

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with OSHA Bloodborne Pathogens standards, 29 CFR 1910.1030, the following exposure control plan has been developed.

1. EXPOSURE DETERMINATION

The purpose of this plan is to limit occupational exposure to blood and other potentially infectious materials (OPIM), which could result in infection, illness, or death of an employee.

A. All of the following employees may reasonably anticipate exposure to blood and other potentially infectious body fluids in the course of their work activities:

<u>JOB CLASSIFICATION</u>	<u>TASK/PROCEDURES</u>
School Nurse	First Aid
Health Aide	Toileting encopresis child Assist students in glucose testing

B. Employees who may have occasion for exposure to blood and other potentially infectious body fluids in the course of work activities:

<u>JOB CLASSIFICATION</u>	<u>TASK/PROCEDURES</u>
School Secretaries	Assist students with first aid in absence of nurse or health aid
Instructional Support Staff	First Aid
Physical Education Teachers	First Aid
Coaches	First Aid
Bus Drivers	Clean up of blood and body fluids, First Aid
Custodians	Clean up of blond and body fluids and general cleaning of bathrooms

2. IMPLEMENTATION

A. Universal Precautions

All employees will utilize universal precautions to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

- 1) Diabetic students, other than in emergency situations, will perform their own glucose testing as developmentally appropriate under nurse's supervision.

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- 2) Students will be taught to apply pressure to stop bleeding or nosebleeds.

B. Engineering Controls and Work Practices

Engineering and work practice controls and personal protective equipment will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering and work practice controls used will be:

- 1) All employees will wear protective gloves when dealing with blood or other potentially infectious materials.
- 2) All spills of blood or OPIM will be cleaned up using appropriate approved antiviral/antibacterial agent.
- 3) All employees will wash hands after contact with blood or OPIM even if wearing gloves. After removal of personal protection, employees will wash their hands and other potentially contaminated skin immediately with soap and water.
- 4) If employees incur exposure to their skin or mucous membranes, those areas will be washed or flushed with water, as appropriate, immediately or as soon as feasible following contact.
- 5) Adequate and accessible hand washing facilities are available in all schools for employees who incur exposure to blood or OPIM.
- 6) Any individual who has blood stained clothing, will change into clean clothes, if the clothing cannot be properly cleaned. The bloody clothing will be bagged and sent home with the individual.
- 7) Contaminated broken glass and other materials will not be picked up with hands. It will be swept up or picked up by mechanical means (sweeping with broom and dustpan or vacuum).
- 8) The nursing service will maintain proper sharps containers. Contaminated needles and other contaminated sharps are discarded in the sharps container in the school nurses' offices immediately or as soon as possible. Contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Sharps containers are puncture resistant, leak proof, labeled with a biohazard label and kept out of the reach of children in the schools. They will be checked twice a year and be disposed of as needed.
- 9) The nursing service will provide teachers with personal kits for emergency protection if necessary, which will contain disposable gloves, gauze squares, and band-aids. Teachers will notify nursing services if their personal kits need supplies.
- 10) Waste baskets will be emptied each school day by custodians. Waste baskets in the nurses' offices will have double bags.
- 11) Buildings will be cleaned and decontaminated on a routine basis. MSDS sheets and cleaning schedules will be kept by the custodial supervisor.
- 12) All contaminated work surfaces will be decontaminated after completion of procedures or as soon as feasible after any spill of blood or OPIM.

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C. Personal Protective Equipment (PPE)

Employees will be provided appropriate personal protective equipment free of charge. It will be chosen based on the anticipated exposure and will prevent blood or OPIM from reaching the skin or mucous membranes.

- 1) Disposable non-latex gloves will be available through the nurses' offices and custodial services.
- 2) Disposable non-latex gloves will be worn when it is reasonably anticipated that employees will have hand contact with blood or OPIM.
- 3) Disposable non-latex gloves which have been contaminated will be removed, disposed of in a lined trash can, and then the employee should immediately wash hands.
- 4) Used or contaminated disposable gloves are not to be washed or decontaminated for reuse and are to be replaced when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
- 5) Utility gloves can be washed and reused if they are intact (no cracking or punctures).

3. HEPATITIS B VACCINE

A. All employees identified as having potential occupational exposure will be offered the vaccine series free of charge through the Cape Elizabeth School Department's occupational health provider.

B. Employees who decline the vaccine will sign a declination waiver statement. Employees who initially decline the vaccine can change their mind at any time and have the vaccine provided at no cost.

C. Employees who are unsure of their vaccination history may contact their primary care provider to request a titre, and to receive a recommendation about further HBV vaccinations.

4. POST EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident means direct transmission of blood or other potentially infectious material to mucous membranes or nonintact skin of the employee, including a needle stick puncture by contaminated sharps. In the event of an exposure, the procedure is as follows:

A. Immediate first aid. The employee will wash the exposure site thoroughly with soap or disinfectant and water. Flush affected eyes and/or mucous membranes with water immediately.

B. Employee will immediately report the injury to the school nurse and his or her immediate supervisor. If the immediate supervisor is not available, the employee will report to another school administrator.

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C. All employees who incur an exposure incident will be offered a post-exposure evaluation and follow up. The school nurse and/or supervisor will arrange for this medical post-exposure evaluation and follow up by the Cape Elizabeth School Department occupational health provider.

D. The employee will complete an Accidental Blood Exposure Employee Report of Injury form, which will include the circumstances under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) This will be submitted within 24 hours.

E. The occupational health provider will meet with the employee. Information about bloodborne pathogens and instructions for follow up will be given to the employee. Blood collection and testing will be discussed.

F. If the source individual is known, the school nurse will provide an appropriate form for the source individual to complete and return directly to the occupational health provider.

G. Flow of completed forms:

- 1) The original copy of the Report of Injury will be sent to the Superintendent's office and retained in the employee's personnel file.
- 2) A copy of the Report of Injury will be kept in the school health office with other employee accident/injury reports.

H. Procedures for evaluating the circumstances surrounding an exposure incident:

The business manager will review the circumstances of all exposure incidents to determine if the Exposure Control Plan (ECP) has been followed. If it is determined that revisions need to be made, the business manager will ensure that appropriate changes are made to this ECP. Areas to be reviewed include:

- 1) Engineering controls in use at the time
- 2) Work practices followed
- 3) A description of any device being used at the time of exposure
- 4) Protective equipment or clothing that was used at the time of the exposure incident (gloves, etc.)
- 5) Location of incident
- 6) Procedure being performed when the incident occurred
- 7) Employee's training

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5. EMPLOYEE TRAINING

Training for all new employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the fall of each school year and will include an explanation of:

- A. The OSHA Standard for Bloodborne Pathogens
- B. Modes of transmission of Bloodborne Pathogens
- C. An explanation of this ECP, points of the plan, and how the plan will be implemented
- D. Tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- E. Use and limitations of engineering controls, work practice and PPE
- F. Types, uses, location, removal, handling, decontamination, and disposal of PPE
- G. Appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- H. Procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

6. RECORDKEEPING

- A. The business manager will keep all records required by the standard. The Cape Elizabeth occupational health provider will keep medical records related to exposure incidents.
- B. The school nurses will coordinate the training of staff.

7. THIS EXPOSURE CONTROL PLAN WILL BE EVALUATED AND UPDATED AS NEEDED ANNUALLY.

Adopted: November 12, 2013

Revised:

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