

6231.2 Bloodborne Pathogens Exposure Control Plan

Purpose of the Plan

In order to minimize the incidence of illness and injury experienced by employees, the Occupational Safety and Health Administration (OSHA) has enacted the Bloodborne Pathogens Standard (29 CFR 1910.1030). The purpose of this standard is to reduce occupational exposure to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that may be encountered in the workplace.

This exposure plan has been developed by the School District of Grand Island to coincide with Board Policy *8513/6231 Communicable Disease Control* in order to minimize and prevent, when possible, exposure to bloodborne diseases and to comply with the OSHA Bloodborne Pathogens Standard.

The objective of this plan is:

1. To minimize exposure of employees to health hazards associated with bloodborne pathogens.
2. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

Exposure Control Officer

For the purpose of implementation and overall responsibility, the Supervisor of Health Services shall be designated as the Exposure Control Officer.

Exposure Determination

For the purpose of this plan employees at risk are considered those that have:

1. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact (skin piercing) with blood or other infectious materials such as blood, internal bodily fluids, and body fluids visibly contaminated with blood.
2. Reasonably anticipated contact with all body fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

In addition to being reasonably anticipated the contact must result from the performance of the employee's duties.

"Reasonably anticipated" implies that employees who are designated to provide healthcare or first aid, or whose history in the workplace shows the potential for exposure, are considered covered by the standard.

Some job classifications will automatically be included in the category of "reasonably anticipated":

- RNs & LPNs
- Early Childhood Special Education Teachers
- Early Childhood Special Education Paraeducators
- Teachers of students with severe/profound disabilities
- Paraeducators in programs with students with severe/profound disabilities
- Teachers of students with behavioral impairments
- Paraeducators in programs with students with behavioral impairments
- Physical Therapists
- Occupational Therapists
- Physical Education Staff
- Coaches
- Custodial Staff
- Bus Drivers

Other employees may have unique responsibilities that also place them in this category and may be added as individuals to this category. Occupational exposure can be reasonably anticipated in situations which frequently contain any of the following tasks and procedures:

- management of urine, feces (diaper changing, toileting skills, etc.)
- management of vomitus

- management of wounds
- management of respiratory secretions
- management of post-surgical procedures (g-tube, tracheotomy, etc.)
- management of mucous membranes
- management of equipment/manipulatives
- behavioral management—bites, scratches, etc.
- oral manipulation/stimulation and/or feeding
- physical transfer

Non-reasonably anticipated exposure includes “Good Samaritan” activities such as helping a student with a bloody nose, a cut finger, etc. Post-exposure procedures apply as these would not be covered situations.

Control Methods

The practice of “Universal Blood and Body Fluid Precautions” shall be the standard of the district to prevent contact with blood and other potentially infectious materials. This standard holds that all human blood and body fluids shall be treated as if they are known to be infectious for HBV, HIV, and other bloodborne pathogens.

The following safe work practice and engineering controls are identified to protect students and employees from exposure to blood and body fluids which would potentially cause infectious disease.

Handwashing

Handwashing is thought to be the most important procedure in preventing spread of infection.

Hands should always be washed when:

1. Hands are soiled.
2. Handling or preparing food.
3. Eating.
4. Blowing or wiping nose.
5. Using toilet, assisting students with toileting needs, or diapering.
6. Coming in contact with contaminated equipment.
7. Skin contacts blood or body fluids.
8. After gloves are removed.

Proper handwashing procedures are:

1. Wet hands with warm water.
2. Apply soap, lather hands and wrists.
3. Scrub all surfaces of the hand, between fingers, under fingernails for a minimum of 15 seconds keeping hands and fingers pointed down.
4. Rinse hands and wrists thoroughly with warm water, allowing water to flow from wrist down.
5. Dry hands well with air dryer or single-use paper towel, turning off faucet using towel before discarding to prevent recontamination.
6. Dispose of gloves along with other soiled materials in plastic lined waste container, secured, and disposed of properly.
7. Wash hands thoroughly after removing gloves.

Contaminated Sharps

(broken glass, needles, lancets, knives, blades)

1. Tongs or dust pan and broom should be used to pick up contaminated sharps such as blood-covered broken glass to avoid direct contact.
2. Gloves should be worn when handling contaminated sharps.
3. Needles, lancets, and other contaminated sharps should not be bent, recapped, or removed.
4. Sharps should be placed in a puncture-resistant, labeled, leak proof container, which can be closed after each use. Sharps containers should be disposed of properly through the Hall County Health Department.

Clothing/Laundry

Clothing and other nondisposable items soaked with body fluids should be placed in plastic bags. If rinsing or presoaking is needed, wear gloves. If washing clothes contaminated with body fluids, clothes should be washed separately from other items. Wash as usual, add ½ cup bleach to wash cycle if bleachable. Add ½ cup nonchlorine bleach if unbleachable.

Diaper Changing Procedure

1. Wear disposable gloves.
2. Place student on a clean changing table using waterproof pad with two clean paper towels for each change.
3. Remove the soiled diaper and place in a plastic bag.
4. If other clothing is soiled, place in a plastic bag and mark with the child's name.
5. Clean skin in diaper area using individual disposable wipes or other cleansers provided by parents when special consideration to skin cleansing is needed for an individual student and apply clean diaper.
6. Wash pad after each change with soap and water and follow with household bleach solution or EPA approved disinfectant.
7. Remove gloves and place in plastic bag.
8. Wash hands with soap and water before and after diaper change.
9. Never leave child unattended on the changing area.
10. Supplies should be stored close to the changing area and out of the child's reach.
11. Report any abnormal conditions (blood or pus in diaper area, diarrhea, light colored stools, skin rashes, bruises, or breaks to in the skin).

Toy Sanitation Technique

1. If children drool and mouth toys, special consideration for the sanitation of the toys should follow:
2. Sanitize by putting through a dishwasher cycle.
3. If dishwasher is not available, wear gloves and wash toys with soap and water
4. Rinse with hot water.
5. Disinfect in a 1:100 bleach solution 10 minutes.
6. Air dry.

Dishwashing Sanitation Technique

If it should be necessary to wash dishes in the classroom, the following should be followed:

1. The dishwashing area should be separate from the handwashing area.
2. Dishpans should be used.
3. Wash in hot soap and water.
4. Rinse with hot water.
5. Soak in a 1:100 bleach solution 10 minutes.
6. Drain and air dry.

Disinfectants

1. All cleaning supplies must be kept in labeled containers.
2. All cleaning supplies must be kept out of the reach of students in locked cabinets.
3. Custodial staff will follow guidelines from their department as relates to disinfectants.
4. A commercial tuberculocidal disinfectant will generally be used; if household bleach water is used as disinfectant, it must be mixed daily.
5. Ratio of bleach to water for disinfectant solution = 1:10. A ration of 1:100 bleach solution is considered an intermediate cleaning solution.

Hepatitis B Vaccination

The Hepatitis B vaccination series will be offered, at no cost, to all identified employees (under "reasonably anticipated") whose job involves the risk of directly contacting blood or other potentially infectious materials.

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The series will be scheduled within 10 working days after the required training unless:

- The employee has previously received the Hepatitis B series;
- Antibody testing as revealed the employee is immune;
- The vaccine is contraindicated;
- The employee declines the Hepatitis B vaccination (signed statement)

The district may require that the individual submit an insurance claim for vaccination if feasible. The district will provide for any deductible expense.

Post Exposure Evaluation and Follow-up Procedure

Occupational exposure occurs when blood or other infectious body fluids come in contact with an employee's mucous membranes (eye, nose, mouth) skin, or through parenteral contact (skin piercing) with performing job duties.

Upon any exposure by staff or student

1. Wash exposed area immediately with soap and water.
2. If mucous membrane, irrigate or wash thoroughly.
3. Report exposure immediately:
 - a. If student
 - i. Notify parent or guardian
 - ii. Medical provider should be consulted
 - b. If employee
 - Report immediately to administrator
 - Complete post exposure form and accident from (if appropriate)
 - Consult with individual's medical provider (medical evaluation should occur within 24 hours to facilitate treatment)
Send a copy of the Bloodborne pathogen Control plan or regulation if appropriate
 - Blood workups:
 - Source individual-an attempt will be made to get consent for blood test; if not obtained document as such
 - Exposed individual-consent, blood collection, and testing should occur as soon possible after exposure
 - Complete worker's compensation form

Employee Training

All employees will participate in a training program. The training program will:

1. Be provided at no cost during work hours.
2. Occur annually, within one year of the previous training.
3. Be conducted by an individual knowledgeable in the subject area.
4. Contain the following elements:
 - An accessible copy of the regulation and explanation of its contents.
 - A general explanation of the epidemiology and symptoms of bloodborne pathogens.
 - An explanation of the modes of transmission of bloodborne pathogens.
 - An explanation of the exposure control plan and how employees can obtain a copy.
 - An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure.
 - An explanation of the use and limitations of methods that will prevent or reduce exposure.
 - Information on the types, proper use, location, removal, handling, and disposal of equipment and contaminated materials.
 - Information on the Hepatitis B vaccine, including efficacy, safety, method of administration, benefits, and the conditions under which it is offered, free of charge, to employees.
 - An explanation of the procedure to follow if an exposure incident occurs including information on post exposure and follow-up.

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- An opportunity for questioning the individual conducting the training session.

Training records will contain the following information and be maintained for 3 years from the date training occurs:

1. Dates of the training sessions.
2. Contents or a summary of the training sessions.
3. Names and qualifications of persons conducting the training.
4. Names and job titles of all persons attending the training sessions.

Record Keeping

An immunization record will be maintained for each identified employee and/or employee with occupational exposure. This record will be kept in their personnel file. This record will include:

1. Demographic Data (name and social security number)
2. Documentation regarding Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. A signed consent form or refusal to participate form pertaining to the Hepatitis B vaccination.

All materials will be kept confidential and not disclosed or reported without the employee's expressed written consent.

Documentation of personnel participation in the training program will be maintained as well.

**Hepatitis B Vaccination
Consent/Decline**

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

Check one

I hereby authorize my employer to vaccinate me against Hepatitis virus (HAV/HBV). I understand that the injections are given over a period of months before they are effective in preventing this disease.

I decline Hepatitis vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis A or B, a serious diseases. 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 A & B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: _____
(Please Print)

Employee Signature: _____

Job Title: _____

Social Security Number: _____

Date: _____