

Bloodborne Pathogen
Exposure Control Plan

I. PURPOSE

To provide a comprehensive plan that will:

- A. Protect Bristol Warren Regional School District employees who are occupationally exposed to blood, other potentially infectious materials, and/or certain other body fluid that may contain bloodborne pathogens such as immunodeficiency virus (HIV) and the Hepatitis B virus (HBV).
- B. Demonstrate Bristol Warren Regional School District compliance with the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030).

II. EXPOSURE CONTROL PLAN

A. Exposure Determination for Each Employee

The Administrator/Supervisor shall determine the occupational exposure to blood or other potentially infectious material (OPIM) of each employee in the department:

- 1. Appendix A (Exposure Determination/Job Classification) and Appendix B (Exposure Determination Work Sheet) shall be used as a guideline for identifying job classifications in which employees might reasonably anticipate exposure to blood or OPIM.
- 2. The potential for employee exposure shall be made without regard to the use of personal protective equipment.

B. Infectious or Potentially Infectious Fluids/Materials

- 1. All blood/body fluids shall be considered potentially infectious, i.e.:

- | | |
|-----------------------|------------------------|
| a. Blood | g. Saliva |
| b. Urine | h. Feces |
| c. Amniotic fluid | i. Semen |
| d. Vaginal secretions | j. Cerebrospinal fluid |
| e. Pleural fluid | k. Synovial fluid |
| f. Pericardial fluid | |

2. Any identifiable fluid or secretion or grossly contaminated secretion/excretion.

C. Utilization of Universal Precautions

Universal precautions, whereby all human blood and OPIM are considered potentially infectious, shall be practiced by all employees identified as having occupational exposure to bloodborne pathogens.

D. Utilization of Engineering Controls

Engineering controls, e.g., needle disposal systems, red biohazard plastic liner bags, etc. shall be used to eliminate and/or minimize employees' occupational exposure. Such controls shall be examined and maintained or replaced at least annually to ensure their effectiveness.

E. Utilization of Work Practice Controls

Work practice controls, e.g., hand washing, sharps precautions, housekeeping, etc. shall be utilized to minimize and/or eliminate employee's occupational exposure to blood or OPIM.

F. Utilization of Personal Protective Equipment

Employees subject to occupational exposure shall be provided with personal protective equipment which shall be maintained and used if work practices or engineering controls fail to eliminate exposure to blood or body fluids. Personal protective equipment includes gloves, gowns, eye/face protection.

G. Immunization/Post- Exposure Follow-up and Treatment

Each employee subject to occupational exposure shall be strongly encouraged to receive Hepatitis B vaccine at no cost to the employee within ten working days of employment. Mandatory declination is necessary.

H. Training and Education of Employees

Each employee shall receive training and education in accordance with the OSHA Bloodborne Pathogen Standard upon initial employment and at least annually thereafter.

I. Record Keeping/Compliance

Record keeping and compliance with this plan shall in accordance with the OSHA Bloodborne Pathogen Standard.

III. IMPLEMENTATION OF THE PLAN

A. Work Practices

1. Handwashing

a. Environmental Factors

Handwashing facilities including handwashing liquid and paper towels shall be readily accessible in all areas where employees are subject to occupational exposure to bloodborne pathogens. If handwashing facilities are not feasible in a given area or situation, an antiseptic hand cleaner and towels or towelettes shall be provided. Bar soap shall not be left on sinks or counter tops.

b. Practices

Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment, or if there has been unanticipated contact with blood or body fluids. Hands or skin surfaces shall be washed with soap and water or other approved hand washing solution and mucous membranes shall be flushed with water immediately or as soon as feasible following any contact with blood or body fluids.

2. Sharps Precautions

Disposal

Designated leakproof, puncture-resistant containers shall be easily accessible to personnel and located as closely as possible to the areas where sharps are used or use can be reasonably anticipated. Used needles and sharps shall be disposed of immediately or as soon as feasible after use. Sharps disposal containers shall not be filled beyond three-fourths of their capacities and shall be closed prior to removal or replacement.

3. Equipment

Equipment used shall not require special handling unless such equipment becomes visibly contaminated with blood or body fluids. Visibly contaminated equipment shall be cleansed initially with soap and water followed by disinfection with approved disinfectant in a manner appropriate to the item. If cleansing does not adequately remove blood or body fluids or if decontamination is not feasible, the item shall be discarded and replaced.

4. General Work Practices

Any and all procedures involving blood or body fluids shall be performed in a manner that eliminates or minimizes splashing, spraying, splattering, or generation of droplets of these substances.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses shall be prohibited in work areas where there is reasonable likelihood of occupational exposure.

B. Personal Protective Equipment (PPE)

1. General Rules

Whenever there is risk of occupational exposure, appropriate types and sizes of PPE shall be provided to all employees at no cost to the employees. PPE shall include but is not limited to disposable gloves, masks, and eye protection. The Bristol Warren Regional School District shall provide, repair, maintain, or dispose of PPE's at no cost to the employee.

PPE shall be used whenever there is risk of splash, splatter, or aerosolization of potentially infectious substances.

In general, PPE shall:

- a. Not permit blood or body fluids to pass through to the employee's skin or mucous membranes.
- b. Be removed when penetrated by blood or body fluids prior to leaving the work area; if visibly contaminated with blood or body fluids. Items shall be disposed of appropriately.

2. Gloves

Supplies of gloves (latex, vinyl or synthetic) shall be readily accessible in all work areas where the risk of exposure exists.

Gloves shall be worn whenever the employee can reasonably anticipate contact with blood or body fluids, mucous membranes, non-intact skin, and when handling or touching visibly contaminated items or surfaces. Each employee who has routine exposure to blood or body fluids shall carry a pair of gloves in his or her pocket to ensure that protection is immediately available. Disposable single-use gloves shall be replaced immediately if they become contaminated, torn, punctured, or whenever their ability to function as a barrier has been compromised.

Utility gloves shall be washed and decontaminated provided the integrity of the glove has not been compromised prior to reuse. Utility gloves shall be discarded if they begin to peel, become cracked, torn, punctured, or exhibit other signs of deterioration or compromise.

3. Masks, Eye Protection

Masks in combination with eye protection devices such as goggles, glasses with solid side shields, etc. shall be worn whenever splashed, sprays, splatters, or droplets of potentially infectious materials may be generated and it can be reasonably anticipated that there may be contamination of eyes, nose, or mouth. If masks are used for protection from blood or OPIM, they may be worn until they are moist; once wet, masks are no longer effective and shall be changed.

C. Housekeeping Practices

1. The workplace shall be maintained in a clean and sanitary condition. Environmental surfaces that have been in contact with blood or body fluids shall be cleaned and decontaminated with an approved disinfectant immediately or as soon as feasible after contamination. Work surfaces shall be routinely cleaned and immediately or as soon as feasible after any spill of blood or body fluid.
2. Reusable bins, pails, cans, and similar receptacles which are reasonably likely to become contaminated with blood or other body fluids shall be decontaminated on a regularly scheduled basis or immediately following a clean up of OPIM.

D. Engineering Controls

Engineering controls to eliminate or reduce occupational exposure shall be examined, maintained, or replaced annually or as necessary, and shall be available and easily accessible for use by employees.

E. Hepatitis B Vaccination

Hepatitis B vaccine shall be available to each employee who is subject to occupational exposure at no cost to the employee within ten working days of employment. After completion of the vaccine, a blood titer shall be taken to ensure appropriate level of immunity.

Each employee who is subject to occupational exposure shall be offered Hepatitis B vaccine series within ten days of hire unless the employee has previously received the complete Hepatitis B vaccine series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Hepatitis B vaccine shall be available to all currently employee personnel subject to occupational exposure and/or after an exposure incident. Any employee subject to occupational exposure (newly hired or currently employed) who declines to accept the Hepatitis B vaccination shall sign a statement noting that he/she has refused the vaccine and understands the risks of such refusal (see Appendix C). If, at any time, the employee should decide to accept the vaccine, it shall be made available.

F. Post-Exposure Evaluation/Follow-up

An employee who suffers an exposure to blood or body fluids shall report such exposure to his/her supervisor who shall complete an Employee Accident Investigation Report and an Employee Exposure Reporting Form (see Appendix D). The employee will be referred to the Medical Associates of Rhode Island (1180 Hope Street, Bristol) or to the Metacom Medical Associates (639 Metacom Avenue, Warren) for post-exposure evaluation and follow-up.

G. Education and Training

1. Each employee upon hire and at least annually thereafter receives the following training, information, and opportunities during working hours and at no cost to the employee:
 - a. How to obtain a copy of the OSHA regulatory text and an explanation of its contents.

- b. Explanation of and how to obtain a copy of the Bristol Warren Regional School District Exposure Control Plan.
- c. Information regarding:
 - Epidemiology and symptoms of bloodborne diseases.
 - Ways in which bloodborne pathogens are transmitted.
 - How to recognize tasks that might result in occupational exposure.
 - Types, selection, proper use, handling, decontamination, and disposal of personal protective equipment.
 - Hepatitis B vaccine, e.g., safety, benefits, efficacy, methods of administration, and availability.
 - How to report an exposure incident and post exposure evaluation and follow-up.
- d. Opportunity to participate in an interactive question and answer session with the department trainer.
- e. Specific training individualized to the department and the tasks, responsibilities, and potential for the employee's risk of occupational exposure.

- 2. There is documentation of training session dates, content, names of instructors, and list of attendees along with their job titles.
- 3. Training records are maintained for three years.

H. Compliance

Department managers and employees shall comply with this plan.

I. Review and Update

This plan shall be reviewed and/or revised annually and whenever new or modified tasks and procedures which may involve potential occupational exposure by the affected department are implemented.

ADOPTED: June 27, 2011
LEGAL REFS: OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030

BRISTOL WARREN REGIONAL SCHOOL DISTRICT, BRISTOL, RI

APPENDIX A

Bristol Warren Regional School District
Exposure Determination/Job Classification

Work activities and job classifications in which some employees have exposure to bloodborne pathogens.

Listed below are tasks and procedures in our facility in which human blood and other potentially infectious materials are handled which may result in exposure to bloodborne pathogens.

<u>Job Classifications</u>	<u>Tasks/Procedures with Potential Occupational Exposure</u>	<u>Blood/Body Fluid</u>	<u>Work Practice</u>
Class I			
-Custodian/Maintenance	Clean restrooms, blood, body fluids, tissues and/or potential spills or splashes	Yes	Gloves/Eye Protection; Wash hands; Disinfect equipment
-Teacher Assistant	Work with special education students with varying personal hygiene issues (i.e., diapering, biting, etc.)	Yes	Gloves/Eye Protection; Wash hands
-School Nurse	Assist injured/sick staff and students	Yes	Gloves/Eye Protection; Wash Hands; Disinfect equipment
Class II			
-All Other Staff	Not in normal performance of job duties		

Exposure Determination Work Sheet

I. PURPOSE

To identify job classifications in which employees are exposed to blood and other potentially infectious material (OPIM).

II. EXPOSURE DETERMINATION

- A. In accordance with the OSHA Bloodborne Pathogen Standard 1910.1030(C)(2)(c)(ii), the exposure determination shall be made without regard to the use of personal protective equipment.
- B. The exposure determination is made by reviewing job classifications within the work environment, and listing exposures into two groups.
1. The first group includes job classifications in which all of the employees have occupational exposure, such as physicians, dentists, phlebotomists, nurses, etc. Where *all* employees have occupational exposure, it is not necessary to list specific work tasks.
 2. The second group includes those classifications in which *some* of the employees have occupational exposure such as paramedics, fire, police, correctional officers, housekeeping personnel, etc. Where only some employees have occupational exposure, specific tasks and procedures causing occupational exposure must be listed.
- * OPIM includes: certain body fluids (urine, feces, semen, vaginal secretions, amniotic); any body fluids in which visible blood is present; saliva from dental procedures; all body fluids where it is difficult or impossible to differentiate among body fluids.

Declination Statement

The following statement of declination of Hepatitis B vaccination must be signed by an employee who chooses *not to accept* the vaccine. The statement can only be signed by the employee following appropriate training regarding Hepatitis B, Hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the Hepatitis B vaccination at a later date if they remain occupationally at risk for Hepatitis B.

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

EMPLOYEE EXPOSURE REPORTING FORM

Name of Exposed Worker: _____

Job Classification: I ____ II ____ Home Phone: _____

Job Title: _____

Date/Time of Incident: _____

Task Performing at Time of Exposure/Description of Exposure: _____

Exposure Route:

Needlestick ____ Skin Injury ____ Bite ____ Eye ____ Mouth ____ Other _____

Type of Exposure:

Blood ____ Sputum ____ Saliva ____ Feces ____ Urine ____ Other _____

Personal Protective Equipment Used: _____

Medical Facility: _____

*Notify Human Resources Coordinator as soon as possible

My employer has requested that I seek medical attention at the above medical facility. I understand I must return to work once cleared, with a note from the provider.

Signature of Exposed Worker: _____

Signature of Supervisor: _____

Follow-up: