

Bloodborne Pathogens Exposure Control Plan

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. PURPOSE AND POLICY

The purpose of the exposure control plan for this school district is to implement the requirements of the OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens, and to reduce the risk of employee infection with bloodborne pathogens such as, but not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and the Human Immunodeficiency Virus (HIV) which can result in the disease commonly known as AIDS. The OSHA standard may be accessed at <http://www.osha.gov>.

The policy of this school district is that employees shall adhere to Universal Precautions. Universal Precautions is an approach to infection control. According to this concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens. The exposure control plan offers guidelines for employees to prevent exposure and for follow-up action should exposure occur.

A copy of this plan shall be maintained in each school health office and on the school website.

II. DEFINITIONS

Biological Waste - Biological waste consists of blood, excretions, exudations, secretions, suctionings, and disposable medical supplies, which have come in contact with these substances, including but not limited to:

- Medical waste – catheters, bandages, and any disposable items used in the treatment of students or employees.
- Laboratory waste – cultures, specimens, slides, blood and tissue samples.
- Potentially hazardous non-biological waste or trash – includes garbage waste from the preparation, cooking and serving of food in any area where biological waste may contaminate otherwise non-biological garbage or trash. Also included in this category is combustible (e.g., plastic, wood, or paper) and non-combustible (e.g., metal or glass) materials discarded from or in an area contaminated by contact with biological waste.

Blood – Blood means human blood, human blood components and products made from human blood.

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood that can infect and cause disease in persons who are exposed to blood containing these pathogens.

Contaminated - The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

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 of the item is rendered safe for handling, use, or disposal.

Engineering Controls - Controls that isolate, minimize, or remove a workplace hazard.

Exposure Incident - A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

Handwashing Facilities – Access to an adequate supply of running water, soap and single-use towels.

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's work duties.

Parenteral Exposure - The piercing of the skin barrier, including mucous membranes, by such events as needlesticks, human bites, cuts and abrasions.

Personal Protective Equipment - Specialized clothing or equipment worn by an individual to protect from a hazard. It does not permit blood or other potentially infectious materials to pass through it or reach the employee/s work clothes, street clothes, under garments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment will be used.

Regulated Waste - Any one of the following:

- liquid or semi-liquid blood or other potentially infectious materials;
- contaminated items that could 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;
- pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal Precautions - A method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed

For definitions of other terms used in this Bloodborne Pathogens Exposure Control Plan, see 1910.1030(b) Definitions.

III. EXPOSURE DETERMINATION

The first attachment at the end of this plan lists job classifications, in this school district, for which employees have been identified as having occupational exposure risk. Exposure determination for these jobs has been made without regard to the use of personal protective equipment (PPE).

This job classification list was determined according to the potential exposure and subsequent transmission risk of certain bloodborne pathogens that employees might come in contact with in the course of their work. These pathogens, which can transmit certain diseases, may be present in blood and other body fluids such as saliva, semen, and vaginal secretions as well as other secretions.

Bloodborne pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, dermatitis, or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, broken glass, exposed ends of dental wires or any other contaminated object that can puncture or cut skin. Infection can also gain access to the body through mucous membranes of the eyes, nose, and mouth when these areas are touched with contaminated hands or implements. The HBV and HCV are particularly dangerous since the HBV can survive on dried surfaces at room temperature for at least one (1) week and the HCV can survive on dried surfaces at room temperature for two to three weeks (14-21 days).

IV. METHODS OF COMPLIANCE

General

- Universal precautions shall be observed to minimize contact with blood or other potentially infectious materials.
- Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls

- **Gloves:** Employees should wear protective gloves appropriate for risk status.
- **Handwashing:** Employees should wash hands immediately or as soon as possible after removal of gloves or other PPE and after contact with blood or other potentially infectious materials. If hand washing facilities are not immediately available, employees should use antiseptic hand cleaner or towelettes, and then wash hands with soap and water as soon as feasible.
- **Procedures:** All procedures involving blood or other infectious materials should be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets.
- **Hazardous Materials:** Any container for storage, transport or shipping of potentially infectious material should be sealed and labeled or color coded.

If outside contamination of the primary container occurs, it should be placed within a second container which prevents leakage during handling/processing, storage, transport or shipping. The second container should be labeled with a biohazard sign. If the specimen could puncture the primary container, it should be placed in a puncture resistant second container meeting the characteristics as just stated.

- **Equipment:** Equipment which may become contaminated with blood or other potentially infectious material should be decontaminated unless decontamination is not feasible.

Contaminated equipment should be enclosed in a red biohazard bag or have attached a biohazard label stating which portions remain contaminated.

It is the responsibility of the school district Safety Officer or his/her designated charge person (whoever handles the contaminated equipment) to notify all employees potentially handling the equipment, the servicing representative and/or manufacturer prior to releasing the contaminated equipment for shipping and/or decontamination.

- **Laundry:** Sports uniforms, linens, blankets, towels or other articles which are contaminated shall be handled as little as possible and collected in a leak proof, labeled container for transport for washing and decontamination.

Personal Protective Equipment (PPE)

- **Gloves:** Gloves should be worn when it can reasonably be anticipated the hands might have contact with blood, mucous membranes, non-intact skin, other potentially infectious materials and when touching or handling contaminated items or surfaces.

Disposable (single use) gloves should be replaced as soon as possible when contaminated, torn, punctured, or when their ability/function as a barrier is compromised. Disposable gloves should not be washed or disinfected for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised; However, they should be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Gloves should be worn when performing any vascular access procedures, including heelsticks and fingersticks.

- Face protection: Face protection should be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially bloodborne infectious materials may be present and eye, nose or mouth contamination can be anticipated.
- Protective clothing: Appropriate protective clothing should be worn in occupational exposure situations. The type and characteristics of the clothing will depend upon the task and degree of exposure anticipated.

Housekeeping

- Cleaning and Disinfection: All equipment and environmental working surfaces should be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Refuse containers: All bins, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.



Regulated Waste

- Regulated waste should be placed in labeled containers which can be sealed and are constructed to hold the contents and prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it should be placed in a second container meeting the same requirements as the original container.
- Regulated waste should be disposed of in accordance with New York State Environmental Department Hazardous Waste.



Handling Sharps

- Used needles: Used needles should not be cut, bent, broken or reinserted into original sheath. They should be discarded intact immediately after use into an OSHA approved sharps disposal container.
- OSHA approved sharps disposal containers: OSHA-approved containers for sharps should be easily accessible in areas where employees routinely have the greatest potential exposure for contamination by sharps.

These containers should be sealed and replaced when they are 75% full to decrease exposure by forcing contaminated objects into the container.

Needlestick Safety and Prevention Act

- The Centers for Disease Control and Prevention estimate that healthcare workers in the US sustain nearly 600,000 percutaneous injuries annually involving contaminated sharps.
- An estimated 16,000 of these injuries involve sharps contaminated with blood or OPIM (Other Potentially Infectious Material) containing HIV.
- It is thought that use of safer devices could prevent about 80% of these injuries. In response to both the continuous concern over these exposures and the technological developments that may increase employee protection,
- Congress passed the [Needlestick Safety and Prevention Act of 2000](#).

Under this law, employers must:

- Document consideration and use of appropriate, commercially available and effective safer devices.
- Solicit input from non-managerial employees responsible for direct patient care regarding the identification, evaluation and selection of effective engineering controls.
- Document, in the exposure control plan, how this input was received.
- Maintain a detailed sharps injury log.

Employees are expected to:

- Not interfere with the safety features of any device.
- Report all unintentional sticks immediately, even needle sticks with a clean needle.
- Participate in the evaluation of effective engineering controls as these are introduced into their area. Share ideas and opinions concerning safer devices by communicating in writing with the appropriate safety officer, giving specific details of the device and any problems or advantages regarding the use of the device.

All reported needlesticks are confidential.

V. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP

General Policy

- This employer will make available hepatitis B vaccination free of charge to designated high risk groups following the required training and will be offered post exposure follow-up for all employees with an occupational exposure incident.

All medical evaluations and procedures will be performed under the supervision of a licensed healthcare provider, and all laboratory tests will be conducted by an accredited laboratory.

All evaluations, procedures, vaccinations, and post-exposure management will be provided within a reasonable time and according to standard recommendations for medical care.

HBV Vaccination

- For hepatitis B vaccination and bloodborne pathogen exposure follow-up, the school district will follow procedures recommended by the employee's Primary Medical Care Provider.
- Identified high risk employees will be offered the HBV series of vaccinations as a precautionary measure at the expense of the school district.

- The school nurse will investigate claims relating to bloodborne pathogen exposure and coordinate the follow-up process which will include completion of incident report attached and referral to the employee's Primary Medical Care Provider.

Record Keeping

- The employer shall establish and maintain an accurate record regarding bloodborne pathogen risk potential and actual exposure for each employee that will include a minimum of the following.

Exposure risk classification
Offer of Hepatitis B vaccination as well as acceptance/declination of vaccine
Documentation of bloodborne pathogens exposure training
Follow-up process/procedure for any occupational exposure incidents.

- The employer shall maintain this record for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1030(h).

V.I COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels and Signs

- Warning labels should be affixed to containers of regulated waste containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.
- Labels should include the **BIOHAZARD** symbol and be fluorescent orange or orange red with lettering or symbols in a contrasting color.

Labels should be attached to the biohazard container by string, wire, adhesive or other method to prevent loss or unintentional removal.

Red biohazard bags or containers may be substituted for labels, and they should be stored in a regulated area for pickup and disposal.



Employee Information and Training

- All employees in this school district will participate annually in a bloodborne pathogen exposure training. Additional training may occur when changes such as modification of tasks or procedures may affect an employee's occupational exposure classification.
- Employee Bloodborne Pathogen Exposure Training will include a minimum of the following topics.

Universal Precautions

Location of a copy of OSHA's Bloodborne Pathogen Standard 1910.1030

Explanation of epidemiology, symptoms and transmission modes of bloodborne diseases.

Explanation of this exposure control plan and location where it can be accessed

Methods employees should use to recognize tasks involving potential occupational exposure

Methods of operation that can prevent or reduce occupational exposure

Selection, limitations, location, decontamination and proper disposal of PPE

Hepatitis B Vaccine

Response mechanism/procedures regarding exposure to potentially infectious materials

Post exposure follow-up responsibilities for exposure

Explanation of labels and/or biohazard color-coding system

Opportunity for employee to ask follow-up questions and obtain answers

Training records that will be maintained in the employee's personnel file

VII. ATTACHMENTS

Exposure Classifications

Employee Acceptance/Declination of Hepatitis B Vaccination

Post Exposure Evaluation and Follow-up

Training Record

Incident Reporting Form

EXPOSURE CLASSIFICATIONS

All school district employees in the following job classifications have been identified as having occupational exposure risk to bloodborne pathogens.

Daily Risk of Exposure

- Nurses/Health Assistants
- Coaches/Athletic Director
- Special Education Teachers/Assistants
- Physical Education Teachers/Assistants
- Custodians

Occasional Risk of Exposure

- Administrators
- Classroom Teachers
- Secretaries
- Educational Assistants
- Food Service Workers
- Maintenance Workers
- Bus Drivers
- Bus Aides

EMPLOYEE ACCEPTANCE/DECLINATION OF HEPATITIS B VACCINATION

Name _____ Job Title _____

SS# _____ School District _____

ACCEPTANCE FOR ADMINISTRATION OF HEPATITIS B VACCINE

Hepatitis B virus typically causes a clinical illness with jaundice; it may also produce a sub-clinical infection. In either case, complications can occur, including persistence of infection, chronic carrier state, cirrhosis and liver cancer.

Hepatitis B virus is transmitted principally through contaminated body fluids (especially blood) skin or mucosa; therefore, likelihood of contracting the disease is greater for individuals (e.g. nurses, athletic trainers) coming in frequent contact with blood or blood products.

I understand that a vaccine for Hepatitis B is available and is being offered by my employer at no charge to me. This vaccine, when administered in three doses over a six-month period has been shown to be highly effective in providing protection against Hepatitis B infection. It has rarely produced serious side effects.

I certify that I am not pregnant, nor am I a mother nursing a child with breast milk and that I have been given information regarding Hepatitis B vaccine and the opportunity to have questions answered.

I agree to release my employer from any liability related to the administration of this vaccine.

Signature Date Witness Date

Dates of Vaccination: _____



HEPATITIS B VACCINE DECLINATION

I have received information from my employer about the Hepatitis B vaccine.

I understand that due to any 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 vaccine 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.

Signature Date Witness Date

POST EXPOSURE EVALUATION AND FOLLOW UP

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the school nurse.

Upon receiving a report of an exposure incident, initial first aid care will be provided (clean the wound, flush the eye(s) or other mucous membranes, etc.) Following this the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV HCV and HIV infectivity. Document that the source individual's test results were conveyed to the employee's health care provider.
- d. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infections status of the source individual (laws protecting confidentiality).

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a. After consent is obtained, the exposed employee's blood shall be collected as soon as feasible and tested for HBV and HIV serological status.
- b. The employee will be offered the option of having their blood collected for testing of the employee's HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the employee's personal physician or medical provider.

CONFIDENTIAL

**Incident Reporting Form
For
Exposure to Blood or Other Potentially Infectious Material**

SCHOOL DISTRICT _____

DATE OF INCIDENT _____ LOCATION OF INCIDENT _____

NAME OF PERSON'S INVOLVED _____

SOURCE INDIVIDUAL _____

EMPLOYEE'S WORKSITE _____

DESCRIPTION OF INCIDENT BY INDIVIDUAL/S INVOLVED _____

INVESTIGATIVE DESCRIPTION OF INCIDENT _____

EXPOSURE CONTROL PLAN GUIDELINES FOLLOWED ____ YES ____ NO (If NO, describe.)

DETERMINATION OF EXPOSURE INCIDENT ____ YES ____ NO

EXPOSURE ROUTE _____

REPORT COMPLETED BY _____ DATE _____

Send a copy to Employee's Medical Provider with a copy of OSHA's Bloodborne Pathogens Standard