

# **Exposure Control Plan**

**ECO: District Nurse**

## **Little Falls Community Schools**

### **1.0 EXPOSURE CONTROL PROGRAM**

#### **1.1 PURPOSE**

The Little Falls Community Schools is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFE 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our place of employment in implementing and ensuring compliance with the standard, thereby protecting our employees. The contact person for the bloodborne pathogens program is the District Nurse

Our Exposure Control Program is designed to eliminate or minimize employee exposure to blood or other potentially infectious materials (OPIM). This plan includes an exposure determination for this workplace, the schedule and methods of implementation, and the procedure for the evaluation of circumstances surrounding exposure incidents.

#### **1.2 EXPOSURE DETERMINATION**

As required by OSHA, the Little Falls Community Schools has done an exposure determination concerning which employees may reasonably expect to incur exposure to blood or other potentially infectious materials as a result of their job duties. The exposure determination was made without regard to the use of personal protective equipment (PPE).

The Little Falls Community Schools uses an assessment tool (BBP Occupational Risk Form) to determine each person's risk of exposure. Any employee that may have a risk of being occupationally exposed must:

1. Receive training annually;
2. Be provided appropriate personal protective equipment; and
3. Be offered the hepatitis B vaccination at the employer's expense.

In emergency situations however, where a breakdown occurs in this system, and an employee is exposed to blood or another OPIM actions, shall be taken in accordance with this plan.

#### **1.3 UNIVERSAL PRECAUTIONS TO BE USED**

As a general policy "Universal Precautions" shall be observed when the potential for exposure to bodily fluids is present. Human skin is an effective barrier against most disease causing bacteria and viruses when regularly washed with just soap and water. However, exposure occurs when the skin is damaged due to cuts

cuts, sores, scrapes, or wiping exposed skin to natural body openings such as eyes, mouth and nose, all of which occur routinely in our everyday lives and are sound reasons for protecting ourselves and others.

"Universal Precautions" such as gloves (preferably non-latex), eye protection and masks aid in further protecting you as an individual from potentially deadly or incapacitating illnesses. Just as importantly, "Universal Precautions" and regular hand washing are key to preventing you from transferring these potentially incapacitating and deadly diseases to others such as your family, your students and fellow staff members.

Because differentiation between body fluid types is difficult or impossible, all body fluids shall be considered as "potentially infectious material".

#### **1.4 ENGINEERING AND WORK PRACTICE CONTROLS**

\*Handwashing facilities which are readily accessible to employees, will be provided.

When provision of handwashing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

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

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:

- (a) Puncture resistant
- (b) Labeled or color-coded in accordance with this standard
- (c) Leakproof on the sides and bottom

#### **Personal Protective Equipment**

When there is risk of occupational exposure, provisions shall be made, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves and CPR masks are also offered/provided in school. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's

work clothes, street clothes, undergarments, 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.

Use: The employee shall use appropriate personal protective equipment as determined by the employee's professional judgment that in a specific instance its use would have prevented the delivery of health care or public safety services or would have imposed 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.

Accessibility: Appropriate personal protective equipment in the appropriate sizes will be readily accessible at the worksite or be issued. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternative shall be readily accessible to those employees who are allergic to the gloves normally provided.

Cleaning, Laundering, and Disposal: The employer will clean laundry, and dispose of personal protective equipment required, at no cost to the employee.

Repair and Replacement: The employer will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

Gloves: 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.

- (a) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- (b) Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- (c) 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.

Protective Body Clothing: Appropriate protective clothing may be used in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated and District decision.

If blood or other potentially infectious materials penetrate a garment(s) the garment(s) shall be removed immediately or as soon as possible.

All personal protective equipment that is removed shall be removed prior to leaving the work area.

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

## **PROTECTIVE EQUIPMENT**

The District shall provide and make available the following Personal Protective Equipment:

1. Gloves
2. Biohazard Bags
3. Mouthpieces
4. Spray Disinfectant
5. Sharps Containers

Affected employees shall determine the extent of necessary Personal Protective Equipment on a case-by-case basis; however, it is a matter of policy for the District to ensure that affected employees use the appropriate Personal Protective Equipment. Employee training will assist in augmenting this Policy.

## **HOUSEKEEPING**

The workplace shall be maintained in a clean and sanitary condition, Written schedules for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area will be implemented.

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

Decontamination will be accomplished by using a product that is listed as tuberculocidal or a diluted bleach solution (90% tap water/10% bleach). If a bleach solution is to be used, the solution must be made fresh every 24 hours.

Decontamination will take place after initial clean up (i.e. wiping up) of spills of blood or OPIM.

- a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials.
- b. 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.
- c. Broken glassware, which may be contaminated, 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.

## **REGULATED WASTE**

### **(A) Contaminated Sharps Discarding and Containment**

- (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
  - (i) Collapsible/Closable;
  - (ii) Puncture resistant
  - (iii) Leakproof on sides and bottom; and

- (iv) Labeled or color-coded
- (2) During use, containers for contaminated sharps shall be:
  - (i) 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. nurses office, laundries);
  - (ii) Maintained upright throughout use; and
  - (iii) Replaced routinely and not allowed to overfill.
- (3) When moving containers or contaminated sharps from the area of use, the containers shall be:
  - (i) Closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
  - (ii) Placed in a secondary container if leakage is possible. The second container shall be:
    - (a) Collapsible/Closable;
    - (b) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
    - (c) Labeled or color-coded to identify its contents
- (4) 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.

#### A. Other Regulated Waste Containment.

- (1) Regulated Waste shall be placed in containers, which are:
  - (i) Collapsible/Closable;
  - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
  - (iii) Labeled or color-coded to identify its contents;
  - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
- (2) Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible.
  - (i) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to
  - (ii) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

- (iii) Laundry that is saturated (soaked) with blood or other potentially infectious materials will be bagged and sent to the hospital or licensed hazardous waste collector for disposal.

## HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

### II GENERAL

- (A) Employee or Supervisors will complete the BBP Post Exposure Incident packet.
- (B) The Hepatitis B vaccine and vaccination series will be made available to all employees who have Risk of exposure as determined by the assessment tool and as follow up to all employees who have had an exposure incident.
- (C) All medical evaluations and procedures including the Hepatitis B vaccine and accination series and post-exposure evaluation followup, including prophylactics will be:
  - (i) Made available at no cost to the employee;
  - (ii) Made available to the employee at a reasonable time and place;
  - (iii) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional and;
  - (iv) Provided in accordance with the current Center for Disease Control (CDC) and Prevention Guidelines or recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
  - (v) An accredited laboratory at no cost to the employee will conduct all laboratory tests.

### II HEPATITIS B VACCINATION

- (A) Hepatitis B vaccination will be made available after the employee has received the required training and within ten (10) days of initial assignment to all employees who have occupational exposure unless the employee has previously taken the complete hepatitis B vaccination series, and antibody testing has revealed that the employee is immune, or the vaccine is not recommended for medical reasons.
- (B) Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.
- (C) If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, it will be made available.
- (D) All employees who decline the Hepatitis B vaccine offered shall sign the consent/declination form and indicate their refusal.
- (E) If a routine booster dose(s) of the Hepatitis B vaccine is recommended by the Center for Disease Control or the U.S. Public Health Service at a future date, such booster dose(s) will be made available.

### **III. POST-EXPOSURE EVALUATION AND FOLLOW UP**

Following a report of an exposure incident, the Post-Exposure Incident packet is completed by the employee and supervisor. The employer will make immediately available to the exposed employee a confidential medical evaluation and follow up, which is conducted at St. Gabriel's Hospital, using their protocol.

### **IV. INFORMATION PROVIDED TO THE HEALTH CARE PROFESSIONAL**

The employer will ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:

- (i) A written description of the exposed employee's duties as they relate to the exposure incident;
- (ii) Written documentation of the route(s) of exposure and circumstances under which exposure occurred.

### **V. HEALTH CARE PROFESSIONAL'S WRITTEN OPINION**

The health care professional will provide the employee and employer with a copy of the evaluation health care professional's written opinion within 15 days of the completion of the evaluation.

### **VI. MEDICAL RECORDKEEPING**

Medical Records

- (A) Medical records shall be maintained for each employee with occupational exposure in accordance with OSHA 29 CFR 1910.1020-Access to Employee Exposure and Medical Records. 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:
  - 1. Name and social security number of employee
  - 2. A copy of the employee's Hepatitis B vaccination status including the dates of vaccination and any medical records relative to the employee's ability to receive vaccination;
  - 3. A copy of all results of examinations, medical testing, and follow up procedures;
  - 4. Employer's copy of the health care professional's written opinion; and
  - 5. A copy of the information provided to the health care professional.

**INFORMATION AND TRAINING** - The District shall ensure that all employees participate in training that is provided at no cost to the employee and during working hours.

- 1. Training shall be provided as follows:
  - (A) At the time of initial assignment to tasks where occupational exposures may take place or occur;

- (B) Within 90 days after the effective date of the standard; and
  - (C) At least annually thereafter.
2. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
  3. Annual training for all employees shall be provided within one year of their previous training.
  4. Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
  5. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
  6. The training program will contain at a minimum the following elements:
    - (A) An accessible copy of the regulatory text of this standard and an explanation of its contents;
    - (B) A general explanation of the epidemiology and symptoms of bloodborne pathogens;
    - (C) An explanation of the modes of transmission of bloodborne pathogens;
    - (D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
    - (E) An explanation of the appropriate methods for recognizing tasks and other potentially infectious materials
    - (F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
    - (G) Information on the types, proper uses, location, removal, handling, documentation and disposal of personal protective equipment;
    - (H) An explanation of the basis for selection of personal protective equipment;
    - (I) Information on Hepatitis B vaccination, including information on its efficacy, safety method of administration, and the benefits of being vaccinated and vaccination will be offered free of charge to at risk employees.
    - (J) Information on the appropriate action to take and persons to contact in an emergency involving blood or other potentially infectious materials
    - (K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;



- (L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- (M) An explanation of the signs and labels and/or color-coding;
- (N) An opportunity for interactive questions and answers with the person conducting the training session.

**2. Assessment Records**

- (i) Assessment records shall include the following information:
  - (A) The dates of assessments;
  - (B) The results of assessments;
  - (C) The names and qualifications of persons conducting the assessments;

**3. Availability**

- (i) All records required will be maintained by the school nurse's office.
- (ii) Employee training records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Superintendent or designee.
- (iii) Employee medical records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Superintendent or designee.

**4. Records Retention and Transfer**

- (iv) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(b).
- (v) Bloodborne pathogens file retained for three (3) years post-employment. Those with an exposure are archived. If a transfer of records to another district, nurse will comply.

**EMPLOYER'S AUDIT**

An annual review of the Exposure Control Plan will be conducted.