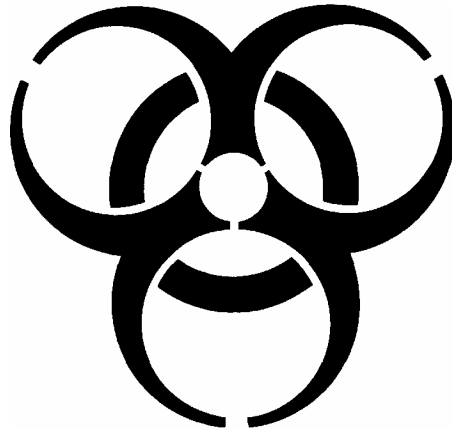


Employer Guide and Model

Exposure Control Plan

**Bloodborne Pathogens Standard
29 CFR Part 1910.1030**

adapted from:
New York State Department of Labor



EXPOSURE CONTROL PLAN

POLICY



The **Bethlehem Central School District** is committed to provide a safe and healthful work environment. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal regulations 1910.1030.

The Exposure Control Plan is a key document to assist our school district/BOCES in implementing and ensuring compliance with the Bloodborne Pathogens Standard 29 CFR Part 1910.1030, thereby protecting our employees. This ECP includes:

- I.** Employee exposure determination
- II.** The procedures for evaluating the circumstances surrounding an exposure incident, and
- III.** The schedule and method for implementing the specific sections of the standard, including:
 - Methods of Compliance
 - Hepatitis B vaccination and post-exposure follow-up
 - Training and communication of hazards to employees
 - Record-keeping

•ECP throughout this plan means Exposure Control Plan

PROGRAM ADMINISTRATION

- **The Superintendent** is responsible for the implementation of the ECP. **The BOCES District Safety Specialist** will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outline in this ECP.
- **The Director of Facilities and Operations** will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.
- **The School Nurse** will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are created and/or maintained.
- **The BOCES District Safety Specialist** will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
- **The Director of Facilities and Operations** will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i. e., sharp containers, etc.), labels, and red bags as required by the standard.
- **The Director of Facilities and Operations** will ensure that adequate supplies of the aforementioned equipment are available.

EMPLOYEE EXPOSURE DETERMINATION

I. EMPLOYEE EXPOSURE DETERMINATION

- A. As part of the exposure determination section of our ECP, the following is a list of all job classifications at our establishment in which all employees have occupational exposure:

JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Below are listed the job classifications in our facility where **all** employees will have reasonably anticipated exposure to human blood and other potentially infectious materials:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>EXPOSURE</u>
Coach/ PE Teacher	Athletics & Physical Education	Yes
Custodial	Operations & Maintenance	Yes
Nurse	Health Office	Yes
Driver/Bus Attendant	Transportation	Yes

NOTE: All other staff that are indicated within the school district/BOCES are trained in Infection Control and Universal Precautions. They are informed of the "**Good Samaritan**" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i. e. assisting a co-worker/student with a nosebleed, giving CPR or first aid). During the training it is explained to each employee about the Post-Exposure evaluation and follow-up.

COMMENTS: Case by case scenarios as approved by the Superintendent or his designee and needed or requested by an employee, i.e., if a special education student needs hands-on attention with blood or OPIM (Other Potentially Infectious Materials), which is currently not needed in the district.

- B.** This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are listed below:

Designated First Aid Providers

Coaches, Physical Education Personnel

Bethlehem Central School District has decided to:

- * Offer hepatitis B vaccination to the first aid provider after a first aid incident
- * Offer hepatitis B vaccination to all occupations identified to be at high risk
- * Offer post-exposure vaccination on a case by case

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing aid assistance is (are) instructed to report to the **School Nurse** immediately. Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.

The School Nurse will maintain a report (Blood Borne Exposure/ Needlestick Injury Record form - Appendix A), which describes name of the first aid provider, date, time and description of incident.

The Superintendent or Designee will ensure that any first aid provider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible.

The BOCES District Safety Specialist will train first aid providers on the specifics of the reporting procedures, in addition to all the training required in the Standard.

EFFECTIVE DATES

II. EFFECTIVE DATES-CODE OF FEDERAL REGULATIONS



**Bloodborne Pathogens Standards
(Including Universal Precautions)
March 6, 1992**



**Exposure Control Plan
May 5, 1992**



**Record-keeping
June 4, 1992**



**Information and Training
June 4, 1992**



**Methods of compliance (Except Universal Precautions)
July 6, 1992**



and

**Hepatitis B Vaccination and Post-Exposure Evaluation
Follow-Up
July 6, 1992**



**Labels and Signs
July 6, 1992**

EXPOSURE CONTROL PLAN

III. METHODS OF IMPLEMENTATION AND CONTROL

1.0 Universal Precautions

- 1.1 As of March 6, 1992, all employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other Bloodborne pathogens and must be treated accordingly.

2.0 Exposure Control Plan (ECP)

- 2.1 Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting the **Director of Facilities and Operations**.

Employees seeking copies of the Plan may contact the **Director of Facilities and Operations**. A copy of the Plan will be made available free of charge and within 15 days of the request.

- 2.2 **The Superintendent or Designee and the BOCES District Safety Specialist** will also be responsible for reviewing and updating the ECP annually or sooner 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

3.0 Engineering Controls and Work Practices

3.1 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 we will use and where they will be used are listed below:

Engineering Controls:

- ❑ Sharps containers-Nurses office
- ❑ Covered Cans-Nurses office
- ❑ Providing readily accessible hand washing facilities-Nurses office, Custodial areas

New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts.

Examples of engineering controls include, but are not limited to:

- self-sheathing needles
- puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass
- mechanical needle recapping devices
- bio-safety cabinets
- ventilated laboratory hoods

Work Practices:

Follow standard operating procedures.

Two times per year (approximately January and June), or when a sharps container is filled, the **School Nurse** will contact Operations and Maintenance to schedule pick-up and disposal of said containers. Operations and Maintenance will be responsible to designate a non-food delivering District vehicle for the pick-up and transport of any Engineering Controls or RMW (Regulated Medical Waste) back to the Operations and Maintenance Department. The O & M Department will coordinate with a medical waste company for disposal.

Examples of work practice controls include, but are not limited to:

- providing readily accessible hand washing facilities
- washing hands immediately or as soon as feasible after removal of gloves
- at non-fixed sites (i. e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measure, such as antiseptic towelettes and paper towels.

Employees can later wash their hands with soap and water as soon as feasible

- washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
- prohibiting the recapping or bending of needles
- shearing or breaking contaminated needles is prohibited
- labeling
- equipment decontamination
- prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure
- prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present
- requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances
- placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping
- examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated

PERSONAL PROTECTIVE EQUIPMENT

- 4.0 Personal Protective Equipment (PPE):** As a general rule, all employees using PPE must observe the following precautions:
- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - Remove protective equipment before leaving the work area and after a garment becomes contaminated.
 - Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

- 4.1 Building Level:** Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be coordinated and provided by the **BOCES Safety Specialist**, in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

TASK	EQUIPMENT
Blood/body fluid spill	Non-Latex Gloves, absorbent, towel, plastic bag
Providing CPR/AED	Non-Latex Gloves, scissors, razor, mouth piece, gauze, pen, Incident report forms, 2 sets of electrodes

Whenever possible, the injured person should be encouraged to care for his/her own minor bleeding or injury once he/she is stabilized, the absence of barrier equipment should not preclude providing assistance to a person with a bleeding injury. Whenever possible, take individual to health office for appropriate care.

4.2 Health Office Level: In addition to the building level personal protective equipment, the Health Office may have;

- gowns
- laboratory coats
- face shields
- masks
- eye protection(splash-proof goggles, safety glasses with side shields)
- resuscitation bags and mouthpieces

4.3 PPE and Work Precautions:

- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials 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.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of the following standard operating procedures.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse or before disposal.
- If available, wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If the amount of blood exposure is such that the blood penetrates the garment and contaminates the inner surface, not only is it impossible to remove the garment without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated garment to aid removal and prevent exposure to the face.
- Repair and/or replacement of PPE will be at no cost to employees.

TRAINING

5.0 Training

5.1 All employees who have or are reasonably anticipated to have occupational exposure to Bloodborne pathogens will receive training conducted by the **BOCES District Safety Specialist**.

5.2

The BOCES District Safety Specialist will inform employees of the epidemiology, symptoms, and transmission of Bloodborne diseases. In addition, the training program will consist of:

- A copy and explanation of the standard
- Epidemiology and symptoms of Bloodborne pathogens
- Modes of transmission
- The Exposure Control Plan and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of Engineering Controls, Work Practices and PPE
- PPE - types, use, location, removal, handling, decontamination, and disposal
- PPE - the basis for selection
- Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration. If an employee desires follow-up Hepatitis B immune status (Titre Blood Test), it is the employee's responsibility to follow-up with their personal primary care physician.
- Emergency procedures - for blood and other potentially infectious materials
- Exposure incident procedures
- Post-exposure evaluation and follow-up
- Signs and labels - and/or color coding
- Questions and answer session

An Employee Education and Training Record will be completed for each employee upon completion of training. This document will be kept with the employee's records at the **Operations and Maintenance Department**.

HEPATITIS B VACCINATION

6.0 Hepatitis B Vaccination

6.1 **The BOCES District Safety Specialist** will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. The Hepatitis B vaccination series will be made available at no cost to employees who have been designated as having a potential for occupational exposure to blood (see page 4 listing) or other potentially infectious materials unless:

- the employee has previously received the series
- antibody testing reveals that the employee is immune
- medical reasons prevent taking the vaccination; or
- the employee chooses not to participate

All employees that have an occupational exposure are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign the Hepatitis B Vaccination Declination Form. **See Appendix B.**

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination will be kept with the employee's other personnel records at the District Office.

6.2 **Scheduling;** Any employees who have been designated as having a potential for occupational exposure to blood who desire the vaccine series should call the school district physicians to schedule. Presently the school physicians are Dr. Todd Giombetti or Dr. Katie Brady (439-5611). Employees must receive the series on their own time.

POST EXPOSURE EVALUATION

7.0 Post Exposure Evaluation and Follow-up Procedures for Reporting, Documenting and Evaluating the Exposure

7.1 Should an exposure incident occur the individual shall contact the **School Nurse and Building Administrator** immediately. Each exposure must be documented by the **School Nurse** on a "Blood Borne Exposure/ Needlestick Injury Log" (Appendix A). The School Nurse will follow the established Exposure Control Plan as outlined in **Appendix C** for an employee/ volunteer exposure, and **Appendix D** for student exposure. A Building Administrator's Script has been provided in **Appendix E** for use when contacting the family of a student involved in a blood borne exposure.

7.2 **Scheduling;** Any first aid provider desiring the vaccine series after an incident involving blood should call the school district physicians to schedule. Presently the school physicians are Dr. Todd Giombetti or Dr. Katie Brady (439-5611).

Note to BCSD: Please Review

- Note #1** Public Health Law (Article 27-F) requires information about AIDS and HIV to be kept confidential. This law requires that anyone receiving an HIV test MUST first sign a consent form that is provided by the medical treatment facility.
- Note #2** The law strictly limits disclosure of HIV -related information. When disclosure of HIV - related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Re-disclosure may occur with another authorize signed release. The law only applies to people and facilities providing health or social services.
- Note #3** If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented.
- Note #4** If during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.

Highlights of Post Exposure Evaluation and Follow-Up Requirements

- Documentation of exposure routes and how exposure incident occurred
- Identification and documentation of source individual's infectivity, if possible
- Testing of employee's blood for HBV and HIV serological status (employee's consent required)
- Encourage post exposure prophylaxis when medically indicated
- Encourage counseling, as needed regarding the exposure incident
- Evaluation of reported illnesses

HOUSEKEEPING

9.0 Housekeeping

9.1 The Director of Facilities and Operations has developed and implemented a **written schedule for cleaning** and decontaminating work surfaces as indicated by the standard.

Cleaning Schedule

Area	Scheduled Cleaning Day/Time	Cleaners and Disinfectants Used	Specific Instructions
Nurse's Office	Daily	Disinfectant solution	Use of gloves
Bathrooms	Daily	Disinfectant solution	Use of gloves
Classrooms	Daily	Disinfectant solution	Just areas of concern
Blood/body fluid spills	As needed	Disinfectant solution	Clean-up immediately

- Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- Store or process reusable sharps in a way that ensures safe handling
- Place regulated waste in closable and labeled or color coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
- Never manually open, empty, or clean reusable contaminated sharps disposal containers. (See Medical Waste Section)

- Discard all regulated waste according to federal, state, and local regulations, i. e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials (OPIM).

LABELING

10.0 Labeling

10.1 The following labeling method(s) will be used at our facility.

IAW 29CFR 1910.1030

The Director of Facilities & Operations will ensure warning labels are affixed or red bags are used as required. Employees are to notify the **School Nurse or Director of Facilities and Operations** if they discover unlabeled regulated waste containers.

RECORDKEEPING

11.0 Record-keeping

11.1 Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20.

The School Nurse will create the appropriate medical records and will provide a copy to be kept in the employee's personnel file at the District Office or in the student's health record.

In addition to the requirements of 29 CFR 1910.20, the medical record may include:

- a copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- a copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;
- a copy of all healthcare professional's written opinion(s) as required by the standard.

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

11.2 Training Records

Bloodborne pathogen training records (Attendance sheets) will be maintained by the **BOCES District Safety Specialist** at the Operations and Maintenance Department.

The training record shall include:

- the dates of the training sessions;
- the contents or a summary of the training sessions;
- the names and qualifications of persons conducting the training;
- the names and job titles of all person attending the training sessions.

Training records/ Attendance sheets will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

11.3 Transfer of Records

If the **Bethlehem Central School District** ceases to exist and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

APPENDIX



Adoption Date: April 2, 2008