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NORTHFIELD PUBLIC SCHOOLS



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Management Plan for Exposure Control Plan for Bloodborne Pathogens

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Northfield Public Schools

Exposure Control Plan for Bloodborne Pathogens

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Contact Persons:

Exposure Control Officer

Maimouna Toure-Keita, BSN, RN, PHN, LSN

Phone: 507-645-1200

Email Address: mtourekeita@northfieldschools.org

1.0 Purpose and Administration

Northfield Public Schools has developed and implemented the following Exposure Control Plan for Bloodborne Pathogens to reduce the potential for workplace exposure and to comply with OSHA's 29 CFR 1910.1030 *Bloodborne Pathogens*.

2.0 Responsibilities

Effective implementation of the Exposure Control Plan includes the following categories of responsibility:

- Exposure Control Officer/Health Services
- Supervisor(s)
- Employee(s)

The Exposure Control Officer is responsible for the overall management and support of the Bloodborne Pathogens Program including employee training, providing personal protective equipment (PPE), offering hepatitis B virus (HBV) vaccinations, sharps disposal and maintaining records related to this program. The Program Administrator will maintain, review, and update the Exposure Control Plan at least annually and whenever necessary, to include new or modified task and procedures.

3.0 Exposure Assessment/Determination

Job categories are assessed based on typical job duties that have the potential for blood exposure. Blood contact with mucous membranes, non-intact skin, or piercing the skin or mucous membrane by needle stick, cut, or bite is considered an exposure.

Classification 1

Employee categories where the primary job responsibility is to administer first aid or healthcare are identified as Classification 1. Employees in this classification are fully covered under the Exposure Control Plan. The job categories that fall under Classification 1 for Northfield Public Schools are:

- Nurses
- Health Services Associates

Classification 2

Employees who provide or have the potential to provide first aid or healthcare or are required to clean up blood or Other Potentially Infectious Material (OPIM), as an auxiliary component of their job responsibilities, are covered under this classification. The following job categories fall under this classification and are fully covered under the Exposure Control Plan:

- Coaches/Trainers (Contact Sports)
- Custodians
- Physical Education Teachers
- Special Ed Staff

4.0 Universal Precautions

“Universal Precautions” are practices and procedures that assist in the prevention of contact with blood and other body fluids. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be treated as if known to be infected with human immunodeficiency virus (HIV), HBV, hepatitis C virus (HCV), or other bloodborne pathogens. Although exposure to body fluids other than blood is unlikely except in healthcare settings, the following body fluids are to be treated as infectious:

- Amniotic fluid
- Blood-contaminated body fluids
- Cerebrospinal (spinal) fluid
- Pericardial (heart) fluid
- Peritoneal (abdominal organ) fluid
- Pleural (lung) fluid
- Saliva (when visibly contaminated by blood)
- Semen
- Synovial (joint) fluid
- Vaginal secretions

Any employee encountering blood or other body fluids listed above is trained to treat them as being infectious, and to use necessary personal protection and work practice controls as outlined throughout this plan.

5.0 Engineering & Work Practice Controls

Using appropriate engineering and work practice controls should eliminate or minimize employee exposure to bloodborne pathogens. The following engineering and work practice controls and policies are used:

Work Practices

- PPE is worn as applicable.
- An absorbent material (paper towel/cloth) is used as a barrier between the individual and the blood source.
- In the event an individual becomes exposed to any blood or OPIM, the area is washed with soap and water and/or mucous membranes are flushed immediately.
- Eating, drinking, smoking, applying cosmetics or lip balm, and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink are not to be stored in close proximity to where blood or potentially infectious materials are present.
- Handwashing facilities are available in each building should an employee come in contact with blood or OPIM.
- Where handwashing facilities are not feasible, use an appropriate antiseptic hand cleanser as provided.

Handling Sharps

- Mechanical devices such as tongs or dustpan and broom are available to pick up contaminated sharps or blood-covered broken glass, to avoid any direct contact. Contaminated glass is not to be picked up by hand.
- Appropriate gloves, provided by the District, are used when handling contaminated sharps.
- Needles and other contaminated sharps are not to be bent, recapped, or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
- Sharps are not removed or recapped unless it is demonstrated that an alternative is not feasible and approval from the exposure control officer is obtained.
- After use, contaminated sharps are placed in appropriately marked storage/disposal containers.

Sharps Containers

- Sharps containers are located in the health associate's office in each school building and in the Athletic Trainer's Office
- Containers are puncture-resistant, labeled or color coded, come with leak-proof sides and bottom, and are able to be closed after each use.
- If outside contamination of container occurs, place the primary container within a secondary container that is puncture-resistant, leak-proof, and labeled or color-coded. Outside contamination may be brought about by accidental spillage or other contact with blood or OPIM.
- Sharps containers are shipped through a regulated waste transport/disposal company as necessary. Documentation is maintained at the District Nurse's Office.

Blood/OPIM Clean Up by Custodians

- Clean up is conducted, as soon as possible.
- Disposable gloves are worn.
- Disposable towels and other absorbent materials are used to absorb blood and bodily fluids.
- Area is cleaned with soap and water.
- Proper disinfectant (registered with EPA) is utilized and handling procedures are followed.
- Waste is disposed in an appropriate container.

- Hands are washed thoroughly with warm water and soap.
- Clean up is always completed by trained and authorized employees.

Clean-up of Objects Contaminated with Blood or OPIM (i.e., athletic equipment)

- Disposable gloves are worn.
- All contaminated items that cannot be cleaned are discarded into a disposable container.
- Objects are washed using warm water and general-purpose cleaner.
- Objects are disinfected using approved disinfectant solution or a bleach solution.
- If the object is to be placed in the mouth (e.g., mouth guard for football players) use applicable disinfectant and follow the manufacturer's directions.
- If an exposure potential exists, the supervisor or exposure control officer are notified.
- Clean up is always completed by trained and authorized employees.

First Aid/Healthcare

In the event an individual requires first aid, they should treat, clean, and dispose of their own contaminated materials, if possible, thereby avoiding contact by another individual. If a trained individual provides first aid or CPR, they will:

- Use gloves or other personal protective equipment
- Use paper toweling or other absorbent material to wipe injury and, if appropriate, allow person to rinse injury with running water
- Place soiled materials into a lined waste container
- Remove and place soiled clothing into a plastic bag to take home, if possible
- Assist in cleaning affected area; using cotton swabs to apply medicine, if appropriate
- Follow other procedures for care in minimizing direct contact with blood or body fluids
- Wash hands thoroughly

6.0 Personal Protective Equipment (PPE)

PPE is considered "appropriate" only if it does not permit blood or OPIM to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use. PPE may include the following:

- Gloves are used for first aid, clean-up, handling of sharps, and when in contact with any blood or OPIM. Disposable or single-use gloves, such as surgical gloves, are discarded in leak-proof bags.
 - If possible, wash your hands before putting on gloves. After you have put the gloves on, check for proper fit and any punctures, then pull them snug to enable a good fit.
 - To remove gloves, each glove is to be rolled or pulled from the wrist to the fingers so that each glove is inside out, to minimize contamination. Disposable gloves are discarded immediately in a lined container and never reused.
 - Utility gloves used for blood clean up must be cleaned and decontaminated after use. They must be inspected prior to each use and discarded if they have deteriorated or the integrity is compromised.
- Eye protection is used where the potential for exposure to eyes or mucous membranes from blood splashing exists.
- Mouthpieces are used to avoid direct contact with blood or saliva during resuscitation.
- Other PPE may be used, when appropriate.

Employees are informed of the location and accessibility of PPE during their annual training.

PPE is repaired, replaced, cleaned, and disposed of at no cost to employees. Hypoallergenic gloves or appropriate substitutes are to be provided to employees who are allergic to the gloves normally provided. Employees shall inform the exposure control officer of faulty, worn, dirty, or other problematic PPE.

7.0 Housekeeping and Waste

Clean and sanitary conditions are maintained in the worksite.

- Contaminated equipment and working surfaces are cleaned and decontaminated after contact with blood or OPIM. Equipment used to pick-up broken sharps is cleaned and disinfected or disposed of after contact with blood.
- The District does not typically generate regulated waste, other than sharps containers. Waste involving blood or OPIM generated by the District is disposed of as solid waste unless considered regulated waste. Blood or OPIM waste is considered regulated if “dripping” or “pourable.” In the event of an emergency, regulated waste may be generated. These wastes are taken by the ambulance service, whenever possible. If Northfield Public Schools becomes responsible for disposing of regulated blood or OPIM materials, federal and state regulations for disposal are followed, including the below:
 - Labels including the biohazard legend are fluorescent orange or orange-red with contrasting lettering or symbols and are affixed as close as possible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal.
 - The District uses red biohazard containers for any regulated waste generated (outside of used sharps).
- In the event that clothing or other washable materials are contaminated with blood or OPIM, the following conditions are applicable:
 - Contaminated laundry is handled as little as possible.
 - Gloves are utilized throughout handling.
 - Contaminated laundry is immediately bagged.
 - The items are sent home with the injured person.

8.0 Hepatitis B Vaccination and Post-Exposure Evaluation Policy

Hepatitis B Vaccination Policy

The hepatitis B vaccine series is:

- Available to district employees who have the potential for occupational exposure
- Provided at no cost to the employee
 - The term “no cost to the employee” means, among other things, no “out of pocket” expense to the employee. The employer may not permit the employee to use his/her healthcare insurance to pay for the series unless the employer pays all of the costs of the health insurance and unless there is no cost to the employee in the form of deductibles, copayments, or other expenses. Even partial employee contribution to the insurance premium means the employee could be affected by a rise in the total premium caused by insurance company reaction to widespread hepatitis B vaccinations and is therefore unacceptable. Likewise, any use of a spouse or other family member’s insurance plan to provide vaccination would not be considered “at no cost” to the employee.
- Made available to the employee at a reasonable time and place
- Performed by a licensed physician or licensed healthcare professional following appropriate healthcare professional procedures

For hepatitis B vaccinations, the District sends employees to Northfield Hospital or their clinic of choice.

The HBV vaccination series is made available after the employee receives the required training and within ten (10) days of initial assignment to employees who have the potential for occupational exposure.

An employee may decline the HBV vaccination, in which case the employee is asked to sign a declination statement. The employee may request the vaccine at a later date. The District will grant the employee’s request at that time.

Titer Testing

Classification 1 employees are tested for antibodies to the hepatitis B surface antigen one to two months after the completion of the three-dose series. If the classification 1 employee does not respond to the primary vaccination series, he/she is re-vaccinated with a second three-dose vaccine series and re-tested.

Non-responders are then medically evaluated. Exemptions include:

- Employees who have received the vaccine series previously
- Antibody testing has revealed that employees are immune
- Those with medical reasons

Post-Exposure Evaluation and Follow-up Protocol

The District is responsible for evaluating exposure incidents. The post-exposure packet information is to be referenced to properly determine if an exposure has occurred. If an exposure occurs, the exposure control officer refers the exposed individual to a licensed healthcare professional.

The following protocol is followed:

- The exposed employee immediately washes exposed area or flushes mucous membrane with water.
- The exposure control officer is contacted during the school day, and the supervisor is contacted, if exposure incident occurs after hours.
- The exposure incident is documented, along with routes of entry and circumstances of exposure (see Exposure Incident Report Form in Post-Exposure Packet).
- If the exposure was from a contaminated sharp, the incident is entered on the OSHA 300 Log and reported no later than ten working days, after the end of the calendar month in which it occurred.
- The source individual is identified (unless prohibited by law). This is done to determine HBV, HCV or HIV status of the source.
- The source individual's blood is tested as soon as feasible, if consent from the source or source's parent (if source is under 18 years of age) is obtained. If consent is not obtained, this is documented.
- If the source individual is already known to be infected, status testing will not be repeated.
- The exposed employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee's blood is collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent for testing, samples are held for 90 days. In this time period, the employee may decide to have a blood sample tested.
- The post-exposure evaluation/treatment provided by the healthcare professional is made available, including counseling and evaluation of reported illness by the healthcare professional.

Post Exposure Documentation

- Copy of 29 CFR 1910.1030 *Bloodborne Pathogens*
- Copy of the Exposure Incident Report
- Testing Consent/Declination of Source - If consent is obtained, results will be transmitted by the healthcare professional directly to the healthcare professional of the exposed employee.
- Testing Consent/Declination of Exposed Employee - Results are transmitted directly to employee.
- Employee's medical records relevant to the incident (i.e., previous exposure or hepatitis B vaccination status)
- Healthcare Professional's written opinion

The healthcare professional's written opinion (which does not include testing results or other protected information) is obtained, and the affected employee is provided with a copy within 15 days of completion of evaluation. The healthcare professional's written opinion must contain whether the HBV vaccination is indicated for the employee and, if the employee has received such vaccination, a statement that the employee was informed of evaluation results and any medical conditions resulting from exposure. All other findings are confidential and maintained with the healthcare professional.

9.0 Recordkeeping

Medical records are confidential and maintained in accordance with 29 CFR 1910.1020 *Access to Employee Exposure and Medical Records*. Medical records, including Hepatitis B Consent/Decline forms and Sharps Injury Logs are maintained by the District Nurse and include the following:

- Employee's name
- If exposure incident has occurred:
 - Archived results of exams, medical testing, and follow-up procedures
It is recommended that medical information outside of the written opinion be maintained with the healthcare professional.
 - Archived copy of the healthcare professional's written opinion
 - Archived copy of information provided to healthcare professional, including a description of the exposed employee's duties as they relate to the exposure incident, documentation of routes of exposure, circumstances under which the exposure occurred, and results of the source individual's blood test, if available
- If the exposure incident involved a contaminated sharp, log the incident in the OSHA 300 Log and be sure to include the type and brand of device involved along with a description of the incident. These are to be handled as privacy cases, so names are not to be included on the 300 Log.
- These records are kept confidential and are not disclosed or reported without the employee's express written consent.
- Records are maintained for the duration of employment plus thirty (30) years.

10.0 Training

Training is provided to employees covered under this plan. Training is provided at the time of initial assignment and annually thereafter. Additional training is provided when changes, such as modification or addition of tasks or procedures, affect an employee's occupational exposure. Material content applies to educational level, literacy, and language of employees being addressed and includes the following:

- Information on bloodborne pathogens and diseases
- Methods used to control occupational exposure
- Hepatitis B Vaccine
- Medical evaluations
- Post-exposure follow-up procedures

Training records are kept for a minimum of three (3) years and are maintained through an online training system.

11.0 Annual Review

The Bloodborne Pathogens Exposure Control Plan is reviewed at least annually. New or modified tasks, procedures, or employee grounds that affect occupational exposure are updated as needed, as well as any changes in technology that eliminate or reduce exposure to bloodborne pathogens.

Appendix A

Assessment Tool

Bloodborne Pathogens Job Classification Assessment Tool

School District: _____

Person Completing Form: _____

Date: _____

- Job category:**
- | | |
|--|---|
| <input type="checkbox"/> Nurses | <input type="checkbox"/> Special Needs Staff |
| <input type="checkbox"/> Lifeguards | <input type="checkbox"/> Playground Supervisors |
| <input type="checkbox"/> Healthcare Aides | <input type="checkbox"/> Preschool/Daycare Staff |
| <input type="checkbox"/> Coach/Trainers (contact sports) | <input type="checkbox"/> Physical Education Staff |
| <input type="checkbox"/> Bus Drivers | <input type="checkbox"/> Custodians |
| <input type="checkbox"/> First Aid Providers | <input type="checkbox"/> Other: _____ |

1. **Is first aid/healthcare the primary component of the position/job description?** Yes No
2. **Is first aid an auxiliary component (required or expected) of the position/job description?** Yes No
3. **Is there potential for other occupational exposure* to Bloodborne pathogens, such as blood clean up, restraining aggressive/biting behavior, etc.?** Yes No

* Occupational Exposure is contact of blood or other potentially infectious materials (OPIM) with mucous membranes (eyes, nose, mouth) or skin or the piercing of the mucous membranes of the skin barrier through such events as needle sticks, bites, cuts, abrasions, etc.

If you answered "yes" to any of the above questions, please fill out the rest of this form. If you answered "no" to all of the questions above, you do not need to continue. Please date, fill out above information, and place in your recordkeeping system.

4. If you answered "yes" to Question #1, please check Classification 1.

- Classification 1** - Employees who provide first aid or healthcare as a primary component of their position are potentially exposed to blood or OPIM. It is required that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. All employees in this job classification are covered under this regulation.

5. If you answered "yes" to Question #2 or #3, then please check Classification 2.

- Classification 2** - Employees who provide first aid, healthcare, or are required to clean up blood or OPIM as one component of their position are potentially exposed to blood or OPIM. It is required that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. Identify specific employees in this job classification and the tasks they perform where potential exposure to blood or OPIM occurs.

Optional - OSHA allows an employer to determine whether designation of "first aid provider," whose primary job responsibility is not the provision of first aid, necessitates a pre-exposure vaccination. However, all other components of the regulation do take effect. Administrators must be aware that the decision not to provide pre-exposure vaccination will require additional tasks including maintenance of a first aid log requiring all first aid incidents to be recorded as well as the provision of the hepatitis B vaccine within 24 hours of first aid incident.

6. What are the types of activities involved in this position that may involve exposure to bloodborne pathogens?

- | | |
|---|--|
| <input type="checkbox"/> Sharps – needles/lancets | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Resuscitation/CPR | <input type="checkbox"/> Respiratory care |
| <input type="checkbox"/> Suctioning | <input type="checkbox"/> Diapering or other personal hygiene |
| <input type="checkbox"/> Changing of dressings | <input type="checkbox"/> Dealing with aggressive behavior (biting) |
| <input type="checkbox"/> Speech therapy (involving mouth contact) | <input type="checkbox"/> Handling infectious waste |
| <input type="checkbox"/> Feeding or tube activity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clean-up of blood spills and other body fluids | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Handling contaminated laundry (blood-soaked) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other _____ |

7. What type of body fluids are dealt with?

- Blood
- Blood contaminated vomit, urine, feces, or fluids
- Saliva (dental procedures only)
- Other regulated fluid: _____

8. Types of work practices required or suggested for these activities:

- Proper handling of sharps (syringes, needles, lancets, scalpels, knives, broken glass, etc.)
- Proper cleaning/disinfection practices
- Proper disposal practices
- Proper hand washing practices
- Other _____

9. Types of personal protective equipment required or suggested for these activities:

- Disposable gloves
- Utility gloves
- Masks
- Eye protective wear (goggles, face shields etc.)
- Aprons
- Laboratory coats
- Other _____

10. Engineering controls required or suggested for use with these activities:

- Sharps disposal containers
- Proper biohazard containers
- Handwashing facilities or proper substitute
- Self-sheathing needles
- Other _____

11. Are appropriate handwashing facilities readily accessible? Yes No
If no, substitute cleansers are required.

12. Are any sharps (needles, lancets etc.) ever reused, recapped, or sheared? Yes No

13. Is equipment used in any of the above activities that cannot be easily decontaminated? Yes
 No
If yes, special steps will be required.

Appendix B

*Hepatitis B Consent/Declination Form
(For reference)*

Northfield Public Schools
HEPATITIS B VACCINE
CONSENT/DECLINATION FORM

Print Name: _____ Date: _____

School: _____ Department: _____

I understand the benefits and risks involved with receiving the hepatitis B vaccine. I understand that three doses of the vaccine are necessary for immunity. The second and third doses are administered at one and six months after the initial dose. I understand that I may discontinue the vaccinations at any time but that I may not have developed immunity at that point. There is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

If I decline the hepatitis B vaccination 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 me; 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. I understand that if I have previously received the vaccine, I do not need to repeat the doses. I have had the opportunity to ask questions about the disease and vaccine. I know where to go if I have questions in the future.”

Please check off the appropriate box below:

- I have already been vaccinated with the full or partial series of the hepatitis B vaccine.
Date(s) of Shot(s): _____
Place where shot(s) were received: _____
- I understand the above information and **do not** wish to receive the hepatitis B vaccination series.
- I understand the above information and wish to receive/complete the hepatitis B vaccination series. A copy of the immunization record and consent form will be sent to the district.

Please sign and date:

Employee Signature

Date

Appendix C

*Sharps Injury Log
(For reference)*

Appendix D

*Bloodborne Pathogens Post-Exposure
Incident Packet*



Bloodborne Pathogens

Post-Exposure Incident Packet

Employees exposed to Bloodborne Pathogens or Other Potentially Infected Materials must complete these steps:

1. Complete the First Report of Injury form with your supervisor
2. Make an appointment with:
Northfield Hospital
3. Take packet with you, complete and return to Human Resources or District Nurse

For assistance with this packet or process, please seek help from an individual below:

District Human Resources	Emily Grote
District Nurse	Maimouna ToureKeita
School Nurses	Per Building
District Safety Consultant	IEA, Inc. (763) 315-7900



Bloodborne Pathogens Post-Exposure Incident Packet

Form	Routing		Form Title
	<i>Take with you to the medical provider (as indicated)</i>	<i>Send to Human Resources at the District Office</i>	
	✓		BBP Exposure “Employee Self-Assessment and Immediate Response Process”
	✓		Additional Post-Exposure Instructions and Response Actions
BBP1		✓ Original	Exposed Employee Declination of Medical Evaluation
BBP2	✓ Original	✓ Original	Transmittal Letter to Healthcare Professional
BBP3	✓ Original	✓ Copy	Exposed Individual – Consent/Declination for Blood Testing
BBP4	✓ Original	✓ Copy	Source Individual – Consent/Declination for Blood Testing

Routing Directions

- All forms will ultimately be submitted to Human Resources at the District Office.
- Exposed Individual: Take the forms indicated below to your medical provider with a copy of the OSHA regulation - 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens
- Medical Provider: Send copies of completed forms (**BBP2**, **BBP3**, **BBP4**, and Written Medical Opinion) to Emily Grote, Human Resources at the District Office and Maimouna ToureKeita, RN.
- Complete Form **BBP1** only if the employee does not want medical attention. Forward the forms to Emily Grote, Human Resources at the District Office.

Employee Name: _____

Today's Date: _____

BBP Exposure Self-Assessment & Response Process

Employee shall follow the steps listed below:

1. Seek immediate first aid from health services, if necessary.
2. Answer the following questions to determine if the incident you have been involved in should be considered an “exposure” to bloodborne pathogens or other potentially infectious materials (OPIMs). **Any YES answer means an “exposure” has occurred.** Initial your answers. *Make sure to ask for clarification if you are not sure of any answer!*

3. **Questions: Did the contact with blood OR other potentially infectious materials (OPIMs) include any of the following:**

	YES	NO	Init.
Blood or OPIMs in your eyes, nose, or mouth?			
Blood or OPIMs in contact with your broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of your skin in a bite?			
Penetration of your skin by a blood or OPIM contaminated sharp (needle, lancet, glass, teeth, etc.)?			

4. **If you answered NO to ALL questions above, an exposure did not occur and medical attention for exposure to blood or OPIMs is not required.** Other medical attention may still be appropriate. You may stop here and give this form to your supervisor. Report other injuries or concerns involved in this event, if applicable. *Please ask for help or if you have questions about this determination.*
5. **If you answered YES to any of the above questions** go to the next page for additional instructions.

Post-Exposure Instructions and Response Actions

The District has identified a primary provider for post-exposure health care services as follows:

Northfield Hospital
2000 North Ave
Northfield, MN 55057
Phone # (507) 646-1000

Exposed employees may seek a medical evaluation through a provider of their choice, at no cost to the employee. Contact the District Nurse for instructions if an alternate clinic is used.

General Instructions:

1. If you choose not to seek a medical evaluation, complete the “Exposed Employee Declination of Medical Evaluation” form (BBP1). Send the original to Human Resources at the District Office, keep a copy for your records, and no further action is required.
2. Complete the “Transmittal Letter to Healthcare Professional” form (BBP2). Take this form, give it to the doctor or nurse and ask that they process the form.
3. Obtain medical care as soon as possible or within 24 hours. **Take this booklet with you.**
 - The medical provider should complete a Written Medical Opinion and send to the district. This should include whether the Hepatitis B vaccine was provided and whether the exposed individual was informed of the results of the evaluation, including any results that may require further evaluation or treatment.
4. Complete the “Exposed Individual – Consent/Declination for Blood Testing” form (BBP3), and TAKE IT TO THE CLINIC.
5. “Source Individual – Consent/Declination for Blood Testing” form (BBP4). The individual’s supervisor will contact the source individual to discuss obtaining consent or declination for blood testing. The source individual can go to Northfield Hospital or the medical provider of their choice and bring the signed consent form with them. *If a minor child is involved or you are unable to get the adult source individual to sign this form, involve the school principal or assistant principal.*
6. Provide copies of all event-related documents to Human Resources at the District Office. Communicate with your supervisor regarding job restrictions, return-to-work date, or other appropriate information.

Form BBP1

Exposed Employee Declination of Medical Evaluation

The exposed employee must complete this form if he or she chooses not to receive medical care for a work-related exposure involving blood or OPIMs.

Employee Name

Job Title

Date of Exposure

School or Building

I understand that I have been involved in a workplace encounter with blood or body fluids that may place me at risk for bloodborne diseases such as Hepatitis B (HBV), Hepatitis C (HCV) or Human Immunodeficiency Virus (HIV).

I have been given the opportunity for a post-exposure follow-up examination, including testing of my blood for HBV, HCV and HIV.

I understand that I may obtain this examination through the medical provider of my choice or at:

Northfield Hospital
2000 North Ave
Northfield, MN 55057
Phone # (507) 646-1000

Medical services will be provided at no cost to me for work-related incidents involving exposure to blood or other potentially infectious materials. I understand that I am eligible for this examination even if I have been previously vaccinated against HBV.

I have been offered the opportunity to have a sample of my blood drawn and preserved for 90 days in case I choose to have it analyzed within the 90 days.

Understanding the information written above, I decline any post-exposure medical evaluation, blood sampling, blood testing, or follow-up examination at this time.

Employee Signature

Date

Witness

Date

Form BBP2

Transmittal Letter to Healthcare Professional

Today's Date: _____ Date of Exposure Incident: _____

Exposed Employee: _____

Date of Birth: _____

The identified employee has been exposed to blood or other potentially infectious body fluids, and requires a medical evaluation, per OSHA Regulation 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

To assist in conducting the medical evaluation, we have attached the following information and forms:

- Copy of the OSHA standard 29 CFR 1910.1030.
- Complete the First Report of Injury form (from the HR Generalist)
- Exposed Individual – Consent/Declination for Blood Testing (**BBP3**)
(Results to be transmitted directly)
- Source Individual – Consent/Declination for Blood Testing (**BBP4**)
(Results to be transmitted directly)
- Healthcare Professional Written Opinion (Provided by Healthcare Professional)

We request that you complete a confidential medical evaluation for the employee, including all appropriate treatments, counseling and evaluation of illnesses. Your written opinion must be provided to the Director of Human Resources & District Nurse. This written opinion should include whether the Hepatitis B vaccine was provided and whether the exposed individual was informed of the results of the evaluation, including any results that may require further evaluation or treatment. All other medical information is maintained by your facility. Please return the written opinion within 12 days for timely distribution to the employee, **ATTN: Director of Human Resources at Northfield Public Schools.**

Thank you for your assistance. Should you have any questions, please contact the employer's representative at the location listed below.

Sincerely,

Director of Human Resources Signature

Representative (printed name)

Address

Phone Number

Form BBP3

**Post Exposure
Exposed Individual – Consent/Declination for Blood Testing**
(Review instructions prior to using this form)

Employee Name: _____

Today's Date: _____

Date of Incident: _____

On the above date, an exposure incident, as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations, occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source individual and the exposed employee to determine if infectious diseases are present.

We are requesting to have your blood drawn and tested for Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) in order to provide appropriate medical direction. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by HBV, HCV, or HIV or advise or counsel you on appropriate steps to take as a result of such infection.

Please read the following and, if you consent, sign and date the form. Directions will be provided on the location for the test and the cost will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV, HCV or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following:
(Check only one)
 - Human Immunodeficiency Virus (HIV)
 - Hepatitis B Virus (HBV)
 - Hepatitis C Virus (HCV)
 - All the above the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my medical provider for information regarding the nature and purpose of the HIV/HBV/HCV test and the meaning and significance of the result of the test.
4. I understand that HIV/HBV/HCV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.

(Continued on next page)

Form BBP3, continued

5. I understand the results of the test will be confidential and will not be disclosed unless necessary for Northfield Public Schools to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee and their healthcare professional.
6. I understand I can personally decide to have my blood drawn, as authorized, or that arrangements will be made for me, with the assistance of district personnel or other designated parties.
7. I certify that this form has been fully explained to me, that I have read it, or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give this informed consent/declination.

NAME		WITNESS	
_____ Print Name/Other Legally Responsible Person		_____ Print Name/Witness	
_____ Signature		_____ Signature	
_____ Date	_____ Time	_____ Date	_____ Time

I HAVE READ ALL INFORMATION CONTAINED ON THIS FORM, HAVE ASKED QUESTIONS WHERE ADDITIONAL INFORMATION WAS NECESSARY AND FULLY UNDERSTAND THE ISSUES INVOLVED IN THIS MATTER.	
I REFUSE TO HAVE MY BLOOD DRAWN AND TESTED AT THIS TIME OR DRAWN AND STORED FOR UP TO 90 DAYS FOR POSSIBLE FUTURE TESTING, UPON MY WRITTEN CONSENT.	
_____ Signature	
_____ Date	_____ Time

Return this form to Human Resources at the District Office.

**Post Exposure
Source Individual – Consent/Declination for Blood Testing**
(Read form completely prior to completing)

Name of Source Individual: _____

Today's Date: _____

Date of Incident: _____

On the above date, an exposure incident, as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations, occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if infectious diseases are present.

We are requesting to have your blood drawn and tested for hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) in order to provide appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by HBV, HCV, or HIV or advise or counsel you on appropriate steps to take as a result of such infection.

Please read the following and, if you consent, sign and date the form. Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV, HCV, or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following:
(Check only one)
 - Human Immunodeficiency Virus (HIV)
 - Hepatitis B Virus (HBV)
 - Hepatitis C Virus (HCV)
 - All the above the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my medical provider for information regarding the nature and purpose of the HIV/HBV/HCV test and the meaning and significance of the result of the test.
4. I understand that HIV/HBV/HCV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.

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5. I understand the results of the test will be confidential and will not be disclosed unless necessary for Northfield Public Schools to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee and their healthcare professional.
6. I certify that this form has been fully explained to me, that I have read it, or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give this informed consent/declination.

NAME		WITNESS	
_____		_____	
Print Name/Other Legally Responsible Person		Print Name/Witness	
_____		_____	
Signature		Signature	
_____	_____	_____	_____
Date	Time	Date	Time

<p>I HAVE READ ALL INFORMATION CONTAINED ON THIS FORM, HAVE ASKED QUESTIONS WHERE ADDITIONAL INFORMATION WAS NECESSARY AND FULLY UNDERSTAND THE ISSUES INVOLVED IN THIS MATTER.</p> <p>I REFUSE TO HAVE MY BLOOD DRAWN AND TESTED AT THIS TIME OR DRAWN AND STORED FOR UP TO 90 DAYS FOR POSSIBLE FUTURE TESTING, UPON MY WRITTEN CONSENT.</p>	

Signature	
_____	_____
Date	Time

Return this form to Human Resources at the District Office.

Appendix E

Training Records

MEMO



To: To Whom It May Concern

From: Cassie Bowser, IEA Health & Safety Consultant

Date: May 2020

Re: Safety Committee Meeting Minutes

Northfield Public Schools maintains their training records online via Safe Schools.