

Bloodborne Pathogens Exposure Control Plan

I. Purpose

It is the purpose of the Bloodborne Pathogen Control Program to minimize exposure to bloodborne diseases from body fluids encountered during the workday.

II. Definitions

- “Bloodborne Pathogens” - means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
- “Contaminated” - means the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- “Contaminated Sharps” - means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
- “Contaminated Laundry” - means laundry which has been soiled with blood or other potentially infectious material or may contain sharps.
- “Decontamination” - means the use of physical or chemical means to remove or inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- “Engineering Control” - means controls that isolate the bloodborne pathogen hazards from the workplace.
- “Personal Protective Equipment (PPE)” are specialized clothing or equipment worn by an employee for protection against a hazard, e.g., rubber gloves, etc.
- “Regulated Waste” - means liquid or semiliquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semiliquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- “Source Individual” - means any individual living or dead whose blood or other potentially infectious material may be a source of occupational exposure to the employee.
- “Universal Precautions” - is an approach to infection control, which assumes that every direct contact to body fluids is infectious and requires those employees whose duties identify them as primary first-aid provider, include the handling of or exposure to body fluids. These personnel will be identified by the building principal and approved by the superintendent. Therefore, universal precautions are intended to reduce risk to these employees from parenteral, mucous membrane and nonintact skin exposures to bloodborne pathogens.
- “Work Practice Controls” - means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

WORK PRACTICE CONTROLS

EXPOSURE	WORK PRACTICE CONTROL
Contact with blood during first-aid treatment.	Gloves and other PPE as needed.
Contact with needles or other sharps.	All needles and other sharps disposed of after use in sharps containers. No capping - No reuse.
Contact with potentially infectious materials during care of disabled.	Handwashing and personal hygiene.
Contact with potentially infectious materials when cleaning spills.	MESS Kits in each classroom for use in event of necessary cleanup.

ENGINEERING CONTROLS

EXPOSURE	ENGINEERING CONTROLS
Contaminated Laundry	Double bag all laundry to help ensure no leakage.
Contaminated Sharps	All sharps will be placed in sharps container impervious to stick through from needles, etc.
Waste Products	All trash disposal cans leakproof and double bags system used.

III. Hand Washing Facilities

Hand washing is one of the most important procedures for preventing infection. Hands must **always** be washed between treatment contacts (**following removal of gloves**) for first aid providers, after:

- Touching inanimate objects likely to be contaminated by blood or potentially infectious materials from others;
- After contact with potentially infectious materials from:
 - ✓ Bloody noses;
 - ✓ Vomit;
 - ✓ Nose or mouth discharge.
- Handling infection from ear piercing;
- Handling laundry;
- Changing menstrual pad;
- Diapering;
- After any other contact with blood or potentially infectious materials before leaving the work area if contact occurred.

First-aid providers or others who have weeping lesions or dermatitis should refrain from all direct contact and handling potentially infectious materials or contaminated items until the condition resolves.

Hand Washing Method

- Use soap (liquid is preferred) and warm water.
- Rub hands together vigorously - 30 seconds minimum.
- Wash all surfaces including thumbs, wrists, back of hands, between fingers and around/under nails.
- Rinse hands well, letting water drain from wrists to fingers. Do not turn off water.
- Dry hands with paper towels and then use towel to turn off water.
- Discard used towel.

IV. Handling of Contaminated Needles and Sharps

There are limited types of sharps in the district which employees may encounter. These include, but are not limited to, needles, blades and any other object that may be contaminated and have the potential of puncturing the skin.

Disposable Sharps - Disposable sharps such as needles shall be:

- Carefully placed in the sharps containers located in each health room of all facilities;
- Needles shall not be capped;
- One handed methods should be used if at all possible.

Care should be taken by the employee to prevent punctures when removing disposable needles from apparatus.

V. Personal Hygiene

No eating, drinking or smoking in any of the designated health rooms. In addition, never eat, drink or smoke in any area where there are contaminated items or risk of exposure to potential bloodborne pathogens.

Always wash your hands, using the procedure identified, before and after work, even if no contact took place.

VI. Personal Protective Equipment

The following protection is **required**:

FIRST AID - Personnel **must** be equipped with gloves. Personnel included in this category include nurses and designated first-aid providers. Gloves should also be worn in multidisabled areas when assisting students in bathroom activities.

DELEGATED NURSE PROCEDURES - Personnel **must** be equipped with gloves when dealing with accidents/emergencies.

OTHER REQUIREMENTS - Employees in multidisabled and infant care areas should also be using gloves when involved in certain activities which may include diapering, toileting, feeding and regular cleaning of students.

VII. Housekeeping

Cleanliness is one of the most important aspects and a means of preventing the contracting of bloodborne pathogens from occupational exposures. Following are suggested procedures for health rooms:

- A. Beginning of each day all work surfaces are to be washed;
- B. After each student is attended:
 - Disposable items (gloves, gauze, cotton products, etc.) shall be placed in the puncture resistant container;
 - Spray, wipe and spray technique shall be used on all touch and splash surfaces;
 - Floors and working surfaces shall be cleaned and disinfected after any spills of potentially infectious fluids in any area of the school.

Solution for Cleaning

A disinfectant solution is to be utilized for environmental sanitation:

- A. An Environmental Protection Agency (EPA) approved disinfectant or a freshly-made solution of one part bleach to nine parts water is to be used;
- B. Product should be mixed according to container directions;
- C. Product should be mixed fresh each day;
- D. Wear disposable latex or vinyl gloves, and if appropriate, gowns, face masks or eye coverings and clean the surface of the spill as much as possible;
- E. The surface must be cleaned thoroughly from surface/objects before application of disinfectant;
- F. Allow at least 10 minutes of contact time;
- G. Read and follow label directions without deviation;
- H. The container must be clearly labeled and stored in a secure area. Containers should **never** be of a type in which food or drink is stored.

VIII. Regulated Waste

- A. Regulated waste means liquid or semiliquid blood or potentially infectious materials, contaminated items that would release blood or potentially infectious materials in a liquid or semiliquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing such materials during handling, and contaminated sharps.

Contaminated Sharps	All sharps that have been removed from their regular, original sterile containers. These shall be discarded in a sharps container. Sharps containers, when filled, will be closed and taped shut for protection. The outside of the container will be disinfected. Red containers will be used instead of labels.
Soiled Laundry	A reinforced trash can bag will be used for collecting soiled laundry. Laundry will be kept in the health room and sent home with the student for washing.
Trash Container	Each health room will have one marked trash can equipped with a double plastic trash bag to dispose of regulated waste (nonsharps type). These trash liners should be marked BIOHAZARD and disposed of separately from noninfectious trash. The waste should be placed directly into a container and handled as seldom as possible.
Leakage	All containers must be closed prior to removal to prevent spillage and all regulated waste will be placed into containers, or bags that are closeable and constructed to contain all contents and prevent spillage or protrusion of contents. If the container becomes contaminated, or leaks are suspected or known, the original container must be placed into a second container that has the same characteristics.
Storage/Disposal of Regulated Waste	A designated custodial staff person at each location will be responsible for collecting and storage/disposal of regulated waste. He/She will also be responsible for providing the BIOHAZARD LABELS and disposal bags for use.

B. Labels

Universal markings (red containers) or BIOHAZARD labels will be affixed to all sharps containers.

IX. Training/Vaccinations/Follow-up

A. Training

Employees will receive initial and annual bloodborne pathogens training by a qualified designated trainer.

1. Attendees:
 - a. All attendees will sign a log with their name and job title.
2. Training records:
 - a. Will be maintained for three years from the date of training;
 - b. Will include:
 - Date of training session;
 - Summary of the contents of the training session;
 - Names and qualifications of person(s) presenting the training.
 - c. Will be available, upon request, for examination and copying to employees, their representatives and training representatives.

B. Vaccinations

1. Employees, who have been identified as primary first-aid providers, will be offered an HBV vaccination at no cost.
2. Employees, who have been identified as primary first-aid providers are qualified to receive an HBV vaccination at no cost, and who refuse such vaccination, must acknowledge in writing that he/she has been offered the vaccination and has refused said vaccination.

C. Postexposure Evaluation and Follow-up

“Exposure Incident” - means a specific mouth, eye, other mucous membrane, nonintact or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

1. The exposure incident will be reported immediately to the superintendent.
2. A medical evaluation and follow-up procedure will begin immediately after an exposure incident.
3. The superintendent will document the exposure and will identify at a minimum:
 - a. Route of exposure;
 - b. Circumstances of exposure;
 - c. Identification of source individual.
4. The superintendent will contact the source individual to obtain consent for blood testing, explain the purpose of the blood testing, and that the testing will be performed without cost to the source individual.

- a. The source individual shall also receive a follow-up letter with the same information.
- b. The source individual will be required to sign a written consent form for testing or a denial of testing.

Exposed Worker

1. The exposed worker shall be offered information about HBV and HIV infection, methods of preventing infection and the HBV/HIV tests.
2. The exposed worker will be notified by the superintendent and offered serial HBV/HIV follow-up. The district will pay all costs associated with blood tests.
3. The exposed worker will be provided evaluation of reported illnesses, counseling and other medical assistance.

D. Medical Records

1. The district will maintain an accurate record for each employee with occupational exposure including:
 - a. Name and social security number;
 - b. Copy of HBV vaccination status and medical records relative to the employee's ability to receive vaccination;
 - c. Copy of results of examinations, medical testing and follow-up procedures for any exposure incidents;
 - d. Employer's copy of written opinion;
 - e. Copy of the information provided to health-care professionals for exposure incident evaluation.
2. All employee medical records shall be kept confidential and will not be discussed, disclosed or reported to any person without the employee's expressed written consent.
3. All records will be available, upon request, to training representatives for examination and copying.
4. Will be provided, upon request, to exposed worker and to anyone having written consent from the exposed worker.

E. Health-Care Provider

1. The exposed worker's health-care provider will be provided with a copy of this regulation and the Exposure Control Plan.
2. Additional information will be provided to the exposed worker's health-care provider including:
 - a. Description of exposed employee's duties;
 - b. Documentation of route of exposure;

- c. Results of source individual testing;
 - d. All relevant medical records.
3. The health-care provider will provide the superintendent a copy of his/her written opinion. Such opinion will be supplied to the employee.