

Bloodborne Pathogen  
Surveillance and Monitoring

School Self-Audit

2019-2020

Please complete **and return via email** to [BBPForms@wcpss.net](mailto:BBPForms@wcpss.net) on  
or before **March 25, 2020**

School Name: \_\_\_\_\_

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

**Self-Audits must be conducted annually by:**

Bloodborne Pathogens Site Coordinator: \_\_\_\_\_

Head Custodian Name: \_\_\_\_\_

First Aid Response Program Coordinator: \_\_\_\_\_

\*Audits must be completed annually by all schools.\*

**Bloodborne Pathogens Information**  
*Please answer the following questions*

1. Is your WCPSS Bloodborne Pathogen Exposure Control Plan in an accessible and familiar location for all employees?

Yes                      No

2. Are employees wearing Personal Protective Equipment (gloves, mask, gown) when tasks are performed that involve blood or body fluids?

Yes                      No

3. Are proper hand washing techniques being used by staff after coming in contact with blood or body fluids, whether personal protective equipment was used or not?

Yes                      No

4. Are disposable antimicrobial hand wipes available for staff use when sinks are unavailable?

Yes                      No

5. Are non-latex gloves accessible to all staff in their work area? ( Appendix A-Occupationally Exposed Staff, Regular Ed. Staff, Media Staff, Front Office Staff, First Aid Response Team)

Yes                      No

6. Are sharps containers being used to dispose of sharp objects?

Yes                      No

7. Are sharps containers placed in locations, which are safe, and accessible to all staff? (Custodial Closets, Health Room, Medication Areas, Gym, PE Areas, Special Programs, Self-contained classrooms, Art)

Yes                      No

8. Are biohazard labels being placed on trash bags that contain contaminated waste?

Yes                      No

9. Are CPR facial barriers available for staff in designated areas of the school? (example: Custodial Closets, Health Room, Medication Areas, Gym, PE Areas, Special Programs , First Aid Response Team )

Yes                      No

10. Are all areas that have been contaminated with blood or body fluids cleaned according to WCPSS Custodial Services Bloodborne Pathogen Guidelines?

Yes                      No

Please complete the following table using the key below:

C= Compliance

NC= Noncompliance

Area	Bloodborne Pathogen Protection Kits (PPE)	Gloves (non-latex, vinyl)	Biohazard Labels	Sharps- Red Containers	CPR Face Mask	Antimicrobial Wipes
Front Office Reception Desk			N/A	N/A		N/A
Health Room						
Administrators Offices	N/A		N/A	N/A		N/A
Student Services						
Custodial Closets						
Gym(s)/PE Areas				N/A		N/A
Athletic Offices			N/A	N/A		N/A
Coaches- Areas/Bags						
Training Room						
Special Programs Self-Contained Classroom(s)						
Preschool Classrooms						N/A

Additional Information:

**NO Eating, Drinking, or Food Storage** sign(s) are posted in following areas:

Health Room	Yes	No	N/A
Medication Dispensing Area	Yes	No	N/A
Athletic Training Room	Yes	No	N/A
Gym (s)	Yes	No	N/A
Multi-purpose (PE)	Yes	No	N/A
Athletic Weight Room	Yes	No	N/A

**No Food Storage** sign(s) are on Refrigerator (s) in the following areas:

Health Room	Yes	No	N/A
Medication Dispensing Area	Yes	No	N/A

**Custodial Information:**

Head Custodian provides monthly inspections of <u>all</u> sharps containers	Yes	No
Monthly Sharp’s Inspection Reports are faxed to Custodial Supervisors	Yes	No
SDS (Safety Data Sheets) are available for products/chemicals not supplied by WCPSS	Yes	No
SDS (Safety Data Sheets) for products/chemicals not supplied by WCPSS are provided to school’s Head Custodian	Yes	No
Custodial Services emergency “At a Glance” bags are in <u>all</u> custodial closets	Yes	No

### Health Services General Information

School Name: \_\_\_\_\_

School Year: \_\_\_\_\_

**Red Emergency Bags Information**

- Are your bags fully stocked with up-to-date supplies? Yes      No
- Located in each room throughout the campus? Yes      No

**Health Room/Medication Information**

- Does your school have a health room (or a private area) for student illness, administering first aid and administering medications? Yes      No
- Is the health room area visually monitored by a staff member at all times? Yes      No
- Does your school evacuate all student emergency medications during every fire drill? Yes      No

**WCPSS First Aid Response Program**

Name of *First Aid Response Plan School Site Coordinator*: \_\_\_\_\_

**Approval Date:** \_\_\_\_\_ *(Plans must be approved annually by WCPSS Health Services)*

Does your school have a current/approved *first aid response plan*? Yes      No

Total number of AED(s) in your school \_\_\_\_\_

AED Brand	Location

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Health Services Use Only: