LENAPE TECHNICAL SCHOOL

SECTION: OPERATIONS

TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL

ADOPTED: June 20, 2019

REVISED:

819.2 BLOODBORNE PATHOGENS EXPOSURE CONTROL

1. Purpose

The purpose of this policy is for the Joint Operating Committee to outline policies and procedures to eliminate, prevent or minimize occupational exposure to blood, bodily fluids or other potentially infectious materials (OPIM) through; strict adherence to universal precautions; provision of suitable personal protective equipment; employee training; administration of Hepatitis B immunizations, where appropriate; and proper disposal of bloodborne pathogen (BBP) material. All Lenape Technical School employees shall consider all bodily fluids as potentially infectious materials. A universal precaution policy is intended to prevent transmission of infection, as well as decrease the risk of exposure for school personnel and students.

2. Authority

This policy was designed to comply with the *Guidelines on Bloodborne Pathogens* for *the Public Sector,* Pennsylvania HB 454 (Act 96, Bloodborne Pathogen Standard Act). The guidance and precautions apply to all School employees who could reasonably anticipate occupational exposure to blood or other potentially infectious bodily fluids. **(35 P.S. Sec 631.1 et seq.)**

This policy is available to all employees and to state officials upon request. It will be updated annually or whenever procedures or equipment changes are determined.

3. Definitions

Blood: Human blood, human blood components and products made from human blood.

Bloodborne Pathogens (BBP) **–** 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), Human Immunodeficiency Virus (HIV), Hepatitis C, Hepatitis D and Syphilis.

CDCP – Center for Disease Control and Prevention.

Emesis – Vomitus

Engineering Controls – Controls or methods (i.e., sharps disposal containers) that isolate or remove a bloodborne pathogen hazard from the workplace.

	Occupational Exposure – Reasonably anticipated eye, mouth, other mucus membrane, nonintact skin or parenteral contact with blood, bodily fluids or other potentially infectious materials that result from the performance of an employee's job duties. **OPIM** – Other potentially infectious materials. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardia fluid, peritoneal fluid, amniotic fluid, saliva and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. It also includes any unfixed tissue or organ (other than intact skin) from a human (living or deceased). **OSHA** – Occupational Safety and Health Administration **Parenteral** – A piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions. **Sharp** – An object used or encountered in a health care or educational setting, which can reasonably be anticipated to penetrate the skin or any other part of the body and to result in exposure to bodily fluid. Examples include, but are not limited to, rotary cutters, X-acto knives, cut glass, needles, pierced earrings, orthodontic wires and sharp metal. **Sharps Injury** – An injury caused by a sharp and resulting in exposure to bodily fluid. The term includes any cut, abrasion or needlestick. **Universal Precautions** – An approach to infection control that treats all human blood and bodily fluids as if they were known to be infectious for bloodborne pathogens. These universal precautions follow established guidelines from the Centers for Disease Control and Prevention (CDCP). **Work Practice Controls** – Controls or methods that reduce the likelihood of exposure by alternating the manner in which a task is performed.
4. Guidelines	**METHODS OF COMPLIANCE AND CONTROL** <u>Universal Precautions</u> Strict adherence to universal precautions is required for this policy to be effective. The cornerstone of universal precautions is that all blood and body fluids, regardless of the source, must be treated as though they are infectious. <u>Engineering Controls</u> These will be used to prevent or minimize occupational exposure to BBPs. Specific engineering controls are listed below:

Control	Use
Sharps container	Disposal of all sharps after use
Dustpans and brooms	Removal of sharps
Tongs	Removal of sharps

Work Practices

Work practices will be implemented to prevent and minimize occupational exposure to BBPs. Specific work practices are as follows:

1. Hand washing with soap and water or hand sanitizers is required of all employees. Hand washing facilities are found in the following locations:
    a. School health rooms
    b. Restrooms
    c. Faculty room
2. Brocken sharps should be picked up with a broom, dustpan or tongs and disposed of as contaminated waste.
3. Recapping, bending or breaking of needles is prohibited. If no alternative exists, recap using one-handed method or recapping device.
4. All sharps should be disposed of in a puncture resistant, leak-proof sharps container. Containers are available in the following rooms:
    a. Nurse's Office
    b. Biomedical Technology (D147)
    c. Sports Medicine (D145)
    d. Allied Health (C129)
    e. Natural Resources (D149-B)
    f. LPN/Adult Education Building
5. Materials from athletic events will be disposed of or properly disinfected.

Personal Protective Equipment

Personal protective equipment (PPE) is provided to all employees at no cost to prevent direct skin, eye or mucus membrane contact with blood or bodily fluids. Employees are required to wear all PPE appropriate to the task and level of potential exposure. The types of PPE available to employees include, but are not limited to:

1. Gloves
2. Gowns
3. Face masks/face shields
4. CPR mask/shields
5. Resuscitation bags/air mask bag unit (ambu)
6. Eye protection

These PPE devices shall be available and worn by all persons who can reasonably anticipate exposure to blood and other potentially infectious materials during the execution of their professional duties. PPE devices that are torn or punctured will be replaced immediately by the School.

PPE is located in all health offices and may be obtained through the nurse. All classrooms will be equipped with gloves and clean-up kits.

The procedure for handling used PPE is the following:

1. Dispose of face masks, gowns and gloves in designated biohazard containers, which are located in all health offices; custodial offices; nurse's office, and Biomedical Technology (D147).
2. Use sinks in health office or nearest sink to clean goggles with soap and water. Spray with 1:10 bleach solution, which is prepared daily, or disinfectant registered by the Environmental Protection Agency (EPA).
3. Red biohazard bags shall be double bagged by (housekeeping) and placed in a central container found in the custodian's room.
4. Clean resuscitation bags/ambu and CPR masks in health office sink or nearest sink with soap and water, approved EPA disinfectant, or 1:10 bleach solution.

<u>Custodial Guidelines for Handling Potentially Infectious Material</u>

These facilities shall be cleaned and decontaminated daily:

1. Health offices
2. Public restrooms
3. Cafeteria tables
4. Multi-handicapped classrooms, due to their high risk for bloodborne pathogen exposure.

Clean up spills of BBP promptly and disinfect all contaminated surfaces with solution of 5.25% sodium hypochlorite (household bleach) diluted 1:10 with water, or disinfectant registered by the Environmental Protection Agency (EPA) as effective against both HIV and HBV. Bleach solutions should be prepared daily.

All bins, pails and similar receptacles shall be inspected and decontaminated by custodial services.

Any broken glass or sharps material will not be picked up directly with the hands. Instead, sweep OPIM into a dustpan with broom or use tongs. The dustpan, broom and/or tongs must be decontaminated after usage. Gloves will be decontaminated if nondisposable gloves are used.

Biohazard bags and tags should be used to identify actual or potential presence of biological hazard on equipment, refrigerators, containers, infectious wastes, infectious laundry or in rooms.

Infectious Waste Disposal –

Place infectious wastes in closable, leak-proof bags or containers and label. Carry out the disposal in conformance with local, state and federal regulations.

Contaminated trash will be labeled and placed in a red biohazard bag and stored in the custodian's office until it is removed from the building by proper services.

Contaminated trash will be disposed or by Waste Services according to EPA guidelines.

If concerns about BBP exposure occur, employees should contact their supervisor or school nurse immediately.

Employee Guidelines for Handling Potentially Infectious Materials

Use gloves when handling blood or other potentially infectious materials and soiled items and/or surfaces to prevent direct contact with the spill. Immediately discard all gloves and all materials used for the clean-up into a red biohazard bag and seal tightly. Wash hands vigorously for ten (10) to twenty (20) seconds with warm water and soap.

If there is a risk of splashes or skin/mucus membrane contact with potentially infectious materials, employees will use appropriate fluid-proof clothing such as: gowns, lab coats, head or foot coverings, face shield, face masks, or eyeglasses with side shields. Employees should perform all procedures involving blood or other potentially infectious materials in a manner that minimizes splashing or spraying of these substances.

Thoroughly and promptly flush any body surface accidentally contaminated with biological materials, and if applicable, wash with soap and water. If eyes, mouth or nose are exposed to biological material, flush with water for at least fifteen (15) minutes. Eye wash equipment is located in all health offices and in shops/classrooms.

Handle contaminated laundry carefully – student-owned contaminated laundry should be removed and handled as little as possible. Laundry should be placed in appropriately marked bags and given to the parent/guardian when possible.

If concerns about BBP exposure occur, employees should contact their supervisor or school nurse immediately.

Biohazard bags and tags should be used to identify actual or potential presence of biological hazard on equipment, refrigerators, containers, infectious wastes, infectious laundry or in rooms.

Infectious Waste Disposal –

Place infectious wastes in closable, leak-proof bags or containers and label. Notify custodial staff for disposal.

Sharps Injury Log

Employers shall establish and maintain a sharps injury log to help monitor injuries and assist in developing plans to eliminate or reduce these injuries.

Sharps injuries should be reported immediately to the school nurse or building administrator in each respective building, in person or by phone.

The following information reported to the person(s) listed above must include:

1. Department/work area of exposure
2. Date/time of exposure
3. Job classification of exposed employee
4. Description of sharp involved in injury
5. Body part(s) involved
6. Description of exposure and how it occurred
7. Did sharp have engineered sharps injury protection?
8. If yes, did injury occur before, after or during activation of protective mechanism?
9. If no sharps injury protective mechanism, how could one have prevented injury and basis for statement?
10. What other methods or equipment might have prevented injury and basis for statement?

Post-Exposure Evaluation and Follow-Up

If an exposure incident occurs during school hours, immediately contact the certified school nurse or building administrator in the respective building in person or by phone. After initial first aid (clean and treat wound, flush eyes or other mucous membranes, etc.) the following activities will be performed:

1. Complete a Sharps Injury Log and hand it in to the certified school nurse.
2. Document routes or exposure and how exposure occurred on a Workman's Compensation form and use specific details.
3. Identify the source individual, obtain consent for testing and test the source individual for HIV, HBV and HCV. Attempt to disclose to the employee's health care provider if available.
4. Provide the exposed employee with counseling and evaluation by a licensed physician or health care professional.
5. Offer employees testing for HBV, HCV and HIV as soon as possible after incident. If an employee does not give consent for HIV serological testing during blood collection, blood must be kept for ninety (90) days. During that time, the employee retains the right to have the testing performed.
6. Offer the employee appropriate post-exposure prophylaxis as determined by the evaluation physician.
7. Provide the employee with a copy of the health care professional's written evaluation results within fifteen (15) days of the completed evaluation.

8. Provide the physician or health care professional with a copy of the state guidelines and information about the employee's exposure and vaccination status.

If an exposure incident occurs after school hours, the employee should report to an emergency room for evaluation. The employee should fill out a Sharps Injury Log and Workman's Compensation form and hand them in the next day to the certified school nurse or building administrator. Forms will be available in every school building.

School nurses and building administrators will review each Sharps Injury Log Report as they occur to address quality assurance measures that might identify ways to improve safety and prevent similar future incidents. A copy of each Sharps Injury Log Report will be forwarded to the Administrative Director and the original kept in the nurse's office.

All information on the exposure incident and post-exposure evaluation will be kept in the employee's confidential personnel record in the Business office. These records shall be kept by the school for the length of employment plus thirty (30) years after termination of employment. The records are available to the employee or authorized representative, upon written request, as well as to proper state authorities.

<u>Employee Training</u>

All employees who may have occupational exposure to bloodborne pathogens shall attend a training program, which explains the hazards of working with blood and other potentially infectious materials and the methods of compliance used by the School to minimize this exposure. This training should occur at the time of their initial assignment and annually, or when there are equipment, procedure and task changes. Training will be provided during work hours and at no cost to the employee.

Training shall include, but not be limited to:

1. General explanation of the epidemiology and symptoms of bloodborne disease.
2. An explanation of the modes of transportation of bloodborne pathogens.
3. An explanation of the School's exposure control procedure and how an employee can obtain a copy of the procedure.
4. An explanation of the appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials.
5. An explanation of the use and limitation of the method that will prevent or reduce exposure, including appropriate work practices and personal protective equipment.
6. Information on the types, proper usage, location, removal, handling decontamination and disposal of personal protective equipment.
7. Information on the Hepatitis B vaccine.

8. Information on the appropriate actions to take and personnel to contact in an emergency involving blood or other potentially infectious materials (exposure reporting procedures).
9. Questions and answers period.

Training material will be available through the nursing staff:

A copy of the School's bloodborne pathogen policy and universal precautions handbook will be given to each employee.

Compliance and Complaint Procedures

The School shall develop and implement compliance monitoring procedures for the Exposure Control Plan and a complaint process for all staff. For more information on complaint procedures, contact the Administrative Director.

Existing procedures and policies that already address compliance monitoring and compliant procedures may be used to meet the requirement of this section.

Recordkeeping

Training Records –

1. Training records will be maintained for each employee. These documents will be kept for at least six (6) years in each employee's personnel file. (Pol. 324, 800)
2. Training records will include dates of training, contents of sessions, names and qualifications of instructors and names and job title of those attending the training sessions.
3. Employee training records will be provided, upon request, to the employee or the employee's authorized representative within fifteen (15) working days. Training record requests are to be addressed to:

   Administrative Director
   Lenape Tech
   2215 Chaplin Avenue
   Ford City, PA 16226

Medical Records –

1. Medical records will be maintained in a confidential file for each employee with an occupational exposure to bloodborne pathogens. These records shall be kept for the length of employment plus thirty (30) years after termination of employment at the school in each employee's personnel file. (42 U.S.C. Sec. 12101 et seq.)
2. Medical records will include: social security number, Hepatitis B vaccine status, vaccination dates, consent/refusal form, exposure incident information, post-exposure follow-up information, and all other relevant records.

3. Medical records will be provided within fifteen (15) working days upon request to the employee or to a person having the written consent of the employee. Record requests are to be addressed to:

   Administrative Director
   Lenape Tech
   2215 Chaplin Avenue
   Ford City, PA 16226

Sharps Injury Log Records

The Sharps Injury Log will be maintained for five (5) years in the nurse's office.

Records on the Sharps Injury Log will include the information listed in Sharps Injury Log (located above).

Sharps Injury Log records will be provided, upon request, to an employee or the employee's authorized representative within fifteen (15) working days. Sharps Injury Log record requests are to be addressed to:

Administrative Director
Lenape Tech
2215 Chaplin Avenue
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Additional Measures

If Pennsylvania issues additional guidelines, or if OSHA or the CDCP adopts additional standards or recommendations, this Bloodborne Pathogen Exposure Control Policy will be altered to include these new measures.

Contractors

The Exposure Control Plan requirements will be applied to all contractors or contractor employees at this facility.

References:

Bloodborne Pathogen Standard Act – 35 P.S. Sec. 631.1 et seq; Americans with Disabilities Act – 42 U.S.C. Sec. 12101 et seq.; Board Policies – 203.1; 314.1; 324; 800