

# **Loudoun County Public Schools Exposure Control Plan (ECP) For Bloodborne Pathogens**

# Loudoun County Public Schools

## Exposure Control Plan

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### References

1. 29 CFR 1910.1030 Bloodborne Pathogen Standard
2. 29 CFR 1910.1020 Access to employee exposure and medical records
3. Code of Virginia § 32.1-45.1. Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses

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## **I. Purpose:**

Bloodborne pathogens are defined as pathogenic microorganisms that are present in human blood and can cause disease. These pathogens include, but are not limited to, Human Immunodeficiency virus (HIV), Hepatitis B virus (HBV), and Hepatitis C virus (HCV). All blood, bodily fluids and other potentially infectious materials (OPIM) will be handled as if contaminated by bloodborne pathogens.

Loudoun County Public Schools are committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to Bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030, "*Occupational Exposure to Bloodborne Pathogens.*"

The LCPS Bloodborne Pathogens Exposure Control Plan includes infection control procedures and addresses the requirement to provide additional protection to employees who face a reasonably anticipated exposure to human blood or other human body fluids or other potentially infectious materials due to the nature of their job assignments. The plan also describes the procedures to follow in the event that an exposure has occurred.

## **II. Confidential Information:**

Information regarding individuals who have been diagnosed with Human Immunodeficiency virus (HIV) is confidential and must remain confidential. It is a violation of one's privacy to inform school staff, students, and/or the community of an individual who is HIV positive or who has auto immune deficiency syndrome (AIDS) without the permission from the individual, or in the case of a minor, permission from a parent/guardian.

## **III. Job Classifications:**

LCPS has determined the following job classifications are associated with potential occupational exposure to human blood, bodily fluids or other potentially infectious materials (OPIM) due to the nature of their job assignments, including but not limited to:

- Custodial Staff
- Cafeteria Staff
- Special Education Staff Members (specifically Special Education Teachers and Special Education Teachers Assistants in pre-school, intensive or multiple disabilities programs)
- All Athletic Training Staff and Athletic Training Assistants
- Athletic Coach
- All Nursing Staff and Health Clinic Specialists and Nurse Assistants
- Assistant Principal
- First responders who may not qualify otherwise
- Occupational Therapist
- PE Teacher
- Physical Therapist

- Plumber
- Principal
- School Bus Attendant
- School Bus Driver
- School Nurse
- School Security Office

#### **IV. Responsibilities:**

LCPS is responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Employees covered by the Bloodborne pathogens standard receive an explanation of this ECP during their initial employment training session. The ECP will also be reviewed in their annual refresher training. Additionally, all employees have an opportunity to review the ECP at any time online at the external webpage [www.lcps.org](http://www.lcps.org), *then Employment, then Retirement & Disability Programs, then Hazardous Waste and Exposure Control Plan* or by contacting the LCPS Retirement & Disability Office.

The LCPS Occupational Health & Safety office and Retirement & Disability Programs Office are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of such plans will also reflect changes in technology that eliminates or reduces exposure to Bloodborne pathogens.

Each School Principal or their designee shall maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. School Principals or their designee shall ensure that adequate supplies of the aforementioned equipment are available in sizes appropriate for their employees.

Responsibilities associated with potential exposure include, but are not limited to:

- Care of minor injuries that occur within a school setting (such as bloody nose, scrapes, minor cuts)
- Initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration)
- Care of students with medical needs (such as injections, colostomy, tracheotomy)
- Care of students who need assistance in daily living skills (such as toileting, dressing, hand washing, feeding, menstrual needs)
- Care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching)

- Care of an injured person in laboratory settings, technical education settings, or art classes
- Care of an injured person during a sport activity
- Cleaning tasks associated with bodily fluid spills

## **V. Exposure Control Procedure Guidelines:**

The body fluids of all persons must be considered potentially hazardous. Direct skin contact with all body fluids should be avoided. All personal protective equipment shall be provided, repaired, cleaned and disposed of by the employer at no cost to the 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. Hypoallergenic gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, and pocket masks are available to all employees as needed through Health Services.

If blood or other potentially infectious material penetrates a garment, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work areas; it shall be placed in assigned containers for storage, washing, decontamination or disposal.

Regulated waste containers shall be available in each school clinic and in the Health Services office of the central administration building. Spill kits shall be available on all buses.

### **A. Hand Washing:**

Hand washing is an essential element in a basic hygiene program. It prevents the transmission of infectious organisms. Hand washing should be encouraged after using the toilet and immediately before eating. Hand washing is essential before and after any situation when hands might come in direct contact with blood, and human or animal bodily fluids. The importance of hand washing cannot be undermined by the belief that it is impractical or inconvenient. Adequate hand washing facilities must be available at all times. Good hand washing includes the following procedures:

- Ensure that each hand sink is supplied with dispensed soap and disposable paper towels
- Alcohol-based (at least 60% alcohol) hand sanitizer should be provided where water is not available. Hand sanitizer should not be used instead of hand washing when hands are visibly dirty or greasy
- Wet hands thoroughly with running water
- Dispense soap into wet hands; bar soap may be used if dispensed liquid soap is unavailable
- Lather soap by vigorously rubbing hands together for at least 20 seconds, paying particular attention to the backs of the hands, nails, cuticles, spaces between the fingers, and under jewelry
- Wash hands above the wrist level

- Rinse hands thoroughly
- Dry hands using a disposable paper towel; avoid the use of common towels
- Use the paper towel to turn off the water
- Dispose of the paper towel in a waste receptacle

**B. Gloves:**

In any situation when hands might come in contact with bodily fluids or other potentially infectious materials (OPIM), employees must wear disposable (single-use) gloves. A supply of disposable gloves (PPE) are available in every school employees work area. The procedures for using disposable gloves are:

- Maintain a supply of disposable gloves in a readily accessible location
- Slip each hand into a clean glove, pulling it tightly over the fingers to ensure a good fit. Pull the glove over the wrist as far as it will go to maximize coverage
- Inspect gloves for proper fit and condition, making sure there are no punctures, tears, or cracks in the fit
- Do not reuse disposable gloves
- Remove gloves by turning the glove inside out as it is pulled over the hand. While removing the second glove, slip the fingers of the ungloved hand underneath the glove to avoid touching the outer surface of the glove. Pull the glove inside out as it is removed from the hand.
- Dispose of used gloves in a lined waste container. If gloves are visibly contaminated with blood or other potentially infectious materials, dispose of them as regulated waste in the biohazard bags/container located in the school Nurse clinic
- Wash hands thoroughly using the provided hand washing procedures

**C. Eye, Face, Skin Protection:**

To prevent nose and mouth contact with infectious agents, face masks and goggles or face shields must be worn when cleaning or handling materials contaminated with blood or other potentially infectious materials. Face masks or face shields and goggles are available at every school Nurse clinic. All broken skin should be covered with fluid-impermeable PPE, such as gowns, aprons, leg, or sleeve coverings. Sharp materials, such as broken glass or jagged metal, should not be handled directly; tools should be used and cut-resistant PPE should be worn, as needed. The procedures for removing PPE after cleaning and disinfection is complete are:

- Remove gloves first, then face shield or goggles, gown and/or apron, and then face mask
- Disposable PPE should be discarded as regulated waste in the biohazard bags/container located in the school Nurse clinic and reusable PPE should be cleaned and disinfected using the provided procedure for cleaning objects

## **VI. House Keeping:**

The principle task of custodians is to maintain a clean and sanitary workplace. A written housekeeping procedure guide for blood and body fluids must be followed.

### **A. Regulated Waste**

Regulated waste and contaminated sharps must be properly disposed of to prevent exposure of others. LCPS will have Biohazard waste box and lid with red biohazard bag located in every school Nurse clinic.

Items such as paper towels, gauze squares, or clothing used in the treatment of blood or other potentially infectious materials (OPIM) spills that are blood-soaked or caked with blood will be bagged, tied, and designated as biohazardous waste. Biohazardous waste will include items that are blood/OPIM soaked, caked with blood or OPIM, or contain liquid blood or OPIM that can be wrung out of the item. This also includes items such as sharps, broken glass, or plastic on which there is fresh blood or OPIM

### **B. Sharps**

A biohazard sharps waste box and lid with red biohazard bag is located within each school Nurse clinic room. Contaminated sharps, broken glass, plastic, or other sharp objects will be placed into appropriate sharps containers. Large shards of broken glass or other sharp objects that cannot be safely deposited into a sharps container will be containerized and placed in a biohazard waste box in a manner that will not present a hazard to individuals responsible for removing the red biohazard waste bag from the box and transporting it for mail disposal. Sharps containers must be able to be closed, puncture resistant, labeled with a biohazard label, and leak proof. Containers must be maintained in an upright position and must not be opened or handled in a manner that exposes employees to the risk of injury.

Reusable sharps that are contaminated with blood or other potentially infectious materials (OPIM) will not be stored or processed in a manner that requires employees to reach into the container where sharps have been placed. When the sharps container becomes 2/3 full, the school Nurse will follow the mail process for removal of biohazard waste bag mail disposal.

Contaminated needles should 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 an appropriate mechanical device or a one-handed technique.

**C. Cleaning Procedure – Non-Porous Surfaces (floors, walls, counter tops) and Objects**

Contaminated surfaces such as floors, walls, counter tops, etc. must be cleaned and disinfected as soon as practical after contamination has occurred. The procedure for cleaning and disinfecting is as follows:

- Keep unauthorized people away from the contaminated area or objects
- Wear disposable gloves, face mask and goggles or face shield. Wear additional Personal Protective Equipment (PPE), as needed, to prevent exposure.
- Wipe the surface with a paper towel. Disinfect the surface with a germicidal solution. A properly-diluted Virex II 256 disinfectant cleaner, or properly-diluted #M #5L Quat disinfectant cleaner is adequate when manufacturer's directions are followed.
- Note for Objects: Discard contaminated objects that cannot be cleaned (such as porous materials that cannot be laundered) in the biohazard waste bags/container located in the school Nurse clinic
- For large quantities of contamination, cover with an absorbent material (such as paper towels) and then pour (do not spray) disinfectant solution on to saturate the area
- Allow the disinfectant to soak for the manufacturer-recommended contact time to effectively kill infectious agents. Re-apply solution, if needed, to keep the surface wet for the full contact time.
- Contact times are:
  - 10 minutes for Virex II 256 and 3M #5L Quat
- Objects that might be placed in a person's mouth or have prolonged contact with skin or other exposed body surfaces should be rinsed thoroughly with clean water after disinfection.
- Dispose of contaminated materials and disposable Personal Protective Equipment (PPE) in a lined waste container. Clean and disinfect reusable PPE and tools.
- Draw the plastic liner out of the waste container, tie, and immediately dispose of using exposure control procedures (dispose of visibly contaminated waste in the biohazard waste bags/container located in the school Nurse clinic)
- Wash hands thoroughly using the provided hand-washing procedures

**D. Cleaning Procedure – Persons**

- Ensure exposed individuals receive first aid, if needed. Request assistance from Nursing staff or call 911, as needed
- Wear disposable gloves
- Wear face mask and goggles or face shield, as needed. Wear additional Personal Protective Equipment (PPE), as needed, to prevent exposure

- Use a paper towel to wipe material from exposed skin, paying particular attention to the face. Allow person to rinse mouth, nose, and eyes with running water, if feasible. Place soiled towels in a lined waste container
- If feasible, remove soiled clothing and place in a plastic bag for laundering at a later time. Assist in the cleansing of the affected body area. Put on clean clothing and/or notify parent or guardian. Soiled clothing should be laundered separately from the rest of the laundry. Use hot water and a cup of bleach in each load (bleach in laundered items will not interact with cleaning supplies)
- Do not apply disinfectant solution to body surfaces
- Dispose of contaminated materials and disposable Personal Protective Equipment (PPE) in a lined waste container. Clean and disinfect reusable Personal Protective Equipment (PPE) and tools
- Pull the liner from the waste container, tie, and immediately discard using exposure control procedures (“Regulated Waste”). Dispose of visibly contaminated waste in the biohazard waste bags/container located in the school Nurse clinic
- Wash hands thoroughly using the provided hand washing procedure
- For assistance with runny nose, coughing, and/or drooling, provide facial tissues and discard in a plastic lined trash can
- Wash hands thoroughly

## **VII. Hepatitis B Virus Vaccination**

All employees required to receive bloodborne pathogen exposure prevention training are offered, but not required to receive, Hepatitis B vaccination, at no cost through the Loudoun County Health Department. The Hepatitis B vaccination series is available after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

The Loudoun County Health Department requires a written statement of authorization signed by the Retirement & Disability Office before any work-related immunizations will be administered.

All employees required to receive bloodborne pathogen exposure prevention training who decline to receive the Hepatitis B vaccination must submit the LCPS Hepatitis B Vaccination Knowledge and Consent Form declination statement.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series,
- Antibody testing reveals that the employee is immune, or
- Medical evaluation shows that vaccination is contraindicated.

For inquiries regarding Hepatitis B Virus Vaccinations, please contact the Retirement & Disability Office at 571-252-1690.

## **VIII. Post-Exposure Evaluation and Follow-Up**

Post-exposure medical evaluation and follow-up is available, at no cost, to any employee who experiences a blood or other potentially infectious material (OPIM) exposure incident. A blood or OPIM exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (piercing) contact with blood or OPIM resulting from the performance of an employee's duties. A post-exposure report form, Bloodborne Pathogens Post-Exposure Report, must be signed by the employee and supervisor and given to the health care provider at the time of the post-exposure evaluation. A copy must be provided, within 24-48 hours of the incident, to the LCPS Retirement & Disability Office.

In the event of an injury or exposure such as needle-stick or sharps injury to an employee, LCPS will maintain separate log that includes the description of the incident, the type and brand of device involved, and the location (work area) where the incident took place.

## **IX. Procedures following an exposure incident are:**

- Any employee who experiences an exposure incident must notify his/her supervisor immediately
- The supervisor, nurse, or administrative staff must complete a report claim through PMA Companies:  
[https://www.pmacompanies.com/generic\\_reportclaim.html](https://www.pmacompanies.com/generic_reportclaim.html)
- The employee should contact one of the Workers' Compensation Panel of Physicians listed below (within 24 hours) to receive a post-exposure medical evaluation and follow-up interview.
  - Dr. Roxana Diba at Inova Occupational Health Care – Ashburn
  - Dr. Kevin Culbert at Occupational Health Center – Winchester
  - Dr. Smitha Beeravolu at Inova Urgent Care – Dulles/Chantilly
  - Dr. David Salter at Inova Urgent Care – Purcellville
  - Dr. Carlos Martinez at Inova Urgent Care – Centerville
  - Care Now Urgent Care - Sterling

## **X. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident:**

LCPS Occupational Health and Safety Specialists shall review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time,
- Work practices followed,
- A description of the device involved,
- Protective equipment or clothing being used at the time of the exposure incident (gloves, eye shields, etc.),
- Location of the incident (Classroom, Sports field, Transportation, Clinic, etc.),
- Activity being performed when the incident occurred, and
- Employee's training.

Following this review, if it is determined that ECP may need amended or revised, the LCPS Occupational Health and Safety Specialists shall notify the Retirement & Disability Office immediately.

## **XI. Employee Training:**

All employees who have occupational exposure to Bloodborne pathogens receive access to online training during their initial employment onboarding period.

All employees who have occupational exposure to Bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of Bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard;
- An explanation of our ECP and how to obtain a copy;
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;
- An explanation of the basis for PPE selection;
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- 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;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident; and
- An opportunity for interactive questions and answers with the person conducting the training session.
- Training is to be provided upon hiring or before initial assignment and within a year of previous training.
- Training records will be maintained for no less than 3 years.

## **XII. Recordkeeping Procedures:**

Procedures are in place for maintaining both medical and training records. If Loudoun County Public Schools should cease business, and there is no successor employer to receive and retain

the records for the prescribed period, the Director of the National Institute for Occupational Safety and Health (NIOSH) shall be notified at least three months prior to the disposal of records. The records shall be transmitted to NIOSH, if required by the Director, within the three-month period.

**A. Medical Records**

LCPS will establish and maintain an accurate medical record for each employee with occupational exposure. This record will include:

- Each employee's name and LCPS PID Number and/or last four digits of the employee's social security number
- A copy of each employee's Hepatitis B vaccination record or declination form and any additional medical records relative to Hepatitis B
- If an exposure incident(s) has occurred, a copy of all results of examination, medical testing, follow-up procedures, and a copy of the health-care professional's written opinion
- If an exposure incident(s) has occurred, a copy of information provided to the health-care professional
- All findings and diagnoses resulting from post-exposure and follow-up medical services will remain confidential and will not be made available to the employer. The employee must give specific written consent for anyone to see his or her medical records.
- Medical records of the exposed employee will be maintained by the health care provider for a period of five years. At the end of the five-year period, the HRTD department or designee will request in writing that the records be sealed and sent to LCPS for archiving in accordance with the medical recordkeeping requirements of VOSH 1910.1030
- These medical records will be maintained for the duration of employment plus 30 years.
- All records required to be maintained by this plan will be made available upon written request to the Director of the National Institute for Occupational Safety and Health or the Commissioner of the Virginia Department of Labor and Industry for examination and copy. Confidentiality of the records must be maintained in accordance with VOSH 1910.1030, 1910.20 and 1913.1015.

**B. Confidentiality of Medical Records**

The medical record shall be held confidential. The contents shall not be disclosed or reported to any person within or outside the workplace without the employee's expressed written consent, except as permitted or required by law or regulation. Employee medical records required under 29 CFR 1910.1020 shall be provided upon request for examination and copying to the subject employee and the Assistant

Secretary of Labor for the Occupational and Safety Administration and the Director of the National Institute for Occupational Safety and Health (NIOSH) in accordance with 29 CFR 1910.1020.

**C. OSHA Recordkeeping**

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

**D. OSHA Inspections**

- The LCPS Environmental Safety & Occupational Health Coordinator will be required to assist the OSHA representative with any information or resources required to perform an inspection.

**E. Training Records**

Training Records include:

- Training session dates
- Contents or summaries of training sessions
- Names and job titles of all persons attending training sessions
- Training records will be maintained for at least three years from the date the training occurred
- Employee training records required by this plan will be provided upon request for examination and copying to employees, employee representatives, and to VOSH.

For questions or comments, please contact the following divisions:

**LCPS Occupational Health & Safety Office at 571-252-2960**

(Support Services and Athletics Departments to include Custodial & Maintenance Staff and Athletics staff)

**LCPS Retirement & Disability Office at 571-252-1690**

(Cafeteria Staff, Teachers & Teacher Assistants, etc.)

The contents of this document are intended for internal Loudoun County Public Schools use only and shall not create liability for the Loudoun County School Board, its employees and volunteers. Third-party beneficiary liability is specifically disclaimed.

## References

1. 29 CFR 1910.1030 Bloodborne Pathogen Standard
2. 29 CFR 1910.1020 Access to employee exposure and medical records
3. Code of Virginia § 32.1-45.1. Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses

## **Appendices**

Appendix A: Potentially Infectious Materials Chart

Appendix B: Guidelines for Handling Body Fluids in School

Table One: Choosing the Appropriate Personal Protective Equipment

Appendix C: Loudoun County Public Schools' Housekeeping Guide

Appendix D: Forms

**APPENDIX A**

**Potentially Infectious Materials  
Their Potential Infective Agents, and Concerns for Transmission**

<b>Body Fluids</b>	<b>Potential Organisms</b>	<b>Transmission</b>
Blood: cuts/abrasions nose bleed menses used needles	Hepatitis B	Person to person by direct inoculation with secretions containing blood or by needle
	HIV (Human Immunodeficiency Virus/AIDS)	Only documented transmission is by inoculations through needle stick or direct introduction through lacerations
	Cytomegalovirus (CMV)	Risk is to pregnant women and immune-compromised individuals
Respiratory Secretions, nasal discharge, sputum	Mononucleosis Virus Common Cold Virus Influenza Virus CMV	Secretions to hands, nose, mouth or eyes, Bloodstream inoculation and perhaps oral inoculations from hands
Saliva	Hepatitis B	Bloodstream inoculation through cuts and abrasions, bites
	HIV	No evidence of transmission through this fluid. Caution should be followed
	CMV	Bloodstream inoculation and perhaps oral inoculations from hands
Vomit/Feces	Gastrointestinal Virus Norwalk Agent Rotavirus Salmonella Bacteria Shigella Bacteria Rotavirus Hepatitis A Virus	Fluid/food to hands to mouth
Semen/Vaginal Secretions	AIDS Hepatitis B Gonorrhea and other STDs	Bloodstream inoculation through sexual contact or perhaps other intimate contact
Urine	CMV	Bloodstream inoculation and perhaps oral inoculations from hands

## **APPENDIX B**

### **Guidelines for Handling Body Fluids In Schools**

#### **Universal Precautions**

Body fluids of all individuals should be considered as potential carriers of infectious agents. Individuals who are not known to be infected may present as a greater danger since relaxation of simple precautions may follow. Universal precautions require the use of protective barriers whenever there is a reasonable likelihood of exposure to blood or other body fluids. Examples of protective barriers include CPR masks, gloves, gowns, masks, and protective eyewear.

#### **Use of Gloves**

Whenever possible, direct skin contact with body fluids should be avoided. Disposable gloves are available in the school clinic. Gloves shall be worn when making contact with body fluids. As important as wearing gloves, is the correct procedure for removing them. With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second. Never touch the outside of the glove with the bare hand. Contaminated gloves shall be disposed of in an appropriate container. Thorough handwashing shall be required after removal of gloves. If employee is unsure how to remove gloves see clinic nurse or Health Services for training.

#### **Handwashing Technique**

1. Use ample soap and running water
2. Rub hands together to produce abundant lather for 10 to 15 seconds
3. Clean under nails, scrub knuckles, back of hands and nails, and between fingers
4. Dry thoroughly with warm air or disposable towels
5. When soap and running water is not available, the use of an anti-bacterial hand sanitizer is permissible. However, when soap and running water becomes available, hands should be washed.

#### **Disposal of Regulated Waste Containers**

All school clinics are supplied with Regulated Waste Containers, red bags, and spill kits. When sharps containers are full, they should be securely closed and placed in the Regulated Waste Containers. The school nurse is responsible for contacting the company contracted to pick up or Health Services and destroy regulated waste.

## Choosing the Appropriate Personal Protective Equipment (PPE) Table 1

PPE	When the PPE should be worn	Examples of tasks that would require PPE
Single Use, Disposable Gloves	Should be worn whenever there is a reasonable expectation for exposure to blood or other potentially infectious materials.	Wound care or dressing change Blood glucose monitoring Injections Topical Medications Catherization Diapering/toileting Emesis Cleanup Feeding (oral or gastrostomy) Changing menstrual pads
Gowns, aprons	Should be worn when there is an expectation for exposure to blood or other potentially infectious materials from splashes, sprays and splatters. Disposable gloves or utility gloves should be worn as indicated by the specific task.	Wound care for combative child Diapering/toileting with gross contamination Diapering, toileting, feeding, suctioning, and cleaning of students with little or no impulse control Sorting or bagging contaminated laundry Disposing of regulated waste with gross contamination
Utility Gloves	Should be worn when handling or cleaning up contaminated materials	Cleaning body fluids Emptying trash cans Handling sharps/containers Cleaning/sweeping up contaminated broken glass/sharps Handling contaminated laundry
Face/Eye Protection	Should be worn when there is an expectation of exposure to blood or other potentially infectious materials to the face, nose, or eyes. Disposable or utility gloves, gown, or aprons should be worn as indicated by the specific task.	Feeding a child with a history of spitting, forceful vomiting or coughing Suctioning tracheotomy with history of forceful coughing or copious secretions Assisting with severe injuries and wounds with spurting blood
CPR Masks	Should be worn to provide a barrier from exposure to blood or other potentially infectious materials when given CPR.	Performing CPR

## APPENDIX C

### Housekeeping Guide for Blood and Body Fluid Spills

1. Cleaning routines do not require modification unless contaminated with blood or body fluids.
2. Secure and contain area
3. Secure cleaning supplies as necessary
  - a. Spill Kit
  - b. Absorbent material (Voban or D'Vour)
  - c. Broom
  - d. Dust Pan
  - e. Rags
  - f. Mop and Bucket
  - g. Bleach (1:10 ratio), Neutral-Q, or Airx44 (use only ONE chemical)
4. Use personal protective equipment as indicated by the spill
  - a. Disposable gloves
  - b. Eye Protection
  - c. Gown or apron
  - d. Shoe covering
5. The size of the spill will determine material required to clean up the spill:
  - a. Small areas: use a rag to wipe up contaminates
  - b. Large areas: use the absorbent material
6. Follow the instructions on the packaging to mix the disinfectant.
7. After the area has been wiped up, flood area with the disinfectant, let stand for ten (10) minutes.
8. Dispose of all items (except the mop bucket, mop handle, broom and dust pan) properly (see chart below).
9. Disinfect all equipment.
10. Place secured biohazard bag in the Regulated Waste Container in the clinic.
11. NEVER PUT A BIOHAZARD BAG IN THE TRASH!!
12. For spills on carpeted areas:
  - a. Use Airx44 or Neutral-Q to spray on blood (DO NOT USE BLEACH).
  - b. Use a cloth to absorb blood from carpet.
  - c. Use a carpet extractor with AirX80 to clean carpet
  - d. Disinfect and clean carpet extractor with Airx44 or Neutral-Q, then rinse with clean water
  - e. Dispose of cloth and other items in biohazard bag

#### Disposal of Contaminated Waste

Regular Trash (in sealed, plastic bag)	Biohazard Trash (in red biohazard bag)
Gloves and other barriers	Sharps Container (sealed)
Sanitary napkins	Over-saturated (drippy) items
Band-Aids	
Urine, Vomit (contained within absorbent material)	

### **Appropriate Disinfectant Solution**

For disinfecting reusable medical equipment, first wash with soap and water to remove debris. Then, disinfect equipment with an Environmental Protection Agency (EPA) approved, hospital grade germicide/tuberculocide according to container directions. This disinfect is effective against Hepatitis B (HBV) and Hepatitis C (HCV) viruses.

A 1:10 Bleach solution is appropriate for environmental disinfecting and is effective against HIV/AIDS. In preparing the solution, mix with cool water and place in a clearly labeled, tightly sealed bottle. Remix after 24 hours. Disposable or utility gloves should be worn. The bleach solution needs to remain on the surface for 10 to 15 minutes to be effective.

These disinfectant solutions are recommended by the Centers for Disease Control and Prevention (CDC).

## **Appendix D**

### **Forms**

1. Exposure Incident Procedure
2. Exposure Incident Report
3. Consent for Blood Testing of Source Individual
4. Refusal for Blood Testing of Source Individual
5. Healthcare Professional Written Opinion
6. Informed Refusal of Post-Exposure Medical Evaluation
7. Employee Declination of Hepatitis B Immunization

### **Exposure Incident Procedure**

1. Perform immediate First Aid procedures (such as thorough washing of skin or flushing of mucous membranes, or encouraging bleeding from puncture wounds.)
2. If possible, identify source or keep syringe/needle for possible testing.
3. Report immediately to the principal, school nurse, or your supervisor, if the nurse is not available.
4. Complete the Workers' Compensation Employee Report of Work-Related Injury or Illness Form including all details of the incident.
5. Complete the Exposure Incident Report Form.
6. Choose a doctor from the approved list. Have school nurse or supervisor fill out the top portion of the Physician's Medical Report. Take that form and a copy of the Exposure Report Form to the appointment.
7. The school nurse or supervisor will fill out the Employer's Report of Work-Related Injury ("Brown form").
8. If source individual is known, the school nurse or supervisor will contact the individual, or parent if a minor student, and obtain consent for testing of their blood. The source individual, or their parent, if a minor, may decline blood testing. Signed documentation of consent or declination must be obtained.
9. Notify the Retirement & Disability Office phone of the exposure. All completed forms shall be forwarded to the Retirement & Disability Office.
10. Any follow-up information or appointments will be handled through the Retirement & Disability Office.

### Exposure Incident Report

Date of Incident \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Employee Phone Number \_\_\_\_\_

Employee Job Title \_\_\_\_\_

Source Name \_\_\_\_\_

Source Address \_\_\_\_\_

Source Phone Number \_\_\_\_\_

Exposure Incident Circumstances (describe what happened and route and place of exposure)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) notified of exposure: \_\_\_\_\_

Employee's Hepatitis B Vaccine History:

No Hepatitis B Vaccination history

History of \_\_\_ Vaccines

Dates, if available:

Dose #1 \_\_\_\_\_

Dose #2 \_\_\_\_\_

Dose #3 \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature/Date

\_\_\_\_\_

School Nurse/Supervisor

Signature/Date

Hepatitis B Vaccine Record

Hepatitis B vaccine status (check only one)

- I have previously received the complete Hepatitis B vaccine series on or about these dates:

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Month	Day	Year
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- I request the Hepatitis B vaccine; I have been given the information on it and have had an opportunity to ask questions. I understand the risk and benefits of the Hepatitis B vaccine and that it is offered to me at no cost. I understand that complete protection requires 3 (three) injections to be scheduled at 0 (zero), 1 (one) and 6 (six) months.

- I have read and understand the following statements; and I wish to decline the Hepatitis B vaccine at this time.

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

**Appendix A to 29 CFR.1910.1030**

Acknowledgement

I understand that prior to receiving or declining the Hepatitis B vaccine series, I have reviewed the LCPS exposure control plan, received training for the following topics: Universal precautions, HIV and HBV symptoms and epidemiology, modes of HIV and HBV transmission, HBV vaccine information, the use of personal protective equipment (PPE), engineering controls, housekeeping, record keeping and post exposure evaluations, treatment and follow-up. The information here is accurate and complete.

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Employee name (please print)	Employee Signature	Date
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Last 4 digits of social security # or PID

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Supervisor name (please print)	Supervisor Signature	D
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**CONSENT FOR BLOOD TESTING OF SOURCE INDIVIDUAL**

I understand that my child or legal ward has been identified as a source individual where an employee of Loudoun County Public Schools may have been exposed to blood or other potentially infectious materials. I am giving consent for blood testing for HBV, HCV, and HIV and the exchange of the results between the two agencies/persons listed below. I also authorize Public Health Services to exchange the results with the exposed Loudoun County Public School employee.

- 1. Public Health Services  
Loudoun County Public Schools  
21000 Education Court  
Ashburn, VA 20148

- 2. Source Individual’s Healthcare Provider:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Source Individual’s Name \_\_\_\_\_

Source Individual’s Date of Birth \_\_\_\_\_

Source Individual’s Physician \_\_\_\_\_

Parent/Guardian’s Printed Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

**REFUSAL FOR BLOOD TESTING OF SOURCE INDIVIDUAL**

I have been informed by Loudoun County Public Schools that my child or legal ward has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious materials. I am aware of the risks to the employee and understand that, if tested, the results of the testing would have only been released to Public Health Services and the exposed employee. I am also aware that the Code of Virginia § 32.1-45.1 Subsection K states that the school board may petition the Juvenile and Domestic Relations District Court for an order requiring this testing. Nevertheless, I am declining blood testing for HBV, HCV, and HIV.

Name of Source Individual \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Date Employee Exposed \_\_\_\_\_

Date parent/guardian notified \_\_\_\_\_

Notifying Individual \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HEALTHCARE PROFESSIONAL WRITTEN OPINION**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Is the Hepatitis B vaccination indicated for this employee? \_\_\_\_\_

Has this employee ever received the Hepatitis B Vaccine before? \_\_\_\_\_

**POST-EXPOSURE FOLLOW-UP**

1. Would you please verify and provide a statement that this employee of Loudoun County Public Schools has been informed of the results of this evaluation.

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2. Would you please verify and provide a statement that this employee of Loudoun County Public Schools has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

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Note: All other findings or diagnoses shall remain confidential and shall not be included in this written report.

Please send this completed form to:

The Retirement & Disability Office  
21000 Education Court, Suite 304  
Ashburn, Virginia 20148

**INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION**

I, \_\_\_\_\_, am an employee of Loudoun County Public Schools. My employer has provided Bloodborne Pathogens training to me. On \_\_\_\_\_ (insert date), I was involved in an exposure incident when I (describe incident):

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My employer has offered to provide follow-up medical evaluation (including testing for HBV immunity and HIV status) to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

However, I, of my own free will and volition, and despite my employer’s offer, have elected not to undergo a medical evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Date

**Employee Declination of Hepatitis B Immunization**

I understand that due to potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the 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.

Employee's Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

# THIS PAGE IS FOR ADMINISTRATIVE USE ONLY

**EXPOSURE CONTROL PLAN CONTINUOUS IMPROVEMENT PROCESS:**

To ensure this Exposure Control Plan remains current and relevant it must include revision.

The following procedure steps out how this will be achieved:

- The Loudoun County Risk Department is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- The review and update of such plans will also reflect changes in technology that eliminates or reduces exposure to Bloodborne pathogens.
- LCPS Occupational Health and Safety Specialists determine that the ECP requires revision following an incident investigation.

**Revision register:**

REVISION REGISTER				SIGN OFFS		
VERSION	REVISION DATE	MODIFICATION	MODIFIED BY	APPROVED BY	APPROVED FOR USE	APPROVED DATE
1	03/05/2018	New document	G. Cotman N. Dann	DRAFT	DRAFT	
2	12/05/2018		G. Cotman	G. Cotman	Yes	12/05/18
3						