

CHAPTER TEN

BLOODBORNE PATHOGENS

In accordance with the regulations established by the United States Department of Labor pursuant to the Occupational Safety and Health Bloodborne Pathogens Standard. Union County Public Schools shall have in effect a Bloodborne Pathogens Exposure Control Plan. The Plan, which is designed to eliminate or minimize employee exposure to infectious body fluids and body secretions, shall include appropriate employee training and specific precautions that all employees must take when dealing with blood and other body fluids. The care, referral and evaluation of students/visitors that are suspected to have a blood or body fluid exposure at school/after school activities will be equal to the care given to employees with the exception that costs related to this care will be the responsibility of the family.

For employees with occupational exposure to blood and body fluids, the Plan shall include appropriate training, provision of Hepatitis B vaccinations, and specific work practice precautions to minimize contact with potentially infectious body fluids. Employees with occupational exposure shall refer to those employees who are reasonably anticipated to come into contact with blood and body fluids in the normal performance of their assigned work duties.

A copy of the Bloodborne Pathogens Exposure Control Plan shall be accessible to all employees and a copy shall be maintained in each school, worksite and department. The Plan shall be updated as required by state and federal law.

It shall be the duty of each employee to familiarize himself or herself with the provisions of the Bloodborne Pathogens Exposure Control Plan and to comply with the provisions thereof. Failure to comply with the Plan shall be cause for disciplinary action.

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1.0 **PURPOSE**

This Bloodborne Pathogens Exposure Control Plan has been formulated and is adopted pursuant to Union County Board of Education Policy and pursuant to state and federal regulations and bloodborne pathogens standards formulated under the Occupational Safety and Health Act (OSHA).

1.1 The Union County Public Schools Safety Director is the Bloodborne Pathogens Exposure District Compliance Officer (hereinafter “District Compliance Officer”). The purpose is to implement practices that will limit occupational exposure of Union County Public Schools employees to blood and other potentially infectious body fluids and materials that may transmit bloodborne pathogens and lead to disease or death.

1.2 Local Bloodborne Pathogens Exposure Compliance Officer (herein called Local Compliance Officer) shall be designated by the site administrator. The Local Compliance Officer will be responsible for all paperwork and recordkeeping required by Union County Public Schools Bloodborne Pathogens Policy and OSHA at their site.

2.0 **DEFINITIONS**

2.1 **BLOOD** - Human blood, human blood components and products made from human blood.

2.2 **BLOODBORNE PATHOGENS** – Pathogenic microorganisms present in human blood and can cause disease in humans. These pathogens include, but not limited to, hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

2.3 **CONTAMINATED** – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

2.4 **CONTAMINATED LAUNDRY** – Laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.

2.5 **CONTAMINATED SHARPS** – Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, and exposed ends of dental wires.

2.6 **DECONTAMINATION** – 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 surface or item is rendered safe for handling, use, or disposal.

2.7 **ENGINEERING CONTROLS** – Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needle less systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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2.8 **EXPOSURE INCIDENT** – A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of employee's duties.

2.9 **HANDWASHING FACILITIES** – A facility providing an adequate supply of running potable water, soap and single use towels.

2.10 **LICENSED HEALTH CARE PROFESSIONAL** – A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B vaccination and Post-Exposure Evaluation and Follow-Up.

2.11 **HBV** – Hepatitis B virus.

2.12 **HCV** – Hepatitis C virus.

2.13 **HIV** – Human Immunodeficiency Virus.

2.14 **OCCUPATIONAL EXPOSURE** – 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.

2.15 **OTHER POTENTIALLY INFECTIOUS MATERIALS** – (1) Any human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

2.16 **PARENTERAL** – Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

2.17 **PERSONAL PROTECTIVE EQUIPMENT** – 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 protection against a hazard are not considered to be personal protective equipment.

2.18 **REGULATED WASTE** – 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 state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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2.19 **SOURCE INDIVIDUAL** – 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, school staff, students and visitors to campus; and trauma victims.

2.20 **STERILIZE** – The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

2.21 **UNIVERSAL PRECAUTIONS** – An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

2.22 **WORK PRACTICE CONTROLS** – 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, use of sharps containers for sharps disposal).

3.0 EXPOSURE DETERMINATION (APPENDIX A1 and A2)

Appendix A, attached hereto, is an exposure determination for each job classification in the Union County Public Schools. The exposure determination has been made without regard to the use of personal protective equipment and is arranged as follows:

- (A) Category I – All job classifications in which all employees have occupational exposure; and
- (B) Category II – All job classifications in which some employees have occupational exposure.

4.0 TASKS AND PROCEDURES ANALYSIS (APPENDIX B)

Appendix B, attached hereto, is a brief description of all tasks and procedures or groups or closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in Category I and Category II job classifications. The determination that occupational exposure occurs in these tasks and procedures has been made without regard to the use of personal protective equipment. For each tasks or procedure listed, Appendix B also lists the appropriate work practice controls, personal protective equipment, and/or other methods of reducing the potential of exposure to blood or other potentially infectious materials, as determined and mandated by the District Compliance Officer.

5.0 METHODS OF REDUCING THE POTENTIAL OF EXPOSURE

5.1 **WORK PRACTICE CONTROLS** – In addition to those work practice controls mandated by Appendix B, the following work practices controls shall be observed by all employees at all times:

5.1.1 **UNIVERSAL PRECAUTIONS** – All employees must use universal precautions in all situations in which potentially infectious materials may be present. In order to ensure that employee exposure to HIV, HBV, HCV and other bloodborne pathogens is minimized, all potentially infectious materials shall be handled as if known to be contaminated with dangerous

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pathogens, and under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

5.1.2 All procedures involving blood or other potentially infectious materials shall be performed so as to minimize splashing, spraying, spattering or generation of droplets of these substances. All procedures involving blood or body fluids shall be performed to minimize exposure to eyes, mouth and skin.

5.1.3 Hand washing facilities shall be made readily accessible to employees. When not feasible, antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes shall be made available. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible after removal of gloves or other personal protective equipment and immediately or as soon as feasible following contact with potentially infectious materials.

5.1.4 Contaminated needles, glass, and other sharp objects capable of puncturing the skin shall at all times be considered to be potentially infectious and shall be handled with universal precautions and disposed of in a provided sharps container or puncture resistant container (examples would be plastic gallon jar or cardboard box).

5.1.4(A) Contaminated needles and other sharps shall not be recapped or removed. Insulin pens are used repeatedly with a new needle each time. Insulin pens must be recapped in order to remove the needle. If possible, allow the students to do this procedure themselves. The detached needle should be placed immediately into a sharps container. If the students are unable to perform this task themselves, then the School Health Office will provide pliers which may be used to unscrew the needle. The needle will be disposed of immediately in a sharps container. The employee should not attempt to recap or remove the needle with their fingers.

5.1.4(B) Lancets are used to prick the finger of diabetics for blood sugar testing. Most students use an automatic pen type device. The lancet must be removed and replaced with some frequency to maintain its sharpness. This can best be done at home by the parent. The student should be allowed to do this if needed during the school day, but if the student is unable to perform this task, the employee should remove the lancet with pliers provided by the School Health Office. The used lancet should be immediately disposed of into a sharps container. Under no circumstances should the employee attempt to remove the used lancet with their fingers.

5.1.4(C) Containers for contaminated needles and sharps shall be located as close as feasible to where sharps are used in the schools/work site. Containers shall be puncture-resistant and shall be red or clearly labeled with fluorescent orange labels showing the

following legend:



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Containers shall be maintained upright throughout use and shall not be allowed to overfill. Disposable containers shall not be opened, emptied or cleaned manually or in any manner that would expose employees to risk of injury. Replacement sharps containers are available from the School Health Office, contact a school nurse to remove the filled containers and replace with an empty sharps container. Filled sharps containers are disposed of through Union County Health Department by the school nurses.

5.1.4(D) Hypodermic injection (needles/syringes) safety devices will be evaluated annually for the administration of Hepatitis B vaccine. Annual consultation will be done through our Occupational Health provider regarding the current devices they are using for staff protection in the administration of injectable medications. The device with the greatest safety will be made available to school nurses who are assigned to administer Hepatitis B vaccine to at risk employees. Under no circumstances should a school nurse attempt to recap or remove a needle used to administer vaccine.

5.1.5 Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure (i.e. in health rooms)

5.1.6 Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are stored or likely to be encountered. (i.e. in health rooms)

5.1.7 Sports equipment that may become contaminated with blood or other potentially infectious materials shall be examined regularly and decontaminated or disposed of as necessary.

5.1.8 Equipment that may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination is not feasible. A readily observable label shall be attached to equipment that has not been decontaminated, and this information conveyed to all affected employees and to the servicing representative, as appropriate prior to handling, servicing, or shipping so that appropriate precautions will be taken.

5.1.9 Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a broom and dustpan, tongs, or forceps.

5.1.10 Employees having contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment. Contaminated laundry shall be handled as little as possible. It shall be bagged or containerized, and whenever wet, shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior. When shipped off-site to a second facility that does not utilize universal precautions in the handling of the laundry, contaminated laundry must be placed in bags or containers that are clearly labeled and color-coded. (See 5.1.4 (B) above for labeling requirements).

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5.2 **PERSONAL PROTECTIVE EQUIPMENT** – As set forth in Appendix B, when occupational exposure cannot be eliminated through use of work practice controls alone, personal protective equipment shall be used by all employees. In addition to the specific mandates of Appendix B, the following provisions shall apply with regard to personal protective equipment:

5.2.1 Personal protective equipment shall be provided at no cost to employees and shall be cleaned, laundered, repaired, replaced or disposed of if contaminated at no cost to the employee. Routine care of reusable personal protective equipment is the responsibility of the employee (i.e. routine care of lab coats used by nurses more as an identifier than BBP protection).

5.2.2 Each employee must use personal protective equipment when it can be reasonable anticipated that he or she may have contact with blood or potentially infectious materials. The type and characteristics of appropriate personal protective equipment will depend upon the task and degree of exposure anticipated.

5.2.3 If protective equipment becomes penetrated or saturated by blood or other potentially infectious materials, it shall be removed immediately or as soon as feasible and shall be placed in an appropriately designated area or container for decontamination or disposal. Personal clothing must be removed as well if it becomes contaminated with blood or body fluids. (Likewise, personal protective equipment shall be removed prior to leaving the work area and shall be placed in the appropriate area for decontamination or disposal remove this text as we really have no one who uses PPE that must remain in work area.)

5.2.4 Hypoallergenic gloves, glove liners, powder less gloves, or similar alternatives shall be made available and accessible to those employees who are allergic to the disposable gloves normally provided.

5.2.5 Disposable non-latex gloves, such as surgical or examination gloves shall be replaced as soon as practical when contaminated and as soon as feasible when torn, punctured, or their ability to function as a barrier is compromised. Disposable gloves shall not be reused.

5.2.6 Utility gloves (heavy duty non-latex gloves) may be decontaminated for re-use if the integrity of the glove is not compromised. Utility gloves must be discarded when their ability to function as a barrier is compromised (e.g., cracked, peeled, torn, punctured, etc.).

5.2.7 Under rare and extraordinary circumstances when, in an employee's professional judgment, use of personal protective equipment in a specific instance would pose an increased hazard to the safety of the employee or a co-worker, and the employee briefly and temporarily declines to use personal protective equipment, a report shall immediately be made to the employee's supervisor, who shall contact the Local Compliance Officer.

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The circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

5.3 **HOUSEKEEPING** – Each school, worksite or department shall be maintained in a clean and sanitary condition. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

6.0 HEPATITIS B VACCINATION (Appendix C1 and C2)

6.1 The Union County Public Schools shall provide the Hepatitis B Vaccination series (including any boosters recommended by the U.S. Public Health Service) free-of-charge to all employees in category I or to employees in category II who are assigned to tasks that put them at risk for occupational exposure. (Appendix B) The vaccine shall be made available to these employees within 10 working days of initial assignment, and after the employee has received information on the effectiveness, safety, and the method of administration and benefits of vaccination. All employees receiving the vaccine shall execute the Administration Form in Appendix C.

6.2 Any employee in a Category I or selected Category II job classification may decline the Hepatitis B Vaccination by signing the declination form contained in Appendix C. If an employee initially declines the vaccination, but later decides to accept it, the vaccination shall be made available free of charge, and the employee shall sign the Administration Form.

6.3 The Hepatitis B Vaccination need not be made available to an employee who has previously received a Hepatitis B vaccination series, has had an antibody testing revealing that he or she is immune, or for whom the vaccine is inadvisable for medical reasons.

6.4 After completion of the Hepatitis B Vaccine series the employee will have a Hepatitis B titer drawn within 6-8 weeks. Should this Hepatitis B titer be negative, a booster dose of Hepatitis B vaccine will be given and the Hepatitis B titer would be rechecked 6-8 weeks later. If the second titer is still negative, then completion of the second Hepatitis B vaccine series will take place and a third Hepatitis B titer drawn 6-8 weeks after completion of the second series. Anyone completing the second Hepatitis B vaccine series with a continued negative titer is determined to be a non-converter and no further Hepatitis B vaccine will be administered. The employee would be counseled related to exposure control measures, personal protective equipment and the lack of protection normally provided by the Hepatitis B vaccine.

7.0 POST-EXPOSURE FOLLOW-UP (Appendix D1, D2, and D3)

7.1 Any employee involved in a exposure incident must, as soon as practicable, report the incident to his or her supervisor, and the supervisor must make a written report using the Injury/Exposure Report Form(Appendix D-1, D-2 and D-3) which must be conveyed to the Local Compliance Officer within 24 hours of the incident. The School Health Nurse will be available to assist in exposure determination and completion of necessary paperwork.

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7.2 Following an exposure incident, the employee immediately shall perform personal decontamination measures (such as hand washing, removal of contaminated clothing, etc.) as appropriate.

7.3 As soon as practicable following receipt of an Injury/Exposure Report Form by the Local Compliance Officer, the Local Compliance Officer will contact the District Compliance Officer and School Health Nurse Supervisor. The School Health Nurse Supervisor and the District Compliance Officer will assure that the Union County Public Schools make available to the exposed employee a confidential medical evaluation and follow-up, including the following elements:

7.3(A) Documentation of the routes of exposure and the circumstances under which the exposure incident occurred.

7.3(B) Identification and documentation of the source individual will take place, unless the Union County Public Schools can establish that identification, is infeasible or prohibited by state and local law. The Union County Public Schools shall assure that the source individual's blood is tested to determine HIV and HBV infectivity as soon as feasible and after appropriate consent is obtained if consent is required by law. In the event that consent is required by law, but not obtained, the Union County Public Schools shall notify Union County Health Director to determine if Public Health Law has been violated and to assure that necessary actions are taken. When the source individual is already known to be infected with HIV or HBV, the individual's blood need not be retested.

7.3(C) Results of the source individual's testing shall be made available to the exposed employee's physician, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

7.3(D) The exposed employee's blood will be collected for HBV and HIV testing as soon as feasible and after consent is obtained.

7.3(E) Post-exposure prophylaxis, when medically indicated, and as recommended by the U.S. Public Health Service, shall be provided, as well as counseling and evaluation of reported illnesses.

7.4 The Union County Public Schools shall ensure that the healthcare professional responsible for the medical evaluation is provided with the following information:

7.4(A) A copy of this Plan and the current North Carolina Occupational Safety and Health Bloodborne Pathogens Standards;

7.4(B) A description of the exposed employee's duties as they relate to the exposure incident

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7.4(C) Documentation of the routes of exposure and the circumstances under which the exposure occurred (a completed copy of Appendix D, all 3 sections)

7.4(D) Results of the source individual's blood testing, if available; and

7.4(E) All medical records relevant to the exposed employee's vaccination and serologic status which are the responsibility of the Union County Public Schools to maintain.

7.5 The healthcare professional's written opinion shall be obtained and provided to the exposed employee within 15 days of the completion of the evaluation. The written opinion shall be limited to whether Hepatitis B Vaccination is indicated for the employee, and if the employee has received such a vaccination. The written opinion for post-exposure evaluation and follow-up shall be limited to the following information: That the employee has been informed of the results of the evaluation, and that the employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

8.0 EMPLOYEE TRAINING (Appendix E-1, E-2 and E-3)

The Union County Public Schools shall provide appropriate training on the transmission of bloodborne pathogens to all employees (in Category I and to the employees was deleted) annually.

8.1 Training shall be provided to an employee within 10 days of his or her assignment to a Category I or selected Category II job classification. These employees shall complete At-Risk Employee Post-test (Appendix E-2) and be offered the opportunity to sign the Hepatitis B Immunization Administration/Declination Form (Appendix C-1).

8.2 Records of training shall be maintained for three years from the date of training. Such records shall include the dates of training session, a summary of the contents of the session, and the name and qualifications of the person conducting the training, and the names and job classifications of all persons attending the training sessions. (Appendix E-1)

8.3 **Contents of Training Program** – Each training program shall contain at least the following elements: (Appendix E-3)

8.3(A) A copy of the North Carolina Occupational Safety and Health Bloodborne Pathogens Standard and an explanation of its contents. (Appendix H)

8.3(B) A general explanation of the epidemiology and symptoms of bloodborne diseases; (video)

8.3(C) An explanation of the modes of transmission of bloodborne pathogens; (video)

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8.3(D) An explanation of this Exposure Control Plan and the means by which this Plan is accessible to employees; (video and nurse lecture: Appendix E-3)

8.3(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials; (video)

8.3(F) An explanation of the use and limitations of methods that will prevent or reduce exposure; (video and nurse lecture: Appendix E-3)

8.3(G) An explanation of the basis for selection of personal protective equipment; (video and nurse lecture: Appendix E-3)

8.3(H) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment; (video and nurse lecture: Appendix E-3)

8.3(I) Information on the Hepatitis B vaccine, including information on its effectiveness, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge to persons in a Category I or selected Category II job classifications. It is encouraged for all staff and is often covered by health insurance plans; (video and nurse lecture: Appendix E-3)

8.3(J) Information on the appropriate actions to take and persons to contact in an event of a suspected exposure; (video and nurse lecture: Appendix E-3)

8.3(K) 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; (video and nurse lecture: Appendix E-3)

8.3(L) Information on the post-exposure evaluation and follow-up that the Union County Public Schools are required to provide for the employee following an exposure incident; (nurse lecture: Appendix E-3)

8.3(M) An explanation of the signs and labels and/or color-coding required by law; (video)

8.3(N) An opportunity for interactive questions and answers with the person conducting the training session. (nurse lecture: Appendix E-3)

8.4 **Additional Training** – In addition to the annual training and training upon initial Category I or selected Category II job assignment as described above, Union County Public Schools shall provide additional training when changes such as modification of procedures affect an

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employee's occupational exposure. Such additional training may be limited to addressing the new exposures created.

9.0 MAINTENANCE OF RECORDS (Appendix E-2 and G)

The Union County Public Schools Local Compliance Officer shall maintain, at the local school, work site or department, all records pertinent to this Plan regarding Category I and selected Category II employees and other employee reporting an exposure incident for a period of thirty (30) years beyond the date the employee is last employed by the Union County Public Schools. The records must include the name and social security number, status of the Hepatitis B vaccine, including dates, and any information regarding an exposure incident. These records shall be confidential.

10.0 MAINTENANCE OF PROCEDURES (Appendix F)

The District Compliance Officer shall ensure that this Plan is reviewed and updated on an annual basis. This plan shall be accessible to all employees and maintained at the school offices and media centers and at other work sites and departments as appropriate.

11.0 REFERENCES

Federal regulations and standards under Occupational Safety and Health Act, 29 C.F.R. 1910.1030

North Carolina General Statute 95-131

North Carolina Department of Labor Occupational Safety and Health Bloodborne Pathogen Standard (printed 6/02)

13 North Carolina Administrative Code 7C.0101 (a) (96)

Employee Exposure Determination Questionnaire

Appendix A-1

Date: _____ Job Classification: _____

Director/Local Compliance Officer: _____
(making the assessment) (printed name)

Purpose of this Questionnaire: The purpose of this questionnaire is to assist Union County Public Schools (UCPS) in determining exposure potential to human blood, body fluids, or other infectious materials of their entire staff. This determination is a requirement of UCPS “Bloodborne Pathogens Policy” and is required by the federal Occupational Safety and Health Administration (OSHA). UCPS will use the results of this questionnaire to set up precautionary measures to prevent workplace exposure to blood, body fluids or other infectious materials.

Directions: With a Job Classification for every job at your facility, please answer the following questions.

Part 1

Is the employee with this job classification required to do any of the following as a specific condition of employment?	Yes	No
(A) Work directly with human blood, blood products, body fluids, or tissue products. Examples might be school nurses or diabetes care manager.		
(B) Give assistance to accident or injury victims at or away from <i>the general area where you work</i> , on a regular basis. Examples might be First Response Team members, coaches.		
(C) Clean up blood, or other body fluids with visible blood (such as vomit, urine) on a regular basis as part of their job. Examples might be custodians, teachers who work with developmentally disabled students.		
(D) Everyday job tasks do not cause you to work with or be in direct contact with blood or body fluids, but you may respond to <i>unplanned</i> events, such as helping a hurt student or co-worker who is sick. Examples might be elementary teachers who help with cut fingers, high school teacher who helps students with a bloody nose.		
(E) This job does not require you to be exposed to blood or body fluids.		

Part 2 Determining Exposure Classification for Job Type

Yes response to these Questions in Part 1	This is Risk Category	Check (√) One Below
A, B, and/or C	Occupational Exposure	
D or E	No Occupational Exposure (may have unplanned exposures)	

Part 3 Listing Tasks that May put Employee at Risk

Directions: Complete this section if this job description falls in the Occupational Exposure Category. Please list each specific task that is a requirement of the job description that may cause exposure to blood, body fluids or other potentially infectious materials. Check (√) all types of exposure that apply.

List Task	Blood	Body Fluids	Contaminated Materials
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Completed by: _____ Date: _____
 (Signature) (M/D/Y)

Union County Public Schools Job Classification Categories

Category I - Job Classification: ALL employees have occupational exposure.

Athletic Trainers/Coaches
Custodians
First Response Team Members
Diabetes Care Managers
Front Office Personnel (if responsible for first aid)
School Nurse
Speech Therapist
Teachers/Administrators assigned to break up fights
Teachers/Assistants who perform invasive procedures

Category II - Job Classification: SOME employees have occupational exposure.

Physical Education Teachers
Agricultural Teachers
Construction Academy Teachers
Maintenance Personnel
EC Teachers and Assistants

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Risk Assessment- Personal Protective Equipment by Job Classification

Appendix B

Job Classifications At Risk of Exposure	Assigned Responsibilities Causing Increased Risk	Personal Protective Equipment Provided
School Nurses	First Aid/CPR Medically Related Procedures	CPR Mask Non-latex Gloves Lab Coats
Athletic Trainers/ Some Coaches	First Aid/CPR	Non-latex Gloves CPR Mask(if trained)
Custodians	Cleaning, removing, disposing of regulated waste	Non-latex Gloves Heavy Duty(Reusable) Non-latex Gloves Eye Protection
First Response Team Members	First Aid/CPR	Non-latex Gloves CPR Mask(if trained)
Diabetes Care Managers	Assisting with Blood Sugar measurement and insulin administration	Non-Latex Gloves
Some Front Office Personnel	If responsible for First Aid	Non-Latex Gloves
Speech Therapist	Working in close contact with student mouths	Non-Latex Gloves
Teachers/Administrators assigned to break up fights	First Aid	Non-Latex Gloves
Teachers/Assistants assigned to perform invasive procedures	Assisting with medically related procedures	Non-Latex Gloves
Selected Teachers/ Assistants that work with EC children	Assisting with medically related procedures and conflict interventions	Non-Latex Gloves
Some Physical Education Teachers	First Aid/CPR High injury incidence in class	Non-Latex Gloves CPR Mask (if trained)
Some Agricultural Teachers	High injury incidence in class	Non-Latex Gloves Eye Protection
Some Construction Academy Teachers	High injury incidence in class	Non-Latex Gloves Eye Protection
Some Maintenance Personnel	High injury incidence in group; work with cleaning and repair of waste systems, equipment	Non-Latex Gloves Eye Protection

Engineering Controls: All employees are expected to wash their hands thoroughly with soap and running water for at least 20 seconds after glove removal or after any risk of exposure. All contaminated sharps will be placed in a labeled sharps container. All contaminated waste or

laundry will be double bagged and labeled with biohazard labels. All employees are expected to follow Universal Precautions at all times.

Union County Public Schools Immunization Administration/Declination Form

Appendix C-1

Work Location: _____

Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City/State/Zip: _____ Cell Phone: _____

Hepatitis B Immunization Administration Request

I have read the information provided to me by the Union County Board of Education concerning the Hepatitis B Vaccine. (VIS Hepatitis B English & Spanish 7/11/2001) I have had the opportunity to ask questions about the benefits and risks of the Hepatitis B vaccinations. I understand that there is no guarantee that I will become immune and that there is a possibility that I will experience adverse side effects from the vaccine. I agree to receive the Hepatitis B vaccine. I have been advised that studies have not been conducted to determine the effect of the vaccine on a developing fetus and the safety of the vaccine to the developing fetus is not known.

Series complete at this time. No further vaccine needed.

Employee Signature: _____ Date: _____

Vaccine	Date of VIS	Questions Reviewed	Date Signed	Consent Signature	Date Given	Admin. Site	Manufacturer Lot Number	Nurse Signature
Hep-B #1								
Hep-B #2								
Hep-B #3								

Hepatitis B Vaccine Declination

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 read the information provided to me by the Union County Board of Education concerning questions about the benefits and risks of the Hepatitis B vaccination. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself, and 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.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Union County Public Schools
Hepatitis B Vaccine Standing Orders
for At-Risk Staff

Appendix C-2

Hepatitis B is an infection of the liver cause by the Hepatitis B Virus (HBV). The term “viral hepatitis” is often used for and may include Hepatitis B and other similar diseases which affect the liver but are caused by different viruses.

Acute Hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice. Skin rashes and joint pain can also occur.

Procedure

1. Union County Public Schools will administer Hepatitis B vaccine to employees considered at risk for occupational exposure to Hepatitis B.
2. The following schedule for administration of Hepatitis B vaccine will be followed:
 - Initial Dose 1.0 ml. IM
 - Second Dose > 28 days after initial dose 1.0 ml. IM
 - Third Dose > 6 months after initial dose 1.0 ml. IM
3. The employee should read the “Important Information Sheet” on Hepatitis B and sign the Immunization Administration/Declination Form before the vaccine is given.
4. Any At-Risk employee may decline the vaccine after attending the Bloodborne Pathogens Training. They will be required to sign the declination portion of the Immunization Administration/Declination Form.
5. An At-Risk employee who has declined the vaccine at any point may decide that they now want the vaccine and only need to notify their supervisor so that arrangements for administration can be made through the School Health Office.
6. After series of three vaccines is complete, employee will have a titer drawn for Hepatitis B to verify immunity against the disease. If the titer results are negative, the medical doctor will decide if the employee should repeat all or part of the series of vaccines, and repeat the titer test at that time.

Contraindications

Any serious active infection is reason for delaying administration of vaccine.
Known hypersensitivity to yeast or any component of the vaccine.

Caution and appropriate care should be exercised in administering the vaccine to individuals with severely compromised cardiopulmonary status or to others in whom a febrile or systemic reaction could pose a significant risk.

Date

Medical Consultant

Union County Public Schools Injury w/Exposure Report Section 1- Facts Regarding Possible Exposure

Appendix D-1

To be completed for all injuries with possible blood/body fluids exposure

Date Report Initiated: _____ School/Location of Incident: _____
 Name of Injured: _____ Date of Birth: _____

Last, First, Middle M/D/ Y

Home Address :

	SS#:	Marital Status
	S	M W D

Home Phone: _____ Work Phone: _____ Sex M F Ht. _____ Wt. _____

Status Employee Volunteer Visitor Student (indicate school)

If injured Occupation _____ Job Title _____

Is Employee _____

Date of Injury/Exposure	Time of Day	Date Reported to Supervisor	Time Reported
-------------------------	-------------	-----------------------------	---------------

Injury Reported To:

Nature of Injury/Exposure (check all that apply)

<input type="checkbox"/> Fractures	<input type="checkbox"/> Eye Injury	<input type="checkbox"/> Multiple Injury	<input type="checkbox"/> Pinched Nerve, Ruptured Disc
<input type="checkbox"/> Inflammation	<input type="checkbox"/> Frostbite/Cold Exposure	<input type="checkbox"/> Recurrence	<input type="checkbox"/> Strain, Sprain, Torn Ligament
	<input type="checkbox"/> Heart Malfunction	<input type="checkbox"/> Inhalation Smoke	<input type="checkbox"/> Cuts, Lacerations, Punctures
	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Abrasions, Confusions, Bruises	<input type="checkbox"/> Heat Exhaustion, Fatigue
			<input type="checkbox"/> Other: _____

* Chemical/Hazardous material Injury:
 Inhalation Ingestion Direct Contact
 Eye Injury Burns

* Direct Exposure to Blood and Body Fluids * Part 2 of this form must also be completed
 * Infectious Disease

Parts of Body affected (check all that apply)

<input type="checkbox"/> Multiple Parts	<input type="checkbox"/> Chest	<input type="checkbox"/> Groin	<input type="checkbox"/> Knees	<input type="checkbox"/> Other(specify): _____
<input type="checkbox"/> Head	<input type="checkbox"/> Lungs	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankles	_____
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Hand(s) <input type="checkbox"/> Foot/Feet	_____
	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Ribs
	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Heart	<input type="checkbox"/> Leg(s)	<input type="checkbox"/> Hip

Where Injury Occurred (check all that apply)

<input type="checkbox"/> Media Center	<input type="checkbox"/> Fight or Assault	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Bus (to or from school)
<input type="checkbox"/> Playground	<input type="checkbox"/> Health Clinic	<input type="checkbox"/> Convention	<input type="checkbox"/> Science Lab
<input type="checkbox"/> Hallway	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Parade, Picnic, Contest	<input type="checkbox"/> Emergency Scene
<input type="checkbox"/> Stairway	<input type="checkbox"/> Auxiliary Services	<input type="checkbox"/> Responding to/Returning from Emergency	<input type="checkbox"/> Classroom
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Other(specify) _____
	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Office Area	
	<input type="checkbox"/> Workroom		

Cause of Injury (check all that apply)

<input type="checkbox"/> Weather	<input type="checkbox"/> Animal Attack	<input type="checkbox"/> Improper Placement	<input type="checkbox"/> Using Defective Equipment
	<input type="checkbox"/> Back Draft	<input type="checkbox"/> Inadequate Illumination	<input type="checkbox"/> Using Equipment Improperly
	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Inadequate Guards or Protection
<input type="checkbox"/> Fall	<input type="checkbox"/> Communication	<input type="checkbox"/> Lack of Knowledge or Skill	<input type="checkbox"/> Failure to use Personal Protective Equipment
<input type="checkbox"/> Struck by Object	<input type="checkbox"/> Abuse or Misuse	<input type="checkbox"/> Irrational visitor	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Structural Collapse	<input type="checkbox"/> Lifting	<input type="checkbox"/> Civil Disturbance	

Injury Occurred Performing What Task?
 (Employees, Students, Volunteers,)

Safety Equipment Used

<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Gloves	<input type="checkbox"/> Breathing Apparatus	<input type="checkbox"/> Protective Eyewear
	<input type="checkbox"/> Mask	<input type="checkbox"/> Sharps Collector	<input type="checkbox"/> Other

Witness : Date:	Date:	Signature of Injured
--------------------	-------	----------------------

Witness:	Date:	Completed by	Date:
----------	-------	--------------	-------

Union County Public Schools Injury w/Exposure Report
Section 2 – Exposure Information

Appendix D-2

Name of Injured/Exposed person _____ Date of Birth _____ SS# _____

Blood and Body Fluid Exposure

Type of Fluid Blood Other: _____ Amount of fluid: _____

Task being performed when exposure occurred: _____

Severity of Exposure
 Percutaneous Depth(mm or inches) _____ Fluid Injected – Approximate Amount _____

Skin or Mucous Membrane Exposure
Extent and Duration of Contact _____

Condition of Skin: Chapped Abraded
 Other: _____

Hepatitis B Vaccine History: No Vaccine History 1 ___/___/___ 2 ___/___/___ 3 ___/___/___ B ___/___/___

Antibody History: Sufficient Insufficient Date ___/___/___

Information Regarding Source of Blood and Body Fluids:

Name: _____

HIV Status _____

Hepatitis B Status _____

Known Risk Factors for HIV & Hepatitis B _____

Primary Care Physician, Address & Phone: _____

Infectious Disease other than HIV(AIDS) & Hepatitis B

Disease(s) Exposed To: _____

Name of Person Infected or Suspected of Infectious Disease _____

Source Person's Physician and His address _____

Discussed with Public Health Department: Date: ___/___/___ Recommended: _____

Chemical, Hazardous Waste, Smoke Exposure

Material Exposed To _____

Length of Exposure (Time in minutes) _____

Symptoms _____

Treatment at the Scene _____

Type of Decontamination _____

**Union County Public Schools Injury w/Exposure Report
Section 3 – To be completed for all Injury/Exposures
By Investigating Supervisor**

Appendix D-3

Supervisor's Description of Incident Management

Name of Injured/Exposed person _____ Date of Birth _____ SS# _____

Thoroughly describe incident (what, how, where, equipment activity, etc.): _____

What first aid was administered following injury/exposure? _____

Was injured hospitalized or treated? Yes No If Fatal, Date of Death (M/D/Y) _____

Where: Name _____ Phone _____ By Whom? Name _____ Phone: _____

Address: _____ Address: _____

Was care offered and refused: No Yes Signature of Injured/Exposed Person: _____

If injured is an employee, did injury result in requiring individual to perform limited duties or to be assigned to other duties? No Yes

If yes, what duties were assigned? _____

For what period of time? _____ Date Employee Injury reported to Personnel Dept.: _____ To Whom: _____

Completed By: _____ **Title:** _____ **Date:** _____

Correctional Action Report

1. What acts, failures to act and /or conditions most directly contributed to this injury/exposure (immediate cause)? _____

2. What are the basic or fundamental reasons for the existence of these acts and/or conditions? _____

3. What action has been taken or will be taken to prevent recurrence (check items completed or implemented)?

Completed by: _____ **Title:** _____ **Date:** _____

Union County Public Schools Bloodborne Pathogens Training Attendance Record

Appendix E-1

Date: _____ **Location:** _____

Trainer: _____, RN School Nurse

Name of Attendee	Job Title	Name of Attendee	Job Title
1.		31.	
2.		32.	
3.		33.	
4.		34.	
5.		35.	
6.		36.	
7.		37.	
8.		38.	
9.		39.	
10.		40.	
11.		41.	
12.		42.	
13.		43.	
14.		44.	
15.		45.	
16.		46.	
17.		47.	
18.		48.	
19.		49.	
20.		50.	
21.		51.	
22.		52.	
23.		53.	
24.		54.	
25.		55.	
26.		56.	
27.		57.	
28.		58.	
29.		59.	
30.		60.	

Attach the training agenda and trainer’s resume to each Attendance Record and **retain in files for 3 years** from date of training.

Bloodborne Pathogens Standard At –Risk Employee Post-Test

Appendix E-2

Please answer the following questions and return to your supervisor/principal today.

1. Do you know and understand universal precautions? Yes No

2. Do you know the location for the Exposure Control Plan? Yes No

3. Do you know the use, location and kinds of personal protective equipment used in this facility? Yes No

4. Do you know what to do with contaminated sharps, laundry, and regulated waste? Yes No

5. Do you know and understand the signs and labels and color coding being used? Yes No

6. Do you know what to do if an exposure incident is suspected to have occurred? Yes No

7. Do you understand how and why exposure could occur in your job? Yes No

8. Do you know what engineering and work practice controls are being used in your facility? Yes No

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Must also complete Hepatitis B Immunization Administration/Declination Form
Both should be on file for every at risk employee in the Bloodborne Pathogens Compliance Manual.

Bloodborne Pathogens Class Information

UCPS Specific Information

Appendix E-3

View video, “Bloodborne Pathogens for School Employees: The Straight Facts” by Costal Training Technologies Corp. Copyright 2000.

Explain Individual Responsibilities:

1. Be sure they understand that UNIVERSAL PRECAUTIONS are required in their workplace. Must treat ANY BLOOD OR BODY FLUIDS as infectious.
2. Emphasize that proper use of PPE is **their responsibility**. Gloves are available in the office area and **they** must be sure they have gloves in their work area for use as indicated. Gloves should be non-latex(ASAP) and if special provisions need to be made because of personal allergies, notify the local compliance officer.
3. If their clothes become soiled with blood, or if the clothing of students becomes soiled, they must be covered or removed. (so may want to be sure they have a spare set of clothes available)
4. Handwashing is the MOST IMPORTANT protective activity. It is **their responsibility** to be sure needed supplies are available in their work area and to notify custodial staff immediately if they are not. Continue to call until needed supplies are delivered. Soap, running water, and single use paper towels are minimal requirements.
5. Call custodial staff to properly clean up ALL BLOOD OR BODY FLUIDS! Do not wipe up Potentially Infectious Materials – leave them undisturbed so custodial staff can “see the area to be decontaminated”. Keep students and other staff members away from spill until custodian arrives with needed equipment to clean spill.
6. All sharps shall be deposited in a puncture resistant container, located as close to the site where they will be used as possible. (sharps containers in classrooms of students with diabetes, etc.)
7. Sports equipment that becomes contaminated with blood or other potentially infectious materials shall be examined and decontaminated as necessary, or discarded if decontamination is not possible
8. Health Room Cots must have a vinyl surface that can be covered with single use paper. Disinfection with appropriate solution/wipe (SaniClothHB) will take place between occupancy.

Hepatitis B Vaccine- available to those deemed “at risk” by OSHA Standards at no cost. Available to all staff members covered by the NC Teacher’s Health Plan. Sign up sheet going around for you to indicate interest AND they have school insurance. Others should be encouraged to seek this vaccine using their current insurance plan. NO BOOSTERS ARE NEEDED. If you have had a series of 3 shots, then you don’t need further vaccination.

1. Athletic Trainers/Coaches; Physical Education Teachers; Custodians; Emergency Response Team Members; Front office personnel; School Nurses; Speech Therapist; Teachers/Administrators assigned to break up fights; EC Teachers/ assistants assigned to perform invasive procedures; Agriculture Teachers; Construction Academy Teachers; and Maintenance Personnel are all considered at increased risk and thus are offered the vaccine at the cost of the schools if they don’t have NC State Teacher’s Health Plan.
2. Anyone designated “at risk” may refuse the vaccine. They should complete the declination form and submit to the school compliance officer ASAP.

3. At Risk employees with chronic health conditions may be ask to get a note from their PCP stating that it is OK for them to receive the vaccine.

Post Exposure Follow-up is required anytime an employee is involved in an exposure/suspected exposure incident.

1. The employee that was involved should as soon as possible report the exposure incident to their immediate supervisor. The supervisor must make a written report using the Injury/Exposure Report Form that is given to the local compliance officer immediately. The local compliance officer will review the incident and forward the information to the UCPS Safety Director within 24 hours.
2. Immediately following the exposure incident, the employee will perform personal decontamination measures (handwashing, etc.).
3. As soon as possible following receipt of the Injury/Exposure Report Form by the UCPS Safety Director, the UCPS will make available to the exposed employee a confidential medical evaluation and follow-up.
4. The healthcare professional's written opinion shall be obtained and provided to the exposed employee within 15 days. A plan of treatment will be outlined and begun.

OSHA Bloodborne Pathogen Standards

Appendix H

Regulations (Standards - 29 CFR)

Bloodborne pathogens. - 1910.1030

[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- Part Number: 1910
 - Part Title: Occupational Safety and Health Standards
 - Subpart: Z
 - Subpart Title: Toxic and Hazardous Substances
 - Standard Number: [1910.1030](#)
 - Title: Bloodborne pathogens.

 - Appendix: [A](#)
-

This document is available, in its entirety at the Union County Public Schools website:
www.ucps.k12.nc.us

Union County Public Schools
School Health Division
Administrative Guidelines
Exposure to Bloodborne Pathogens

Origination: 4/06

Reviewed: 6/08

Revised:

Policy: School staff will refer and follow-up appropriately in cases of suspected bloodborne pathogen exposure in the school setting.

Purpose: To reduce and control health risks associated with blood borne pathogen exposure in the school setting.

Procedure: The School Staff and School Health Nurse will follow established Union County Public Schools Bloodborne Pathogens Policy for investigating, reporting and documenting incidents of potential blood/body fluid exposure. NOTE: All potentially exposed individuals, regardless of HBV vaccination status, will be referred to their Primary Care Physician (for students/visitors) or Urgent Care- Monroe or Indian Trail (for employees) for evaluation of need for HBV/HIV titers. Testing, when indicated, should be completed as soon as possible.

- A. School staff will provide immediate first aid appropriate to the circumstances.
1. Flush site with running water for 3-5 minutes.
 2. Wash the site with soap and water.
 3. Apply clean, dry dressing if bleeding is present.
 4. Apply ice if bruising has occurred.
 5. Notify School Health Nurse for Bloodborne Pathogen exposure evaluation if not on site when incident occurs.
- B. Upon notification by school staff of a potential exposure, the School Health Nurse will investigate the nature of the risk. The investigation will include:
1. The names of the individuals involved, along with contact information.
 2. The area of the body potentially exposed.
 3. Determination of potential exposure, examples are: Bite resulting in broken skin with presence of blood, physical injury resulting in copious bleeding with exposure of caregivers, or mucous membrane exposure to blood or body fluids.
 4. Determination of presence of a barrier such as clothing or personal protective equipment preventing exposure will be considered.
- C. If the School Health Nurse determines a potential risk of exposure exists, he/she will:
1. Document findings on individual note sheet to be kept in School Nurse Office.
 2. Notify School Nurse Supervisor of incident and plans for referral for care.
 3. Notify each individual involved (or parent/guardian, if a minor) of incident and needed medical attention.
 4. Implement Union County Public School Exposure to Bloodborne Pathogens Administrative Guidelines.

- D. The School Health Nurse will determine the identity and facility affiliation of the Primary Care Provider (PCP) for each individual involved and implement policies and procedures as indicated below:
1. UCPS employees will be referred to his/her respective principal/supervisor and/or UCPS Safety Director for initiation of necessary paperwork (Appendix D1, 2, and 3) per UCPS Employee Safety Plan. School Health Nurse should be contacted for exposure determination when needed.
 2. Students will be referred to their Primary Care Physician for evaluation and follow-up.
 3. Visitors will be referred to their Primary Care Physician for evaluation and follow-up.

Student Exposure:

1. The School Health Nurse will follow procedures A (if on sight when incident occurs) and B-D above and contact the parent/guardian.
2. The School Health Nurse will complete the MD Referral Letter (BBP-1), the Follow-Up Form (BBP-2), the Exposure Contact Information Form (BBP-3) and the BBP Release of Information form (BBP-4).
3. The School Health Nurse will instruct the student/parent to present the MD Referral Form to his/her healthcare provider for medical evaluation, follow-up and treatment, if indicated.
4. The School Health Nurse will provide referrals, if requested, to assist students in obtaining a healthcare provider.
5. The School Health Nurse will fax copies of BBP-1, 2, 3 and 4 to School Nurse Supervisor for continuation of care and PCP communications as indicated.
6. The School Health Nurse will follow-up with parent/guardian within 24 hours (or next working day) to determine that care was secured and notifies School Nurse Supervisor if care has not been secured.
7. The School Nurse Supervisor will contact Union County Health Director who will determine if any health laws have been violated and take appropriate actions.
8. The School Nurse Supervisor may act as a liaison between all parties to assist in obtaining medical care and exchange of pertinent information between medical providers.
9. All costs incurred will be the responsibility of the family involved.

UCPS Employee Exposure:

1. The School Health Nurse will follow procedures A (if on site when incident occurs) B and C and contact the employee's principal/supervisor and/or UCPS Safety Director.
2. The School Health Nurse will assist in completion of the Injury with Exposure Form (Appendix D-1, 2, and 3 in UCPS Safety Handbook)
3. The School Health Nurse will complete the Follow-Up Form (BBP-2), the Exposure Contact Information Form (BBP-3) and the UCPS BBP Release of Information (BBP-4) if the incident involved someone other than an employee (student or visitor) where communication will need to take place between UCPS Medical Advisor and a personal PCP.

4. The School Health Nurse will instruct the employee to proceed to Urgent Care-Monroe or Indian Trail for a confidential medical evaluation and treatment.
5. The School Health Nurse will fax copies of AppendixD-1, 2, and 3 with BBP-1, 2, 3 and 4 to School Nurse Supervisor for continuation of care and PCP communications as indicated.
6. The School Health Nurse will follow-up within 24 hours (or next working day) to determine that care was secured and notifies School Nurse Supervisor if care has not been secured.
7. The School Nurse Supervisor will contact Union County Health Director who will determine if any health laws have been violated and take appropriate actions.
8. The School Health Nurse Supervisor may act as a liaison between all parties to assist in obtaining medical care and exchange of pertinent information between medical providers.
9. All costs incurred will be the responsibility of UCPS.

Visitor Exposure:

1. The School Health Nurse will follow procedures A (if on sight when incident occurs) and B-D above.
2. The School Health Nurse will complete the MD Referral Letter (BBP-1), the Follow-Up Form (BBP-2), the Exposure Contact Information Form (BBP-3) and the BBP Release of Information form (BBP-4).
3. The School Health Nurse will instruct the individual to present the MD Referral Form to his/her healthcare provider for medical evaluation, follow- up and treatment, if indicated.
4. The School Health Nurse will fax copies of BBP-1, 2, 3 and 4 to School Nurse Supervisor for continuation of care and PCP communications as indicated.
5. The School Health Nurse will follow-up with the individual within 24 hours (or next working day) to determine that care was secured and notifies School Nurse Supervisor if care has not been secured.
6. The School Nurse Supervisor will contact Union County Health Director who will determine if any health laws have been violated and take appropriate actions.
7. The School Nurse Supervisor may act as a liaison between all parties to assist in obtaining medical care and exchange of pertinent information between medical providers.
8. All costs incurred will be the responsibility of the individual involved.



School Health

400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289.2457
www.ucps.k12.nc.us

Dr. Ed Davis – Superintendent

Board of Education

L. Dean Arp, Jr. – Chairman
John Collins - Vice Chairman
John Crowder
Sherry Hodges
Carolyn J. Lowder
Laura Minsk
Rick Pigg
Marce Savage
David Scholl

Referral to Physician

(Parent/Guardian)

(Date)

(Student's Name)

(School)

(Date of Birth)

_____ was involved (as a source/exposed person) in a potential blood or body fluid exposure. Detailed description of incident:

North Carolina law (10A NCAC 41A.0202 & .0203) requires testing of the source person to determine infection status (if not known) of Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV) if you determine a true blood/body fluid exposure has occurred. The same regulation requires the attending physician of the source person to notify the attending physician of the exposed person regarding the results of the source person's infection status. HIPAA 45 CFR Part 164.512 (a) & (b) enables health care providers to share protected health information as required by Public Health law.

Please call my office for contact information on all physicians involved in the incident to facilitate communication for follow-up/treatment.

Sincerely,

Jane Thompson, RN, C
School Nurse Supervisor
Union County Public Schools

Office Phone: 704-296-0845
Alternate Phone: 704-516-6515

**Union County Public Schools
Follow-up for Possible BBP Exposure**

Date: _____	Phone: _____
To: _____ (Primary Care Physician)	FAX: _____
Address: _____	

Name of Person Referred: _____
School Attended: _____
Address: _____

Telephone: _____

Parent/Guardian of Person Referred: _____
Address (if different) _____

Work Phone: _____
Mobile Phone: _____

<p>Reason(s) for Referral: Student has been identified possibly as _____SOURCE _____ EXPOSED to a potential blood or body fluid exposure. Please confirm evaluation and follow-up has occurred, and that communication has been made with other primary care provider, if indicated. Sharing of test results is NOT indicated.</p> <p style="text-align: right;">_____ School Nurse Signature</p>
--

Recommendations for care at School (if any): ___ None needed _____

Date: _____ / Signature: _____ / Title: _____ (Physician)

Return Form to: Jane Thompson, RN, BC
Union County Public Schools
School Health Office
400 North Church Street
Monroe, NC 28112
Secure Fax: 704.289-2457

Confidentiality Notice: This facsimile transmission contains legally privileged and confidential information intended only for the use of the individual or entity named herein. If the reader of this message is not the intended recipient you are hereby notified that any disclosure, distribution, copying or taking of any action in reliance of the contents of

this transmission could result in legal action. Please notify us by telephone immediately and destroy the message in its entirety. Thank you.

BBP-2 (Completed for all referred incidents, fax copy to PCP, fax to Central School Health Office, copy retained in School Nurse files at the school.)



School Health

400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289.2457
www.ucps.k12.nc.us

Dr. Ed Davis – Superintendent

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Sherry Hodges
Carolyn J. Lowder
Laura Minsk
Rick Pigg
Marce Savage
David Scholl

Bloodborne Pathogens Exposure Contact Information

To: _____
Primary Healthcare Provider

Date: _____

From: _____
School Nurse

School Year: 20__-20__

Phone Contact #: _____

School: _____

Student Name

Date of Birth: _____
(month/day/year)

Per your request related to the possible Bloodborne Pathogen exposure incident on _____, please see information below for physician communication.

When a possible blood or body fluids exposure occurs the schools are required to notify the primary care physician. If deemed necessary by the involved physicians, North Carolina Law requires that both students have:

- Laboratory testing for the presence of Hepatitis B and HIV
- Appropriate communication of laboratory results between physicians
- Appropriate medical care based upon the laboratory test results

In order to facilitate this communication, contact information regarding all source/exposed persons is listed below:

Source/exposed person
Name: _____

Source/exposed person
Name: _____

Date of Birth: _____

Date of Birth: _____

Primary Care Provider (PCP)

Primary Care Provider (PCP):

PCP Phone: _____

PCP Phone: _____

Please see attached Release of Information regarding this information.

Union County Public Schools
Authorization for Exchange of Confidential Health Information
Bloodborne Pathogen Exposure

Patient Name: _____ **Date of Birth:** _____

I hereby authorize _____ [insert health care providers name & title]

and Union County Public Schools, School Nurse Supervisor- Jane Thompson, RN, C to exchange health records for the purposes listed below.

Union County Public Schools, 400 North Church Street, Monroe, NC 28112 704-296-0845

[insert address & phone of HC Provider]

Description:

The health information to be disclosed consists of: *Care and treatment plans for above named student as related to possible Bloodborne Pathogen (BBP) exposure on (date)_____ . This consent is only valid related to this specified BBP incident.*

Purpose: This information will be used for the following purpose(s):

1. Health assessment and planning for health care services and treatment in school.
2. Medical evaluation and treatment.
3. Other: _____

Authorization

This authorization is valid for one calendar year. It will expire on _____ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA). I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent/Guardian Signature

Date

Student's Signature*

Date

*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In North Carolina, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

Copies: Parent or student

Physician or other health care provider releasing the protected health information
School Health Nurse Supervisor requesting/receiving the protected health information.

