

**SUBJECT: BLOODBORNE PATHOGENS**

Date of Original Policy: September 10, 1973, December 4, 1997, October 10, 2019  
 Date of Next Review: 2024  
 Cancels Policy Code: None  
 Revision Date: August 18, 1975, August 29, 1977, September 11, 1978, August 18, 1981, July 25, 1983, August 19, 1987, January 14, 1993, August 9, 2007, October 2019

JURISDICTION: **RSU 73 Schools**

**POLICY: Bloodborne Pathogens**

The School Board acknowledges the risk of infection from bloodborne pathogens that employees may incur when they handle or participate in procedures that involve blood, other bodily fluids or other potentially infectious materials.

The School Board directs the Superintendent to implement the mandated Occupational Safety and Health Administration (OSHA) standard to eliminate or minimize occupational exposure to blood and other bodily fluids.

The Superintendent shall prepare for School Board consideration and approval an initial Occupational Exposure Control Plan with updates on at least an annual basis. All employees will be informed of the adoption of this plan, which will be available on the school website.

The following issues shall be addressed in the plan:

- A. Exposure determination
- B. Preventative measures including training, universal precautions, engineering controls, work practice controls, and personal protective equipment,
- C. Post-exposure evaluation and follow-up, and
- D. Recordkeeping

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

Regional School Unit # 73 is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910,1930 "Occupational Exposure to Bloodborne Pathogens" The ECP is a key document to assist in our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

**1. EXPOSURE DETERMINATION**

The school system has assessed job tasks for all employees and determined the following risk categories subject to this ECP.

The following are job categories in which all employees are likely to have occupational exposure to blood or other potentially infectious materials (OPIM) as part of their normal work routine.

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Job Category

School Nurse  
 Education Technician  
 Athletic Trainer  
 Special Education Teacher  
 Special Education Ed Technician  
 Behavioral Teacher  
 Behavioral Ed Technician  
 Bus Driver  
 Custodian

The following are job categories in which employees may have occasional exposure to blood and OPIM but not as part of their normal work routine.

Job Category

School Secretary  
 Coach  
 Teacher  
 Cafeteria Worker  
 Lunch and or Recess Monitor

## 2. METHODS OF EXPOSURE CONTROL AND IMPLEMENTATION

Universal Precautions

All employees will utilize universal precautions to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

- Employees will cover any wound that is not scabbed over and could be a source of potential exposure whenever possible.
- Diabetic students, as developmentally appropriate and in other than emergency situations, will perform their own glucose testing after having demonstrated proficiency.
- Students will be taught to apply pressure to stop bleeding or nosebleeds whenever possible.

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Engineering Controls, Work Practices and Personal Protective Equipment

Engineering work practice controls and personal protective equipment will be used to prevent or minimize exposure to bloodborne pathogens. Employees will be provided appropriate personal protective equipment free of charge. It will be chosen based on anticipated exposure and will prevent blood or OPIM from reaching the skin or mucous membranes. The specific engineering and work practice controls will be:

- All employees will wear protective gloves when dealing with blood or OPIM.
- All spills of blood or OPIM will be cleaned up using appropriate antiviral / antibacterial agent by trained staff.
- All employees will wash hands after contact with blood or OPIM even if wearing gloves. After removal of personal protection, employees will wash their hands and other potentially contaminated skin immediately with soap and water.
- If employees incur exposure to their skin or mucous membranes, those areas will be washed and or flushed with water, as appropriate, immediately or as soon as feasible.
- Adequate and accessible handwashing facilities are available in all schools for employees who incur exposure to blood or OPIM.
- Any individual who has blood-stained clothing will change into clean clothes if the clothing cannot be properly cleaned. The bloody clothing will be bagged and sent home with the individual.
- Contaminated broken glass and other materials will not be picked up by hands, it will be swept up or picked up by mechanical means (sweep with a broom and dustpan or vacuum).
- The nurses will maintain properly labeled sharps containers. Contaminated needles or other contaminated sharps are discarded in sharps containers in the school nurse's office immediately or as soon as possible. Contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Sharps containers are puncture resistant, leak proof, labeled as a biohazard and kept out of the reach of children in schools. They will be checked twice a year and disposed of as needed. The custodial staff can dispose of the sharps container at the town transfer station if the sharps container is properly closed.
- The nurses will provide classrooms with personal kits for emergency protection. Kits will contain disposable gloves and band-aids at the beginning of each school year.
- Waste baskets will be emptied each school day by custodians.
- Waste baskets in the nurse's office will have the capability to be double bagged as needed.
- Buildings will be cleaned and decontaminated on a routine basis.
- Cleaning schedules will be kept by the Transportation and Facilities Director.
- Any staff using non-approved products must keep, understand, and follow SDS recommendations.
- All contaminated work surfaces will be decontaminated after completion of procedures or as soon as feasible after any spill of blood or OPIM.
- Disposable non-latex gloves will be available through the nurse's office, special education, and custodial services.

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- Disposable non-latex gloves will be worn when it is reasonably anticipated that employees will have hand contact with blood or OPIM.
- Disposable non-latex gloves which have been contaminated will be removed and disposed of in a lined trash can. Then the employee should immediately wash their hands.
- Used or contaminated disposable gloves are not washed or decontaminated for reuse and are to be replaced when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves can be washed and reused if they are intact (no cracking or punctures).

HEPATITIS B VACCINE

- The school nurse or designee will provide training to employees during orientation about Hepatitis B vaccine and how it can be obtained at RSU 73.
- The Hepatitis B series is available at no cost to the employee after the initial training and prior to the initial assignment for all employees identified in the exposure determination section of this ECP.
- Vaccination of identified employees is encouraged unless: 1) documentation exists that the employee has previously received the series 2) antibody testing reveals the employee is immune; or 3) medical evaluation shows the vaccine is contraindicated.
- Employees who decline the vaccine must sign a declination form (Attachment A). Employees who initially decline the vaccine can change their mind at any time and have the vaccine provided at no cost. Documentation of refusal is maintained in the Central Office by the Administrative Assistant to the Superintendent.

**3. POST EXPOSURE EVALUATION AND FOLLOW-UP**

An exposure incident means direct transmission of blood or OPIM to mucous membranes or non-intact skin of the employee, including a needle stick punctures by contaminated sharps. In the event of an exposure, the procedure is as follows:

- Immediate first aid - The employee will wash the exposure site thoroughly with soap or disinfectant and water. Flush affected eyes and / or mucous membranes with water immediately.
- Employee will immediately report the injury to the School Nurse or his / her immediate supervisor.
- All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up. The school nurse or supervisor will arrange for this post-exposure evaluation and follow-up by the RSU 73 occupational health provider.
- The employer will complete and Employee's Incident Report. The Administrative Assistant will complete a First Report of Injury form within 24 hours. The original copy of the First Report of Injury will be retained in the employee's medical file.

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- An Accidental Blood Exposure Medical Evaluation and Follow-Up Report (Attachment B) form will be given to the employee for completion by the occupational health provider conducting the post-exposure follow-up and returned to Central Office when completed. This will be maintained in the employee health record.
- The School Nurse or supervisor will complete a Supervisor's Incident Report (MSMA Form) which will include the circumstances under which the incident occurred and documentation of the action taken.
- The supervisor will review the circumstances of all exposure incidents to determine if the ECP has been followed. If it is determined that revisions need to be made to the ECP, the supervisor will document on the Accident / Injury Report. Areas to be reviewed include:
  - Engineering controls in use at the time
  - Work practices followed
  - A description of any device being used at the time of the exposure
  - Protective equipment or clothing that was used at the time of exposure (gloves, etc.)
  - Location of the incident
  - Procedure being performed when the incident occurred
  - Employee's training

#### 4. EMPLOYEE TRAINING

All employees receive information about the RSU 73 Exposure Control Plan at new employee orientation. Employees who have identified in the ECP to have exposure to bloodborne pathogens receive initial and annual training conducted by the School Nurse, Facilities Director, or other designated individual. The training program will cover, at a minimum, the following elements:

- The OSHA Standard for Bloodborne Pathogens
- Modes of transmission of Bloodborne Pathogens
- An explanation of the ECP, which includes points of the plan, how the plan will be implemented, where it is located and how to obtain a copy
- Tasks and other activities that may involve exposure to blood or OPIM, including what constitutes an exposure incident
- Use and limitations of engineering controls, work practices, and personal protective equipment (PPE)
- Types, uses, location, removal, handling, decontamination and disposal of PPE
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- Procedure to follow if an exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on Hepatitis B vaccine, including efficacy, safety, method to obtain vaccine, the benefits of being vaccinated, and that it will be offered to employees free of charge
- Procedures for clean-up of blood or OPIM spills (for custodial staff and bus drivers)

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- An opportunity for interactive questions and answers with the person conducting the training

**RECORDKEEPING**

- Documentation of training includes topic, date, person conducting training and an attendance roster (Safety Meeting Record). Employees sign the training roster to verify they attended the training and understand the ECP. Training documents are maintained by the Administrative Assistant and will be kept for at least three years.
- The medical record is confidential and the contents will not be disclosed or reported without the employee's express written consent. RSU 73's occupational health provider will keep medical records related to exposure incidents.
- The Exposure Control Plan will be reviewed and updated as needed annually or more frequently. If necessary to reflect new or modified tasks or procedures that affect occupational exposures or new or revised employee categories with occupational exposures.

***Revisions approved: October 2019***