

Bloodborne Pathogens Exposure Control Plan

Board of Education Policy 5690

SUBJECT: EXPOSURE CONTROL PROGRAM

The District shall establish an exposure control program designed to prevent and control exposure to bloodborne pathogens. According to the New York State Department of Labor's Division of Safety and Health and Occupational Safety and Health Administration (OSHA) standards, the program shall consist of:

- a) Guidelines for maintaining a safe, healthy school environment to be followed by staff and students alike.
- b) Written standard operating procedures for blood/body fluid clean-up.
- c) Appropriate staff education/training.
- d) Evaluation of training objectives.
- e) Documentation of training and any incident of exposure to blood/body fluids.
- f) A program of medical management to prevent or reduce the risk of pathogens, specifically Hepatitis B and HIV.
- g) Written procedures for the disposal of medical waste.
- h) Provision of protective materials and equipment for all employees who perform job-related tasks involving exposure or potential exposure to blood, body fluids or tissues.

Occupational Safety and Health Administration
(OSHA)
29 Code of Federal Regulations (CFR) 1910.10:30

The Exposure Control Officer must ensure the required employee training is completed and an annual program review and update is performed, as required by the regulations.

The Exposure Control Officer is the Director of Student Services who has overall responsibility for the program.

A copy of the plan may be obtained from the district website, in the Principal's office, in the health office, in the Transportation office, in the Food Service office and the Operations, Maintenance and Security (OMS) office.

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the exposure control plan and the methods of compliance are as follows:

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required in order to create a list of job classifications in which **all** employees may be expected to incur occupational exposure, regardless of frequency.

- a) Job classifications where **all** employees are considered potentially at risk are: Custodians, bus mechanics, physical education teachers, school nurse teachers, school nurses, health office assistants, some coaches (football, soccer, wrestling, ice hockey, lacrosse, field hockey, volleyball, baseball, softball, basketball) substitute nurses, bus drivers, bus driver attendants and special education staff assigned to service students who need assistance in toileting or exhibit behaviors that may draw bodily fluids.

2. Implementation Schedule and Methodology

OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. Universal Precautions

The increasing prevalence of Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) increases the risk of infection to individuals who have occupational exposure. **All** blood and certain body fluids should be considered infected with HIV, HBV, HCV and/or other blood-borne pathogens, and infection-control precautions adhered to that minimize the risk of exposure to these materials. This is "universal precautions" and should be used when handling blood, bodily fluids containing visible blood, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Universal precautions do not apply to saliva, feces, nasal secretions, sputum, sweat, tears, urine and vomit unless they contain visible blood. If it is difficult or impossible to differentiate between body fluid types in a particular circumstance, all body fluids must be considered potentially infectious material.

Universal precautions will be observed in this district in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material is considered infectious regardless of the perceived status of the source individual.

B. Engineering and Work Practice Controls

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls,

personal protective equipment must also be used. The following engineering controls are used:

- Placing sharp items (i.e. needles, scalpels, etc.) in sharp container
- Using splash guards and performing procedures to minimize the splattering or spraying of blood
- Using biohazard labels on containers of waste or blood.

The above controls are examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: The Supervisor of Buildings and Grounds, Director of Transportation, Director of Special Education, Director of Athletics and Standard Leaders for Nurses will review the controls at least once a year and report to the Exposure Control Officer.

Hand washing facilities are also available for employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after experiencing an exposure. Hand washing facilities are located: In lavatories, custodial areas, health offices are in some classrooms and work areas. When circumstances require hand washing and facilities are not available, either an antiseptic cleanser and paper towels or antiseptic towelettes are provided. Employees must then wash their hands with soap and water as soon as possible. Employees can find these hand washing supplies in the custodial office.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water, as appropriate, as soon as feasible following contact.

C. Needles

Contaminated needles and other contaminated sharps must not be recapped, bent, removed, sheared or purposely broken. Do not remove needles from the syringe. Place directly into a sharps container immediately or as soon as possible.

D. Waste Containers for Sharps

All sharps must be placed into appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label, are leak proof, and located in the health office.

E. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

F. Contaminated Equipment

Equipment that has 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 of the equipment is not feasible.

G. Personal Protective Equipment (PPE)

The purpose of personal protective clothing and equipment is to prevent or minimize the entry of material into or onto the worker's body. This includes entry via apparent or in-apparent skin lesions or through the membranes of the eye, nose, or mouth. All-PPE will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees when needed.

All PPE will be cleaned, laundered, repaired, replaced and/or disposed of by the employer at no cost to employees. Immediately (or as soon as feasible) remove garments penetrated by blood. All PPE will be removed prior to leaving the work area and disposed of in the regular trash and taken to the dumpster immediately.

Gloves shall be worn where it is reasonable to anticipate employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves are located in or are and available from the following room, area or individual: For building staff, in the health office; for maintenance staff, in the OMS office; for transportation staff, in the transportation office.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated. If they are torn, punctured, or when their ability to function as a barrier is compromised, they need to be replaced as soon as feasible. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are to be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These are available: for building staff in the health office; for maintenance staff in the OMS office; for transportation staff in the transportation office.

H. Work-site Cleaning/Schedule:

The work-site must be maintained in a clean and sanitary condition. Where body fluids are present, the areas are cleaned and decontaminated according to the following schedule: Lavatories and health offices are cleaned daily.

Decontamination will be accomplished by utilizing the following materials:
Rejuvenal

All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or OPIM, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

Do not use hands to pick up broken glassware that may be contaminated. Use a mechanical means, such as a brush and dustpan, and place in a sharps container for disposal.

I. Infectious/Biohazard Waste Handling Procedures

Infectious waste has been defined as blood, blood products, pathological wastes, microbiological wastes, and contaminated sharps.

1. All such wastes (excluding liquids, blood, and blood products) are destined for incineration and must be placed in closeable, labeled or color-coded, leak-proof containers or bags. If the bag or container is contaminated on the outside or leaks, a second leak proof bag or container that is also labeled and close-able must be placed over the first and sealed to prevent leakage during handling, storage, and transporting.
2. Place all needles and sharps in properly labeled sharps disposal containers. These must be easily accessible to personnel, replaced before getting too full, puncture resistant, leak-proof, and closeable to assure containment.
3. Sharps containers are located in: the building health office.
4. Infectious waste other than sharps shall be placed in biohazard bags. These are located in the building health office.
5. **Secure the lids on the sharps containers with tape.**
6. **DO NOT** throw sharps in wastebaskets. Custodial and waste hauling personnel are at risk of acquiring a needle-stick due to carelessness on the part of others. The chances of becoming infected after a single needle-stick from a Hepatitis B source patient ranges from 7-30%.
7. Liquid wastes (e.g., blood, blood products) can be disinfected with Rejuvenal.
8. The Standards Leader for School Nurses will collect *properly* packaged waste and arrange to have it transported to the Monroe BOCES Environmental Health and Safety Department.

J. Biohazardous Spill Procedures

Biohazard Spill

1. Keep others out of the area to prevent spreading spilled material. Post warning signs if needed.
2. Contaminated clothing should be removed and securely bagged.

3. Wash hands and any exposed skin. Inform a building administrator and school nurse of the spill and contact the building custodian for assistance, if necessary.
4. Put on protective clothing (gloves and face protection, depending on the amount of spilled material).
5. Pick up any broken glass with forceps and dispose in a Sharps container.
6. Absorb all liquid.
7. Clean with Rejuvenal in accordance with manufacturer's instructions.
8. Discard used cleaning material, securely double-bagged, in regular trash and take immediately to dumpster. If any materials are dripping with body/bodily fluids, dispose in a biohazard waste container.
9. Wash hands with soap and water.

K. Hepatitis B Vaccine Program

Pittsford Central Schools offers the Hepatitis B vaccine to all employees referenced in Part 1 of this plan and post exposure follow-up to employees who have had an exposure incident.

All medical evaluation and procedures including the Hepatitis B vaccine and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or Nurse Practitioner.
- Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests are conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination is made available:

- After employees have been trained in occupational exposure (see Information and Training).
- Within 10 working days of initial assignment.
- To all employees who have occupational exposure unless a given employee has previously received the complete Hepatitis B vaccination services, antibody testing and revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

All employees referenced in part 1 must complete the Hepatitis Vaccination Employee form (appendix H) indicating whether he/she:

- Accepts the district provided vaccination program;
- Has received the vaccination and will provide medical proof; or
- Declines the vaccination

If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination will be made available. Hepatitis B Vaccination Employee form will be kept in the employee's district personnel folder for the duration of his/her employment plus thirty (30) years.

L. Post-Exposure Procedures, Evaluation and Follow-up

Exposure Definition

Incidents that constitute an exposure involve contamination by blood, OPIM or high titers of cell-associated or free virus via

- 1) Percutaneous injury, e.g., needlestick;
- 2) Permucosal exposure, e.g., splash in eye or mouth;
- 3) Cutaneous exposure, e.g., nonintact skin, or contact with unprotected hands.

Procedures

In the event of an exposure during school hours,

- cleanse the area thoroughly;
- report to the school nurse immediately for medical attention;
- report the incident to your immediate supervisor;
- with the assistance of the school nurse, complete the PESH SH900.2 form within 24 hours; and
- complete the worker's compensation form C-3; and
- attend follow-up treatment appointment.

In the event of an exposure outside of the school nurse's working hours,

- cleanse the area thoroughly;
- report to the nearest hospital's emergency room for medical attention;
- report the incident to your immediate supervisor;
- notify the school nurse the next day school is in session, or if during the summer, contact the Student Services Office;
- complete the PESH SH900.2 form and the Worker's compensation form C-3 within 24 hours; and
- attend follow-up treatment appointment.

School Nurse Procedures

The School Nurse will:

- Immediately assess and provide initial treatment;
- Provide assistance to the employee in completing the PESH SH900.2 form within 24 hours;
- Counsel the employee on the need for medical follow-up and arrange for follow-up treatment with Strong Health or Occupational Safety On Site;
- Provide employee with district's worker's compensation information;
- Submit the PESH SH900.2 form to the district insurance clerk;
- Complete the Blood/Bodily fluids Incident Exposure form (Appendix E) and keep on file in health office for one (1) year;
- Follow-up with the employee in a timely manner regarding treatment; and
- After one year, send a copy of the Blood/Bodily Fluids Incident Exposure form (Appendix E) to Human Resources office who will maintain for duration of employment plus thirty (30) years.

Control Method Evaluation

In addition, the district must evaluate the circumstances of the exposure incident. The goal of this evaluation is to identify and correct problems in order to prevent recurrence of similar incidents. The school nurse will share the evaluation with employee's supervisor and determine if it needs to be discussed at the building Health and Safety Committee. Information that needs to be included in the documentation is:

- The route(s) of exposure and circumstances under which an exposure incident occurred.
- An evaluation of the policies and "failures to control" at the time of the exposure incident.
- The engineering controls in place at the time of the exposure incident.
- The work practices and protective equipment or clothing used at the time of the exposure incident.

M. Training

Training for all employees must be conducted before undertaking tasks where occupational exposure may occur, with training each year if employees remain at risk for exposure. Training must be completed within one calendar year of previous training. Additional training will be provided when changes, such as modifications of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. Additional training may be limited to addressing new exposures.

Training in this district is conducted in the following manner:

- By the school nurse or
- Through Genesee Valley BOCES Health, Safety and Risk Management.

Note: Bloodborne Pathogens (BBP) training is required annually.

Training must include the following elements:

- 1) The OSHA standard for Bloodborne Pathogens.
- 2) Epidemiology and symptomatology of bloodborne diseases.
- 3) Modes of transmission of bloodborne pathogens.
- 4) This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc. and how to obtain a copy.
- 5) Procedures which might cause exposure to blood or other potentially infectious materials.
- 6) Control methods used in the work area to control exposure to blood or other potentially infectious materials and their limitations.
- 7) Personal protective equipment available, proper use of equipment, how to select appropriate equipment and who should be contacted.
- 8) Post Exposure evaluation and follow-up.
- 9) Signs and labels used.
- 10) Hepatitis B vaccine program.
- 11) An opportunity to ask questions.
- 12) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
- 13) The training must be provided as part of the employee's normal workday.

Recordkeeping

All records required by the OSHA standard will be maintained as follows:

1. Medical records for occupational exposure and Hepatitis B are maintained in the employee's personnel file at the district level.
2. Training records are maintained by the Human Resources Office and by each department for district staff, for at least 3 years from date of training. They must include: dates of the training sessions, contents of the training sessions, names and qualifications of persons conducting the training, names and job titles of all persons attending the training sessions.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Human Resources Office.

Dates: Revised June 2010

APPENDICES

Appendix A: OSHA's Occupational Exposures to Bloodborne Pathogens
(29CFR Part 1910.1030)

Appendix B: BOE Regulations 5690R and 5690R.1

Appendix C: Biohazard Symbol

Appendix D: Definitions

Appendix E: Exposure Incident Form

Appendix F: Strong Health Referral Form

Appendix G: Bloodborne Facts Sheet

Appendix H: Statement of Employees Decision to Receive or Not Receive the
Hepatitis B Vaccination

Appendix I: Bloodborne Pathogens – Training Record