

Bloodborne Pathogens Exposure Control Plan  
In Compliance with 29 CFR 1910.1030  
OSHA'S Bloodborne Pathogens Standard

4401

Name of Facilities:

Blue Hill Consolidated School, Brooksville Elementary School, Adams School (Castine),  
Penobscot Elementary School, Central Office- School Union #93

**Exposure Determination**

Staff risk exposure categories are as follows:

Category I: School Nurses, School Secretaries

Category II: Principals and Assistant Principals  
Teachers, Coaches  
Custodians, Bus Drivers  
Educ. Techs., Central Office Staff

Category III: Kitchen Staff

Risk Category Definitions:

A. CATEGORY I: Tasks that involve exposure to blood, body fluids, or tissues.

All procedures or other job-related tasks that involve an inherent potential for mucous membranes or skin contact with blood, body fluid, or tissues, or a potential for spills or splashes of them. Use of appropriate protective measures is required for every employee engaged in Category I tasks.

B. CATEGORY II: Tasks that involve no exposure to blood, body fluids, or tissues but employment may require performing unplanned Category I tasks.

The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment.

Appropriate protective measures will be readily available to every employee engaged in Category II tasks.

C. CATEGORY III: Tasks that involve no exposure to blood, body fluids, or tissues. Category I tasks are not a condition of employ.

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to potentially infectious body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, are Category III tasks.

All of the staff members are considered to be at low risk. The risk is increased to moderate if:  
1) an employee has a break in the skin and is exposed to blood or other potentially infectious materials, and 2) an employee has contact with a violent student.

<u>Job Classification</u>	<u>Tasks/Procedures that cause these employees to have occupational exposure</u>
Principals and Assistant Principals Teachers, Coaches Bus Drivers, Educ. Techs.	Provide first aid
Custodians	Clean blood spills
School Secretaries	Perform first aid
School nurses	Perform first aid May check blood glucose levels May give immunizations

Category I staff shall be offered Hepatitis B immunizations at the school's expense but they may decline by executing the proper waiver procedures with the school nurse. Category I staff who have executed waivers may, at any time, request to be immunized at the school's expense.

The Hepatitis B vaccine will be available to Category II and III employees at school expense. Immunization with the Hepatitis B vaccine will be at the employee's volition in the case of Category II and III employees.

All staff members are subject to the same reporting procedures as outlined in this plan and the same training under the bloodborne pathogens.

### **Implementation Schedule**

October 24, 1992	School nurse workshop on compliance with Standard
November 10, 1992	Local school nurse meeting to design plan
On or before December 1, 1992	School nurse to present plan to Supt.
Spring 1993	School nurse will present inservice for staff (To be repeated annually for all staff)

**Implementation Schedule (continued)**

At time of inservice

Staff will be given information on the HBV Vaccine and universal precautions. Category I and Category II staff will be offered the vaccine.

December 1993

Vaccination series to begin

**Implementation Methodology:**

See page 2/3

**Compliance Methods:**

Universal precautions will be observed at all locations in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considerate infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at all facilities. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. Engineering controls are: plastic bags designated biohazard waste cans. Practice controls are: latex gloves, handwashing. The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Twice a year (September and February) the school nurse will make sure latex gloves are within easy access of all school staff. The custodian will replenish plastic bags as necessary and inspect the biohazard waste cans at the end of each day. If waste has been deposited, the can will be emptied and decontaminated using an EPA registered germicide or dilute bleach solution (1:10). The custodian will wear utility gloves and disinfect them afterwards.

Handwashing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. Handwashing facilities are located: School nurse office, staff restroom, kitchen, student restrooms, staff lounge, main office.

After removal of personal protective gloves, employees shall wash hands immediately. 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. (See "Procedure for Accidental Blood Exposure" in addendum)

### **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.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at all locations to accomplish this goal are: Following universal precautions, immediate application of bandage to wound or bloody nose.

### **Contaminated Equipment**

Equipment which 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 the decontamination of the equipment is not feasible.

### **Personal Protective Equipment**

Latex gloves will be provided without cost to employees. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. The school nurse will distribute gloves to each teacher and to each department head. An extra supply of gloves will be kept in the school nurse's office.

All personal protective equipment will be disposed of by the employer at no cost to employees. All replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. Garments saturated with blood will be laundered using the following procedure:

1. Washable articles: hot water, bleach or Lysol added to the wash cycle.
2. Non-laundry: wipe article down with bleach solution (1:10). All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: Gloves or bandages with a minor amount of blood on them may be disposed of in the regular plastic lined trash can. Gloves and any bandages saturated with blood must be placed in a leakproof bag and transported to a biohazardous waste can.

### **Personal Protective Equipment (continued)**

Disposable gloves used at all facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Decontamination procedure is to soak the gloves for 10 minutes in 10% bleach solution. Utility gloves will 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. All facilities will be cleaned and decontaminated according to the following schedule: Bloody spills will be cleaned immediately.

Decontamination will be accomplished by utilizing the following materials: utility gloves, EPA registered germicide or dilute bleach solution (1:10), paper towels, leakproof bag (for paper towels used in the clean-up). Sponges **will not** be used.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately after or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. All waste cans shall be inspected and decontaminated on a regularly scheduled basis. The custodian will inspect the biohazard waste cans every day. If waste has been deposited, the can will be emptied and decontaminated.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used: Wearing gloves, a person will use dust pan and brush or vacuum cleaner with water delivered to a designated biohazard waste can in such a manner that does not expose others to sharp objects.

### **Regulated Waste Disposal-Biohazard Waste Cans**

Contaminated waste other than sharp objects will be placed in a plastic bag and then deposited in the biohazard waste can. Such containers are located in the school nurse's office.

### **Hepatitis B Vaccine**

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the antibody testing which shows the employee to have sufficient immunity. (See the Hepatitis B Immunization Program Employee Information Packet which contains the consent form).

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard. (The declination statement is contained within the Employee Information Packet.)

Employees who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost.

The superintendent's office shall offer the vaccine or waiver at time of employment. New employees shall be referred to the school nurse if they desire to be immunized or execute a waiver.

### **Post-Exposure Evaluation and Follow-Up**

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials which results from the performance of an employee's duties.

When the employee incurs an exposure incident, it should be reported to the principal who will then send the report to the superintendent's office for inclusion in the employee's personnel file. (See "Procedure for Accidental Blood Exposure" and "Accidental Blood Exposure Follow-Up/Outcome Report.")

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV 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. However, if the employee decided prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
- The employees will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are listed in the appendix title "Bloodborne Pathogens", numbers 3,4, and 5.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and report any related experiences to appropriate personnel.
- The principal has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy for 30 years.

### **Interaction With Health Care Professionals**

A written opinion shall be obtained from the health care professional who evaluates employees of this facility (the employee's personal physician).

Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the employer is not to reference any personal medical information.)

### **Training**

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner.

Training for employees will include the following explanation of:

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.).
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and who should be contacted concerning it.
8. Post exposure evaluation and follow-up.
9. Signs and labels used at the facility. (The biohazard label for the designated waste can.)
10. Hepatitis B vaccine program at all facilities.

### **Recordkeeping**

All records required by OSHA standards will be maintained by the superintendent's office. The superintendent will place the information in the employee's personnel file.

**Dates:**

All provisions required by the standard will be implemented by October 1993.

Training will be conducted using videotape and written materials. The school nurse will be responsible for conducting the training.

Videotape: Universal Precautions in the School Setting

Written Materials: “Important Information About Hepatitis B and Hepatitis B Vaccine”

“Procedures for Accident Blood Exposure”

“Procedure for Handling Body Fluids”

Appendix A (Declination Statement)

Consent Form

“Accidental Blood Exposure Follow-Up/Outcome Report”

All employees will receive annual refresher training at a staff meeting. The outline for the training material is located in the school nurse office.

Adopted: Blue Hill School Committee	December 8, 1993
Brooksville School Committee	January 3, 1994
Castine School Committee	January 11, 1994
Penobscot School Committee	December 20, 1993
Union #93 Joint School Committee	December 9, 1993