



From: Rick Osorio, Director of Insurance and Risk Management
To: Parish and School Administrators

Re: Bloodborne Pathogens Exposure

Date: February 2008

In an effort to control the spread of disease through contact with blood from cuts and injuries, we are providing you with the attached guide to assist you in formulating a policy for the handling of these situations.

It is important to recognize the seriousness of what can be transmitted through blood-borne pathogens, and for the safety and security of the persons at your locations, protocol for prevention is imperative.

We hope this attachment from Catholic Mutual Group provides you with a direction for creating a policy at your location.

I strongly urge you to make it one of your topics at your next staff meeting. Education and training are essential for a legitimate policy to stay compliant.

If you have any questions regarding this notice, please contact me at extension 393.

Thank You.

Bloodborne Pathogens Exposure Control Plan

The OSHA/VOSH 1010.1030 Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by micro-organisms sometimes found in human blood and certain other potentially infectious materials.

All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this control plan. The program is accomplished by:

1. identifying and designating employees with occupational exposures;
2. identifying tasks and procedures that may present an exposure hazard;
3. using universal precautions;
4. providing appropriate personal protective equipment;
5. offering Hepatitis B vaccine, post-exposure evaluation and follow-up;
6. communicating potential hazards to employees through information and training.

Copies of this exposure control plan are available for review in each school principal's office and in the school clinics. Employees may obtain a copy of this plan within 15 days of submitting a written request to the principal.

Exposure Determination

Those employees who can reasonably be expected to be exposed to blood or other potentially infectious materials during performance of their duties as employees of _____ School are as follows:

A. Job categories most at risk:

1. school nurses
2. clinic substitutes
3. coaches
4. physical education teachers
5. physical education aides
6. preschool teachers and paraprofessionals
7. athletic trainers
8. _____
9. _____

B. Job categories in which occupational exposure may occur:

1. selected special education teachers/paraprofessionals
2. designated custodians
3. bus drivers

NOTE: The school will review all job categories on an on-going basis to determine potential exposure possibilities. Employees not included in the above list who feel their job responsibilities put them at risk may submit a letter to their immediate supervisor requesting a review of their exposure classification.

Methods of Compliance

A. Universal precautions: All human blood and certain human body fluids are treated as if known to be infectious for bloodborne pathogens (including HIV and HBV).

B. Work Practices

1. Disposable gloves should always be used when dealing with blood and body fluids.
2. If gloves are not available, any leak proof barrier available should be used including the victims own hand or hands.
3. Hands are to be washed with soap and water as soon as possible after exposure.
4. When hand-washing facilities are not accessible, an appropriate antiseptic hand cleaner should be used.
5. Hands should be washed as soon as possible after removal of gloves.
6. Hands and any other skin should be washed with soap and water (or flush mucous membranes) as soon as possible following contact with potentially infectious materials.
7. Eating, drinking, smoking, applying cosmetics and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure (i.e., clinic sink, counter).
8. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops where blood or other potentially infectious materials are present.
9. All procedures are to be performed in a manner to minimize splashing, spraying, etc., of infectious materials.

C. Sharps Management (Sharps are any needle, glass shards or sharp objects).

1. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.
2. Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposal sharps containers. Contaminated broken glass is also to be placed in disposal sharps containers.

D. Personal Protective Equipment

All personal protective equipment will be provided, repaired, cleaned, and disposed of by the school at no cost to employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, masks, eye protection, and pocket masks are available.

All personal protective equipment shall be removed before leaving the work area and placed in assigned containers for storage, washing, decontamination or disposal. Upon leaving the work area, employees are expected to put contaminated garments and other protective equipment in the containers provided in the clinic.

1. Latex gloves shall be worn in the following situations:

- a. When it can be reasonably anticipated that hands will contact human blood or other potentially infectious materials, mucous membranes, and non-intact skin.
- b. Disposable gloves shall not be washed or decontaminated for reuse.
- c. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised; however, the gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

2. Protection for eye/nose/mouth

Employees shall wear masks in combination with eye protection devices or chin-length face shields whenever splash, spray, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

3. Protection for the body

Gowns and other protective outer clothing shall be worn in occupational exposure situations. Uniforms are not considered personal, protective clothing.

Post Exposure Evaluation Follow-up

A. An exposure incident that results from the performance of an employee's duties is a specific incident in which the eye, mouth, other mucous membranes, or non-intact skin of an employee makes contact with blood or other potentially infectious materials.

B. Employees who experience an exposure incident must immediately report their exposure to the school nurse or building administrator within 24 hours.

C. Following a report of an exposure incident, a confidential medical evaluation and follow-up shall be made immediately available to the exposed employee.

Signs And Labels

Biohazard labels shall be attached to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials. The labels shall also be attached to containers used to store, transport, or ship blood or other potentially infectious material.

(February 2008)