

HBV/Bloodborne Pathogens

The Board recognizes that staff/students incur some risk of infection and illness each time they are exposed to blood or other potentially infectious materials. While the risk to staff/students of exposure to body fluids due to casual contact with individuals in the school environment is very low, the Board regards any such risk as serious.

Consequently, the Board directs adherence to standard precautions. Standard precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HIV, HBV and/or other bloodborne pathogens¹.

The following is required in the Exposure Control Plan:

In order to reduce the risk to staff/students by minimizing or eliminating staff exposure incidents to bloodborne pathogens, the Board directs the superintendent to develop and implement an Exposure Control Plan. The plan shall be reviewed and updated at least annually and when necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

1. Limit and control occupational exposure to blood and other potentially infectious materials that could result in transmission of bloodborne pathogens which could lead to disease or death. This policy covers all employees who could be reasonably expected to come into contact with human blood and other potentially infectious materials in the course of their work;
2. Comply with the OSHA Bloodborne Pathogens Standard;
3. Identify employees who could incur occupational exposure to blood or other potentially infectious materials. Job classifications at-risk are listed in procedures;
4. Establish and maintain a confidential record for each employee with occupational exposure that shall be in accordance with 29 CFR 1910.
5. Provide personal protective equipment which will be worn when it is reasonable to anticipate that the employee will have exposure to bloodborne pathogens;
6. Provide Hepatitis B vaccination within 10 working days of initial assignment to all employees who have occupational exposure. The only exception for inoculations is when an employee has

¹Bloodborne pathogens - pathogenic microorganisms that are present in human blood and/or other body fluids that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).

previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. **(Procedure on vaccination, evaluation and follow-up are detailed on following pages);**

7. Require identified employees to participate in an annual training program.

The review and update shall also:

1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
2. Annually, document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

The plan shall include training followed by an offer of immunization with Hepatitis B vaccine and vaccination series for all staff who are required to provide first aid to students and/or for all staff who have occupational exposure as determined by the district. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Personal protective equipment appropriate to job tasks shall be provided by the district. A post-exposure evaluation and follow-up shall be made available to any employee sustaining an occupational exposure.

The district recognizes that, as required by OAR 437-002-1030, employees who use medical sharps in the performance of their duties (e.g., administering injectable medicines to students, such as epinephrine and glucagon) must, at least annually, be provided with the opportunity to identify, evaluate and select engineering and work practice controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems). The district will implement such work practice controls, as appropriate.

Documentation, including a sharps injury log, will be maintained as required by OAR 437-002-1035 and 437-002-1030 (3).

END OF POLICY

Legal Reference(s):

[OAR 437-002-0360](#)
[OAR 437-002-0377](#)
[OAR 437-002-1030](#)
[OAR 437-002-1035](#)