

## **Personnel -- Certified/Non-Certified**

### **Occupational Exposure to Bloodborne Pathogens**

#### **Exposure Control Plan for Bloodborne Pathogens**

##### **Introduction**

In accordance with the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030), East Hampton Public Schools covers all employees who may anticipate contact with bloodborne pathogens and other potentially infectious materials as a result of their job performance. The following Exposure Control Plan contains the guidelines set forth with the OSHA Standard.

##### **I. Implementation of the Program**

###### **A. Plan Availability**

1. A copy of the Exposure Control Plan is found and available to all employees in each school in East Hampton. This manual is located in the Principal's Office for accessibility for all employees.

###### **B. Review and Update of Plan**

1. These policies shall be updated and reviewed under the following circumstances:
  - a. Annually
  - b. Whenever job descriptions are modified which may affect the possibilities of occupational exposure.
  - c. Whenever new or modified job tasks or procedures are implemented which may affect the possibilities of occupational exposure.
  - d. Whenever new or revised positions are established which may place an employee at occupational expose risk.

##### **II. Exposure Determination**

Occupational expose is defined in CFR 1910.1030 paragraph (b) to mean reasonable anticipated skin, eye, mucous membrane, or parental (i.e., Intravenous subcutaneous) contact with blood or other potentially infectious materials that may result from an employees job task. Other potentially infectious materials include the following:

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##### **II. Exposure Determination (continued)**

1. Human body fluids - semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, saliva in dental procedures, any body fluids visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

OSHA requires employers to establish an exposure determination concerning employees who may be at risk to incur occupational exposure to blood or other potentially infectious materials. This exposure determination is required to list all job classifications that have duties or responsibilities to perform tasks or procedures where these exposures may occur.

##### **Category #1**

1. Nurses
2. Secretaries
3. Custodians
4. Coaches
5. Physical Education Teachers
6. Technology Education Teachers
7. Art Teachers

OSHA also requires a list of job classifications that may periodically have potential for occupational exposure. Since not all employees in these categories would be expected to incur exposure, tasks and procedures that would cause employee exposures are also required to be listed. see Template #1.

##### **Work Area Restrictions**

Mouth Pipetting/suctioning of blood or other potentially infectious material is prohibited.

All procedures will be conducted in a manner which minimizes splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.

Specimens of blood or other potentially infectious materials will be placed in containers which prevent leakage during collection, handling, processing, storage, and transport. The container used will be labeled or color coded in accordance with OSHA requirements.

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#### **II. Exposure Determination** (continued)

##### **Work Area Restrictions** (continued)

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

Contaminated equipment with blood or potentially infectious materials shall be decontaminated.

#### **III. Methods of Compliance**

Methods of compliance encompass various protocols, practices and strategies developed by the Regional School District No. 4 to minimize or remove the potential for exposure to employees. The methods are as follow:

1. Engineering and Work Practice controls
2. Personal Protective Equipment
3. Laundry
4. Housekeeping

These facilities of the East Hampton Public Schools practice Universal Precautions as recommended by Centers for Disease Control (CDC) - Universal Precautions require that all employees assume that all blood and other potentially infectious materials (defined by OSHA) are infectious and are to be handled according to the East Hampton Public School's policy.

#### **Engineering and Work Practice Controls**

- A. Engineering controls will be utilized to reduce employee exposure in the workplace by:
  1. Reducing the hazard
  2. Isolating the employee from exposure

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#### **Engineering and Work Practice Controls (continued)**

- B. Work Practice controls reduce the likelihood of exposure through alteration of the manner in which a task is performed. The following controls will be used.

This facility within East Hampton Public Schools utilizes the Engineering and Work Practice Controls described below.

#### **1. Hand Washing Facilities**

- a. All employees who have contact with blood or potentially infectious material shall wash the affected area with antimicrobial soap - mucous membranes shall be flushed with water as soon as possible after contact.
- b. Hand washing facilities are located in the nurse's office.
- c. Supply of antimicrobial soap is checked on a weekly basis.
- d. Hands must be washed after gloves are removed after contact with blood or potentially infectious material. All employees shall wash their hands before leaving the work area.

#### **2. Management of Sharps**

- A. Sharps containers are located in East Hampton Public Schools' Health offices.
- B. Disposal is the responsibility of the nurse when containers are full.
  1. Containers are:
    - a. closeable
    - b. puncture resistant
    - c. red in color
    - d. leak proof on sides and bottom
    - e. translucent top to determine capacity
- C. Contaminated needles or sharps are not recapped.

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#### **Engineering and Work Practice Controls (continued)**

#### **3. Personal Protective Equipment (PPE)**

Where there is a potential for an occupational exposure, the employer provides appropriate personal protective equipment.

- A. Gloves available to all staff
- B. Eye protection
- C. Disposable gowns, masks, face shields or goggles

The employer ensures that all employees use appropriate PPE. The employer provides PPE to all personnel and is located in East Hampton Public Schools' Health offices. The protective equipment will be provided without cost to the employees. The protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

#### **4. Laundry**

All PPE will be laundered, cleaned and disposed of by the employer at no cost to the employee. All repairs and replacements will be made by the employer at no cost to the employee. The facility utilizes the services of Medwaste Management, Inc. to launder all PPE clothing. All PPE clothing is removed before leaving the work place. After use of PPE, the PPE shall be rinsed with water or bleach/water solution if contaminated then disposed of in plastic bag lined container in Health Room. This will be disposed of by the custodian wearing gloves.

Gloves are worn when it can be reasonably anticipated that the employee may have hand contact with blood or other infectious material, mucous membranes and/or non intact skin.

Gloves are not washed or decontaminated for re-use.

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#### **Engineering and Work Practice Controls (continued)**

##### **4. Laundry (continued)**

Utility gloves can be decontaminated for re-use if the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.

Masks in combination with eye protection devices such as goggles or glasses with solid side shield or chin length face shields are required to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

##### **5. Housekeeping**

All work sites are maintained in a clean and sanitary condition. Any contaminated surfaces will be cleaned and decontaminated immediately. Decontamination of all contaminated equipment and environmental working surfaces are cleaned with the following disinfectants:

1. Tuberculocide Solution - ex. Hibacleanse
2. Bleach/Water solution (1:10)

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials. They will also be cleaned and decontaminated at the end of the work shift.

PPE is worn for all decontamination procedures. Employees are instructed not to place hands into full receptacles to retrieve material.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular basis by Health Office or custodial staff.

Broken glass or other sharp items are removed by mechanical devices, i.e., brush and dustpan, tongs or forceps. Equipment will immediately be decontaminated.

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#### **Engineering and Work Practice Controls (continued)**

##### **Specific Cleanup Procedure**

###### **A. Large spills**

1. Cover area with absorbent material.
2. Wearing gloves, gown (if necessary) and any other PPE as needed, pick-up absorbent material and discard into medical waste receptacle or red bag. If broken glass is present use a broom and dustpan to pick up materials. **DO NOT** use gloved hands! Place broken glass into a puncture resistant container.
3. Cover contaminated area with an appropriate disinfectant. Follow manufacturers instruction for length of time disinfectant should be in contact with contaminated surface.
4. After disinfectant has sufficient contact time, mop area to remove disinfectant, rinse mop with clean water and rinse contaminated area with clean water.

###### **B. Small spills**

Cover with absorbent materials (paper towel) if begins to spread. Cover area with approved disinfectant. Utilizing PPE wipe contaminated area with absorbent material. Continue procedure as described above #4.

#### **Hepatitis B Vaccination, Program/Post Exposure Evaluation**

Hepatitis B vaccine and vaccination series is available to all employees categorized under category #1 and any employees who have the potential for occupational exposure. The vaccine is also offered as part of the post exposure, evaluation and follow-up.

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### **Occupational Exposure to Bloodborne Pathogens**

#### **Engineering and Work Practice Controls (continued)**

##### **Hepatitis B Vaccination Program**

1. The vaccine is offered free of charge given by the School Nurse under the supervision of the School Health Physician.
  2. Hepatitis B vaccine is available to employees\* who:
    - A. Have completed training as described in East Hampton Public School's policy.
    - B. Within 10 working days of initial assignment. see templates #2 and #2A.
- \*Unless previously vaccinated with Hepatitis B or laboratory analysis reveals immunity or contraindicated.
3. Vaccination is performed under the supervision of a licensed physician or by or under the supervision of a School Nurse. Those include  
  
Dr. Tory Westbrook
  4. Hepatitis B vaccine is provided according to the recommendations of the U. S. Department of Health and Human Services Immigration Practices Advisory committee (ACIP).
  5. Employees may initially decline the Hepatitis B vaccine. However if at later date and still covered under these policies they request to receive the vaccination, the Hepatitis B vaccine will be provided as described above.
  6. Employees who decline Hepatitis B vaccine are required to sign a Hepatitis B vaccine Declination Form. see template #3.

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### **Occupational Exposure to Bloodborne Pathogens**

#### **Engineering and Work Practice Controls (continued)**

#### **Post Exposure Evaluation and Follow-up**

Employees will immediately report a possible exposure incident to the School Nurse or to an administrator and will make out an incident report (see Appendix II). The nurse or administrator will contact the school medical advisor or the Connecticut Department of Health Services to determine if an incident has occurred.

An exposure incident means a specific eye, mouth, other mucous membranes, non intact skin, or parental contact with blood or other potentially infectious materials the result from performance of an employee's duties.

When an incident is confirmed, East Hampton Public Schools will arrange for a confidential medical evaluation and follow-up including:

1. When an exposure incident occurs, employees are to determine extent of injury and obtain first aid.
2. An incident form (Appendices I and II) is completed with:
  - a. Description of route of exposure and circumstances related to incident.
  - b. Identification and documentation of source individual if feasible unless East Hampton Public Schools can establish that identification is not feasible or prohibited by state law.
  - c. Collection of blood for HIV/HBV testing (if source individual is already known to be infected with HBV or HIV testing the source individual need not be done) will be done as soon as feasible after consent is obtained. If consent is not obtained, East Hampton Public Schools shall establish that legally obtained consent cannot be obtained.

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.

Minor students/clients parents/guardians must be contacted and advised of the incident and their options. They should be encouraged to contact their own primary health care provider prior to giving consent for testing or disclosure.

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### **Occupational Exposure to Bloodborne Pathogens**

#### **Engineering and Work Practice Controls (continued)**

##### **Blood Collection Protocol**

1. Upon obtaining consent the exposed employee's blood shall be collected and tested for HIV and HBV by an accredited laboratory.
2. If the employee consents to having blood collected but does not give consent for HIV serological testing, the sample shall be held for a period of 90 days by the laboratory. If the employee elects to have the baseline sample tested within the 90 days, the initial sample collected is used. Otherwise the laboratory may discard the sample after 90 days.
3. The employee will be provided with:
  - A. Post exposure prophylaxis when medically indicated as recommended by the U.S. Public Health service.
  - B. Appropriate counseling to take place during the period after the exposure incident.
  - C. Information for the employee on what potential illnesses to be alert for and to report any related experience to appropriate personnel.

##### **Information for Health Care Professionals**

The following information is to be provided to the health care professional (HCP) after an exposure incident.

1. A copy of the regulations - "Bloodborne Pathogen Standard."
2. A description of the exposed employees duties as they relate to the exposure incident.
3. Copy of the exposure incident report.
4. Copy of the source individual's blood test if available and are kept confidential.
5. All medical records maintained by the employer relevant to the appropriate treatment of the exposed employee including HBV status.

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### **Occupational Exposure to Bloodborne Pathogens**

#### **Engineering and Work Practice Controls (continued)**

#### **Health Care Professional's Written Opinion**

East Hampton Public Schools will obtain a copy of the health care professional's written opinion when an employee obtains Hepatitis B vaccination or following an exposure incident within 15 days of its completion. Written opinion will be limited to:

1. Whether Hepatitis B vaccine is indicated and if the vaccine was received.
2. Documentation that the employee was informed of the results of the evaluation.
3. All medical conditions resulting from exposure to blood or potentially infectious materials which require further evaluation or treatment have been explained to the employee.
4. All findings or diagnosis shall remain confidential and shall not be included in the written report.

#### **Record Keeping**

The East Hampton Public Schools will establish and maintain an accurate separate record for each employee with occupational exposure in accordance with 29 CFR 1920.20. This record will include (Appendix III):

1. The name and social security number of the employee.
2. Hepatitis B status (dates) and medical records relative to the employee's ability to receive vaccination (Appendix III).
3. Hepatitis B Vaccine Declination.
4. A copy of results of examinations, medical testing and follow-up procedures required by these guidelines.
5. A copy of the health care professional's written opinion as required by these guidelines.
6. A copy of the information provided to the health care professional as required by these guidelines.

Medical records are retained for the duration of employment plus 30 years. All records are maintained in a confidential manner and are not disclosed or reported without the employee's written consent.

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#### **Engineering and Work Practice Controls** (continued)

#### **Confidentiality**

East Hampton Public Schools will ensure that the above medical records are:

1. Kept confidential
2. Not disclosed or reported without employee's expressed written consent to any person within or outside the work place except as required by this Standard or as may be required by law.
3. Kept separate from the personnel records.
4. Provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee or to OSHA designees.
5. Maintained for at least the duration of employment plus 30 years.

#### **Training**

East Hampton Public Schools shall ensure that all employees with occupational exposure participate in a training program at the time of initial assignment to tasks where occupational exposure may take place; when changes such as modification of tasks or procedures are implemented or institution of new tasks or procedures affect the employee's occupational exposure and updated annually thereafter. A record of each training session will be filed in each school Health office. The training program will include:

1. An accessible copy of the OSHA Regulations and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of modes of transmission of bloodborne pathogens.
4. An explanation of East Hampton Public School's Exposure Control Plan.
5. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
6. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

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#### **Engineering and Work Practice Controls** (continued)

#### **Training** (continue)

7. An explanation of the basis for selection of personal protective equipment.
8. Information on the Hepatitis B vaccine including information on its efficacy, safety, methods of administration, the benefits of being vaccinated that the vaccination will be offered free of charge and that employees who decline initially may request a free vaccination at a later date.
9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that East Hampton Public Schools is required to proceed following an exposure incident.
11. An explanation of the signs and labels and/or color coding required for biohazard materials and disposal of regulated medical waste.
12. Information on Universal Precautions and Guidelines for Handling Body Fluids in East Hampton Public Schools' programs. (See Appendix V).

**EAST HAMPTON PUBLIC SCHOOLS**  
**East Hampton, Connecticut**

*Job Classification and Tasks*

The exposure control plan discussed in this manual states that an occupational exposure determination has been made based upon an employee's tasks which may put that person at risk for an occupational exposure to blood or other infectious materials. The list below contains those job classifications and a list of tasks employees may perform as part of their regular duties that have the potential for occupational exposure to bloodborne pathogens.

**Employer:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Job Classification: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Classification: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Classification: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Classification: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
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Job Classification: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
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\_\_\_\_\_

Job Classification: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Classification: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EAST HAMPTON PUBLIC SCHOOLS**  
**East Hampton, Connecticut**

*Hepatitis B Vaccination Program Record*

Employer Name: \_\_\_\_\_

Employee Name:	
Social Security Number:	
Initial Date of Employment: ___/___/___	
<b>Hepatitis B Vaccine Offered:</b>	
_____ Accepted	
Date of vaccinations:	Administered by:
Immunization #1 ___/___/___	_____
Immunization #2 ___/___/___	_____
Immunization #3 ___/___/___	_____
_____ Declined	
Reasons:	
_____ Chooses not to accept vaccine - see attached Hepatitis B Vaccine Declination form.	
_____ Previously vaccinated, laboratory documentation or physician's report provided.	
_____ Contraindicated - allergic to synthetic vaccine preparation.	
_____ Previously vaccinated - non-responder, physician's report attached or see Hepatitis B Declination form.	

**EAST HAMPTON PUBLIC SCHOOLS  
East Hampton, Connecticut**

**WAIVER FORM**

**HEPATITIS B VACCINATION**

**(IF THERE IS A POSSIBILITY OF PREGNANCY, DO NOT RECEIVE VACCINATION)**

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**CIRCLE THE APPROPRIATE RESPONSE AND SIGN BELOW:**

**YES** I understand the risks and benefits of immunization with the Hepatitis B vaccine. I have had the opportunity to read the attached package and ask questions. I understand the benefits and risks of the vaccination. However, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me.

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

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EAST HAMPTON PUBLIC SCHOOLS**  
**East Hampton, Connecticut**

**Hepatitis B Vaccine Declination**

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

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Employee's Name (Print)

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Employee's Name (Signature)

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Date

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Employer Name/Company

Reference: "Occupational Exposure to Bloodborne Pathogens - Final Rule, CFR Part 1910.1030," Federal Register, volume 56 (No. 235): Appendix - p. 64182.

(File in employee's record)

**Exposure Incident Reporting - Evaluation of Exposure Incident**

INSTRUCTIONS. This worksheet will be used to assist in documenting the routes of exposure and how an exposure incident has occurred. This worksheet should be completed in conjunction with Form IIa (Report to Health Care Professional).

1. Employee Name: \_\_\_\_\_
  2. Date of Incident: \_\_\_\_\_
  3. Description of employee's duties during the exposure incident: \_\_\_\_\_  
\_\_\_\_\_
  4. The route of exposure was:
    - a. needlestick with contaminated needle to \_\_\_\_\_
    - b. piercing of skin with contaminated sharp to \_\_\_\_\_
    - c. splashing/spraying of blood or other potentially infectious material to \_\_\_\_\_
    - d. other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. Describe the circumstances under which the exposure incident occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. If identification of source individual is not prohibited by law, name of source individual:  
\_\_\_\_\_
  7. Can repetition of the exposure incident be minimized by instituting a new engineering or work practice control:  
Yes \_\_\_\_\_ No \_\_\_\_\_
  8. If the answer to Item 7 is yes, describe the remedial action which should be taken in the future:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date this action was instituted: \_\_\_\_\_

**Exposure Incident Reporting - Report to Health Care Professional**

**INSTRUCTIONS:** This worksheet will be used to assist in preparing a postexposure evaluation of an employee who has had an exposure incident. A completed copy of this form would be given to the Health Care Professional responsible for the employee's postexposure medical follow-up. This worksheet should be completed in conjunction with Form 3 (Evaluation of Exposure Incident).

1. Employee Name: \_\_\_\_\_
2. Date of Incident: \_\_\_\_\_
3. Name of Health Care Professional responsible for postexposure follow-up:  
\_\_\_\_\_  
\_\_\_\_\_
4. Date of Evaluation: \_\_\_\_\_
5. Employee previously vaccinated against HBV infection: Yes \_\_\_\_ Date: \_\_\_\_ No \_\_\_\_
6. Description of employee's duties during the exposure incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The route of exposure was:
  - a. needlestick with contaminated needle to \_\_\_\_\_
  - b. piercing of skin with contaminated sharp to \_\_\_\_\_
  - c. splashing/spraying of blood or other potentially infectious material to \_\_\_\_\_
  - d. other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe the circumstances under which the exposure incident occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. The source of individual is: known \_\_\_\_\_ unknown \_\_\_\_\_
  - a. if known, is known to be infected with HBV \_\_\_\_\_ HIV \_\_\_\_\_
  - b. in accordance with state and local laws, consent is required for blood testing:  
Yes \_\_\_\_ No \_\_\_\_
    2. if no consent obtained, specify why consent could not be obtained:
    3. if yes, specimen obtained and tested: Yes \_\_\_\_ No \_\_\_\_
    4. if yes, results are: \_\_\_\_\_
    5. if consent not required, specimen available and tested: Yes \_\_\_\_ No \_\_\_\_
    6. if yes, results are: \_\_\_\_\_
10. The exposed employee's medical records were given to the Health Care Professional responsible for the employee's medical follow-up on the following date:  
\_\_\_\_\_
11. A copy of the OSHA standard was given to the Health Care Professional responsible for the employee's medical follow-up on the following date: \_\_\_\_\_



**Record Keeping - Training Record**

**INSTRUCTIONS:** This worksheet will be used to assist in maintaining a record of all training sessions held for employees who are or may be exposed to bloodborne pathogens.

1. Trainer's Name \_\_\_\_\_ Location: \_\_\_\_\_

2. Trainer's Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of Training Session: \_\_\_\_\_

4. Attendees (attach additional attendance sheet):

<b>Name</b>	<b>Job Classification</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Summarize the content of the training session:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Universal Precautions

Universal precautions are intended to prevent occupational exposure to a bloodborne infectious agent through contact with blood and other potentially infectious materials. Since blood is the single most important source of a bloodborne infectious agent (such as HIV or HBV) in the occupational setting, one should assume that all blood, or body fluids containing visible blood, may carry an infectious agent. Universal precautions also apply to semen and vaginal secretions and non-excretory body fluids, such as cerebrospinal fluid, but these are not considered a source of transmission in the school setting.

Universal precautions require that gloves be used for touching blood, or body fluids that contain visible blood, whenever possible. Gowns or protective clothing should be used if soiling of clothing with blood or blood-containing body fluids is likely. Protective eyewear or face shields may be needed when there is risk of splattering or splashing blood or body fluids containing blood in the eyes, mouth or nose during certain procedures.

Disposable gloves (nonsterile or sterile), either latex or vinyl, provide barrier protection for both the student and the hands of the caregiver during performance of tasks when contact with blood, or body fluids with visible blood, is likely. These gloves must never be washed or cleaned with the intent to reuse. Soaps and disinfectants can cause deterioration or increase permeability of disposable gloves. Clean disposable gloves must be used for each task, removed as soon as the task is completed and disposed of appropriately. This activity should be immediately followed by routine hand-washing.

General purpose utility gloves (rubber gloves) for housekeeping chores which involve potential contact with blood or body fluids may be decontaminated after contact and reused but should be discarded if there are any signs of deterioration such as: holes, peeling, cracking, or discoloration.

Universal precautions do not apply to saliva. General infection control practices do recommend the use of gloves for examination of mucous membranes, endotracheal suctioning or when the caregiver's hand(s) must enter a student's mouth to perform a specific treatment. Gloves need not be worn when feeding or wiping saliva or nasal discharge from the skin with a tissue.

Universal precautions do not apply to urine, feces, nasal secretions, sputum, sweat, tears, or vomitus unless visible blood is present. However, general infection control practices (for the prevention of transmission of other types of infectious agents) do recommend the use of gloves when performing such tasks as diapering, assisting with toileting, changing a dressing on a draining wound, or cleaning soiled articles of clothing.