminated skin for 30 seconds with antibacterial soap and warm running water. Rinse thoroughly under running water, and dry with disposable paper towels.
9. Clean surfaces and equipment contaminated with blood with soap and water and disinfect them promptly with a fresh solution of bleach (ten-parts water to one-part bleach), a disinfectant registered by EPA as a tuberculocide, or a disinfectant registered by EPA as effective against both HBV and HIV. When cleaning, wear disposable gloves and use disposable paper towels whenever possible. Mops used for blood clean-up must be decontaminated with a bleach solution or disinfectant before they can be used again. Disinfectant should be applied to the contaminated area or object for a minimum of ten minutes.
10. Properly dispose of all contaminated paper, gloves, bloody dressing, and similar items in regulated waste containers, labeled with a biohazard symbol. Needles, syringes, and sharp disposable objects should be placed in a hard plastic sharps container. (Bloody laundry should be bagged, soaked with disinfectant, and laundered separately from other laundry in soap and water.) Urine, vomit, and feces should be disposed of in the sanitary sewer system.
11. Employees must not pick up broken glassware with their hands. Broken glass should be picked up with a dustpan and brush or with tongs.
12. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a potential for exposure to bloodborne pathogens.
13. Do not store food and drink in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.

ENGINEERING CONTROLS AND SAFE WORK PRACTICES

The District has adopted a number of controls to prevent and/or minimize occupational exposure to bloodborne pathogens. These controls are of two types:

- ***Engineering Controls:*** equipment designed to prevent or minimize an employee's contact with a bloodborne pathogen in the workplace, and
- ***Safe Work Practices***: practices and procedures, which employees must follow to prevent and/or minimize contact with bloodborne pathogens.

HANDWASHING

Regular, effective hand washing is an essential Safe Work Practice.
The District provides ***hand-washing facilities*** at all work sites. These consist of sinks with running water, appropriate antiseptic or antibacterial cleansers, and paper towels. Where hand-washing facilities are not readily available, the District provides antiseptic towelettes or antiseptic hand cleansers in conjunction with paper towels. **Note:** Hand-washing facilities must be available in Health offices and some classrooms. A sink for hand-washing and/or a utility sink must be available in or near the main custodial area of all work sites.
Employees are required to wash their hands and other skin with antibacterial or antiseptic soap and water or flush mucous membranes with water immediately or as soon as feasible in these circumstances:

- after any possible contact with blood or other potentially infectious material;
- upon removal of gloves and other protective equipment worn while in contact with blood or other potentially infectious material;
- before eating, drinking, or feeding;
- before handling food, cleaning utensils, or kitchen equipment; and
- before and after using the toilet or diapering students.

Effective Handwashing Guidelines

The Skin Barrier

Intact human skin, (with no breaks, chafing, or dermatitis) provides a protective barrier against introduction into an individual's bloodstream of infectious microorganisms. The skin does not, however, provide dependable long-term protection or prevention of transference of such organisms to other, more vulnerable parts of the body (e.g. the eyes or mouth) or to other persons (e.g. by handling food, which is then consumed by another person). Thus, hand-washing is an extremely important part of the Bloodborne Pathogens program.

Medical authorities have long maintained that hand-washing is one of the most important defenses against the spread of many contagious diseases. The following is a recommended hand-washing procedure for all employees

1. Remove all jewelry (rings, bracelets, wristwatches).
2. Use a paper towel or other expendable material to turn on the water (warm temperature).
3. Wet hands and apply soap (preferably antiseptic soap).
4. Bring soap to a lather, working the lather into the hands, between the fingers, up to the wrist (and even higher up the arm in the event of an exposure incident which may have affected the arms) for at least 20 seconds.
6. Rinse thoroughly, being certain all soap residue is removed from skin and under the fingernails.
7. Dry hands completely with paper towels or electric dryer.
8. Use paper towels to turn water off.
9. Apply hand cream to prevent chafing of skin, which can leave it more susceptible to infection by absorption.

FIRST AID/BBP EXPOSURE PREVENTION KITS

First aid and bloodborne pathogen exposure prevention kits are required on all school buses and activity vehicles used by the District.

District schools are urged to prepare bloodborne pathogen exposure prevention kits and keep them stocked and located in areas where blood contact is anticipated. This may include playgrounds, athletic fields, gymnasiums, science laboratories, vocational shops, activity buses, and other District vehicles. Kits may be "home-made" and do not need to be purchased from a first aid supplier. Custodial departments should have buckets that are readily available for responding to a blood spill.

Typically, first aid/BBP response kits should include:

- Several pairs of disposable Nitrile examination gloves;
- CPR mask;
- First aid supplies such as bandages, absorbent dressings, gauze, antiseptics, and a pair of scissors;

- Disposable paper towels;
- An antimicrobial or antibacterial disposable wipe for handwashing;
- A small container of disinfectant;
- A small container of kitty litter or vomit absorbent and a scoop; and
- A red plastic biohazard bag for disposal of any regulated waste.

HANDLING SHARPS

The majority of exposures to bloodborne pathogens have occurred to health care employees from punctures with contaminated hypodermic needles or other ***sharps.***

> ***Sharps*** are defined by OSHA as "any contaminated object that can penetrate the skin including (hypodermic) needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires."

To prevent contact with contaminated sharps, school health office staff and other employees must follow these safe practices guidelines when giving injections or when handling potentially contaminated sharps (only employees specifically approved may administer injections involving sharps with students):

- DO NOT bend, recap, break, or shear contaminated needles or other contaminated sharps.
- Discard contaminated needles or sharps immediately and only in the appropriate sharps container provided by the District in each school health office.
- NEVER remove a contaminated needle or sharp from a sharps container once it is placed in that container.
- Keep sharp containers upright at all times, and do not allow them to overfill.

The District provides all school health offices with approved containers for safely disposing of contaminated sharps***.*** The District's containers for contaminated sharps are closeable; puncture-resistant; red in color or labeled with a biohazard-warning label; and leak-proof on the sides and bottoms.

When removing sharps containers from the area of use, these containers must be closed to prevent spillage of contents during handling, storage, transport or shipping. Employees may use duct tape or heavy-duty packing tape to secure the lid of the sharps container when it is full, as long as the tape does not serve as the lid itself and labeling must remain visible. At the end of the school year or when the sharps container is full, it should be placed inside an approved regulated waste container (the cardboard biohazard box.) Taping a sharps container is acceptable ONLY as a reinforcement after it is full and sealed using the container's own lid. The tape MUST NOT replace or act as the lid itself.

HANDLING REGULATED WASTE

Contaminated medical waste, called ***regulated waste*** by OSHA, requires special handling and disposal.

Regulated waste is defined by OSHA as:

- liquid or semi-liquid blood or other potentially infectious materials;
- contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or other potentially infectious materials, and are capable of releasing these materials during handling; and
- pathological and microbiological wastes containing blood or other potentially infectious materials.

Examples of "regulated waste" in District schools include:

- contaminated sharps, including needles, broken glass and exposed ends of dental wires (from student braces);
- contaminated tissues, gauze pads, paper towels, feminine sanitary napkins, towels, linens and clothing that are soaked in liquid or semi-liquid blood or are caked with dried blood and could release liquid blood or particles of dried blood, if compressed or handled;
- non-intact skin or human tissue that has become separated from the human body as a result of traumatic laceration, contusion or other action;
- toothbrushes, dental floss, and other personal care devices that are used by health office staff and special services personnel to teach personal care to students or to clean students' teeth and gums;
- medical or treatment devices that are used by health office staff and special services personnel to clear saliva or mucus from the mouth, nose or lungs of medically fragile students or to provide nutrition directly to the student's digestive tract, on a regular or emergency basis; and
- disposable gloves that have been used in medical examination, first aid, or blood clean-up activities.

"Regulated waste" does NOT include:

- Band-Aids and tissues that are not saturated with blood to the point of releasing blood or other potentially infectious materials;
- feminine sanitary napkin, as long as these have been properly disposed of in liners (waxed paper or plastic) within sanitary napkin dispensers in restrooms, and are adequately contained by the liner;

- disposable or cloth diapers that contain urine or feces, as long as there is no visible or expected blood in the diaper or among the urine or feces; and
- tissues, paper towels, towels, linens or clothing that contain mucous secretions, urine or feces, as long as there is no visible blood.

BIOHAZARD SYMBOLS

BIOHAZARD

Special instructions for handling sanitary napkin waste containers:

- Custodians must wear disposable impermeable gloves or utility gloves when cleaning restrooms and when emptying sanitary napkin waste containers**.**
- Custodians must fully remove the impermeable liner in the sanitary napkin waste container without touching or handling the items inside the plastic liner.
- The plastic liner (containing the sanitary napkins) may be deposited into any waste container, as long as there is no evidence of blood, liquid blood or dried caked blood on the outside of the plastic liner, and the waste container is lined with a plastic bag.
- If sanitary napkins have been disposed of in restroom waste cans, leave them there. Do not handle or transfer them to a biohazard regulated waste container.
- Waste bags containing sanitary napkins should be double-bagged as a precaution, and discarded as you would other regular (non-regulated) waste.

NOTE: OSHA does not include discarded feminine hygiene products, used to absorb menstrual flow, within the definition of regulated waste. OSHA has stated that "the function of these products is to absorb and contain blood, and their material, under normal circumstances, prevents the release of liquid or semi-liquid blood or the flaking of dried blood." OSHA has stated in several compliance directives that "sanitary napkins do not present a bloodborne pathogens exposure as long as they are deposited in waste containers that are lined in such a way as to prevent contact with the contents. However, there must be no skin contact with blood during normal handling of such products from initial pick-up through disposal in outgoing trash."

Employees must follow these additional safe work practices when handling all regulated waste:

- Employees must discard all items that fall into OSHA's definition of ***regulated waste*** in the District's approved regulated waste containers. The District's regulated waste containers are puncture-resistant and marked with the biohazard symbol. They are designed to be lined with heavy-duty waste can liners that are colored red.
- Approved regulated waste containers should be located as close as possible to the sources of regulated waste. At minimum, regulated waste containers must be available in health offices and swimming pool offices. They should also be available at other locations or at athletic events where bloodborne exposure is anticipated.
- If a regulated waste container is contaminated on the outside, employees must place that container within a second approved regulated waste container.
- If the regulated container contains an item that could puncture the container, this container must be placed within a second regulated waste container.
- Regulated waste containers must be maintained upright and not overfilled.
- When a regulated waste container becomes full, a designated school employee should pick it up and transport it to a central collection area in the school.
- All regulated waste containers should be closed before removal from any area, to prevent spillage of contents during handling, transport, or shipping.
- Red liners (waste bags) with small amounts of regulated waste may be consolidated into a single, larger regulated waste container.
- All central collection areas for regulated waste must be locked.

All regulated waste containers must be closed during storage, transport, or shipping. Follow these directions to ensure that regulated waste containers are properly secured for transport:

- Box bottoms must be folded with the opposing sides in, and then taped securely. You may use heavy-duty duct or strapping tape.
- All red bags inside regulated waste containers must be tied off.
- All box tops must be both folded in and taped or the lid securely taped in place.
- There must be no visible damage to the regulated waste box.

The District Warehouse staff picks up accumulated regulated waste as requested and transports it to a secure central location for pick-up and disposal by a qualified contractor.

DECONTAMINATING EQUIPMENT

Although this rarely occurs outside of a hospital or medical laboratory, employees should be alert to situations where equipment, which must be serviced or shipped outside the school, has become contaminated. In such instances, the equipment must be ***decontaminated*** before it is shipped or serviced.

An item is considered ***contaminated*** by OSHA if it has the presence or reasonably anticipated presence of blood or other potentially infectious material on it.

Decontamination is defined by OSHA as the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

The item is considered decontaminated when all visible blood is removed and the item is disinfected with one of the following:

- a solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10, one-part bleach to ten-parts water; or
- a disinfectant registered by EPA as a tuberculocide (will kill TB); or
- a disinfectant registered by EPA as effective against both HIV and HBV.

If an employee suspects that a piece of equipment cannot be decontaminated, and it is an item, which is scheduled to be serviced and/or shipped outside the work site, then the employee must:

- notify a supervisor for specific instructions;
- attach an appropriate biohazard warning label to the contaminated equipment, identifying the contaminated portions; and
- provide information regarding the contamination to all affected employees, the equipment manufacturer, and the equipment service representative prior to handling, servicing, or shipping.

HOUSEKEEPING AND DISINFECTION OF SURFACES

General Housekeeping Guidelines

The Principal/Building Administrator/Supervisor is responsible for maintaining his/her school/department in a clean and sanitary condition. The District has established a schedule and guidelines for cleaning and decontaminating school facilities. Principals/Building Administrators/Supervisors and Lead/Day Custodians should customize this schedule to fit their particular facility usage and needs. (The schedule and guidelines appear on the following pages).

Specific Decontamination Guidelines:
Employees must clean and decontaminate equipment and surfaces with an appropriate disinfectant:

- immediately (or as soon as feasible) after surfaces are overtly contaminated;
- after any spill of blood or other potentially infectious materials; and
- at the end of the work shift if the surface may have been contaminated during that shift.

Appropriate disinfectants for the clean-up of blood on surfaces include:

- a solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10, one-part bleach to ten-parts water; or
- a disinfectant registered by EPA as a tuberculocide (will kill TB); or
- a disinfectant registered by EPA as effective against both HIV, HCV, and HBV.
- follow manufacturer recommended cleaning process.

Recommended General Housekeeping Schedule And Cleaning Products for District Schools

School Areas	Scheduled Cleaning	Cleaning Product or Disinfectant	Special Instructions
Health Office Bathrooms in Health Office Dedicated Intensive Resource classrooms Bathrooms in dedicated Intensive Resource classrooms	Daily (AM or PM)	***General Cleaning:*** quaternary ammonium product or other recognized cleanser for non-contaminated surfaces ***Disinfectant*** - any disinfectant registered by EPA as tuberculocide, OR any disinfectant registered by EPA as effective against both HIV, HCV, and HBV, OR a fresh solution (made up daily) of 5.25% sodium hypochlorite (household bleach) diluted 1:10 with water.	**Custodians:** Clean/disinfect once daily or when blood/OPIM* spills occur **Health Office staff & teachers:** Clean/disinfect small blood/OPIM* spills as they occur
Student restrooms Student locker rooms/showers	Daily (AM or PM)	***General Cleaning:*** quaternary ammonium product or other recognized cleanser for non-contaminated surfaces ***Disinfectant*** - any disinfectant	**Custodians:** Clean/disinfect once daily or when blood/OPIM* spills occur.

		registered by EPA as tuberculocide, OR any disinfectant registered by EPA as effective against both HIV, HCV, and HBV, OR a fresh solution (made up daily) of 5.25% sodium hypochlorite (household bleach) diluted 1:10 with water.	
Other areas	As needed to maintain clean environment	***General Cleaning:*** quaternary ammonium product or other recognized cleanser for non-contaminated surfaces ***Disinfectant*** - any disinfectant registered by EPA as tuberculocide, OR any disinfectant registered by EPA as effective against both HIV, HBV, and HCV, OR a fresh solution (made up daily) of 5.25% sodium hypochlorite (household bleach) diluted 1:10 with water.	Custodian cleans as needed based on school activities/usage Custodian disinfects only when blood/OPIM spills occur.

* OPIM - other potentially infectious materials (See Definitions in the *Attachments*)
NOTE: Household bleach (chlorine bleach) should never be used on carpets or furniture.

NOTE: Hepatitis B has been documented by CDC to survive at least seven days (one week) in dried blood on environmental surfaces and on contaminated needles and instruments. Because of this, some manufacturers of disinfectants (other than household bleach) specify that the disinfectant be applied and allowed to contact or dry on the surface for ***a full ten minutes*** before it is rinsed off or wiped dry. Always check the manufacturer's label on the container for the recommended application methods and application time.

All trash containers, pails, bins, and other receptacles intended for re-use (which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials) must be:

- inspected, cleaned, and decontaminated on a scheduled basis, and
- cleaned and decontaminated immediately or as soon as feasible if visibly contaminated.

If the item cannot be immediately decontaminated, employees may temporarily remove the item from human contact and mark it with a biohazard label.

Carpeting is difficult to decontaminate once extensive blood has penetrated the fibers. In these cases, you should restrict access to the contaminated area until the carpeting can be decontaminated or removed. For small blood spills on carpet, remove the blood with a carpet cleanser and then follow that treatment with an approved disinfectant.

HANDLING CONTAMINATED LAUNDRY

Contaminated laundry in school settings commonly includes:

- sheets, pillowcases, blankets, and towels in school health offices that are visibly marked by blood;
- student athletic uniforms or other clothing that is visibly marked by blood;
- towels used in sports and athletic programs that are visibly marked by blood; or
- Health office staff clothing that is visibly marked by blood.

More rarely, a teacher, coach or other employee may find their own clothing contaminated by blood after assisting a student who has been bleeding.

Employees are to follow these guidelines when handling contaminated laundry.

- Contaminated laundry should be handled as little as possible.
- Student-owned contaminated laundry should be removed only by a Health office staff, parent or other medical provider, and then bagged in a red plastic biohazard bag. The bag should be returned to the student's parent for laundering at home.
- Contaminated towels and other school-owned student athletic uniforms may be laundered separately in a District washer and dryer.
- Contaminated laundry should be laundered within eight hours to prevent staining or within 24 hours to minimize microbial survival and limit any cross contamination.
- If the laundry is grossly contaminated by blood, and presents the possibility of soak-through or leakage, the laundry should be disposed of in an approved regulated waste container.
- Employees who handle contaminated laundry should wear disposable and/or utility gloves. Utility gloves should always be decontaminated after use.
- If the contaminated clothing is the employee's, the employee should remove the clothing as soon as feasible and launder it separately either at the school or at his/her own home. In rare instances, an employee's clothing may need to be laundered professionally. Employees should contact the supervisor in such circumstances.

PERSONAL PROTECTIVE EQUIPMENT

Where there is the possibility of an occupational exposure to bloodborne pathogens, OSHA requires employers to provide ***appropriate*** personal protective equipment.

Personal protective equipment is considered ***"appropriate"*** by OSHA only if it does not permit blood or other potentially infectious materials to pass through the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or nose under normal conditions of use and for the duration of time which the protective equipment will be used.

The District provides gloves, face shields, eye protection (glasses with side shields or goggles), and pocket masks for giving CPR. The Director of Health Services may also specify other specialized personal protective equipment depending on the task or activity involved and the potential for occupational exposure to bloodborne pathogens. (See the "Types of Personal Protective Equipment" chart to see which tasks require which type of personal protective equipment).

Availability and Cost

The District provides this equipment at no cost to employees. The Principal/Building Administrator/Supervisor at each site is responsible for making sure that personal protective equipment is readily available and repaired or replaced as needed.

Laundering

The District is responsible for laundering and disposal of personal protective equipment (this does not include regular work clothes) at no cost to the employee. Employees may not take contaminated protective equipment (such as gloves, gowns, or smocks) to their homes for laundering.

Types of Personal Protective Equipment

Task/Activity	Glove Type	CPR Mask	Other Protective Gear
Giving injections using hypodermics	Disposable	No	Goggles (optional)
CPR/mouth-to-mouth resuscitation	Disposable	Yes	Goggles (optional)
Control of minimal bleeding	Disposable	No	No
Control of spurting blood	Disposable	No	Face shield, gown, or smock
Handling respiratory or feeding tubes or suctioning body fluids	Disposable	No	Goggles (optional); gown or smock if needed
Diapering and toileting students with medical conditions that may cause blood in urine or stools.	Disposable	No	No
Feeding; brushing or flossing teeth; or providing speech therapy to students who have the potential for bleeding gums or who have little control of saliva.	Disposable	No	Goggles
Working with a student who habitually bites or scratches others.	Not normally	No	*Ask your supervisor for possible protective wear for arms and hands.*

Physical contact with students with open skin lesions.	Disposable	No	*May require protective clothing depending on location of the skin lesions.*
Clean up of blood on surfaces or clean up of contaminated items or surfaces	Utility gloves*	No	Goggles (optional)
Pick up and handling of regulated waste liners and containers	Utility gloves*	No	No
Handling contaminated laundry	Utility gloves	No	No

***NOTE:** Custodians may want to wear utility gloves over disposable gloves in some instances.
***NOTE:** Goggles or face shields must be worn in areas where splashes, sprays, spatters or droplets of blood may be generated and eye, nose, and mouth contamination is reasonably anticipated.

General Policies on the Use of Personal Protective Equipment

- Employees are responsible for inspecting their own personal protective equipment, and contacting their supervisor for repair or replacement of PPE as needed.
- Reusable personal protective equipment must be cleaned and decontaminated.
- Single-use personal protective equipment should be disposed of in appropriate regulated waste containers.
- Employees must remove any garments penetrated by blood or other infectious materials immediately or as soon as is feasible.

Hand Protection

Employees must wear gloves whenever they anticipate hand contact with blood, other potentially infectious materials, mucous membranes, and the non-intact skin of another person. There are two types of gloves approved for use by the FDA for protection against bloodborne pathogens:

- Single use disposable gloves, for medical uses such as injections, first aid/CPR, direct patient care, and minor blood clean up.
- Reusable rubber or vinyl utility gloves, typically used for housekeeping where the potential for occupational exposure to bloodborne pathogens occurs.

Employees must follow these safe practices when using gloves:

- Employees must remove and dispose of single-use disposable gloves as soon as practical after contamination, or if they are torn, punctured, or otherwise lose their ability to function as an effective barrier.
- Single-use disposable gloves must not be re-used.
- Single-use disposable gloves must be changed between patient contacts.
- Utility gloves may be decontaminated and reused, unless they are cracked, peeling,

torn, punctured, or if they exhibit other signs of deterioration and lose their ability to function as an effective barrier.

- All gloves should be carefully removed to avoid transferring bloodborne pathogens from the glove to the hand.
- Employees must wash their hands thoroughly after each glove removal. If handwashing is not immediately available, use antiseptic hand rubs until soap and water are accessible.

Employees with latex allergies

The District will provide hypoallergenic gloves, glove liners, powder-free latex gloves, and alternatives to latex gloves to employees who are allergic or sensitive to the latex disposable gloves. Symptoms of allergy to latex (natural rubber latex) are similar to symptoms of many other illnesses, and may include blistering, itching, hives, runny nose, wheezing, swelling of the mouth, and shortness of breath. Employees who suspect they have a latex allergy shall contact their supervisor and ask for alternative gloves.

HEPATITIS B (HBV) VACCINATIONS

The District provides HBV vaccinations for employees whom the District has determined to have an occupational exposure to bloodborne pathogens. The HBV vaccination is offered at no cost to the employee and at a reasonable time and place. For more information, see the "HBV Vaccination Information Bulletin" in the Attachments to this document.

The vaccination is offered to an employee.

- after an employee's assignment to a job classification or to a job task with occupational exposure to bloodborne pathogens, and
- following that employee's participation in the District's BBP Training Program.

The HBV vaccination program consists of three inoculations given over a six-month period. All HBV vaccinations are given in the dosage and according to the current recommendations of the U.S. Public Health Service/Centers for Disease Control (CDC).

The District is not required to administer the HBV vaccination series to employees:

- If the employee has already received the complete HBV vaccination series;
- If the employee's HCP feels that the HBV vaccine is contraindicated for medical reasons; or
- If the employee declines to accept the HBV vaccination.

If an employee declines the vaccination, the employee must sign and date the "HBV Vaccination Declination Form" (See the Attachments). Employees who initially decline

the vaccination will be given the opportunity to receive the vaccination by contacting the Human Resources Technician.

EXPOSURE INCIDENTS

The District recognizes that, even with the implementation of strong exposure controls in our schools, exposures to bloodborne pathogens can still occur. As a result, the District has developed specific investigation and follow-up procedures for all reported bloodborne pathogen ***exposure incidents.***

An exposure incident is defined by OSHA as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Parenteral means "piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions."

The District's exposure incident evaluation process is outlined in the flowchart on the following page and described in detail in the following steps:

Step 1: DECONTAMINATION

In the event of a bloodborne pathogen exposure in a school setting, the first step is immediate decontamination to reduce the risk of infection. The exposed area should be washed thoroughly with soap and water as soon as possible. If the exposure involves mucous membranes—such as the eyes, mouth, or nose—these should be flushed with clean water or saline for at least 15 minutes. Contaminated clothing should be removed promptly and placed in a sealed plastic bag for proper cleaning or disposal. It is important not to scrub the area, squeeze wounds, or use harsh chemicals such as alcohol or bleach, as these can worsen the injury or irritate the skin. If visible blood is present on surfaces, the area should be immediately cleaned and disinfected using a district-approved disinfectant or a bleach solution (usually 1 part bleach to 10 parts water). Staff should wear disposable gloves and other appropriate personal protective equipment (PPE) during cleanup, and all contaminated materials should be disposed of in designated biohazard containers. Quick and proper decontamination is critical to minimizing health risks following exposure.

Step 2: REPORT THE EXPOSURE

After decontaminating the exposed area, the incident must be reported immediately according to school district protocols. The exposed individual should notify their direct supervisor, Health Office staff, or designated health and safety officer without delay. A written exposure report should be completed as soon as possible, including details such as the date, time, location, description of the incident, individuals involved, and any first aid or decontamination measures taken. This report should be submitted to the Risk Management Office by email or telephone reportclaims@fnsb.gov (907-459-1344).

, following any required Occupational Safety and Health Administration (OSHA) documentation procedures. Prompt reporting ensures that appropriate medical evaluation, follow-up, and any necessary post-exposure prophylaxis (PEP) can be initiated in a timely manner. It also helps the district maintain compliance with health and safety regulations and improve future prevention efforts.

The employee must then complete two forms:

- the District's BBP Exposure Incident Report form. (This should be emailed to the Borough Risk Management Office within 24 hours of the exposure incident.)
- the State of Alaska Report of Occupational Injury or Illness or the Employee First Aid Injury/Incident Report form (see form for additional details). (This should be sent to the Borough Risk Management Office within 24 hours.)

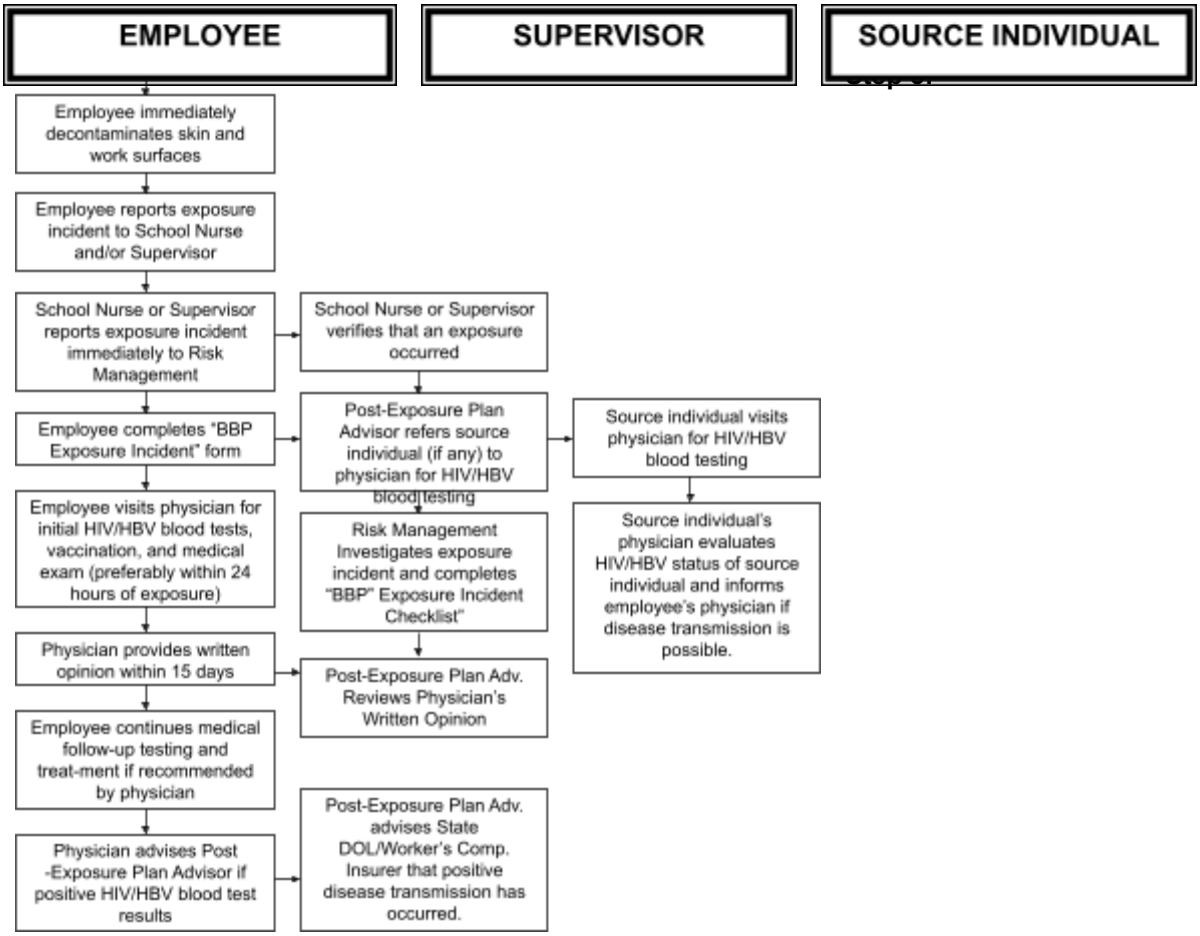
Sharp injury log requirements include:

- the date and time of the exposure incident;
- the type and brand of sharp involved in the exposure incident; and
- the description of the exposure incident that must include –

the job classification of the exposed employee;

- the department or work area where the exposure incident occurred;
- the procedure that the exposed employee was performing at the time of the incident;
- how the incident occurred;
- the body part involved in the exposure incident;
- if the sharp had engineered sharp injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated during the activation of the mechanism or after activation of the mechanism
- if the sharp had no engineering sharp injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury, as well as the basis for the opinion; and
- whether an engineering, administrative, or work practice control could have prevented the injury, as well as the recorder's basis for the opinion.

Bloodborne Pathogens Exposure Incident Follow-Up Procedure



MEDICAL EXAM AND TESTING OF EMPLOYEE

The District will immediately direct the employee to the employee's own medical provider. The employer will pay the cost of medical exams and lab tests. An accredited laboratory must conduct all lab tests. This medical follow-up should occur within 24 hours of the exposure.

The employee may refuse the post-exposure medical examination, blood testing, or post-exposure vaccination.

If the employee consents, the medical exam and treatment must include:

- collection of the employee's blood;
- baseline testing of the employee's blood for HBV, HCV, and HIV serological status

and other related conditions as recommended by the HCP;

- administration of post-exposure prophylaxis, such as Hepatitis B Immune Globulin (HBIG), as recommended by the U.S. Public Health Service/CDC;
- administration of Tetanus diphtheria (Td) shot (if human bite exposure);
- counseling of the employee regarding the exposure incident (including recommended safe practices during the first 12 months after the exposure incident, including safe protected sex and safe contact with family members, fellow employees and students);
- evaluation of the employee's current health status; and
- additional tests or treatment if recommended by the HCP.

Employees may initially decline testing. An employee has 90 days following initial baseline blood collection to decide if they wish to have their blood tested. During that time, the HCP is required to preserve the blood. If, after 90 days, the employee still declines to have testing done, then the blood sample may be discarded.

To assist HCPs in consulting with District employees following an exposure incident, the District will provide the HCP with the following:

- the District's procedure for medical evaluation following an exposure to a bloodborne pathogen (See "Information for HCPs" in the Attachments);
- a copy of the District's Bloodborne Pathogens Exposure Control Plan and a copy of OSHA Bloodborne Pathogens (HBV-HCV-HIV) Standard (if needed);
- A copy of 29 CFR 1910.1030 standard
- a copy of the employee's BBP Exposure Incident form;
- a copy of the employee's Hepatitis B vaccination record (if available); and
- the name of the Laboratory who evaluated the source individual's blood tests (if these were completed);

The employee will provide the HCP with any other relevant medical records.

Step 4. INVESTIGATION

The Post-Exposure Plan Advisor will begin an investigation of the exposure incident as soon as notification of the exposure incident and the employee's completed "Exposure Incident Report" form is received. The "BBP Exposure Incident Follow-Up Checklist" will be used to ensure that all required follow-up action is completed. (See Attachments.)

The investigation involves gathering the following information:

- when the incident occurred (date and time);

- where the incident occurred;
- what blood or potentially infectious materials were involved in the incident;
- what was the source of the blood or potentially infectious material;
- the route of exposure (e.g., mouth, eye, non-intact skin, bite);
- the circumstances under which the exposure incident occurred (e.g., the work or activity being performed or the emergency situation);
- the personal protective equipment being used at the time of the incident; and
- the actions taken following the incident, such as employee decontamination, clean up, and reporting.

The purpose of the investigation is not to find fault, but to find out what caused the exposure and to implement corrective actions to prevent future exposure incidents.

Step 5. DOCUMENT SOURCE INDIVIDUAL

If possible, the Post-Exposure Plan Advisor will attempt to identify the source individual and request that the source individual undergo blood tests to verify his or her HIV/HBV/HCV status. The Post-Exposure Plan Advisor will keep the identity of the source individual confidential. If the source individual is a student, parental permission must be obtained and the parent must transport the student to a HCP for the blood tests. The source individual and/or the parent are not compelled to consent to blood tests. The exposed employee does not have the right to pressure the source individual to be tested.

If the source individual and/or the parent consent to testing, then the following procedures should be followed:

a. A HCP of the source individual's choice will test the source individual's blood for HBV, HCV, and HIV.

b. The HCP evaluating the source individual will, with the proper release, communicate the results of these blood tests to the HCP treating the exposed employee.

c. The HCP treating the exposed employee will communicate to the exposed employee whether there is a risk of transmission of HBV/HCV/HIV from the exposure incident.

   To protect the medical privacy rights of both the employee and the source individual, the blood test results, and medical status of both individuals will remain confidential to their individual treating HCPs. The District will not be provided with information about the HBV/HCV/HIV status of either the employee or the source individual unless the employee contracts HBV/HCV/HIV and it is determined by the HCP that the disease transmission occurred as a result of the documented exposure incident.

Step 6. HCP'S WRITTEN OPINION

Within 15 days of consultation with the employee, the HCP will provide the District's Post-Exposure Plan Advisor and the employee with a written opinion evaluating the employee's health situation. (See Attachments.)

To maintain confidentiality, the HCP's written opinion will contain only the following information:

- whether Hepatitis B vaccination is indicated for the employee;
- whether the employee has already begun receiving the Hepatitis B Vaccination;
- confirmation that the employee has been informed of the results of the medical exam, blood tests, and evaluation; and
- confirmation that the employee has been advised of medical conditions that have or may result from the exposure incident which require further evaluation or treatment.

Step 7: MEDICAL FOLLOW-UP

Medical follow-up treatment will be provided to the employee, as recommended by the U.S. Public Health Service.

For HBV exposure, follow-up treatment may include:

- For a non-immunized employee, administer HBIG (Hepatitis B Immune Globulin) if medically indicated and Hepatitis B vaccine (three injection series).
- For a previously immunized employee, administer a follow-up blood sample to confirm the existence of Hepatitis B antibodies (immunity), and repeat HBV vaccination, if necessary.

For HIV exposure, follow-up treatment may include:

a. Blood test for HIV virus – EIA (enzyme immunoassay) Immediately or within 72hours:
   - Repeat test four - six weeks from date of exposure.
   - Repeat test twelve weeks from date of exposure.
   - Repeat test six months from date of exposure..

b. Prophylaxis treatment if medically indicated and the employee consents to receive treatment.

During the year following the exposure incident, the employee should contact the HCP immediately if they experience any acute illness or infection, particularly if it is characterized by rash, fever, extreme fatigue, or swollen lymph nodes.

If test results are negative after follow-up treatment, the HCP will determine if any additional testing is warranted.

If HIV test results are positive at any time after the baseline test, the current recommended protocol involves drawing a blood specimen for confirmatory testing using a **HIV-1/HIV-2 antibody differentiation immunoassay**. This test confirms the presence of HIV and distinguishes between HIV-1 and HIV-2 infections. If the results of this differentiation test are indeterminate or negative despite an initial positive result, a **nucleic acid test (NAT)** for **HIV-1 RNA** is performed to detect early or acute HIV infection. The Western Blot test is no longer recommended due to its lower accuracy and slower results. Once HIV is confirmed, additional laboratory evaluations—including CD4 count, viral load, and resistance testing—are conducted to guide treatment planning. The employee's HCP will certify to the Post-Exposure Plan Advisor that the employee has experienced a positive HIV exposure on the job. At that time, the District will complete a new State of Alaska "Report of Occupational Illness or Injury" and the HCP will make recommendations to the employee, the District Workers' Compensation Insurer and the Post-Exposure Plan Advisor about future medical care for the employee.

COMMUNICATION OF HAZARDS TO EMPLOYEES

The District uses a variety of methods to communicate the hazard of occupational exposure to bloodborne pathogens to our employees. These include:

- the District's Bloodborne Pathogens Exposure Control Plan
- biohazard labels, signs, and colors
- employee information and training programs

WRITTEN BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

This is the District's written Bloodborne Pathogens Exposure Control Plan. The Human Resources Office, upon request, will provide a copy of this written plan. Copies of the plan may be reviewed or printed anytime from the HR Website > Training > OSHA Required Training

This plan is reviewed and updated at least annually, or whenever changes in job descriptions or job duties result in a change in employee occupational exposure to bloodborne pathogens.

BIOHAZARD LABELS, SIGNS, AND COLORS

The District uses the universal biohazard symbol and the words "BIOHAZARD" (See the Appendix for an example) to alert employees to locations and situations that present a potential exposure to bloodborne pathogens. Employees will see the biohazard symbol

on:

- District sharps collection containers;
- District regulated waste containers;
- outside doors to regulated waste collection and storage areas; and
- in addition to the biohazard symbol, the District uses red-colored plastic waste-can liners to designate the contents as regulated waste.

EMPLOYEE INFORMATION AND TRAINING PROGRAM

Any District employee, student worker, contractor, or volunteer may face an unexpected exposure to bloodborne pathogens in the event of an injury. The School District will provide employees and volunteers with information about the BBP plan, standard precautions and reporting procedures.

The District provides information and training for all employees based on the unique exposure risk factors in his/her position.

- **GENERAL AWARENESS TRAINING**

- BBP training will be assigned to new employees when hired and yearly at the start of the new school year

Trainers

Under OSHA regulations, the person providing the training must be knowledgeable in the subject matter covered by the training program as it relates to the specific workplace addressed by the training. The state e-learning module - *PRECAUTIONS AGAINST BLOOD-BORNE PATHOGENS* or the video *Blood Borne Pathogens Fast Facts for Schools* have been approved as an alternative training method. (In addition, videos produced within the FNSBSD under the direction of the Director of Health Services, are also approved as training materials.)

Other District staff, such as Special Services Teachers and Lead/Day Custodians may provide site-specific refresher training programs for their staff members.

As much as feasible, the District provides training materials that are appropriate in content and vocabulary to the employee's educational level, literacy, and language skills. If an employee is only proficient in another language, the trainer or an interpreter must convey the information in that language.

Training Content (Initial & Annual)

The District's Comprehensive Bloodborne Pathogens Exposure Control Plan training program includes the following elements:

- an accessible copy, list of locations, and an explanation of the content of the District's

written Bloodborne Pathogens Exposure Control Plan;

- the general epidemiology and symptoms of HBV, HCV, and HIV;
- the modes of transmission of bloodborne pathogens;
- other bloodborne pathogens that exist;
- how to recognize work tasks and activities that involve potential exposure to bloodborne pathogens;
- the use and limitations of control methods that can reduce exposure to bloodborne pathogens (engineering controls, work practice controls, and personal protective equipment);
- the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- the basis for selecting and using personal protective equipment;
- the HBV vaccine, its efficacy, safety and benefits;
- that the HBV vaccine is offered free of charge for certain job classification;
- the procedures to follow and how to report an emergency situation involving blood or other potentially infectious materials;
- the procedures to follow after an exposure incident, including how to report it and what medical follow-up will be made available to the employee;
- the biohazard labeling and color coding used by the District for regulated waste containers and storage areas;
- the post-exposure evaluation and follow-up that the District provides for the employee following an exposure incident (at no cost to the employee); and
- the employee's right to refuse HBV vaccination and subsequent right to the HBV vaccination at a later date.

Employees utilizing training through the state e-learning system will have an opportunity to direct any questions to the school health office or Director of Health Services.

Any employee who has questions about the district's Bloodborne Pathogens Exposure Control Plan should contact the Business Services Coordinator.

RECORDKEEPING

The OSHA Bloodborne Pathogens (HBV-HCV-HIV) Standard requires that employers maintain specific medical and training records that relate to occupational exposure to bloodborne pathogens.

Medical Records

The District Human Resources Department is responsible for maintaining the following employee medical records relating to pre occupational exposure to bloodborne pathogens:

- the name and social security number of the employee;
- a copy of the employee's Hepatitis B Vaccination status;
- dates of HBV vaccinations; and
- records relating to an employee's ability to receive a vaccination.

The Post-Exposure Plan Advisor is responsible for:

- records of an employee's exposure to bloodborne pathogens;
- information provided to an employee's HCP as a result of any exposure to bloodborne pathogens; and
- the HCP's written opinion following an employee's exposure incident.

As with all employee medical records, the medical information mentioned above is confidential. The District will not disclose or report this information to anyone without the employee's written consent (except as may be required by law). This information, along with all health/medical records of employees, will be kept on file for a minimum of (30) thirty years after the employee leaves employment with the District.

Training Records

The District, to ensure that employees have received the necessary training, keeps records of safety training sessions. This includes:

- dates and content summary of training sessions;
- names and qualifications of the instructors; and
- names of employees attending the training sessions; and
- Acknowledgement forms

These training records are available for examination and copying by OSHA, its representatives, and employees and employee representatives, for a period of three years from the date on which the training occurred. See the *Attachments* for sample training documentation forms.

Attachments

1. Definitions
2. HBV, HCV, and HIV Information Bulletin
3. Initial Comprehensive Training
4. HBV Vaccination Consent/Decline Form
5. Annual Comprehensive Refresher Training Form
6. Exposure Incident Report Form
7. Post-Exposure Evaluation & Incident Follow-up checklist
8. HCP's Written Opinion Form
9. Site-Specific Information Form
10. Directive to HCPs for Bloodborne Pathogens Exposure

DEFINITIONS

NOTE: Most definitions are taken from OSHA's Bloodborne Pathogens (HBV-HCV-HIV) Standard.

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

Bloodborne pathogens: Pathogenic microorganisms that are present in human blood or other potentially infectious materials (OPIM) and could infect and cause disease in persons who are exposed to blood containing the pathogens. These pathogenic microorganisms can cause diseases such as HBV (Hepatitis B virus), AIDS (human immunodeficiency virus – HIV), Hepatitis C (HCV), malaria, syphilis, babesiosis, brucellosis, leptospirosis, aeroviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-1) associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever.

Body Fluids (to which Universal Precautions apply) include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Centers for Disease Control (CDC): Federal health agency that is a branch of the U.S. Department of Health and Human Services. CDC provides national health and safety guidelines and statistical data on AIDS and other diseases.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials. An item is considered ***contaminated*** by OSHA if the item or its surface has the presence or the reasonably anticipated presence of blood or other potentially infectious material on it.

Contaminated laundry: Laundry which has been soiled with blood or other potentially infectious materials, or which may contain sharps.

Contaminated sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass and exposed ends of dental wires.

Decontamination: Defined by OSHA as the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogen on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls: Controls (e.g., sharps containers, self-sheathing needles) that isolate or remove the bloodborne pathogen hazard from the workplace.

Exposure incident is defined by OSHA as an incident that occurs in the performance of an employee's job duties, where the blood or other potentially infectious material of one human individual contacts the eye, nose, mouth, mucous membranes or non-intact skin of another human individual.

Hand washing facility: A facility providing an adequate supply of running potable water, antibacterial soap, and single use towels or hot air drying machines.

HBIG: Hepatitis B Immune Globulin, which is a preparation that provides some temporary protection following exposure to HBV if given within seven days after exposure, preferably within 24 hours of exposure.

Hepatitis B (HBV): A viral infection that affects the liver. The effects of the disease on the liver can range from mild to severe or fatal.

Hepatitis C (HCV): A bloodborne pathogen that causes inflammation of the liver, potentially leading to chronic liver disease, cirrhosis, liver cancer, and liver failure. It is transmitted primarily through exposure to infected blood and blood-contaminated body fluids.

High-Risk Behavior: A term that describes certain activities, which increase the risk of transmitting HIV or HBV. These include anal intercourse, vaginal intercourse without a condom, oral-anal contact, semen in the mouth, and sharing intravenous needles and intimate blood contact.

HIV: Human immunodeficiency virus.

Mucous membrane: Moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, and urethra.

Non-intact skin: Includes skin that is chapped, abraded, weeping or that has rashes or eruptions, and hangnails, cuts or dermatitis conditions.

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.

Other Potentially Infectious Materials (OPIM) include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

Parenteral: Piercing of the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Pathogen: Disease causing substance.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn for protection against a

hazard. Personal protective equipment is considered ***"appropriate"*** by OSHA against bloodborne pathogens only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or nose under normal conditions of use and for the duration of time during which the protective equipment will be used.

Prophylaxis: any substance or steps taken to prevent something from happening (for example, condoms, vaccines).

Regulated waste: Liquid or semi liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.

Regulated waste containers include puncture-resistant, leak-proof, red-colored plastic liners or bags, and/or heavy-duty cardboard boxes marked with the biohazard label, that have been designed and designated for the disposal and containment of regulated waste.

Sharps are defined by OSHA as "any contaminated object that can penetrate the skin including (hypodermic) needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Sharps containers are containers designed for the safe disposal of sharps or hypodermic needles. They must be closeable; puncture-resistant; red in color or labeled with a biohazard-warning label; and leak-proof on the sides and bottoms.

Source individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to a bloodborne pathogen to the employee. Examples include, but are not limited to: injured workers, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and people who donate or sell blood or blood components.

Sterilize: The use of physical or chemical procedures to destroy all microbial life, including highly resistant bacterial endospores.

Standard precautions: An approach to infection control, in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Vaccine: Substance that produces or increases immunity against a particular disease.

Work practice controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (e.g., not recapping needles).

HBV, HCV, & HIV INFORMATION BULLETIN

HEPATITIS B VIRUS (HBV)

Hepatitis B virus (HBV) is a **bloodborne virus** that infects the liver and can cause both **acute (short-term)** and **chronic (long-term)** liver disease, often resulting in cirrhosis or liver cancer, both of which can result in death. It is highly contagious and primarily spread through contact with infected blood or other potentially infectious materials.

Hepatitis B is transmitted through contact with infected blood or certain body fluids and poses a greater risk to healthcare workers and school staff whose duties may bring them into close contact with individuals who could be infected. The danger of exposure

increases for healthcare workers whose assigned duties may involve direct contact with blood, bodily fluids, or contaminated items, such as during first aid, cleaning up after injuries, or handling sharp instruments. Transmission may occur in numerous ways, including needlestick injuries, contact with open cuts or broken skin, splashes to the eyes, nose, or mouth, unprotected sexual contact, or from an infected mother to her baby during childbirth. Although hepatitis B is not spread through casual contact such as hugging, shaking hands, or sharing food, the virus can survive on surfaces for up to seven days and still be infectious. In school settings, it's important to avoid sharing personal items like razors or toothbrushes that may contain traces of blood. All employees should follow standard precautions and use appropriate personal protective equipment (PPE) when responding to incidents involving blood or bodily fluids to reduce the risk of infection.

Many people infected with HBV, especially children, may have **no symptoms at all** and may not realize they are infected. For those who do develop symptoms, they typically appear **between 1 to 4 months after exposure**, but sometimes symptoms can take up to 6 months to manifest. The initial phase, known as the **acute phase**, may last several weeks and can include symptoms such as: fatigue, loss of appetite, nausea and vomiting, abdominal pain or discomfort, particularly near the liver, dark urine, clay-colored stools, joint pain, jaundice (yellowing of the skin and eyes), which indicates liver involvement

Symptoms can vary in severity from mild to severe, and some people recover fully without long-term liver damage. However, in some cases, the infection becomes chronic, meaning the virus remains in the body for years, often without symptoms, but causing ongoing liver damage.

Symptoms of HBV infection can be **progressive**, especially in chronic cases. During the acute phase, symptoms may appear suddenly and resolve as the infection clears. In chronic infection, symptoms are often mild or absent initially but may **progress slowly over years** as liver inflammation leads to fibrosis, cirrhosis (scarring), and possibly liver cancer. Because early chronic infection may cause few or no symptoms, many individuals remain unaware until significant liver damage has occurred.

For more information, visit the **CDC Hepatitis B website:** https://www.cdc.gov/hepatitis/hbv/index.htm

HEPATITIS C VIRUS (HCV)

Hepatitis C is a viral infection that primarily affects the liver. It is caused by the hepatitis C virus (HCV) and can range from a short-term illness to a long-term, chronic infection. In many cases, individuals with hepatitis C may not show symptoms for years, but over time, the virus can cause serious liver damage, including cirrhosis, liver failure, or liver cancer. Fortunately, hepatitis C is now curable with antiviral medications in most cases.

Hepatitis C is spread through blood-to-blood contact with someone who is infected with the virus. The most common route of transmission is sharing needles or other drug-injection equipment. It can also be transmitted through accidental needlestick injuries, which is a concern for healthcare workers and others who may handle sharps or contaminated materials. Less common routes include sharing personal items that may have blood on them, such as razors or toothbrushes. Hepatitis C is not spread through casual contact, hugging, kissing, coughing, sneezing, or sharing food or drinks.

For school district employees, the risk of exposure is very low, but it is still important to follow standard safety precautions when dealing with any blood or body fluids. Employees such as health office staff, custodians, or those providing first aid may be at slightly higher risk due to potential contact with blood. Using gloves, following proper cleaning procedures, and safely handling or disposing of sharp objects are essential practices to prevent any risk of transmission.

Symptoms of hepatitis C can be mild or absent, especially in the early stages. When symptoms do occur, they may include fatigue, fever, nausea, abdominal pain, dark urine, joint pain, or jaundice (yellowing of the skin and eyes). Because symptoms may not appear until liver damage has progressed, routine blood testing is often the only way to confirm infection.

While hepatitis C can be a serious illness, it is both preventable and treatable. Understanding how it spreads and following appropriate safety measures can help protect both staff and students in the school environment.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Human Immunodeficiency Virus (HIV) is a virus that weakens the body's immune system by attacking CD4 cells, which help the body fight infections. If left untreated, HIV can lead to Acquired Immunodeficiency Syndrome (AIDS), a more advanced stage of the disease. While there is currently no cure for HIV, it can be effectively managed with medical treatment, allowing individuals to live long, healthy lives.

HIV is transmitted through contact with specific body fluids from a person who is infected. These include blood, semen, vaginal fluids, rectal fluids, and breast milk. The most common ways HIV is spread include unprotected sexual contact, sharing needles or syringes, mother-to-child transmission during childbirth or breastfeeding, and exposure to infected blood, such as through a needlestick injury. On average, the risk of HIV transmission from a needle stick or sharps injury involving HIV-positive blood is approximately **0.3%**, or about **1 in 300 exposures**. This risk may vary slightly depending on factors such as the amount of blood involved, the depth of the injury, and the viral load of the source. It's important to note that HIV is not spread through casual contact like hugging, shaking hands, sharing food or drinks, using the same toilet, or by coughing or sneezing. In fact, HIV is a relatively fragile virus outside the human body. It does not survive long once exposed to air and is not easily transmitted through

environmental surfaces or everyday interactions.

Symptoms of HIV vary, and many people may not show signs for years after infection. However, some individuals may experience flu-like symptoms within two to four weeks of exposure, often referred to as acute HIV infection. These early symptoms may include fever, chills, rash, night sweats, sore throat, muscle aches, swollen lymph nodes, fatigue, and mouth ulcers. Without treatment, HIV can progressively damage the immune system, leading to more serious infections and health complications over time.

CATEGORY A COMPREHENSIVE TRAINING - BBP

I have completed the Fairbanks North Star Borough School District Comprehensive Training Program in Bloodborne Pathogens Exposure Control. The State of Alaska e-learning program – *PRECAUTIONS AGAINST BLOOD-BORNE PATHOGENS* and the annual FNSBSD BBP Video has been approved as a comprehensive training module. As part of my training, I have reviewed:

- the District's written Bloodborne Pathogens Exposure Control Plan and the site-specific portion of the plan for my work location;
- standard precautions to prevent exposure to bloodborne pathogens;
- job specific tasks and procedures that present an occupational exposure to bloodborne pathogens;
- personal protective equipment, such as gloves and goggles, which can provide protection from exposure to bloodborne pathogens;
- how to recognize regulated waste and the appropriate methods and containers for disposing of this waste; and
- have been offered an opportunity to ask questions about my job duties and the exposure control plan.
- In addition, I have been informed of and offered the Hepatitis B vaccination series.

Employee Name:	Job Title:
Employee Signature:	Work Location:

**Employees using the approved State E-learning system training module can submit a copy of the e-learning certificate. All other training provided in person will need the trainer's signature below.*

Trainer Name:	Job Title:
Trainer Signature:	Date:

Fairbanks North Star Borough School District

HEPATITIS B VACCINATION - CONSENT/DECLINE FORM

Name:_____F Number: **Work Location:_____**

Position:_____Date:_____

A. CONSENT TO RECEIVE HEPATITIS B VACCINATION

I have read the information sheet about Hepatitis B, the Hepatitis B vaccine, and attended comprehensive training on the district's Bloodborne Pathogen Exposure Control Plan and voluntary vaccination program. I have had an opportunity to ask questions and I understand the risks and benefits of Hepatitis B vaccination. I understand that I must receive three doses of vaccine to complete the series. However, as with all medical treatment, there is no guarantee that I will, in fact, become immune or that I will be free from adverse side effects from the vaccine. I understand that my decision to receive or not receive the vaccine will have no effect on my employment status. Furthermore, if consenting to the vaccine, I assume the responsibility of adhering to the appointment dates set for the three injections.

I hereby request to receive the Hepatitis B Vaccine Series.

Signature:_____ Date:_____

THIS SECTION TO BE COMPLETED BY MEDICAL PROFESSIONAL
(May attach a copy of signed document by your provider indicating dates of vaccinations)

Injection	Date	Provider's Name and Signature	Lot #
Dose #1			
Dose #2			
Dose #3			

B. DECLINATION TO RECEIVE HEPATITIS B VACCINATION

I understand that, due to the risk of 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 receive the Hepatitis B vaccine. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the 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 may later elect to receive the vaccination.

_____ **I have already received the Hepatitis B Vaccination Series.**
Initials

I hereby DECLINE receipt of the Hepatitis B Vaccine Series.

Signature:_____ Date:_____

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPT. UPON COMPLETION OF ACCEPTANCE OR DECLINATION

BBP ANNUAL COMPREHENSIVE REFRESHER CATEGORY A

I have completed the Annual Comprehensive Refresher training in the District's BBP Exposure Control Plan. The State of Alaska e-learning program – *PRECAUTIONS AGAINST BLOODBORNE PATHOGENS* or the FNSBSD BBP Training Video has been approved as a comprehensive training module. The training covered:

- the content of the District's written Bloodborne Pathogens Exposure Control Plan;
- the general epidemiology and symptoms of Hepatitis B, Hepatitis C, and HIV, and other bloodborne pathogens that exist;
- the modes of transmission of bloodborne pathogens;
- how to recognize work tasks and activities that involve potential exposure to bloodborne pathogens;
- the use and limitations of control methods that can reduce exposure to bloodborne pathogens (engineering controls, work practice controls, and personal protective equipment);
- the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- the availability of the Hepatitis B vaccine, its efficacy, safety and benefits;
- the procedures to follow and how to report an emergency situation involving blood or other potentially infectious materials;
- the procedures to follow after an exposure incident, including how to report it and what medical follow-up will be made available to the employee;
- the biohazard labeling and color coding used by the district for regulated waste containers and storage areas;
- the post-exposure evaluation and follow-up that the district provides for the employee following an exposure incident (at no cost to the employee); and
- I was provided an opportunity for interactive questions and answers with the person conducting the training session.

In addition, standard precautions, proper hand-washing techniques, sharps injuries and disposal, and the safe handling/cleaning/disposing of contaminated materials/surfaces were reviewed as outlined in the BBP Exposure control Plan.

Employee Name:	Job Title:
Employee Signature:	Work Site:

**Employees using the approved State E-learning system training module can submit a copy of the e-learning certificate. All other training provided in person will need the trainer's signature below.*

Trainer Name:	Job Title:
Trainer Signature:	Date:

CONFIDENTIAL
EXPOSURE INCIDENT REPORT FORM

Date of Exposure:	Time of Exposure:
Employee Name:	
Job Title/Description:	School or Department Location:
Home Address:	Home Telephone:
Type of exposure incident (needle stick, first aid, bite, etc.):	
If Sharps exposure, identify brand name and model of sharp:	
What blood or other potentially infectious material were you exposed to?	
What part(s) of your body was (were) exposed? *(Be specific: skin on hands, nose, eyes, etc.)*	
Did you have any open cuts, sores, or rashes on skin that were exposed?	
Was the source of the exposure a person or a surface? *(Do NOT name the person here.)*	
How and where did the exposure occur? *(Be specific about what you were doing at the time.)*	
Did you decontaminate yourself after the exposure? How?	
What personal protective equipment were you using at the time of the exposure? *(Be specific: type of gloves, goggles, etc.)*	
Have you sought medical attention from your school health office or other medical professional? *(If so, give the date and name of the professional or clinic.)*	
Have you contacted the Post-Exposure Plan Advisor? (if not, please call 459-1371)	
Signature of Employee:	**Date:**
Signature of School Health office staff or Principal/Supervisor	**Date:**

EMPLOYEE: Please send this form to the District Post-Exposure Plan Advisor --reportclaims@fnsb.gov within 24 hours of the exposure incident. Keep the original to take to your HCP.

CONFIDENTIAL

POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The District Post-Exposure Plan Advisor will complete this checklist following an employee exposure to bloodborne pathogens. All information will be kept CONFIDENTIAL.

Date of Exposure:	Site of Exposure:
Employee Name:	Job Title/Description:

	ACTIVITY	ACTION & DATE COMPLETED
1.	I have spoken to the employee to discuss the exposure incident, and I provided the employee with decontamination and exposure follow-up procedures.	Date/time of phone contact:
2.	The employee exposure incident has been verified and documented on the District's "Bloodborne Pathogens Exposure Incident" form.	
3.	Employee's HCP has been provided with: ▪ District "BBP Exposure Incident" form ▪ District "Directive for HCP" ▪ District BBP Exposure Plan (if needed) ▪ OSHA BBP Standard (if needed)	
4.	The employee has visited the HCP within 24 hours, and has consented to initial HIV/HBV/HCV blood tests and medical follow-up recommended by the HCP. Name of HCP:_____ OR, employee has declined blood tests & medical follow-up.	Date/time employee visited HCP or note if employee declined HCP visit:
5.	The State DOL "Report of Occupational Injury or Illness" form has been completed and sent to the Borough Risk Management Office if costs for medical care have been incurred.	
6.	The source individual (if any) has been identified. Name of source individual:_____ If the source individual is a student, request that the Director of Health Services contact parent/guardian.	
7.	The source individual or his/her parent/guardian has been contacted for consent to have HIV/HBV/HCV blood tests. Name of parent or guardian:_____ The source individual or his/her parent/guardian has been contacted by the Director of Health Services for consent to have HIV/HBV/HCV blood tests. Name of parent/guardian:_____	Consent received:_____ Consent not received:_____
8.	The source individual has visited his/her HCP and completed HIV/HBV/HCV blood tests. Name of HCP:	Date source individual visited HCP:
9.	The employee's HCP has been given the name of the HCP who evaluated the source individual.	
10.	I have received a copy of the "HCP's Written Opinion" from the employee's HCP.	

11.	I have forwarded a copy of the "HCP's Written Opinion" to the employee.	

HCP'S WRITTEN OPINION
Following Employee Exposure to Bloodborne Pathogens

Employee Name:
Date of Exposure Incident:
Date of HCP Medical Evaluation:

Directions to HCP:
Please answer the following questions and sign below. This form MUST be returned to the School District Post-Exposure Plan Advisor within 15 days of your evaluation of the employee.

ACTION ITEM	YES	NO
Do you recommend that this employee be provided with the Hepatitis B vaccination series?		
Has the employee been informed of the results of the medical evaluation and blood tests?		
Has the employee been advised of medical conditions that may result from the exposure incident?		
Has the employee been advised that he/she should have additional follow-up blood tests, medical evaluation, or treatment?		
Name of HCP (please print):		
Signature of HCP:	Date:	

Fax or return completed form to: Post-Exposure Plan Advisor, Borough Risk Management Office
P.O. Box 71267, Fairbanks, AK 99707 (FAX) 907-459-1187

Protect Yourself! Use Proper Equipment!

Report Any Incident of Possible Exposure to Bloodborne Pathogens

SITE- SPECIFIC INFORMATION

This form is to be completed and maintained at each school district site.

School District Location:		
Reporting	**Contact Name**	**Phone/Extension**
Exposure Incident Phone/ext.: Site health staff Name: Phone/ext.:	Supervisor: health staff:	
Contact for help with clean up of blood or Custodian or other body fluids		
Supplies	**Location (and/or contact for supplies or disposal information)**	
Protective Gloves		
Disinfectant		
Disposal Bags		
Disposal Sites For Sharps and Disposal Bags		
First Aid Kit		
Other Supplies		

Specific to Location	

(Keep one copy in BBP Manual; post additional copies in central locations and high-risk areas.)

DIRECTIVE TO Health Care Provider (HCP)

FOR BLOODBORNE PATHOGENS EXPOSURE EVALUATION AND FOLLOW-UP

If you have any questions about these procedures, please contact the District's Bloodborne Pathogens Post-Exposure Plan Advisor, 459-1344.

MEDICAL EXAM AND TESTING OF EMPLOYEE

Following any verified workplace exposure to bloodborne pathogens, the District will immediately direct the employee to the employee's health care provider. This medical follow-up should occur within 24 hours of the exposure. The District will pay the cost of the medical exam and lab tests. An accredited laboratory must conduct all lab tests. The medical exam and treatment must include:

- collection of the employee's blood;
- baseline testing of the employee's blood for HBV, HCV, and HIV serological status, as well as testing of the employee's blood for other related conditions as recommended by the HCP;
- administration of post-exposure prophylaxis, such as HBIG, when medically indicated, as recommended by the U.S. Public Health Service/CDC;
- if the exposure came from a human bite, administration of a diphtheria tetanus shot;
- counseling of the employee regarding the exposure incident (including recommended safe practices during the first 12 months after the exposure incident, including safe protected sex and safe contact with family members and coworkers);
- evaluation of the employee's current health status; and
- additional tests or treatment if recommended by the HCP.

NOTE: Employees may initially decline HIV testing. An employee has 90 days following initial baseline blood collection to decide if he/she wishes to have his/her blood tested for HIV. During that time, the HCP is required to preserve the blood. If, after 90 days, the employee still declines to have HIV testing, then the blood sample may be discarded.

To assist HCPs in consulting with District employees following an exposure incident, the District will provide the HCP with the following:

- the District's procedure for medical follow-up following an exposure;
- a copy of the District's Bloodborne Pathogens Exposure Control Plan and a copy of OSHA Bloodborne Pathogens (HBV-HIV) Standard (if requested);
- a copy of the completed Exposure Incident form;
- the name of the HCP who evaluated the source individual's blood tests (if these were completed).

TESTING OF SOURCE INDIVIDUAL

The District Post-Exposure Plan Advisor will refer the source individual or his/her parent or guardian to a HCP for blood tests to identify his/her HIV, HCV, and HBV status. In some cases, the source individual may also be at risk for a bloodborne pathogen exposure. The District Post-Exposure Plan Advisor will keep the identity of the source individual confidential. The source individual is not compelled to consent to blood tests. If the source individual consents, then the following procedures should be followed:

a. A HCP of the source individual's choice will test the source individual's blood for HBV, HCV, and HIV.
b. The HCP evaluating the source individual's blood test will communicate the results of these blood tests to the HCP treating the exposed employee.
c. The HCP treating the exposed employee will communicate to the employee whether there is a risk of transmission of HBV, HCV, or HIV from the exposure incident.

HCP WRITTEN OPINION

Within 15 days of consultation with the employee, the HCP must provide the District Director of Health Services and the employee with a written statement. To maintain confidentiality, the HCP written opinion will contain only the following information:

- whether Hepatitis B vaccination is indicated for the employee
- whether the employee has already begun receiving the Hepatitis B vaccination;
- confirmation that the employee has been informed of the results of the medical exam, blood tests, and evaluation; and
- confirmation that the employee has been advised of medical conditions that may result from the exposure incident and which require further evaluation or treatment.

MEDICAL FOLLOW-UP

Medical follow-up treatment should be provided to the employee, as recommended by the U.S. Public Health Service. For HBV exposure, follow-up treatment may include:

- for a non-immunized employee, administer: HBIG(Hepatitis B Immune Globulin) if medically indicated and the Hepatitis B vaccine (three injection series); or
- for a previously immunized employee, follow-up treatment may include: a follow-up blood sample to confirm existence of Hepatitis B antibodies (immunity), and repeat HBV vaccination, if necessary.

For HIV exposure, follow-up treatment may include:

a. Blood test for HIV virus – ELISA (Enzyme-Linked Immunosorbent Assay):
    - Repeat test four - six weeks from date of exposure
    - Repeat test twelve weeks from date of exposure
    - Repeat test six months from date of exposure

b. Prophylaxis treatment if it is medically indicated and the employee consents to receive it.