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Management Plan for Bloodborne Pathogens

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Faribault Public Schools

Exposure Control Plan for Bloodborne Pathogens

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Annual Review Form

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1.0 Purpose and Administration

Faribault Public Schools is committed to providing a safe and healthy workplace for employees. We have developed and implemented the following Exposure Control Plan for Bloodborne Pathogens to reduce the potential for workplace exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other bloodborne pathogens and to comply with OSHA's 29 CFR 1910.1030 *Bloodborne Pathogens*.

Program Management

Central to effective implementation of the Exposure Control Plan are the following major categories of responsibility:

- Exposure Control Officer
- Supervisor(s)
- Employee(s)
- Training Instructor(s)

The **Exposure Control Officer** is responsible for the overall management and support of our Bloodborne Pathogen Program. Such a designation may involve expansion of the designated person's duties to include administration of the Exposure Control Plan and other components of the standard, which may include the assistance of additional staff or a health and safety consultant.

Supervisors are responsible for exposure control in their work areas. Supervisors work directly with the Exposure Control Officer and their employees to accommodate proper exposure control procedures.

Employees have the most important role in the Exposure Control Plan, for the final success of this plan is dependent upon them. Therefore, employees are aware of tasks they perform that involve potential exposure to bloodborne pathogens, they attend bloodborne pathogen training sessions, and they conduct operations in accordance with appropriate work practices and procedures outlined in this plan to reduce exposure to blood or other body fluids.

The **Training Instructor** is responsible for providing information and training to employees who have the potential for exposure to bloodborne pathogens. The Training Instructor is knowledgeable in the subject matter as it relates to this standard. The Training Instructor may be an employee or a consultant.

Review/Update of Plan

The Exposure Control Plan and accompanying records are public documents and available for public review (except for information protected by the Data Practices Act). Copies are made available upon request, provided we are reimbursed for costs associated with reproduction. Per OSHA recommendations, a copy of the plan is available in the nurse's office.

To determine if the Exposure Control Plan is current, it is reviewed annually and amended whenever tasks are implemented that may affect occupational exposure or if other changes are necessary.

2.0 Exposure Assessment/Determination

Assessment Protocol

The beginning step in implementation of the Exposure Control Plan is the assessment and exposure determination of the various job classifications, positions, and employees within our institution. Job categories are assessed based on typical job duties that have the potential for blood exposure.

Classification 1

Employee categories where the primary job responsibility is administering first aid or healthcare are identified as Classification 1. The job categories that fall under Classification 1 for Faribault Public Schools are the school nurses, health aids and health paraprofessionals. Employees in this classification are fully covered under the Exposure Control Plan.

Classification 2

Employees who provide or have the potential to provide first aid, healthcare, or are required to clean up blood or Other Potentially Infectious Material (OPIM) as an auxiliary component of their job responsibilities are covered under this classification. The following job categories fall under this classification and are fully covered under the Exposure Control Plan:

- Custodians
- Athletic Trainers/Coaches
- Special Education Instructors
- Paraprofessionals
- Teachers
- Etc.

3.0 Methods of Compliance

Universal Precautions

“Universal Precautions” are practices and procedures that assist in the prevention of contact with blood and other body fluids. They are the best protection against HIV—the virus that causes AIDS, hepatitis B, and other infectious agents. Universal Precautions are implemented when dealing with blood or OPIM. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be treated as if known to be infected with HIV, HBV, or other bloodborne pathogens. Although exposure to body fluids other than blood is unlikely except in healthcare settings, the following body fluids are to be treated as infectious:

- | | |
|----------------------------------|--|
| • blood | • semen |
| • vaginal secretions | • cerebrospinal fluid |
| • synovial fluid | • pleural fluid |
| • pericardial fluid | • peritoneal fluid |
| • amniotic fluid | • saliva (dental practice only) |
| • blood-contaminated body fluids | • all body fluids where it is difficult or impossible to differentiate |

Any employee encountering blood or other body fluids listed above is to treat them as being infectious, and to use necessary personal protection and work practice controls as outlined throughout this plan.

Engineering & Work Practice Controls

Using appropriate engineering and work practice controls should eliminate or minimize employee exposure to bloodborne pathogens. The procedures and controls listed in this section are being institutionalized and will periodically be reviewed and updated as required.

The following engineering and work practice controls and policies are used:

A. Work Practices

- Wear disposable gloves. Do not reuse disposable gloves. Wash your hands with soap and water after removing gloves. If utility gloves are used, decontaminate them appropriately by washing with detergent and water and disinfecting according to procedure.
- Wear safety goggles if there is potential for contaminants splashing in the eyes.
- Wear a mask if there is potential for contaminants splashing in the mouth or nose.
- Use an absorbent material (paper towel/cloth) as a barrier between you and the blood source.
- In the event you become exposed to any blood or OPIM, wash the area with soap and water or flush the mucous membranes immediately and report to your supervisor and the exposure control officer.

B. Handwashing

- Readily accessible facilities (running water with soap and single-use towels or hot-air drying machines) are available in each building and are immediately utilized upon contact with blood or OPIM.
- Where handwashing facilities are not feasible, we provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If an alternative for an acceptable handwashing facility is used, the hands are washed as soon as feasible after use of the antiseptic towel or cleaner.
- Proper handwashing procedures include the use of warm water. Hands are wetted and soap applied to hands and wrists to reach any organisms that may have traveled above the hand. Scrub between fingers and use a nailbrush for fingernails. Scrub a minimum of 20 seconds. Air drying or single-use towels are used to dry the hands.

C. Handling Sharps

- Mechanical devices such as tongs or dustpan and broom are available to pick up contaminated sharps such as blood-covered broken glass, to avoid any direct contact. Contaminated glass is not picked up by hand.
- Appropriate gloves, provided by the employer, are used when handling contaminated sharps.
- Needles and other contaminated sharps are not bent, recapped, or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
- Sharps are not removed or recapped unless it is demonstrated that an alternative is not feasible and approval from the exposure control officer is obtained.
- As soon as possible after use, contaminated sharps are placed in appropriately marked storage/disposal containers.

D. Sharps Containers

- Sharps containers are located in the nurse's offices throughout the district.
- Containers are puncture-resistant, labeled or colors coded, come with leak-proof sides and bottom, and are able to be closed after each use.
- If outside contamination of container occurs, place the primary container within a secondary container that is puncture-resistant, leak-proof, and labeled or color-coded. Outside contamination may be brought about by accidental spillage or other contact with blood or OPIM.
- Sharps containers are shipped through a regulated waste transport/disposal company as necessary. Documentation is maintained in the Buildings/Grounds office.

E. Blood/OPIM Clean-up

Employees shall call a custodian to clean up blood and body fluids

- Clean-up is conducted as soon as possible.
- Use gloves. Do not re-use disposable gloves. If utility gloves are used, decontaminate after use with soap and water and appropriate disinfectant.
- Use disposable (paper) towels and other absorbent materials to absorb materials.
- Clean area with soap and water.
- Immediately utilize proper disinfectant (registered with EPA) and follow handling procedures.
- Dispose of waste in a proper container.
- Wash hands thoroughly with warm water and soap.
- The supervisor or exposure control officer is informed and the exposure potential is evaluated.

F. *Clean-up of Objects Contaminated with Blood or OPIM (i.e., athletic equipment)*

Unless specifically trained to perform blood clean-up, employees call a custodian to clean up equipment

- Use gloves. Do not re-use disposable gloves. Utility gloves are properly decontaminated after use.
- Discard contaminated items that cannot be cleaned into a lined container.
- Wash objects using warm water and general purpose cleaner.
- Disinfect the object using approved disinfectant solution or a bleach solution.
- If object is to be placed in mouth (e.g., mouth guard for football players) use applicable disinfectant and follow the manufacturer's directions.
- Notify supervisor or exposure control officer if an exposure potential exists.

G. *Self-Management for Incidents Requiring First Aid*

The principle of self-management is that the people whose blood or other body fluids are exposed manage, treat, clean, and dispose of the contaminated materials themselves, if possible, thereby avoiding contact by a second party.

H. *First Aid/Healthcare*

- Use gloves or other personal protective equipment (PPE).
- Use paper toweling or other absorbent material to wipe injury and, if appropriate, allow person to rinse injury with running water.
- Place soiled materials into a lined waste container.
- Soiled clothing is removed and placed into a plastic bag to take home, if possible.
- Assist in cleaning affected area; use cotton swabs to apply medicine, if appropriate.
- Follow other procedures for care in minimizing direct contact with blood or body fluids.
- Wash hands thoroughly.

I. *Eating, Drinking, Smoking*

Eating, drinking, smoking, applying cosmetics or lip balm, and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink are not stored in close proximity to where blood or potentially infectious materials are present.

J. *Mouth Pipetting/Suctioning*

Mouth pipetting/suctioning of blood or OPIM is prohibited.

4.0 Personal Protective Equipment (PPE)

Optimally, the use of engineering controls would eliminate or minimize the exposure to blood or OPIMs. When an exposure potential exists after the engineering controls are in place, PPE is utilized. There is a large range of PPE in the use of infection control, but the main consideration in choosing and using such equipment is to restrict blood or OPIM from contact with skin, mucous membranes, etc. We provide free PPE, as appropriate, to employees.

PPE is considered "appropriate" only if it does not permit blood or OPIM to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

A. **PPE** includes, but is not limited to:

- **Gloves** are used for first aid, clean-up, handling of sharps, and when in contact with any blood or OPIM. Disposable or single-use gloves, such as surgical gloves, are discarded in leak-proof bags.
 - If possible, before putting on gloves, wash your hands. After you have put the gloves on, check for proper fit and punctures. Pull them snug to enable a good fit.

- To remove gloves, they are rolled or pulled from the wrist to the fingers so that the glove is inside out. This minimizes contamination. Disposable gloves are discarded immediately in a lined container and never reused.
 - Utility gloves used for blood clean-up must be cleaned and decontaminated after use. They must be inspected prior to each use and discarded if they have deteriorated or the integrity is compromised.
 - Mouth pieces are used to avoid direct contact with blood or saliva during resuscitation.
 - Other PPE, if appropriate.
- B. **Use**--We will document that employees use appropriate PPE. Under rare and extraordinary circumstances, an employee may decline to use PPE; these cases are investigated and documented.
- C. **Accessibility**--We will document that appropriate PPE is readily accessible at the work site or issued to employees covered under the Standard. Employees are informed of the location and accessibility of PPE. We base our decision regarding proper PPE issuance on the results of the employee category assessment found at the beginning of the Exposure Control Plan for Bloodborne Pathogens.
- D. **Upkeep**--We repair, replace, clean, and dispose of PPE at no cost to employees. Hypoallergenic gloves or appropriate substitutes are provided to employees who are allergic to the gloves normally provided. Our policy dictates that employees inform the exposure control officer of faulty, worn, dirty, or other problematic PPE.

Housekeeping

Clean and sanitary conditions are maintained in the worksite.

- Contaminated equipment and working surfaces are cleaned and decontaminated after contact with blood or OPIM. Decontamination involves the clean-up of material using paper toweling or other absorbent material, water and soap, and final disinfection with an EPA-approved disinfectant.
- Broken glassware that may be contaminated is not picked up directly with the hands. Tongs, forceps, or brush and dust pan are used and the material is disposed of in a sharps container. This equipment is cleaned and disinfected after contact with blood. Cleaning and disinfecting procedures described in the above paragraph are used.
- Waste generated by Faribault Public Schools is disposed of in the regular waste stream. In the event of an emergency, regulated waste may be generated (i.e., dripping towels) – these wastes would most likely be taken by the ambulance service. If the district becomes responsible for disposing of regulated materials, we will follow federal and state regulations regarding disposal.
- In the event that clothing and/or other washable materials are contaminated with blood or OPIM, the following conditions are applicable:
 - Contaminated laundry is handled as little as possible.
 - Gloves are utilized throughout handling.
 - Contaminated laundry is bagged immediately. The items are sent home with the injured person.

New/Transferred Employees

When a new employee is hired, or an employee changes jobs within the facility, the following process takes place to accommodate assessments and, if necessary, the employee is trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures he/she will perform are evaluated by classifications and task lists which have been identified in our Exposure Control Plan.
- If the employee is transferring from one job to another within the facility, the job classifications and tasks/procedures pertaining to the previous position are also checked against these lists.
- Based on this cross-checking, the job classifications and/or tasks and procedures that will bring the employee into occupational exposure situations are identified and documented. The employee is then trained by a qualified instructor regarding any work practice controls with which the employee is not experienced.

- If the new employee is in Classification 1 and that employee receives the hepatitis B vaccination upon being hired, that employee has an antibody titer one to two months after completion of the three-dose vaccination series. If the employee did not respond to the primary vaccination series, they are re-vaccinated with an additional three-dose series and re-tested. Medical evaluation is required if they do not respond to the second series.

5.0 Communication of Hazards

Labels and signs are required for identifying regulated contaminated materials. Outside of sharps containers, regulated waste is typically not generated at Faribault Public Schools.

- Warning labels are affixed to containers of regulated waste or contaminated equipment (if generated) that is transported and cannot be completely decontaminated prior to transport.
- Labels include the biohazard legend, are fluorescent orange or orange-red with contrasting lettering or symbols, and are affixed as close as possible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal.

Information & Training

Free information and training is provided to identified employees during work hours. If training cannot be provided during work hours, employees are compensated for their extra time. Training is provided at the time of initial assignment and annually thereafter. Additional training is provided when changes such as modification or addition of tasks or procedures affect employee's occupational exposure. Material covered applies to educational level, literacy, and language of employees being addressed. The contents of the training program include:

- Access to 29 CFR 1910.1030 *Bloodborne Pathogens*.
- Explanation of the epidemiology and symptoms of bloodborne diseases
- Explanation of the modes of transmission of bloodborne pathogens
- Explanation of our Exposure Control Plan, its location, and means by which an employee may obtain a copy
- Assessment of tasks that may involve exposure
- Methods for preventing or reducing exposure (engineering controls and work practices)
- Information on types, proper use, location, removal, handling, decontamination, and disposal of PPE
- Explanation of selection of PPE
- Information on the HBV vaccine, including efficacy, safety, administration, and benefits, as well as the location and procedure for receiving the cost-free vaccination
- Information on appropriate action to take and persons to contact in emergencies involving exposure
- Explanation of procedures to follow when an exposure incident occurs, including reporting methods and medical follow-up
- Information on the post-exposure evaluation and follow-up
- Explanation of signs, labels, and color coding system
- Opportunity for a question and answer period
 - The person conducting the training is knowledgeable in the material covered during the training course as it relates to the workplace.
 - Training records are maintained for a period of three years and include name, occupation, name of person performing the training (with qualifications), and a brief overview of agenda.
 - Training curriculum—A copy of this curriculum is maintained and made available for review by employees or OSHA.

6.0 Hepatitis B Vaccination and Post-Exposure Evaluation Policy

Hepatitis B Vaccination Policy

The hepatitis B vaccine is available to district employees who have the potential for occupational exposure. It is:

- *Provided at no cost to the employee.* We do not have a reimbursement program, nor do we require an employee to use healthcare insurance to pay for the vaccination if there is any co-pay for insurance or procedure. No “out-of-pocket” costs are incurred by the employee.
- *Made available to the employee at a reasonable time and place.*
- *Performed by a licensed physician or licensed healthcare professional* following appropriate healthcare professional procedures.

The hepatitis B vaccination is made available after the employee receives the required training and within ten days of initial assignment to employees who have the potential for occupational exposure.

Classification 1 Employees are tested for antibodies to the hepatitis B surface antigen one to two months after the completion of the three-dose series. If the classification 1 employee does not respond to the primary vaccination series, he/she is re-vaccinated with a second three-dose vaccine series and re-tested. Non-responders are then medically evaluated. Exemptions include:

- Employees who have received the vaccine series previously
- Antibody testing has revealed that employees are immune
- Those with medical reasons

An employee may decline the HBV vaccination, in which case the employee signs a declination statement. The employee may, at a later date, request the vaccine; Faribault Public Schools will grant the employee’s request at that time.

Post-Exposure Evaluation and Follow-up Protocol

The exposure control officer is responsible for evaluating an exposure incident (e.g., blood contact with mucous membranes, non-intact skin, or piercing the skin or mucous membrane by needle stick, cut, bite). In the event of an exposure incident, it is imperative that we, and the employee, follow the appropriate protocol. Time is important in providing the most comprehensive and protective treatment. The exposure control officer refers the exposed individual to our designated clinic or the employee may go to the healthcare professional of their choice. Any employee who has an exposure incident follows the post-exposure protocol. It is our responsibility to provide a confidential medical evaluation and follow-up after an exposure incident has been reported. The following protocols are followed:

Exposed Employee

- Immediately washes exposed area or flushes mucous membrane with running water
- Contacts the supervisor and exposure control officer

Exposure Control Officer

- Documents the exposure incident, along with routes of entry and circumstances of exposure (see Exposure Incident Report Form in Post-Exposure Packet)
- If the exposure was from a contaminated sharp, the incident is entered on the Sharps Injury Log and reported no later than ten working days after the end of the calendar month in which it occurred.
- Identifies and documents the source individual (unless prohibited by law) This is done to determine HBV or HIV status of the source
- The source individual’s blood is tested as soon as feasible, if consent from the source or source’s parent (if source is under 18 years of age) is obtained. If consent is not obtained, this is documented.
- If the source individual is already known to be infected, status testing will not be repeated.
- Informs the employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee’s blood is collected as soon as feasible and tested after consent is obtained.

- If the employee consents to baseline blood collection, but does not give consent for testing, samples are held for 90 days. In this time period, the employee may decide to have a blood sample tested.
- Makes available the post-exposure evaluation/treatment provided by the healthcare professional, including counseling and evaluation of reported illness by the healthcare professional

Post Exposure Documentation

- Copy of 29 CFR 1910.1030 *Bloodborne Pathogens*
- Copy of the Exposure Incident Report
- Testing Consent/Declination of Source - If consent is obtained, results will be transmitted by the healthcare professional directly to the healthcare professional of the exposed employee.
- Testing Consent/Declination of Exposed Employee - Results are transmitted directly to employee.
- Employee's medical records relevant to the incident (i.e., previous exposure or hepatitis B vaccination status)
- Healthcare Professional's Written Opinion Form (or use form provided by healthcare professional)

We obtain the healthcare professional's written opinion (which does not include testing results or other protected information) and provide the affected employee with a copy within 15 days of completion of evaluation. The healthcare professional's written opinion must contain whether the HBV vaccination is indicated for the employee and, if the employee has received such vaccination, a statement that the employee was informed of evaluation results and any medical conditions resulting from exposure. All other findings are confidential and maintained with the healthcare professional.

Recordkeeping

Medical records are confidential and maintained in accordance with 29 CFR 1910.1020 *Access to Employee Exposure and Medical Records*. Medical records are maintained in the main office and include the following:

- Employee's name
- Employee's HBV vaccination status
- If exposure incident occurs:
 - Archive results of exams, medical testing, and follow-up procedures. It is recommended that medical information outside of the written opinion be maintained with the healthcare professional.
 - Archive our copy of the healthcare professional's written opinion.
 - Archive a copy of information provided to healthcare professional, including a description of the exposed employee's duties as they relate to the exposure incident, documentation of routes of exposure, circumstances under which the exposure occurred, and results of the source individual's blood test, if available.
 - If the exposure incident involved a contaminated sharp, log the incident in the Sharps Injury Form (see the forms section of this plan) or be sure to include the type and brand of device involved in the incident, if known, the location of the incident, and a description of the incident on the First Report of Injury/OSHA 300 Log.
 - Contaminated sharps injuries are recordable under OSHA's recordkeeping standard and are to be handled as a privacy case (names are not to be included on the 300 Log).
- These records are kept confidential and are not disclosed or reported without the employee's express written consent.
- We maintain records for the duration of employment plus thirty years.

Upon request, Faribault Public Schools will make employee records available under 29 CFR 1910.1020 to the Assistant Secretary of Labor for OSHA and the Director of NIOSH. Records are also available to the subject employee for examination and copying. Transfer of records complies with 29 CFR 1910.1020(h). If we cease to do business, and there is no successor employer to receive and retain above records, the Director of NIOSH is notified three months prior to their disposal. Further action may be taken at such time.

