

**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN  
Florence School District One**

To comply with OSHA Standard, 29 CFR 1910.1030, this plan has been developed:

**A. Purpose**

The purpose of this exposure control plan is to:

Eliminate or minimize employee occupational exposure to blood or certain other body fluids.

**B. Exposure Determination**

In this district, the following job classifications have been determined to be potentially exposed within a reasonable range:

- Nurses
- Nurse Assistants
- OH, TMH, Autistic, PMH, EH-SC Teachers and Assistants
- School Secretaries
- Mini-bus Drivers
- Therapists
- Coaches (Football, Baseball, Soccer, Basketball and Softball); Cheerleaders
- Trainers
- Shop Teachers
- P.E. Teachers
- Custodians
- Plumbers
- CPR Trained Staff

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>Task/Procedure</u>
School Administrators	Dealing with First Aid
Regular Bus Drivers	Dealing with First Aid
Other Clerical Staff	Dealing with First Aid
School Emergency Response Team (SERT)	Dealing with First Aid

## **C. Implementation Schedule and Methodology**

### **1. Compliance Methods**

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered 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 this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized:

Sharps containers will be provided where appropriate.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is once per year. Each principal or department supervisor is responsible for determining the effectiveness of the controls.

Handwashing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. Where handwashing is not feasible, antiseptic cleanser with paper towels will be provided. In this case, hands are to be washed as soon as practical after exposure.

Principals/Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately, or as soon as feasible, with soap and water.

Principals/Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following a contact.

### **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.

### **3. Containers for REUSABLE Sharps**

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label and are leak proof.

Sharps containers will be placed where injections may be given. The school nurse will have responsibility for removing sharps.

### **4. 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.

## 5. Specimens

Specimens of blood or other potentially infectious materials are not collected at this facility.

## 6. Contaminated Equipment

Supervisors are responsible for ensuring that 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 feasible.

## 7. Personal Protective Equipment

### **PPE Provision**

Supervisors are responsible for ensuring that the following provisions are met. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Clothing and equipment will be issued by supervisors to all employees who are reasonably anticipated to be exposed. Emergencies where blood is present, body fluids exposure, and clean-ups will require use of protective clothing/equipment.

### **PPE Use**

Supervisors shall ensure that the employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

### **PPE Accessibility**

Supervisors shall ensure that appropriate PPE in the appropriate sizes are readily accessible at the worksite or issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

### **PPE Cleaning, Laundering and Disposal**

All personal protective equipment will be cleaned, laundered, or disposed of by the employer at no cost to the employees. All repairs and 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. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

**Gloves**

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; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or 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 the 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. 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.

**Eye and Face Protection**

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splash, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

It is not anticipated that this situation would occur at this facility; however, PPE will be available at all sites.

**Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated. The following situations require that such protective clothing be utilized:

<u>Procedure</u>	<u>PPE Required</u>
Catheterizations	Aprons, Gloves
Suctioning	Aprons, Gloves

**8. Housekeeping**

When contaminated, the area will be cleaned and decontaminated. Decontamination will be accomplished by utilizing the following materials:

EPA registered germicides

All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated by the custodian, when exposed.

Any broken glassware which may be contaminated will not be picked up directly with the hands. Dustpans and hand brooms or forceps/tongs are available for use.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

## **9. Regulated Waste Disposal**

### **Disposable Sharps**

Contaminated sharps shall be discarded immediately, or as soon as feasible, in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

### **Other Regulated Waste**

Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations.

## **10. Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. All laundry will be handled as if it were contaminated.

## **11. Hepatitis B Vaccine and Post-Exposure Evaluations and Follow-Up**

### **General**

Florence School District 1 shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure follow-up to employees who have had an exposure incident.

The Assistant Superintendent for Administrative Services shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by or under supervision of another licensed healthcare professional;
- d. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

### **Hepatitis B Vaccination**

The Assistant Superintendent for Administrative Services is in charge of the Hepatitis B vaccination program. The vaccination program may be done "in house" or through private control. Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contra-indicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. (See Appendix A).

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

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

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Assistant Superintendent for Personnel.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- A. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- B. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law;
- C. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Assistant Superintendent of Personnel shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented;
- D. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated;
- E. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV or HIV serological status will comply with the following: The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with OSHA standard. All post-exposure follow-up will be performed by a health agency of the district's choice.

#### **Information Provided to the Healthcare Professional**

The Assistant Superintendent for Personnel shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a. A copy of 29CFR 1910.1030; (While the standard outlines the confidentiality requirements of the healthcare professional, it might be helpful for the employer to remind that individual of these requirements);
- b. A written description of the exposed employee's duties as they relate to the exposure incident;
- c. Written documentation of the route of exposure and circumstances under which exposure occurred;
- d. Results of the source individuals blood testing, if available; and
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

#### **Healthcare Professional's Written Opinion**

The Assistant Superintendent for Personnel shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professionals written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:

- a. A statement that the employee has been informed of the results of the evaluation; and
- b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

## **12. Labels and Signs**

The Director of Buildings and Grounds shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood and other potentially infectious materials, and other containers used to store, transport or ship blood, or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

### **13. Information and Training**

The Assistant Superintendent for Administrative Services shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- a. A copy of the standard and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of Florence School District One's Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy;
- e. The recognition of tasks that may involve exposure;
- f. An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices and personal protective equipment (PPE);
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE;
- h. An explanation of the basis of selection of PPE;
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- l. Information on the evaluation and follow-up required after an employee exposure incident;
- m. An explanation of the signs, labels, and color coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

### **14. Recordkeeping**

#### **Medical Records**

The Assistant Superintendent for Personnel is responsible for maintaining medical records as indicated below. These records will be kept in the Personnel Office.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and social security number of the employee;
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination;
- c. A copy of all results of examinations, medical testing, and follow-up procedures;



- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Note: For OSHA 200 Recordkeeping purposes, an occupational bloodborne pathogens exposure incident shall be classified as an injury since it is usually the result of an instantaneous event or exposure. It shall be recorded if it meets the recordability requirements.

#### **Training Records**

The Assistant Superintendent for Administrative Services is responsible for maintaining training records. These records will be kept in that department. Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a. The dates of the training sessions;
- b. An outline describing the material presented;
- c. The names and qualifications of persons conducting the training;
- d. The names and job titles of all persons attending the training sessions.

#### **Availability**

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

#### **Transfer of Records**

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

### **15. Evaluation of Records**

The Assistant Superintendent for Administrative Services is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

### **16. Dates**

All provisions required by this standard were implemented by January 1, 1993.

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