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Bloodborne Pathogens Exposure Control Plan

Exposure Determination

There are no employees in the district whose primary job assignment would include the rendering of first aid.

Job Classifications

The following job classifications have job duties which may result in them reasonably anticipating an occupational exposure:

1. all employees assigned to special education programs;
2. teachers of the homebound and hospitalized;
3. preschool, Head Start, APEX primary and support staff;
4. all building-based office staff, administrators, custodians, playground supervisors, Latchkey staff, hall monitors, lunchroom supervisors, cafeteria staff;
5. physical education teachers, teachers of laboratory classes, coaches;
6. bus drivers and paraprofessionals;
7. all substitutes in corresponding categories.

Tasks and Procedures

The following list of tasks and procedures performed by employees in the above job classifications may result in exposure to bloodborne pathogens. These tasks/procedures may include, but not be limited to, the following examples:

1. minor injuries that occur within a school setting, e.g., bloody nose, scrape, minor cut;
2. initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;
3. care of students with medical needs, e.g., tracheotomy, colostomy, injections;
4. care of students who need assistance in daily living skills, such as toileting, dressing, handwashing, feeding, menstrual needs;
5. care of students who exhibit behaviors that may injure themselves or others, e.g., biting, hitting, scratching;
6. care of an injured person in laboratory setting, vocational education setting or art class;
7. care of injured person during a sport activity;
8. cleaning tasks associated with body fluids spills;
9. care of students who receive training or therapy in a home-based or hospital setting.

All employees of the school district will receive training as set forth in this Exposure Control Plan and will have available pre-exposure hepatitis B vaccine at school district expense.

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Schedule and Method of Implementation

Methods of Compliance

1. Universal Precautions

In the district, universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

2. Engineering and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in the district and at least annually. An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needlesticks. A Walled Lake Schools Bloodborne Pathogens Exposure Incident Investigation Form shall be completed on each incident. (See Appendix D).

a. Handwashing:

The district shall provide handwashing facilities which are readily accessible to employees, or when provision for handwashing facilities is not feasible, the district shall provide either an appropriate antiseptic hand cleanser, in conjunction with clean cloth/paper towels, or antiseptic towelettes.

Employees shall wash hands or any other skin with soap and water, or wash mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

b. Housekeeping and Waste Procedures:

The district shall ensure that the worksite is maintained in a clean and sanitary condition. The district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.

All equipment, materials, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

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Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/therapy, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the school day if the surface may have become contaminated since the last cleaning.

Protective covering, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Materials, such as paper towels, gauze squares or clothing used in the treatment of blood or OPIM spills, that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. Bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color or affixed with a biohazard label and shall be located in the custodial area.

On the advice of the Michigan Office of Safety and Health (MIOSHA), biohazardous waste for this Standard's purposes shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood.

The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated and removed immediately.

There shall be a marked biohazard container in the custodial area for the containment of all individual biohazard-designated bags. For pick up and disposal of the contents of this container, contact the office of Michael Hughes, Governmental Regulations Compliance Specialist, at 960-8380.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping and is labeled or color-coded according to the requirements of this standard.

In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.

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Broken glass shall NOT be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps. Broken glass shall be containerized. The custodian shall be notified immediately OR through verbal or written notification before scheduled cleaning.

Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate containers which shall be closable, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, i.e., art department, classrooms where dissections occur, nurse's station. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.

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 or into the containers where these sharps have been placed. Sharps should be washed in soapy water with a long-handled brush, rinsed and air dried.

When moving containers of contaminated sharps from the area of use, the containers shall be: (1) closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping; (2) placed in a secondary container if leakage is possible. The second container shall be closable; constructed to contain all contents and prevent leakage during handling, storage, transport or shipping; and labeled or color-coded. 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.

Regulated waste shall be placed in containers which are closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded; and closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

The employee shall notify the head custodian when sharps containers become three-quarters full so that they can be disposed of properly.

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Contaminated needles shall not be bent, recapped, removed, sheared or purposely broken.

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses where there is a reasonable likelihood of exposure to bloodborne pathogens.

Employees shall NOT share water bottles, makeup, reeds from wind instruments, or allow students to do so. Employees should be warned against putting toothpicks, pens, pencils or other potentially contaminated sharp items in their mouths.

Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited, i.e., sucking out snake bites.

Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport or shipping. These containers shall be labeled with a biohazard symbol or shall be red in color.

Equipment which may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representatives and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Gloves and other appropriate personal protective equipment must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled or colored red. Contaminated laundry shall be disposed of.

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3. Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protective equipment available in the district are gloves, pads, wipes, towels and waste bags.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall NOT be washed or decontaminated for re-use.

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.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must 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.

Masks, in combination with eye protection devices such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, sprays, spatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated, i.e., custodian cleaning a clogged toilet, nurses or aides that are performing suctioning or tube feedings.

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or other similar outer garments shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location and degree of exposure anticipated.

The district shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to the employees.

The district shall clean, launder and dispose of personal protective equipment at no cost to the employee.

The district shall repair or replace personal protective equipment, as needed to maintain its effectiveness, at no cost to the employee.

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All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. This container shall be labeled with a red biohazard symbol.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.

The district shall ensure that the employee uses appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed an increased hazard to the employee or others, the district shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. (See Appendix D)

Hepatitis B Vaccine Availability (See Appendix B)

1. Hepatitis B vaccine for employees whose designated job assignment includes the rendering of first aid on a regular basis or who have occupational exposure to blood or OPIM.

The district shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) has been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The vaccine and vaccinations shall be offered free of charge.

The district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the completed hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional according to the most current recommendations of the U.S. Public Health Service.

The district assures that the laboratory tests are then conducted by an accredited laboratory.

The district shall not make participation in a prescreening program a prerequisite for receiving the hepatitis B vaccine.

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If an employee initially declines the hepatitis B vaccination series, but at a later date, while still covered under the standard, decides to accept the vaccination, the district shall make available the hepatitis B vaccine at that time.

The district shall assure that employees who decline to accept the hepatitis B vaccine offered by the district sign a declination statement. (See Appendix E)

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no charge to the employee.

Records regarding HIV vaccinations or declinations are to be kept by the Walled Lake Schools Personnel Office.

The district shall ensure that the healthcare professional responsible for employees' hepatitis B vaccination is provided with a copy of this regulation.

2. Hepatitis B vaccine for employees whose primary job assignment is NOT the rendering of first aid.

Any first aid rendered by such person is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

The district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid in the case that they render the assistance in any situation involving the presence of blood or OPIM.

All first aid incidents involving the presence of blood or OPIM shall be reported to the Personnel Office by the end of the work shift on which the incident occurred.

The district's bloodborne pathogens exposure incident investigation form (see Appendix D) must be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infectious materials, an "exposure incident," as defined by the standard, occurred.

This investigation form shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Assistant Secretary, upon request.

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This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard (see Appendix F).

The full hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.

The hepatitis B vaccination record or declination statement shall be completed (see Appendix E). All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.

This reporting procedure shall be included in the training program.

Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, the district shall make immediately available to the exposed employee a confidential medical examination and follow-up, including at least the following elements (see Appendix D for WLS Bloodborne Pathogens Exposure Incident Investigation Form):

1. documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
2. identification and documentation of the source individual, unless the district can establish that identification is infeasible or prohibited by state or local law;
 - a. 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 district 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.
 - b. 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.
 - c. 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.
3. the exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;
4. post-exposure prophylaxis (i.e., immune globulin), when medically indicated, as recommended by the U.S. Public Health Service;

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5. counseling shall be made available by the district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis;
6. there shall be an evaluation of reported illnesses.

The district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost, and at a reasonable time and place, to the employee. All medical evaluations and procedures shall be conducted by licensed personnel and laboratory tests shall be conducted in accredited laboratories.

Information provided to the healthcare professional who evaluates the employee shall include:

1. a copy of the OSHA regulations;
2. a description of the employee's duties as they relate to the exposure incident;
3. documentation of the route of exposure and circumstances under which exposure occurred.

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

The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. that this employee has been informed of the results of the evaluation; and
2. that this employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and/or treatment.

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

Communication About Hazards to Employees

Warning Labels

Warning labels shall be affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Exception: red tags or red containers may be substituted for labels.

1. Labels required by this section shall include the following legend:
LOGO

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2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
3. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive or other methods that prevent their loss or intentional removal.
4. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

Information and Training

The district shall ensure that all employees with occupational exposure participate in a training program. The training program shall be at no cost to employees and offered during working hours.

Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were NOT included need be provided. Annual training for all employees with occupational exposure shall be provided within one year of their previous training.

The district shall provide additional training when changes such as modifications of tasks or procedures or the institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used. (Appendix J contains the required minimum content for training.)

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the school workplace.

Recordkeeping

Medical Records (See Appendix F)

The district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:

1. name and social security number of employee;
2. a copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations;

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3. if exposure incident(s) have occurred, a copy of all results of examinations, medical testing and follow-up procedures;
4. if exposure incident(s) have occurred, the district's copy of the healthcare professional's written opinion;
5. if exposure incident(s) have occurred, the district's copy of information provided to the healthcare professional, i.e., exposure incident investigation form and results of the source individual's blood testing, if available.

The district shall ensure that the employee's medical records are kept confidential and are NOT disclosed or reported without the employee's expressed written consent to any person within or outside of the district, except as required by law. These medical records shall be kept separate from other personnel records.

These medical records shall be maintained for the duration of employment plus 30 years.

Training Records (See Appendix J)

Training records shall include:

1. the date of the training session;
2. the contents or a summary of the training sessions;
3. the names and qualifications of persons conducting the training;
4. the name and job titles of all persons attending the training session.

Training records shall be maintained for three years from the date the training occurred.

Availability of Records

The district shall ensure that all records required to be maintained by this standard shall be made available upon request to the Assistant Secretary and the Director (or their designee) for examination and copying.

Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, the Director, and to the Assistant Secretary.

The district shall comply with the requirements involving the transfer of records set forth in the applicable regulations.