George-Little Rock Community School

Bloodborne Pathogen Plan

2014 - 2015

Revised July 2014

Web Site
Printed Copy to Bus Drivers, Custodians,
and Page 12 to Secretaries

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EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
PART I

Subject: Occupational Exposure to Bloodborne Pathogens, Universal Precautions: Policy, Purpose and Responsibility

Purpose: Universal Precautions are utilized to prevent reasonably anticipated parenteral, skin, and mucous membrane exposure to blood or other potentially infectious materials that may result during the performance of an employee's duties. Employers must assure employees implement Universal Precautions.

Policy: Universal Precautions as set forth herein will be utilized by every employee in the care of every student and when administering to other persons in the districts. There shall be no exceptions to the conditions identified in the Universal Precautions and the responsibilities.

Responsibility:

Epidemiology

A. Review guidelines for Universal Precautions; Revise as needed
B. Provide list of departments and job classifications with occupational exposure
C. Provide ongoing consultation regarding implementation of Universal Precautions
D. Develop and coordinate educational programs
E. Assist with compliance evaluation

Staff Screening

A. Review and continue to implement Hepatitis B Vaccination Program
B. Maintain records regarding Hepatitis B Vaccination Program
C. Review and continue post-exposure follow-up. Maintain documentation exposure and follow-up

Administrator's

A. Review list of all job classifications in which employees in those positions have reasonably anticipated occupational exposure
B. Revise all applicable procedures in the division to include requirements for personal protective equipment and the management of wastes
C. Assure and document employee training
D. Assure personal protective equipment and other necessary supplies are available in accessible locations.
E. Evaluate Compliance
    1. Include in performance standards for performance appraisal.
    2. Initiate and document disciplinary action for continued non-compliance.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
PART II

Team Plan

I. Identify Team to Other Faculty

A. **Primary Team**

Steven Barber	Mark Lutmer	Sue Roseberry
Shari Kruse	Brian Luenberger	
Russell Verburg	John Heyer	

B. **Secondary Team**

Curt Schilling	Jenna Noble
Bridget Dickmann	
Geraldine Hassebroek	

II. Job Description

A. Be ready to assist when called upon to do so.
B. Know where materials are located and accessible.
C. A team member will be responsible for disposing of major blood-spill materials.
D. Responsible for making sure equipment is replaced.

III. Procedures to Follow for Handling Blood or Other Potentially Infectious Body Fluids

A. Have student handle if possible
B. Give student absorbent material to apply pressure
C. Put on gloves
D. Clean and cover
E. Put used materials in plastic bag
F. Clean up blood spill and spray with disinfectant

G. Clean up utensils used to clean spill
H. Remove gloves and dispose by double bagging
I. Wash hands correctly

IV. Teacher's Plan
A. Have student apply pressure
B. Put on gloves to help student
C. Send someone for help from a team member or help student get to a team member for assistance if incident is severe and teacher is unable to handle alone.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
PART III

Subject: Identification of Positions with the Risk of Occupational Exposure to Blood and Other Potentially Infectious Body Fluids and Materials

Policy: Each administrator will review the building's list of job classifications to identify which employees in those positions have reasonably anticipated occupational exposure.

Following is a list of building and job classifications in which employees have reasonably anticipated occupational exposure. Administrators must review this list for completeness and accuracy.

Building/Job Classifications with Reasonably Anticipated Occupational Exposure

Building	Job Classifications
High School	Science Teachers Coaches Custodians Industrial Technology Teacher
Middle School	Coaches Industrial Technology Teacher Secretaries Science Teachers
Elementary	Secretaries Custodians P.E./Coaches
K-12	Special Education Teachers and Paraprofessionals

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
PART IV

Subject: Universal Precautions
Purpose: The implementation of Universal Precautions in the care of all students will protect employees who have occupational exposure to blood or other potentially infectious body fluids or material.
Policy: Housekeeper
Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or potentially infectious body fluids or materials. Hands must be washed immediately after gloves are removed. All equipment and environmental and working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.

All personnel must routinely use personal protective equipment when there is a potential for exposure to blood or other infectious body fluids or materials. Personal protective equipment is readily available in the work area. Special arrangements can be made for unique needs of staff members through their supervisor. Gloves must be worn when the employee has the potential to have direct skin contact with blood, other potentially infectious body fluids or materials, mucous membranes, and when handling items or surfaces soiled with blood or other potentially infectious body fluids or materials.

1. Disposable single-use gloves must be changed as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised.
2. Disposal single-use gloves cannot be washed or disinfected for regular use.

3. Gloves must be changed after contact with each treated student.
4. Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
   a. Immediately or as soon as possible after use, contaminated reusable sharps, are placed in appropriate containers until properly reprocessed. These containers are:
      I. Puncture resistant
      II. Labeled or color-coded
      III. Leakproof on the sides and bottom

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

All environmental and work surfaces and all noninvasive equipment shall be properly cleaned and disinfected after contact with blood or other potentially infectious materials. Protective coverings, such as imperviously backed absorbent paper used to cover surfaces is removed and replaced as soon as feasible when contaminated.
1. Gloves must always be worn for cleaning spills of blood or other body fluids.
2. Biohazard bags are available in areas where potentially infectious wastes may be generated.

All potentially infectious wastes must be placed in a biohazard plastic bag and taken to appropriate disposal areas as soon as possible. Warning labels are affixed to containers of regulated waste containing blood or other potentially infectious materials.

District-owned personal care items which may be contaminated with blood or other body fluids are appropriately cleaned and/or disinfected between use.

1. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry is placed and transported in bags or containers which prevent soak-through and/or leakage to the exterior.

Contaminated surfaces are to be cleaned and disinfected after blood or other potentially infectious materials are present on a surface. Contaminated surfaces are decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are contaminated. The disinfectant must be approved as a germ and bacteria killer.

All bins, pails, cans, and similar reusable receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Equipment Availability and Location - Required equipment will be on site and located so as to be accessible in areas where an incident may occur. These locations will be identified and made a part of this plan.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
PART V

Hepatitis B Vaccination Program

Background: Hepatitis B is a bloodborne pathogen of significant risk. The risk of significant morbidity and early mortality can be avoided by effective immunization. A safe and effective (95%) vaccination has been available since July 1982. The recombinant DNA vaccine became available in 1987 and it is now the only type produced in this country. There are minimal adverse reactions and no possibility of Hepatitis B infection from the recombinant DNA vaccine. The immunization is provided in a three-shot series.

***POLICY:** **Any staff member with high risk of exposure may receive the vaccine.**

Education regarding the risk of bloodborne pathogens will be provided to all individuals at risk of exposure on an annual basis, and staff will be encouraged to receive the vaccine at that time.

Procedure

Initial Vaccination

A. All new staff members with high risk of exposure will be offered the vaccine at the time of their initial employment.
B. All new staff members with high risk of exposure must sign the attached consent/waiver form, whether or not they elect to receive the vaccine. Staff members may also provide proof that they have previously received the vaccine.

Follow-up Vaccination/Testing

Two additional vaccinations are necessary at one-and six-month intervals after the initial vaccination. Follow-up vaccinations will be scheduled during the initial vaccination visit.

Although immune status testing will be provided if requested, it is not recommended because of the high probability of a negative response (90%). Vaccination of individual with previous or current Hepatitis B has not resulted in any increased risk to the recipient.

If requested by the staff member, testing for adequate antibody response post immunization will be available and must be done one month to one year after completing the series. Over 90% of the recipients produce adequate antibody after a three-dose course of vaccination. If testing indicates inadequate antibody response, an additional dose will be provided with repeat testing.

Program Costs:
Staff members identified will receive vaccines at district expense.

Recordkeeping:
The immunization information or waiver of immunization will be maintained in the health records. Dates of immunization and testing results will be in the record. The district maintains the required records for at least the duration of employment plus 3 years.

Annual Education:
All staff members at risk will be required to attend an annual in-service session regarding the risks of bloodborne pathogens.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
Part VI

Staff Screening Service Protocol
Hepatitis and Human Immunodeficiency Virus:
Prevention of Infection Through Evaluation and Treatment of Exposed Employees

Hepatitis B

Background: Hepatitis B virus (HBV) is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma in the United States. It is estimated by CDC that 300,000 new cases occur each year, 18,000 in health care workers. Of these 12,000 are due to occupational exposure. Two hundred will die each year of acute or chronic infection. Ten percent go on to develop a carrier state.

Prophylaxis: Two types of products are available for prophylaxis against HBV. Plasm-derived Hepatitis B vaccine, licensed in 1981, and recombinant DNA vaccine, licensed in 1986, provide active immunization against HBV infection, and their use is recommended for both pre- and post-exposure prophylaxis. Immune globulin (IG) products provide temporary, passive protection and are indicated only in certain post-exposure setting.

IG and Hepatitis B immune globulin (HBIG) contain different amounts of antibody against HBV (anti-HBs). IG is prepared from plasma that is not pre-selected for anti-HBs content. Since 1977, all lots tested have contained anti-HBs at a titer of at least 1:100 by radioimmunoassay (RIA). HBIG is prepared from plasma preselected for high-titer anti-HBs. In the United States, HBIG has an anti-HBs titer of higher than 1:100,000 by RIA. There is no evidence that Human Immunodeficiency Virus has been transmitted by IG or HBIC and now all lots are tested for HIV antibody.

Vaccination: The immunogenicity of the recombinant DNA HBV vaccine is comparable to that of the plasma-derived product. After a series of three IM injections of the vaccine, over 95% of healthy adults develop protective antibody. No long-term studies have been done to confirm the efficacy of the recombinant vaccine in adults, but studies in exposed infants would indicate similar efficacy to the plasma-derived vaccine with 85-95% of recipients protected against HBV.

It would appear that the vaccine-induced antibody levels decline over time, decreasing by 30 to 40% after 5 years. Ten to 15% of recipients having undetectable levels after 5 years. Despite declining antibody levels over time, protection against clinically significant HBV infection appears to continue even in those with undetectable levels. This protection may persist for two or more years among vaccine recipients with low or undetectable antibody levels.

Post-exposure Evaluation and Follow-up: Following a report of an exposure incident, the district will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1. Identification and documentation of the source individual, unless the district can establish that identification is infeasible or prohibited by state or local law.
    a. The source individual's blood is tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the district will establish that legally required consent cannot be obtained.
    b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
    c. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
2. Collection and testing of blood for HBV and HIV serological status

a. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
b. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

3. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
4. Counseling
5. Evaluation of reported illnesses

Post-exposure Prophylaxis: For accidental percutaneous exposure, only regimens including HBIG and/or IG have been studied. A regiment of two HBIG doses, one given after exposure and one a month later, is about 75% effective in preventing HBV infection following percutaneous exposure. IG may have some effect in preventing clinical HBV infection following percutaneous exposures and can be considered as an alternative to HBIG when it is not possible to obtain HBIG.

For accidental percutaneous or permucosal exposure to blood that is known to contain or might contain HBV antigen (HBsAg), the decision to provide prophylaxis must take into account several factors: 1) the hepatitis B vaccination status of the exposed person and if vaccinated, the anti-HGs titer; 2) whether the source of blood is known or unknown; and 3) whether the HBsAg status of the source is known or unknown. Such exposures usually occur in persons who are candidates for hepatitis B vaccine; for any exposure in a person not previously vaccinated, hepatitis B vaccination should be a part of the treatment. For specific treatment and follow-up guidelines, refer to the Appendix.

Non-A, Non-B Hepatitis

Non-A, non-B hepatitis that presently occurs in the United States has L characteristics similar to those of hepatitis B, occurring most commonly following blood transfusion and parenteral drug abuse. Multiple episodes of non-A, non-B hepatitis have been observed in the same individuals and may be due to different agents. Chronic hepatitis following acute non-A, non-B hepatitis infection varies in frequency from 20% to 70%. Experimental studies in chimpanzees have confirmed the existence of a carrier state, which may be present in up to 8% of the population.

Although several studies have attempted to assess the value of prophylaxis with IG against non-A, non-B hepatitis, the results have been equivocal and no specific recommendations can be made. However, for persons with percutaneous exposure to blood from a patient with non-A, non-B hepatitis, it may be reasonable to administer IG (0.06 ml/kg) as soon as possible after exposure.

Human Immunodeficiency Virus

Background: Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). Over 70,000 cases of AIDS has been reported to the CDC since 1981. The mean interval between infection with HIV and onset of AIDS is over seven years.

A person is identified as infected with HIV when a sequence of tests including enzyme immunoassays and Western Blot assays for HIV are repeatedly positive. If the Western Blot is negative HIV infection is considered not to be present. Antibody levels develop in 6 to 12 weeks in HIV infected persons.

Using the HBV model, the highest risk for transmission of HIV in the work place would involve parenteral exposure to a needle or other sharp instrument contaminated with blood of an infected person, cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially in nonintact skin and mucous membrane exposure.

As of July 1987 a prospective study of health care workers with documented exposure to HIV infected patents showed three workers who seroconverted out of 425 exposed. None of these health care workers had documented risk factors for HIV infection. In retrospective studies eight health care workers exposed to infected patients and denying risk factors have been reported to have acquired HIV infection. Three had needle stick exposure; three had non-needle stick exposure to blood and two had no exposure other than nursing care for HIV cases.

Precautions: These precautions represent prudent practices that apply to preventing transmission of HIV infection and other bloodborne infections and should be used routinely.

1. All staff should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluid.

Management of Staff Member Exposures

All staff members who receive parenteral or cutaneous exposure involving large amounts of blood or prolonged exposure, especially to mucous membrane exposure to blood or body fluids, should present to the nurse or family physician for evaluation.

Subject: Training

Purpose: The purpose of this document is to provide an outline for the orientation and training of employees to assure that all elements of training are addressed in educational programs.

Policy: All George-Little Rock Community School employees will receive training regarding Universal Precautions and the Hepatitis B Vaccine Program prior to employment. Opportunities for interactive sessions will be available via web-based resources..

A. Each administrator must ensure that all employees identified as having occupational exposure, participate in an orientation and training program.

B. Training shall be provided at the time of initial employment and as needed.

C. The training program must contain the following elements:

1. An accessible copy of the OSHA bloodborne pathogen standard
2. A general explanation of the epidemiology and symptoms of bloodborne diseases
3. An explanation of the modes of transmission of bloodborne pathogens
4. An explanation of the George-Little Rock Community School Infection Control Program
5. An explanation of the appropriate methods of recognizing procedures and other activities that may involve exposure to blood and other potentially infectious materials
6. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate use of personal protective equipment and other work practices
7. Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment
8. An explanation of the basis for selection of personal protective equipment
9. Information on the Hepatitis B Vaccine, including information on its efficacy, safety, and the benefits of being vaccinated
10. Information on the appropriate actions to take and persons to contact in an emergency
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting, the incident, and the medical follow-up that will be made available
12. An explanation of the signs and labels and color coding used at George-Little Rock Community Schools

D. Training records must include the following:

1. The dates of the training session
2. The contents or an outline of the training sessions
3. The names and qualifications of persons conducting the training
4. The names of all persons attending the training sessions
5. These records must be maintained for three years

<u>General Records</u>

A. Name, position, and dates of vaccination of all staff

B. Name, position, and dates of employees who refused the vaccine.

C. Record of Universal Precaution training.

D. Record of all incidents of exposure in detail.

E. Individual records if exposure occurs.

<u>Availability and Transfer of Records</u>

A. All required records are available upon request to the regulatory agency for examination and copying.

B. Employee training records are provided upon request for examination and copying to employees, to employee representatives, and to the regulatory agency.

C. Employee medical records required by this paragraph are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the regulatory agency.

D. The district transfers employee records regarding the standard to comply with the requirements.

E. If the district ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the district will notify the regulatory agency at least three months prior to their disposal and transmit them, if required by the regulatory agency to do so, within that three month period.

HEPATITIS B VACCINE INFORMATION AND RECORD

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of patients.
Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus.
Most of these people have no symptoms, but can continue to transmit the disease to others.
Some may develop chronic active hepatitis and cirrhosis.
HBV may be a causative factor in the development of liver cancer.
Immunization against the hepatitis B virus can prevent acute hepatitis and its complications.

The vaccine
Hepatitis B vaccine is produced from yeast cells.
It has been extensively tested for safety and effectiveness in large scale clinical trials.
Approximately 90% of healthy people who receive 2 doses of vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B virus.
Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids.
Full immunization requires three (3) doses of vaccine over a six month period, although some persons may not develop immunity even after three (3) doses. There is no evidence that the vaccine has ever caused hepatitis B.
However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

Dosage and Administration
The hepatitis B vaccine is given in three intramuscular doses in the deltoid muscle.
Two initial doses are given one month apart and the third dose is given six months after the first.

Possible Vaccine Side Effects
The incidence of side effects is very low. No serious side effects have been reported with the vaccine. 10 to 20% of persons experience tenderness and redness at the site of injunction and low grade fever. Rarely rash, nausea, joint pain, and mild fatigue have been reported. The possibility exists that other side effects may be identified with more extensive use.

_____ _____
Employee Name (last, first, middle) Social Security Number

Consent for Hepatitis B Vaccination

I have knowledge of Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse of a physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

_____ _____
Signature of Employee (Consent for Hepatitis B vaccination) Date

_____ _____
Signature of Witness Date

Refusal of Hepatitis B Vaccination

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 with 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 (Refusal of Hepatitis B Vaccination) Date

_____ _____
Signature of Witness Date

I refuse because I believe I have (check one): _____started the series _____completed the series.

GEORGE-LITTLE ROCK COMMUNITY SCHOOL

Release Form for Hepatitis B Medical Information

Authorization Letter for the Release of Employee Medical Record Information to a Designated Representative

I, _____, hereby authorize _____
(full name of employee) (individual or organization holding the medical records)

to release to the George-Little Rock Community School, George, IA 51237 / Little Rock, IA 51243, the following medical information from my personal medical records:

Dates of hepatitis B vaccination and hepatitis B titer information, if known.

I give my permission for this medical information to be used for the following purpose George-Little Rock Community School screening records, but I do not give permission for any other use or re-disclosure of this information.

_____
Full name of employee or legal representative:

_____
Signature of employee or legal representative:

Date of signature:_____

BLOODBORNE PATHOGENS TRAINING

HANDOUTS USED:

VIDEO/MEDIA USED: Interactive website

George-Little Rock Community School
Training for Bloodborne Pathogens
45 Minutes--All Staff

I. ACCESSIBLE COPY OF OSHA BLOODBORNE PATHOGEN STANDARD
   - A. Explain standard
   - B. Federal Registry and locations in the building

II. EXPLANATION OF THE EPIDEMIOLOGY AND SYMPTOMS OF BLOODBORNE DISEASES.
   - A. Hepatitis B
   - B. HIV

III. EXPLANATION OF THE GEORGE-LITTLE ROCK SCHOOL INFECTION CONTROL PROGRAM.

IV. APPROPRIATE METHODS OF RECOGNIZING PROCEDURES AND OTHER ACTIVITIES THAT MAY INVOLVE EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS

   - A. Practices that will prevent or reduce exposure
     1. Use of personal protective equipment
     2. Universal precautions
     3. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
     4. Basis for selection of personal protective equipment

V. INFORMATION ON THE HEPATITIS B VACCINE
   - A. Efficacy
   - B. Safety
   - C. Benefits

VI. PROCEDURE TO FOLLOW IF AN EXPOSURE INCIDENT OCCURS
- A. Method of reporting
- B. Medical follow-up that is made available
- C. Actions to take and persons to contact in an emergency

II EXPLANATION OF THE SIGNS AND LABELS USED AT GEORGE-LITTLE ROCK COMMUNITY SCHOOL REGARDING BIOHAZARDOUS WASTE

This program will be conducted annually.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

APPENDIX

Subject: OSHA Definitions Utilized in this Policy/Procedure Guide for Exposure Control Plan for Bloodborne Pathogens

Term	Definition
Blood	Human blood, human blood components and products made from human blood
Bloodborne Pathogens	Pathogenic 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).
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
Contaminated Sharps	Any contaminated object that can penetrate the skin.
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item.
Disinfect	To inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial endospores) on inanimate objects.
Engineering Controls	Controls that isolate or remove the hazard from the workplace.
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.
Occupational	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact Exposure with blood or other potentially infectious materials that may result from the performance of an employee's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.
Other Potentially	The following body fluids: semen, vaginal secretions, cerebrospinal fluid, Infectious Materials synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood.
Parenteral	Piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts, abrasions, etc.
Personal Protective Equipment (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard.
Regulated Waste (Potentially Infectious) state	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling all contaminated sharps.
Source Individual	Any individual whose blood, body fluids, tissues, or organs may be a source of exposure to the employee.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Universal Precautions	A method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
Work Place Controls	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

GEORGE-LITTLE ROCK COMMUNITY SCHOOL

Record of Bloodborne Pathogens Incident

Name _____ Date _____

Describe in detail what occurred:

Describe the precautions taken prior to addressing the incident:

Describe the precautions taken after the incident occurred:

What follow-up do you feel should occur?

_____
Signature

Submit to the Superintendent within 24 hours of the incident.

Superintendent's Response: Date Received: _____

Date of Disposition: _____

END OF DOCUMENT