

## **Bloodborne Pathogens**

### **Exposure Control Plan for Compliance with OR-OSHA Standard OAR 437-002-0360 to 0375**

HIV, HBV and HCV are bloodborne viruses that cause serious illnesses and are spread from one person to another, primarily through blood, fluids that contain blood, semen or vaginal fluids. The risk of spread of these diseases in the school setting is extremely low. The viruses are transmitted only when a body fluid from an infected person is introduced through broken skin, into the mucus membranes or through puncture wounds of another person. Risk for school employees is limited to persons exposed to infected students who exhibit aggressive behaviors such as biting, scratching or spitting and to persons who provide first aid to students, or staff who provide personal care or health procedures, or cleaning procedures which may involve contact with blood or other potentially infectious material.

Recommendations by the Center for Disease Control emphasize the strict adherence to Standard Precautions to reduce the risk of communicable diseases, including bloodborne pathogens. Standard Precautions requires that all body fluids and substances of all persons must be considered potentially infectious for various diseases. Any staff assigned to assist with daily care, provide interventions that may have the potential for body fluid exposure, or conduct clean up of body fluid spills must be current in be current in Bloodborne Pathogen Training as outlined by the Occupational Safety and Health Administration.

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 whenever necessary to reflect new or revised employee positions with occupational exposure. 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 staff and/or for all staff who have occupational exposure as determined by MESD. 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 MESD. Follow up by nursing/medical personnel will be provided by MESD to any employee sustaining an occupational exposure.

## 1. Confidentiality

- a. MESD's first responsibility is to protect the health and safety of its students and employees. A second responsibility is to recognize the rights of each individual student to a quality education.
- b. These regulations shall be pursued so as to maintain the dignity and protect the privacy of the infected person. Confidentiality shall be a primary consideration.
- c. HIV: Results of an HIV antibody test and the identity of a person receiving the test are confidential, and shall not be released without specific written consent from the child(s) parent(s) or guardian(s). No person in Oregon shall be tested for HIV without his or her informed consent, or in the case of a child, the consent of the child's parent(s) or legal guardians(s).

Special categories of children with HIV infection may pose a risk for others in the school setting. These include (1) all children less than 6 years of age; (2) children under 21 years of age whose providers have reasonable grounds to believe that they present risks to other children or to adults in an educational setting (e.g., an ongoing history of biting others, scratching, spitting and those who have uncoverable, oozing lesions) and (3) diagnosed with AIDS.

When an HIV-infected child in this category is reported, the Health Division or local health department shall immediately contact the parent(s) or guardian(s). The parent(s) or guardian(s) will be required to notify the local component district superintendent of their child's infection if they wish the child to continue to attend school. The local health officer or the Health Division administrator shall issue an order to exclude the child from school, unless the school superintendent has been notified.

Most cases of HIV infection among children over 5 years of age are not reportable. School staff must assume that the identity of HIV status of many HIV-infected children under their jurisdiction will not be known.

- d. HBV/HCV: All students health information, regardless of how information is obtained, is confidential and cannot be released without specific written consent of the child's parent(s) or guardian(s), including diagnosis (e.g., Hepatitis B, C). All persons diagnosed with Hepatitis B and diagnosed with acute Hepatitis C are required to be reported to the local health department by their health providers. Attempts to specifically identify carrier children are discouraged.

## 2. Students with a Confirmed/Suspected Diagnosis:

If any MESD employee has information that leads him/her to suspect that a student may be infected with HIV, HBV, or HCV, the following steps shall be taken:

- a. Maintain confidentiality. If the parent or student has noted the information on the registration material, remove the information from other's view and encourage the parent or student to complete a new registration without the confidential information.
- b. Immediately report the information to the immediate supervisor only.

- c. The supervisor shall contact the MESD nurse consultant. It is the responsibility of the MESD nurse consultant to contact the Multnomah County Health Department Health Officer to establish the appropriate case-specific steps to be followed. Information shall be shared on a need-to-know basis with the permission of the parent and at the direction of the Multnomah County health officer.
- d. If development of a planning team to determine whether special measures are necessary for continuing the child's education is the recommendation of the health officer, members may include the child's parent(s) or guardian(s), child's physician, MESD or building administrator, school nurse, nurse consultant and the county health department.

### 3. Temporary Exclusion

- a. If a student identified as being infected with HIV, HBV, or HCV is, because of physical, mental, emotional disability or immaturity, unable to control personal behavior to avoid the spread of disease, he/she shall be temporarily excluded from school, pending the development of the appropriate case-specific plan.
- b. If a student identified as being infected with HIV, HBV, or HCV is in an educational setting where there are persons who because of physical, mental, or emotional immaturity cannot control their conduct the student shall be temporarily excluded pending the development of the plan.
- c. Such exclusion should last no longer than five working days.
- d. A more restrictive educational environment may be advisable to minimize the exposure of the other children and staff to blood or other potentially infectious body fluids.

### 4. Re-evaluation

The nurse consultant and school nurse shall be responsible for re-evaluating the child's needs. Re-evaluation should occur on a regularly scheduled basis, at the request of the teacher or administrator and when there are changes in the child's behavior or health.

### 5. Medical Records

Student health and medical records shall be kept in a confidential manner at the school site and maintained by the school nurse.

### **Definition of Terms Used**

The following definitions apply to this administrative regulation, MESD Board Policy EBBAA/GBEBC/JHCCC, the MESD Exposure Control Plan:

- 1. "Blood" means human blood, human blood components and products made from human blood.
- 2. "Bloodborne Pathogens" means pathogenic micro-organisms 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).

3. “Clinical laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
4. “Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials or may contain sharps.
5. “Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials on an item or surface.
6. “Contaminated Sharps” means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
7. “Decontamination” means 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 item is rendered safe for handling, use or disposal.
8. “Engineering Controls” means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
9. “Exposure Incident” means a specific eye, mouth or other mucous membrane, nonintact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of any employee’s duties.
10. “Handwashing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
11. “Licensed Health-Care Professional” means a person whose legally permitted scope of practice allows him/her to independently perform the activities required by OAR 437-002-0360 (f) (Hepatitis B Vaccination of Post-Exposure Evaluation and Follow up).
12. “HBV” means Hepatitis B Virus.
13. “HIV” means Human Immunodeficiency Virus.
14. “Hazard” means an actual or potential exposure to risk.
15. “Occupational Exposure” means 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.
16. Other Potentially Infectious Materials:
  - a. Semen;
  - b. Vaginal secretions;
  - c. Cerebrospinal fluid;
  - d. Synovial fluid;
  - e. Pleural fluid;

- f. Pericardial fluid;
  - g. Peritoneal fluid;
  - h. Amniotic fluid;
  - i. Saliva in dental procedures;
  - j. Any body fluid that is visibly contaminated with blood;
  - k. All body fluids where it is difficult to differentiate between body fluids;
  - l. Any unfixated tissue or organ (other than intact skin) from a human (living or dead).
17. “Parenteral” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
  18. “Personal Protective Equipment (PPE)” means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protections against a hazard are not considered to be personal protective equipment.
  19. “Regulated Waste” means liquid or semi-liquid or other potentially infectious materials, contaminated items that would release 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 material and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
  20. “Source Individual” means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to:
    - a. Hospital and clinic patients;
    - b. Clients in institutions for the developmentally disabled;
    - c. Trauma victims;
    - d. Clients of drug and alcohol treatment facilities;
    - e. Residents of hospices and nursing homes;
    - f. Human remains;
    - g. Individuals who donate or sell blood or blood components.
  21. “Sterilize” means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
  22. “Standard Precautions” means an approach to infection control. All human blood and certain human fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
  23. “Universal Precautions” means an approach to infection control. All human blood and certain human fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
  24. “Work Practice Controls” means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).