EXPOSURE CONTROL PLAN: BLOODBORNE INFECTIOUS DISEASES FOR GRATIOT – ISABELLA RESD

Note: This document is intended as a compliance guide for MIOSHA Occupational Health Rule 325.70001-70018, Bloodborne Infectious Diseases. This guide does not substitute for a full reading of the standard. This document is provided as an informational service under the authority of Public Act 154 of 1974. Its purpose is to aid in the development of written programs related to bloodborne infectious diseases.

The GIRESD Exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The GIRESD shall solicit input from workers as to effective work practice and engineering controls and shall document this in the exposure control plan.

The GIRESD Exposure Control Plan is to assist employers who have a nurse or a small first aid team and perform occasional limited medical procedures resulting in limited exposures to blood or other potentially infectious material and associated waste products. Any statement retained from this guide will be considered to be in place and verifiable.

Company Name: Gratiot-Isabella RESD

Date of Preparation: 10/20/10 / updates 2011, 2012, Sept. 5, 2013

1. **Exposure Determination**:

An employer must make an exposure determination about which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). OPIM include the following body substances: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures or when blood is visible(such as during teeth brushing), 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. ***Potential exposure to human bites also constitutes an exposure. Employees are considered to be "exposed" regardless of the frequency of exposure and even if they use personal protective equipment.***

Employees at risk for exposure to Bloodborne Pathogens

JOB CLASSIFICATION	**CATEGORY A** ALL HAVE EXPOSURE:	**CATEGORY B** NONE HAVE EXPOSURE:
Case Managers	**X**	
Central Office Administrators		**X**
Coaches/ Asst. Coaches	**X**	
Custodians	**X**	
Home Bound Teachers	**X**	
Occupational Therapists (OT)	**X**	
Paraprofessionals	**X**	
Physical Therapists (PT)	**X**	
School Nurse	**X**	
School Psychologists	**X**	
School Social Workers	**X**	
Secretaries: A. Building Site B. General Office	**X** **Building Site**	 **General Office**
Special Education Site Supervisors	**X**	

Substitute and Other	**Not offered, but will provide for exposure treatment per osha.**	
Special Education Teachers, SEI,MCI,SXI	**X**	
Teacher Consultants	**X**	
Teachers, Early Childhood,	**X**	
Teachers, Speech and Language Impaired	**X**	

Tasks and Procedures

A list of tasks and procedures performed by employees in the above job classifications is required. This exposure determination shall be made without regard to the use of personal protective equipment.

1. Care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut);

2. Initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);

3. Care of students with medical needs (such as tracheotomy, colostomy, injections);

4. Care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs);

5. Care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);

6. Care of an injured person in laboratory settings, technical education settings, or art classes;

7. Care of an injured person during a sport activity;

8. Care of students who receive training or therapy in a home-based setting; and/or

9. Cleaning tasks associated with body fluid spills.

Compliance Methods

Universal precautions will be observed at this district in the provision of first aid, the removal of sharps and waste from the first aid station, and the housekeeping of any first aid area in order to prevent contact with blood or Other Potentially Infectious Material (OPIM). All blood and OPIM will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are limited to hand washing and housekeeping practices. (Also, see Needles, page 3). Where scissors are used in a medical procedure and become contaminated they will be decontaminated using a germicide approved by the Environmental Protection Agency.

- Other potentially infectious materials include: A) semen, B) vaginal secretions, C) amniotic fluid, D) cerebrospinal fluid, E) peritoneal fluid, F) pleural fluid, G) pericardial fluid, H) synovial fluid, I) saliva in dental procedures, J) any body fluid that is visibly contaminated with blood, K) all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Urine, feces and vomit are not considered OPIM except in cases (J) or (K) above.

1. Hand washing

a. This district shall provide hand-washing facilities which are readily accessible to employees. When

a provision for hand-washing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
b. Employees shall wash hands or any other skin with soap and water or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.
c. Employees shall wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. *Do not reuse disposable gloves*.

2. Housekeeping and Waste Procedures

a. This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based on the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.

b. All equipment, materials, and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

1. Contaminated work surfaces and reusable equipment shall be decontaminated with an appropriate disinfectant immediately after completion of a procedure/task/therapy and/or at the end of the school day if the surface may have become contaminated since the last cleaning. The surface shall be cleaned as soon as feasible when overtly contaminated, or after any spill of blood or other potentially infectious materials. Sanibet; prepared daily 10mls or 2 tsp of Sanibet to ½ gallon of water. [If bleach is used as a disinfectant, it must be prepared daily at a 1:10 dilution.] The solution is only stable for 24 hours.
For additonal list of disinfectants, refer to the CDC website at http://www.cdc.gov.

2. Protective covering, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

c. Items such as paper towels, gauze squares, or clothing used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied, and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color and/or affixed with a biohazard label. The bags shall be located at:
Each classroom has a supply of these bags.

On the advice of the Department of Health Services, biohazardous waste, for the purpose of this standard, shall only include items that are blood-soaked, caked with blood, or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass, or plastic on which there is fresh blood.

d. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and/or removed immediately.

e. GIRESD operates classrooms in multiple school districts. There shall be a marked biohazard container in the custodial area for used biohazard designated bags. Handling or disposal of biohazardous materials shall be handled by these district policies.

f. In the event regulated biohazard waste leaks from a bag or container, the waste shall be placed in a second container and the area shall be cleaned and decontaminated.

g. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately through verbal or written notification before scheduled cleaning.

h. *Contaminated* sharps, broken glass, plastic, or other sharp objects shall be placed into appropriate sharps containers. In this district, sharps containers shall be able to be closed, puncture resistant,

labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (for example, the art department, classrooms where dissections occur, and the nurse's station). If an incident occurs in which there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.

1. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach into the containers where these sharps have been placed.

2. In this district, the employee shall notify:
The Gratiot County GIRESD School Nurse or the Isabella County GIRESD School Nurse
when sharp containers become 2/3 full so that they can be disposed of properly. (The local district health department may provide assistance in determining appropriate disposal.)

3. Contaminated needles shall not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of a one-handed technique.

i. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and the State of Michigan.

j. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood or other potentially infectious materials are present.

k. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances.

l. Equipment that may become contaminated with blood or OPIM must be examined prior to servicing and shipping and must be decontaminated, if feasible. If not feasible, a readily observable biohazard label must be affixed to the equipment stating which portions are contaminated. This information must be conveyed to all affected employees, the service representative, and/or manufacturer (as appropriate), prior to handling, servicing, or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.

m. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is a reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled and/or colored red, including laundry sent to a commercial establishment for cleaning.

In this district, whenever possible, contaminated laundry shall be washed in the building in which the contamination occurred. When not possible the contaminated laundry will be double bagged for transport and laundered in a GIRESD classroom with facilities.

C. Personal Protective Equipment

1. Where occupation exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Types of personal protection equipment available in this district are gloves, masks, smocks, protective glasses, CPR (one way resuscitation shield) and foot covering.

a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.

b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use. (Contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.)

c. Hypoallergenic gloves (by definition, this means latex free), glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

d. Masks, in combination with eye-protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can

be reasonably anticipated (for example a custodian cleaning a clogged toilet or nurses/aides performing suctioning).

e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.

f. Employees expected to perform CPR must have appropriate resuscitator devices readily available and accessible.

2. This district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is individually issued to employees. Personal protective equipment is available in each classroom.

a. This district shall clean, launder, and/or dispose of personal protective equipment at no cost to the employee.

b. This district shall repair or replace personal protective equipment (as needed) to maintain its effectiveness, at no cost to the employee.

3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

4. If blood or other potentially infectious materials penetrate a garment, the garment shall be removed immediately or as soon as feasible.

5. This district shall ensure employees use appropriate personal protective equipment. If an employee temporarily declines to use personal protective equipment, feeling that it would pose an increased hazard to the employee or others, this district shall investigate the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. The investigation shall be included as a part of the annual review of the plan.

6. Upon providing first aid or incurring exposures when handwashing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

7. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

8. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact. Immediately after first aid is completed the employee will call the Business office for clearance to seek medical treatment from our workman comp facility and notify their immediate Supervisor.

9. In work areas (i.e. nurse's office, near area used treatments such as nebulizer, suctioning, and tube feedings) where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Housekeeping

Classrooms and areas involved in a first aid incident will be cleaned and decontaminated daily.

Decontamination will be accomplished by utilizing the following materials. In this district Proforce or bleach will be used.

Proforce is not effective against NOROVIRUS. Bleach or other disinfectant will be used for vomit and diarrhea.

Proforce Sanitizer concentration for dishes

1 oz. to 1 gallon water.

Proforce Disinfectant concentration for counter tops

2 ¼ oz. to 1 gallon water.

Bleach

If a bleach and water solution between 1:100 and 1:10 is used, it must be prepared on an as needed basis. Bleach loses its disinfectant quality when stored in water.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIM materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Regulated Waste Disposal

All bins, pails, cans, and similar receptacles for regulated waste disposal in the first aid station or any area normally involved in first aid shall be appropriately colored or labeled as containing biohazards and shall be inspected, emptied and decontaminated on a regularly scheduled basis. Disposal of feminine hygiene products and bandages or Kleenex used in self-administered first aid (bloody nose, small cut) are not considered regulated waste and will be disposed of in the normal waste stream.

Standard Operating Procedures

Standard Operating Procedures (SOP) provide guidance and information on the anticipated first aid tasks assigned to our employees. They will be based on the form found in Appendix A and will be utilized in employee training.

Contingency Plans

Where circumstances can be foreseen in which recommended standard operating procedures could not be followed, the employer shall prepare contingency plans for employee protection, incident investigation and medical follow-up. See Appendix A.

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or OPIM will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or OPIM unless the employee has previously had the vaccine, is allergic to the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a copy of the attached waiver.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The GIRESD Business Office/Human Resource Department has responsibility for disseminating the appropriate form and for assuring that the vaccine is offered, the waivers are signed, etc. Wellness Central and Mid Michigan Occupational Health will administer the vaccine.

Vaccination Option for Employers:

An employer may elect to postpone the administration of the hepatitis B vaccine if the following conditions exist:

The primary job assignment of such designated first aid providers is not the rendering of first aid.

Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

Full training and personal protective equipment shall be provided to these employees.

Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.

The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including the time and date.

Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.

In the event of a bonafide exposure incident, the portion of the standard relating to post-exposure evaluation and follow-up would apply.

This district shall ensure that employees who decline to accept the hepatitis B vaccine offered by this district sign the declination statement established under the standard.

If the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future Date, such booster dose(s) shall be made available at no charge to the employee.

Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident, it must be reported to the business office and the employee's immediate supervisor.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up by a licensed physician in accordance with the MIOSHA standard.

This follow-up will include the following:

- Needlestick injury from a contaminated (used) needle will be treated as a significant exposure incident.

- A *School Exposure Incident Investigation Form* must be used to report incidents involving blood or OPIM to determine the nature and scope of the situation . The incident description must include a determination of whether or not an "exposure incident," as defined by the standard, occurred in addition to the presence of blood or other potentially infected materials. This form shall be readily available to all employees

- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV/HCV infectivity.

- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. Employers may need to modify this provision in accordance with applicable local laws on this subject. Modifications will be noted on the yearly review.

- The employee will be offered the option of having their own blood collected for testing of their HIV/HBV/HCV serological status. The blood sample will be preserved for at least 90 days to allow the

employee to decide if the blood should be tested for HIV serological status.

However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.

- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service in consultation with a licensed physician treating the exposed employee.

- The employee will be given appropriate, confidential counseling concerning precautions to take during the period after the exposure incident. Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: The GIRESD Human Resource Director.

Interaction with Health Care Professionals

An employer shall ensure that the health care professional who is responsible for the hepatitis B vaccination is provided with a copy of these rules and appendices. A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1) When the employee is sent to obtain the Hepatitis B vaccine.

2) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their written opinions to:

1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;

2) A statement that the employee has been informed of the results of the evaluation, and;

3) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: The written opinion to the employer is not to reference any personal medical information.)

4) Any limitations on the employee's use of personal protective clothing or equipment.

Training

Training for all Category A employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

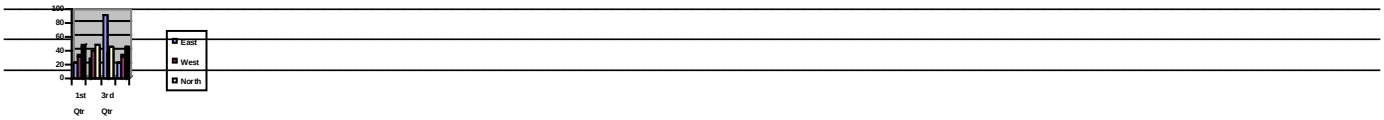
Training for employees will include the following an explanation of:

1) The MIOSHA standard for Bloodborne Infectious Disease
2) Epidemiology and symptomatology of bloodborne diseases
3) Modes of transmission of bloodborne pathogens
4) This Exposure Control Plan, (i.e. points of the plan, lines of responsibility, how the plan will be implemented, access to the plan, etc.)
5) Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6) Control methods which will be used at the facility to control exposure to blood or other potentially

infectious materials.

7) Personal protective equipment available at this facility and who should be contacted concerning its use.
8) Post Exposure evaluation and follow-up
9) Signs and labels used at the facility
10) Hepatitis B vaccine program at the facility

Training sessions shall afford employees ample opportunity for discussion and the answering of questions by a knowledgeable trainer.
The training shall include opportunities for supervised practice with personal protective equipment and other equipment which is designed to reduce the likelihood for exposure and which will be used in the employee's work.
Employers should list here if training will be conducted using videotapes, written material, etc. Also the employer should indicate who is responsible for conducting the training:



All Category A employees will receive annual refresher training. (Note: This training is to be conducted within one year of the employee's previous training.)

V. Communication About Hazards to Employees

A. Warning Labels

1. Warning labels shall be affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. Exception: red bags or red containers may be substituted for labels.

2. Labels required by this section shall include the following legend:

BIOHAZARD

3. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

4. Labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

5. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

B. Information and Training

1. This district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.

2. Training shall be provided at the time of initial assignment to tasks in which occupational exposure may take place, and at least annually thereafter. This plan is available to all staff for review at any time. A copy will be provided to any staff member at no charge and within 15 days of the request.

3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure issues.

4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

1. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace. The Occupational Safety and Health Administration require that the knowledgeable person be available to answer questions at the time of the bloodborne pathogen training.

6. Training must include information on the hepatitis C virus in addition to other bloodborne pathogens (see Appendix L for a list of the required minimal content for training).

7. If needles are used in the district, staff will be given training, including information and hands-on experience with safer needle and needleless devices and other improved engineering controls.

VI. Recordkeeping

A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (see Appendix M for a checklist):
   a. each employee's name and social security number,
   b. a copy of each employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B,
   c. if an exposure incident(s) has occurred, a copy of all results of examinations, medical testing, and follow-up procedures,
   d. if an exposure incident(s) has occurred, the district's copy of the health-care professional's written opinion,
   e. if an exposure incident(s) has occurred, the district's copy of information provided to the health-care professional: exposure incident investigation form; the results of the source individual's blood testing, if available; and the consent obtained for release.

2. This district shall ensure that each employee's medical records are kept confidential and are ***not*** disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.

3. These medical records shall be maintained for the duration of employment plus 30 years.

4. Records do not have to be maintained if the employee was employed for less than one year and is provided with the record at the time of termination.

B. Training Records

1. Training records shall include:
   a. training session date(s)
   b. contents or summaries of training sessions
   c. names and qualifications of persons conducting training sessions

d. names and job titles of all persons attending training sessions

2. Training records shall be maintained for three years from the date the training occurred.

C. Annual Review of Exposure Control Plan

1. This district shall annually review the exposure control plan (see Appendix N for a sample form). The review shall include:

a. a list of new tasks that affect occupational exposure,

b. modifications of tasks and procedures,

c. evaluation of available engineering controls including engineered-safer needle devices,

d. a list of new employee positions with potential for occupational exposure, and

e. solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

D. Availability of Records

1. This district shall ensure:

a. all records required to be maintained by this standard shall be made available upon request to the Department of Commerce (or designee) for examination and copying,

b. employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Commerce (or designee),

c. employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee, and to the Department of Commerce (or designee), and

d. a log of needle-stick/sharps injuries shall be kept for a minimum of five years.

2. This district shall comply with the requirements involving the transfer of records set forth in this standard.

E. OSHA Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

a. OSHA-reportable exposure incidents, including splashes to mucous membranes, eyes, or nonintact skin, shall be entered as injuries on the OSHA 300 Log.

b. This determination and the recording activities are done by the district nurse or designated health-care provider and are then forwarded to the person completing the OSHA 300 Log.

2. A sharps injury log must be maintained in a manner that protects the privacy of employees. At minimum, the log will contain the following:

   a. location of the incident,

   b. brand or type of sharp, and

   c. description of incident.

Recordkeeping

This company shall establish and maintain a record for each employee with occupational exposure to include:

- Name
- Social Security Number
- Hepatitis B vaccine from status
- Copies of any past exposure/evaluation or follow-up
- Employer shall ensure record confidentiality
- Kept for duration of employment plus 30 years

Training Records:

- Date(s)
- Summary of Contents
- Names and qualifications of trainers
- Names and job titles of all trainees
- Maintain records for three (3) years

Records for this company shall be kept by _____

Annual reviews: Date: 09/05/2013 Performed by: Kathy Stevenson, Shelly Walker RN, DebYeagley RN

Date: 09/18/2014 Performed by Kathy Stevenson, Shelly Walker RN, DebYeagley RN

Date: _____ Performed by:_____

Definitions

Amniotic fluid — the fluid surrounding the embryo in the mother's womb.

Antibody — a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Antigen — any substance which stimulates the formation of an antibody.

Assistant Secretary — the Assistant Secretary of Labor for Occupational Safety and Health Administration, or designated representative.

Biohazard label — a label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Bulk blood and body fluids — bulk quantities (dripping, pourable) or items saturated with whole blood and blood components, blood specimens, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, amniotic fluid, peritoneal fluid, peritoneal dialysate, pericardial fluid, pleural fluid, and other body fluids visibly contaminated with blood. Collection devices or reservoirs not emptied prior to disposal should also be treated as infectious waste.

Cerebrospinal fluid — a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.

Clinical laboratory — a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated laundry — laundry which has been soiled with blood or other potentially infected materials or may contain sharps.

Contaminated sharp — any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

Decontamination — 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.

Engineering controls — include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers, self-sheathing needles, and needleless systems.

Exposure control plan — a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods that are capable of protecting employees from exposure to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure incident — 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.

Hand-washing facilities — a facility providing an adequate supply of running potable water, soap, and single-use towels, medicated towelettes, or hot air drying machines.

HBV— hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus.

Human tissue — recognizable human tissue. It must be buried, incinerated, or rendered completely unrecognizable. Nonhuman tissues are only considered infectious if they are known or suspected to contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible human host could result in an infectious disease.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are *not* included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

1) items soiled (not saturated) with body fluids (for example, bandages, tampons, sanitary napkins)
2) items soiled with body fluids not included in the definition of infectious waste (for example, diapers)
3) intravenous tubing with needles detached

Licensed health-care professional — persons whose legally permitted scope and practice allows them to independently perform the activities required by paragraph (f) of the standard: hepatitis B vaccination and post-exposure evaluation and follow-up**. *In Wisconsin only a licensed physician meets this definition.***

Medical consultation — a consultation which takes place between an employee and a licensed health-care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

Microbiological lab wastes — cultures and lab equipment that have come in contact with infectious agents.

Mucous membranes — a surface membrane composed of cells that secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract.

Mucus — a thick liquid secreted by glands lining the nasal passages, the stomach and intestines, the vagina, and so forth.

Needleless systems — devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. Examples include IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle.

Occupational exposure — a 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.

OSHA — the Occupational Safety and Health Administration of the U.S. Department of Labor; the federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

Other potentially infectious materials (OPIM) — (1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in which it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures; organ cultures; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral — piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Pathogen — a bacteria or virus capable of causing infection or disease.

Pericardial fluid — fluid from around the heart.

Pericardium — the sheath of tissue encasing the heart.

Peritoneal fluid — the clear straw-colored serous fluid secreted by the cells of the peritoneum.

Peritoneum — the lining membrane of the abdominal (peritoneal) cavity, composed of a thin layer of cells.

Personal protective equipment— specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves; gowns; laboratory coats; face shields or masks and eye protection equipment; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment can be considered "appropriate" 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 other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Pleural — the membrane lining the chest cavity and covering the lungs, made up of a thin sheet of cells.

Pleural fluid — fluid from the pleural cavity.

Production facility — a facility engaged in industrial-scale, large-volume, or high-concentration production of HIV or HBV.

Prophylaxis — the measure carried out to prevent diseases.

Regulated waste — liquid or semi-liquid 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 wastes containing blood or other potentially infectious materials.

Research laboratory — a laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Serous fluids — liquids of the body, similar to blood serum, which are in part secreted by serous membranes.

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices

containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, 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 individuals who donate or sell blood or blood components.

Sterilize — the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synovial fluid — the clear amber fluid usually present in small quantities in a joint of the body (for example, the knee or elbow).

Universal precautions — an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if we know them to be infectious for HIV, HBV, and other bloodborne pathogens.

Vascular — pertaining to or composed of blood vessels.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed. An example would be prohibiting the recapping of needles using a two-handed technique.

Annual Review of Exposure Control Plan
(GIRESD)

The Exposure Control Plan has been reviewed on the date below.	Reviewed By *Please Print*	
	Name **Deb Yeagley RN**	Position **RN GIRESD School Nurse**
Date: **09/18/2014**	Name **Shelly Walker RN**	Position **RN GIRESD School Nurse**
	Name **Kathy Stevenson**	Position **Supervisor**

New tasks and procedures which affect occupational exposure: We have investigated the possibility for Isabella students involved in a potential BBP exposure being treated at Gratiot's Occupational Health/Urgent Care Center. They (Tanya the BBP nurse) agrees that all students involved can be seen there if needed.

Annual evaluation of available engineering controls, including engineered safer needle devices:
-Proforce Sanitizer will be used instead of Sanibet. All language and concentrations will be changed. 1. Dishes will be rinsed in a concentration of 1 oz. Proforce to 1 gallon of water, and must remain wet for 1 minute. It must not be rinsed again. Surfaces will be wiped and left wet with a 2 ¼ oz. to 1 gallon concentration.
-Clarify title and body of Student letter from "Request for Blood Draw" to "Follow up for Potential Bloodborne Pathogen Exposure"
-Staff will wear long sleeves in classrooms with students who are known biters and scratchers.

Modification of former tasks and procedures which affect occupational exposure:
Staff will have Potential Exposure Packets printed and on the ready. Staff will complete the "Employee self-assessment to Exposure" to determine if they have had an exposure.
-Deb Yeagley RN and Shelly Walker will present to all classroom PLC groups education in use of Bloodborne Exposure forms and proceedures.

Addition of thicker sleeves for classrooms with known biters.

New or revised employee positions with occupational exposure:
Included school secretaries in buildings with students in the staff/student Potential Exposure Plan

Annual Review of Exposure Control Plan
(GIRESD)

The Exposure Control Plan has been reviewed on the date below.	**Reviewed By** *Please Print*	
	Name	**Position**
Date	**Name**	**Position**
	Name	**Position**

New tasks and procedures which affect occupational exposure

Annual evaluation of available engineering controls, including engineered safer needle devices

Modification of former tasks and procedures which affect occupational exposure

New or revised employee positions with occupational exposure

Annual Review of Exposure Control Plan
(GIRESD)

The Exposure Control Plan has been reviewed on the date below.	**Reviewed By** *Kathy Stevenson, Shelly Walker RN, Deborah Yeagley RN*	
	Name **Kathy Stevenson**	**Position** **Administrative Supervisor GIRESD**
DATE: **09/05/2013**	**Name** Shelly Walker RN	**Position** **School Nurse Gratiot County GIRESD**
	Name **Deborah Yeagley RN**	**Position** **School Nurse Isabella County GIRESD**

New tasks and procedures which affect occupational exposure: 1) Develop BBp Exposure Self-Assessment and Response process form which Deb & Shelly will reformat and send to Kathy Stevenson for review and approval, to then be added to the GIRESD website under forms: The GIRESD Exposure Control Plan is on the website under Resources>Staff Resources. 2) Updated new training requirements to meet MIOSHA's yearly BBP training requirements. 3) Using the School Exposure Incident form online. 4) Changed the Potential Exposure Incident form to include the form "MUST BE SENT BACK TO THE SCHOOL NURSE" to ensure mutual consent to exchange information with the student's Doctor. 4) Updated GIRESD Exosure control plan (p.8 and 9) to clarify list of CDC recommended laboratory blood to be drawn for testing after a potential exposure.

Annual evaluation of available engineering controls, including engineered safer needle devices

Smocks are to be used as protective gear for those caring for students who are predisposed to spitting and biting, Goggles for potential spray of blood or body fluids, Ice bags with sleeves for severe bleeders, individual pocket masks with one way valves for all staff to use if CPR is performed.

Addition of "Environmental cleaning using Bleach for potential Norovirus cleanup" at end of BBP Exposure Control Plan.

Modification of former tasks and procedures which affect occupational exposure

Facemasks with one-way valves for cpr.

New or revised employee positions with occupational exposure

None

Hepatitis B Vaccination Record

GIRESD

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 information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated, and I understand that the vaccine and vaccination will be offered free of charge.

I, _____, have completed the following inoculations using:

☐ Recombivax - HB Vaccine or ☐ Enerix -B Vaccine

Inoculation 1 - Date	**Given at**
Inoculation 2 - Date	**Given at**
Inoculation 3 – Date	**Given at**

If a health-care worker has ongoing contact with blood or OPIM and is at ongoing risk for injuries with sharp instruments or needlesticks, then s/he must be tested for the antibody to hepatitis B surface antigen one to two months after the completion of the above three-dose vaccination series.

Titer Measurement	**Date**	**Drawn at**

Need for repeat of series: ❑ Yes ❑ No

HEPATITIS B

Vaccination 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 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.

Print Name: _____

Job Classification: _____

Signature:_____ Date: _____

Needle-Stick/Sharps Injury Log

(_____)

(GIRESD)

Date of Injury	Employee Job Title/Category	Location of Incident Work Area	Brand/Type of Sharp	Description of Incident

Information and Training of Employees with Potential Exposure to Bloodborne Pathogens
(GIRESD)

Training Date(s)	Trainer's Name(s) and Qualifications

Names and job titles of all employees attending this training: (Attached)

Agenda and/or materials presented to training participants include:

- an accessible copy of the MIOSHA text.
- a general explanation of the epidemiology and symptoms of bloodborne diseases including HCV.
- an explanation of the modes of transmission of bloodborne pathogens.
- an explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
- an explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- an explanation of the use and limitations of methods that will prevent or reduce exposure (engineering controls, work practices, and personal protective equipment, including safer needles and needless devices).
- information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- an explanation of the basis for selection of personal protective equipment.
- information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- an explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- information on the post-exposure evaluation and follow-up that is provided.
- an explanation of the signs, symbols, and color-coding of biohazards.
- a question and answer session between the trainer(s) and employee(s).
- list of school district and health community contacts that can be resources to employees if they have questions after training.

Signature of Training Coordinator	Date Signed
➢	

Information and Training of Employees with Potential Exposure to Bloodborne Pathogens
(GIRESD)

Training Date(s)	Trainer's Name(s) and Qualifications
During PLC's Sept. and October of 2014	Deborah Yeagley RN and Shelly Walker RN GIRESD School Nurses

Names and job titles of all employees attending this training: (Attached)

Agenda and/or materials presented to training participants include:

- an accessible copy of the MIOSHA text.
- a general explanation of the epidemiology and symptoms of bloodborne diseases including HCV.
- an explanation of the modes of transmission of bloodborne pathogens.
- an explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
- an explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- an explanation of the use and limitations of methods that will prevent or reduce exposure (engineering controls, work practices, and personal protective equipment, including safer needles and needless devices).
- information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- an explanation of the basis for selection of personal protective equipment.
- information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- an explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- information on the post-exposure evaluation and follow-up that is provided.
- an explanation of the signs, symbols, and color-coding of biohazards.
- a question and answer session between the trainer(s) and employee(s).
- list of school district and health community contacts that can be resources to employees if they have questions after training.

Signature of Training Coordinator	Date Signed
➢Deborah Yeagley RN, Shelly Walker RN	09/19/2014

BBP Exposure Self-Assessment & Response Process

Today's Date:_____

Employee Name:_____

Please follow the steps listed below:

*****Attention injured employee*****

1. Seek/perform immediate first aid. Contact school nurse and supervisor. To reach the school nurse In Gratiot county call 989-463-5159; in Isabella County call 989-773-0431 Ext2.

2. Answer the following questions to determine if the incident you've been involved in should be considered an "exposure" to blood borne pathogens or other potentially infectious materials (OPIMs).

Any YES answer means an "exposure" has occurred.

- Initial your answers.
- Make sure to ask for clarification if you're not sure of any answer!

3. Questions: Did the contact with blood OR other potentially infectious materials (OPIMs) include any of the following:

	(Initials)	*Yes*	*No*
Blood or OPIMs in your eyes, nose or mouth?			
Blood or OPIMs in contact with your broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of your skin in a bite?			
Penetration of your skin by a blood or OPIM contaminated sharp (needle, lancet, glass, teeth, etc.)?			

4. If you answered NO to All of the questions above, *an exposure did not occur* and medical attention for exposure to blood or OPIMs is not required. Other medical attention may still be appropriate. You may stop here and give this form to your supervisor, with appropriate incident or injury report, as applicable. Please ask for help if you're not sure what to do next.

5. If you answered YES to any of the above questions, **after thorough washing or rinsing**, do the following:

- Report the incident to your supervisor immediately.
- Print the paperwork located online under the GIRESD> Special Services> Forms> Health Forms called "Exposure Kit". Complete the staff forms and send them to Human Resources and your school nurse as soon as possible (within 24 hrs.).

• Call HR to notify them that you had a BBP exposure and require clearance for Wellness to evaluate and treat you if your Supervisor has not already done so.

• If you choose to decline medical services at this time, you must sign the "Exposed Employee

Refusal of Medical Services".

• Ensure all documentation related to the event is given to your supervisor and school nurse.

School Exposure Incident Investigation Form
(GIRESD)

Date of Incident	Time of Incident
Location	Person(s) Involved

Potentially Infectious Materials Involved	
Type	Source
Circumstances (what was occurring at the time of the incident)	
How the incident was caused (accident, equipment malfunction, and so forth; list any tool, machine, or equipment involved)	
Personal protective equipment and engineering controls being used at the time of the incident	
Actions taken (decontamination, clean-up, reporting, and so forth)	
Training of employee	
Recommendations for avoiding repetition of the incident, including any recommended changes to the ECP (Exposure Control Plan)	

Employee Medical Record Checklist

(GIRESD)

Employee Name *Please Print*	**Social Security Number** __ __ __ - __ __ - __ __ __
Building	**Job Classification**

- ❑ Copy of employee's hepatitis B vaccination record or declination form. Attach any additional medical records relative to hepatitis B.

- ❑ Brief description of exposure incident:

  _____

  _____

- ❑ Log and attach this district's copy of information provided to the healthcare professional.
- ❑ Accident report
- ❑ Results of the source individual's blood testing, if available and if consent for release has been obtained.
- ❑ Log and attach this district's copy of the healthcare professional's written opinion.

FOR GIRESD USE:

POTENTIAL EXPOSURE INCIDENT
Please fill out and return to school nurse.

Follow up for Potential Bloodborne Pathogen Exposure

PLEASE TAKE YOUR CHILD NOW TO THE DOCTOR FOR EVALUATION

Students Name: _____ DOB: _____

Name of School/Childcare Center: _____

Date of Incident:_____

Supervisor or School Nurse:_____ Date:_____

Description of Incident:_____

_____

_____

Dear Parent:

Your child was involved in an incident that resulted in a break in the skin with bleeding. In an effort to protect both our students and staff from potential infection we are required to follow OSHA's guidelines when someone is possibly exposed to someone else's body fluids. Everyone involved in a potential exposure needs to be evaluated by their Physician to determine if testing for HIV, Hepatitis B virus or HBV, and Hepatitis C virus, or HCV infection is needed. We ask you to do this in order to protect all involved.

All blood exposures are considered emergencies and preventative care should be initiated within one hour after exposure when possible. We recommend seeking treatment at any Emergency or Urgent Care Center. The Mid Michigan Occupational Health in Alma has agreed to see your child for evaluation of exposure and to deliver post exposure care.

Your privacy is imperative. Only the medical offices will have the test results. They will share this information in order to provide you with the best possible care with the least amount of stress. The GIRESD staff involved in potential exposures seeks treatment at Wellness Central in Mount Pleasant, or Mid Michigan Occupational Health in Alma. Your physician will be responsible to exchange test results with the other physician's office if consents are signed. Your Physician will notify you if any further post exposure care may be needed for your child.

Parent signature below signifies that YOU AGREE to seek treatment as recommended by the GIRESD which follows the MIOSHA Exposure guidelines. Your signature also gives the school permission to share contact information of involved physicians. Please note that testing should be completed as soon as possible.

Parent Signature: _____Date_____

STUDENT'S Facility or Doctor's Name:_____
CDC recommended lab work for potential BBP Exposure be done as soon as possible.

HIV 1&2, Hepatitis B Surface Antigen, and Hepatitis C and B Antibody

For GIRESD USE:

POTENTIAL EXPOSURE INCIDENT
Please fill out and return to school nurse.

Follow up for Potential Bloodborne Pathogen Exposure

Employees Name: _____ DOB: _____

Name of School/Childcare Center: _____

Date of Incident: _____

Supervisor or School Nurse: _____Date:_____

Incident _____

_____

In an effort to protect both our students and staff from potential infection, employees of the GIRESD who are involved in an incident that resulted in a break in the skin with bleeding are required to follow OSHA's guidelines. This happens when someone is possibly exposed to someone else's blood or saliva or other body fluids. Everyone involved in a blood exposure needs to be evaluated by their Physician and tested for HIV, Hepatitis B virus or HBV, and Hepatitis C virus, or HCV infection (after consent is obtained) in order to protect those involved.

All blood exposures are considered emergencies and preventative care should be initiated within one hour when possible after an exposure. Please present this letter to the Occupational Health Physician. Communications made between Physician's offices will be confidential. The School Nurse can help arrange for the "Contact Information" to be given to each physician if mutual consents are signed. Your physician will be responsible to exchange test results with the other physician's office if consents are signed. Your Physician will notify you if any further post exposure care may be needed for your child.

My signature below signifies that I AGREE to seek treatment as recommended by the GIRESD which follows the MIOSHA Exposure guidelines. My signature also gives the school permission to share contact information of involved physicians. Please note that testing should be completed as soon as possible.

Employee Signature:_____Date:_____

CDC recommended lab work for potential BBP Exposure.

HIV 1&2, Hepatitis B Surface Antigen, and Hepatitis C and B Antibody

Please note that any potential exposure to blood or OPIM should be washed immediately. Calls to the business office and to your immediate supervisor need to be made prior to seeking treatment.

CONSENT OR REFUSAL
STUDENT

I _____ parent or guardian of_____,

have been informed that my child has been involved in a possible blood exposure incident.

My signature below signifies that I AGREE to seek treatment as recommended by the GIRESD which follows the MIOSHA Exposure guidelines.

Signature: _____Date_____

My signature below signifies that I DO NOT AGREE to seek treatment for_____, for possible blood exposure to HIV, HBV and HCV infection. I have been informed that medical treatment is available and should be instituted for the treatment and prevention of any of the above exposures. I also understand that by refusing treatment I am causing an employee to go through 6 months of testing and uncertainty.

Signature: _____Date_____

POTENTIAL BLOOD EXPOSURE
STAFF REFUSAL OF CARE

I _____, agree that I have been involved in a potential bloodborne pathogen exposure.

My signature below signifies that I AGREE to seek treatment as recommended by the GIRESD which follows the MIOSHA Exposure guidelines.

Signature: _____Date: _____

My signature below signifies that I DO NOT AGREE to seek treatment for possible blood exposure to HIV, HBV and HCV infection. I have been informed that medical treatment is available and should be instituted for the treatment and prevention of any of the above exposures.

Signature: _____Date_____

APPENDIX B

Organization and Address

_____

_____

_____

_____

Daily Classroom Procedure
Sanitizing dishes / Disinfecting counter tops

Clean dishes/counter tops with detergent and water then rinse.

- **(Proforce is a sanitizer/disinfectant and does not container detergent, it is not a cleanser)**

Follow the directions below for concentration and procedure related to the need.

To **sanitize mobile** items such as drinking glasses, eating utensils and toys

- Wash with detergent and rinse
- Immerse in 1 oz. Proforce to 1 gallon of water for 1 minute. It is not safe to use stronger amounts for dishes.
- Remove items.
- Air dry.

To **disinfect immobile** items such as tanks, chopping blocks and counter tops, desks, doorknobs.

- Flood the area with the **DISINFECTANT** solution (see below) making sure to wet all surfaces completely (minimum 10 mins.)
- Air dry. Avoid contamination of food during use.
    - (may use Lysol wipes in between, not a true disinfectant)

Disinfectant concentration for counter tops

Use 2 ¼ oz to 1 gallon water and saturate surface well. Surface must remain wet for 1 minute. Allow to air dry.

Prepare a fresh solution daily or more frequently as soil is apparent

This procedure does NOT apply to vomit or diarrhea. Please see the cleansing procedure for this need immediately following.

When used as directed this product is an effective sanitizer against Escherichia coli, Escherichia coli 0157:H7, Staphylococcus aureus, Yersinia enterocolitica and Listeria monocytogenes. Remove all gross food particles and soil from areas which are to be sanitized with a good detergent, preflush, pre-soak or pre-scrape treatment. Rinse with a potable water rinse.

Guidelines for Bleach Use in the Environmental Cleaning And Disinfection of Potential Norovirus

Noroviruses are a group of viruses that cause acute gastroenteritis in humans. The symptoms of norovirus infection include nausea, vomiting, diarrhea, cramping, and low-grade fever. Noroviruses are transmitted through the fecal-oral route, either by consumption of fecally contaminated food or water, direct person-to-person spread, or environmental and fomite (inanimate object or substance that is capable of transmitting infectious organisms) contamination.

Materials Needed:
Disposable gloves, masks, eye protection or face shields, and gown or protective clothing
Please don all materials before beginning cleaning procedure.
For questions about the above mentioned personal protective equipment, please see http://www.cdc.gov/ncidod/dhqp/gl_isolation.html (Part II.E)

General Warning:
Chlorine bleach may damage fabrics and other surfaces. Please spot test area before applying to visible surface.

This document contains information for:

- Disinfection
- Specific Clean-up Procedures
- Schools/Daycares

Disinfection

(For non-visibly soiled areas - please refer to specific procedures for large spills)

Examples of items to disinfect:
Doorknobs, faucets, sinks, toilets, commodes, bath rails, phones, counters, chairs (including backs), tables, hand rails, elevator buttons, light switches, keyboards, mattress covers, aprons, uniforms, linens, bedding and ice machines.

What works best: Chlorine bleach (sodium hypochlorite -NaOCl)

Chlorine bleach concentrations and mixing instructions:

- **200ppm** (parts per million) - 1:250 dilution
- **Use for stainless steel, food/mouth contact items, toys**
- 1 Tablespoon of bleach in 1-gallon water

1000ppm (parts per million) - 1:50 dilution

- **Use for non-porous surfaces, tile floors, counter-tops, sinks, toilets**
- 1/3-cup bleach in 1-gallon water

5000ppm (parts per million) - 1:10 dilution

- **Use for porous surfaces, wooden floors**
- 1 and ½ cup bleach in 1-gallon water

Stability of Chlorine Bleach

- Open bottles of concentrated chlorine bleach will lose effectiveness after 30 days. Change bottles of bleach every 30 days for accurate concentrations. For disinfecting, use an unopened bottle of chlorine bleach. Prepare a dilution of fresh bleach every day of use and discard unused portions.

Schools/Daycare

Hand washing

- All employees should wash hands with warm running water and soap, using friction for 20 seconds, paying special attention to under fingernails. Dry hands with a single-service paper towel or air dryer.
- Hands should be washed after using the restroom, sneezing, coughing, changing diapers, before any food preparation or service.

Toy cleaning

- Toys should be cleaned and disinfected daily.
- Any toy that enter a child's mouth (rubber or plastic blocks, balls, etc.) must be disinfected with 200ppm bleach, rinsed thoroughly and air dried or run through dishwasher with high temperature (170°F).
- Remove visible debris on softer toys that have been soiled by vomit – (see Disinfection section). Launder toy as directed or discard if necessary.

Keeping Diaper Changing Surfaces Clean

- Surfaces should have a plastic covered pad without cracks.
- Use disposable material to cover the pad on changing tables such as shelf paper, wax paper, scrap computer paper, cut up paper bags. Discard after each diaper change.
- Clean the surface after every diaper change by washing with detergent, water and friction, bleach dilution (see **Disinfection** section for appropriate concentration), and rinsing with clean water.
- Caregivers must wash their hands immediately.
- After changing a diaper, the diapered child's hands should be washed also.