

# **Regional School Unit 1**

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

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# **Bloodborne Pathogens Exposure Control Plan**

## **Purpose**

The Exposure Control Plan (ECP) is a key document to assist the school department in implementing and ensuring compliance with the Occupational Safety and Health Administration (OSHA) *standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."*

This standard is provided to eliminate and/or minimize occupational exposure to bloodborne pathogens, thereby protecting the employees. This ECP includes:

- \* Determination of employee exposure
- \* Implementation of various methods of exposure control including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- \* Hepatitis B vaccination
- \* Post-exposure evaluation and follow-up
- \* Communication of hazards to employees and training
- \* Recordkeeping
- \* Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementing these elements of the standard are discussed in the subsequent pages of this Exposure Control Plan.

## **Scope**

This plan covers all employees who could be "reasonably anticipated", as a result of the performance of their job duties, to come into contact with blood or other potentially infectious materials. "Good Samaritan" acts, such as assisting a co-worker with a nosebleed, would not be considered an occupational exposure.

## **Program Administration**

The Superintendent will maintain, review, and update the ECP at least annually, and whenever necessary. The RSU 1 utilizes the services of Occupational Health Associates of Maine (OHA) at (207) 442-8625 for treatment of work related disease or illness.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Superintendent and/or Director of Facilities and/or his/her delegates will maintain and provide all necessary personal protective equipment (PPE) (e.g., gloves, sharps containers, protective gear such as aprons, masks), engineering controls, labels, and red bags as required by the standard.

The Superintendent and/or Director of Facilities and/or delegates will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Occupational Health Associates of Maine will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Superintendent and his/her delegates will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and National Institute for Occupational Safety and Health (NIOSH) representatives.

### **EMPLOYEE EXPOSURE DETERMINATION**

**Category 1-**Job classifications at our establishment in which all RSU 1 employees will likely have occupational exposure:

<b>JOB TITLE</b>	<b>DEPARTMENT/LOCATION</b>
<i>School Nurse</i>	<i>All buildings</i>
<i>School Secretaries</i>	<i>All buildings</i>
<i>Behavior/Life Skills Teachers</i>	<i>All buildings</i>

**Category 2-**Job classifications in which some employees at our establishment may have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<b>JOB TITLE</b>	<b>DEPARTMENT/LOCATION</b>	<b>TASK/PROCEDURE</b>
<i>Special Education Teacher and Special Education Technician I-III</i>	<i>Special Education Self-Contained Classrooms</i>	<i>Restraining out of control students/ Providing personal care such as diapering or toileting students.</i>
<i>Teacher, Technology Department, Administrator</i>	<i>All buildings</i>	<i>Emergency First Aid, personal care, handling contaminated devices.</i>
<i>Ed Tech, Cafeteria Workers</i>	<i>All buildings</i>	<i>Emergency First Aid and personal care.</i>
<i>Part-time, temporary, contract, per diem</i>	<i>All buildings</i>	<i>Emergency First Aid and personal care.</i>

**Category 3-**All RSU1 employees who do not have occupational exposure as part of normal work routine.

## **METHODS OF IMPLEMENTATION AND CONTROL**

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. All employees will utilize universal precautions.

### **Exposure Control Plan**

1. All employees in Category 1 and Category 2 will receive an explanation of this ECP during their initial assignment, at least annually thereafter, and when new or modified tasks or procedures.
2. Training will be conducted by individuals knowledgeable on the subject matter (School Nurses, Health Coordinator or outside contractor) and will include explanation and location of 29 CFR 1910.1030, Bloodborne Pathogens Standard and location of this plan.
3. Verification of training will be maintained by the school nurses and kept for three years.
4. All employees have an opportunity to review this plan at any time during their work shifts by contacting their immediate supervisor. If requested, the administrative assistant to the superintendent will provide an employee with a copy of the ECP free of charge and within five days of the request.
5. The Superintendent is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Handwashing sinks, antiseptic hand cleanser or antiseptic towelettes.
- Eye wash stations.
- All waste containers will be lined with a plastic bag.
- Waste baskets/plastic liners will be emptied each school day by the custodians.
- Sharps disposal containers will be inspected, maintained or replaced by the school nurses as needed. They will be disposed of properly using current guidelines. This will be the responsibility of the school nurse at each building.
- Broken glass which may be contaminated will not be picked up directly with the hands. It is to be swept up into a dustpan and disposed of in a can or hard plastic container.
- All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill or blood or other potentially infectious material (OPIM).

- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM in such a way as to avoid contact with the outer surface. Place in a plastic bag.
- Bins and pails (e.g., wash or emesis basins) will be cleaned and decontaminated as soon as feasible after visible contamination.
- Environmental Protection Agency (EPA) approved cleaning agents will be readily available for custodians.
- Contaminated laptops will be placed in a plastic trash bag, tied off, then placed inside another plastic bag. Second bag will also be tied off. Bag will be marked as contaminated and, if possible, the contaminant will be identified.
- The Technology Department will follow their instructions on packing and shipping the contaminated device.

All staff are responsible for isolating contaminated surfaces and notifying maintenance for clean-up of bodily fluids.

The Director of Facilities and each school administrator and/or school nurse will ensure effective implementation of these recommendations.

### **Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for the tasks or procedures employees will perform is provided by the school nurse and/or appropriate school/location supervisor.

The types of PPE available to employees are as follows:

1. Disposable masks including CPR masks
2. Non-latex gloves
3. Utility Gloves
4. Eye Protection
5. Disposable aprons

Appropriate site specific PPE will be provided by RSU 1. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in plastic lined waste containers.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface. Place in a plastic bag.

- Use a red biohazard bag for disposal of large quantities of body fluids.

### **Hepatitis B Vaccine**

All RSU 1 employees defined as Category I personnel will be offered the vaccine for Hepatitis B Virus (HBV) which is a life threatening bloodborne pathogen.

The vaccination will be done at no cost to the employees and is provided as a precaution for personnel safety. If an employee chooses not to receive a HBV vaccine, the employee must sign a letter of declination. Record keeping will be maintained by the Human Resources Department.

### **Declination Form**

All new Category 1 employees will receive an informed consent Declination Form. Employees who decline Hepatitis B vaccination may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at Human Resources Department. (Appendix A)

### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

1. Immediate first aid: Employee will wash the exposure site thoroughly with soap or disinfectant and water. Flush eyes and/or mucous membranes with water immediately.
2. Employee will report the injury to the school nurse and his/her immediate supervisor within one hour. If immediate supervisor and/or school nurse is not available, the employee will report to another school administrator.
3. The exposure incident must be reported in writing via the Employee Accident Report form (Appendix B) to the Human Resources Department as determined on the form.
4. The school nurse, employee's immediate supervisor or Human Resources employee will contact Occupational Health Associates or US Health Works.
5. Administration for a medical post-exposure evaluation and the follow-up arrangements will be conducted by Occupational Health Associates.

### **Procedures for Evaluating The Circumstances Surrounding an Exposure Incident**

A building administrator will review the circumstances of all exposure incidents to determine:

- Engineering controls and work practices in use at the time.
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc).
- Location of the incident (classroom, gym, playground, cafeteria, playing field, auditorium, etc).
- Procedure being performed when incident occurred.
- Employee's training.

## **RSU 1 DECLINATION FORM FOR HEPATITIS B VIRUS VACCINATION**

I, the undersigned employee, 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 in the workplace. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

I further understand that risks involved in making this decision and I agree that RSU 1, its agents and employees, who are required by law or regulation to make the Hepatitis B Vaccine available to me, are not legally responsible or liable for the side effects that may occur as a result of my accepting/not accepting the Hepatitis B Vaccine.

\_\_\_\_\_ I have opted to decline the Hepatitis B Vaccine at this time, I have already had the Hepatitis B Vaccine.

\_\_\_\_\_ I agree to accept the Hepatitis B Vaccine, given in three (3) doses over the next 6 months. (If you are pregnant or breast feeding, it is advisable that you consult with doctor before taking the Hepatitis B Vaccine series.)

\_\_\_\_\_ I have opted to decline the 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.

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School/Location:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## EMPLOYEE ACCIDENT REPORT

Anyone that is hurt on the job must file this **report within 24 hours**. If medical attention is needed, you must go to our designated physician unless it is an emergency. Your doctor bill may be denied by Workers' Comp if you do not go to one of these providers first. The provider will refer you to another doctor if necessary.

Occupational Health Associates  
893 State Road (Old Route 1)  
West Bath, ME 04530  
Phone: 442-8625

Copy to:  
Payroll  
Supervisor  
Superintendent

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DO YOU WORK FOR ANOTHER EMPLOYER? YES NO

IF YES, NAME OF EMPLOYER: \_\_\_\_\_

DATE AND TIME OF INJURY: \_\_\_\_\_ DATE \_\_\_\_\_ : \_\_\_\_\_ TIME \_\_\_\_ A.M. \_\_\_\_ P.M.

WHAT TIME DID YOU BEGIN WORK? \_\_\_\_\_

EXACTLY WHERE DID THE INJURY OCCUR? Bldg \_\_\_\_\_ Room # \_\_\_\_\_  
(e.g. Morse 101)

**SPECIFIC INJURY OR ILLNESS:** \_\_\_\_\_  
(e.g. second degree burn, bruise, cut)

**BODY PART(S) AFFECTED:** \_\_\_\_\_  
(e.g. lower right forearm)

**SPECIFIC ACTIVITY ENGAGED IN:** \_\_\_\_\_  
(e.g. working with student, supervising playground duty, etc.)

WAS THIS PART OF NORMAL JOB DUTIES: YES NO

DID YOU SEEK MEDICAL ATTENTION? YES NO

HAVE YOU LOST TIME FROM WORK? YES NO

**CONTACT DEBRA CLARK IMMEDIATELY AT 443-6601, ext. 122 IF YOU LOSE TIME OR SEEK MEDICAL ATTENTION.**

Please FAX to Debra Clark at the Superintendent's Office 443-8295.  
Original report must follow along with any paperwork from your provider.

Updated 5/14/12