

??? Central School District

# **EXPOSURE CONTROL PLAN**

Bloodborne Pathogens Standard  
29 CFR 1910.1030



School Year 2017-18

## **CONTROL PLAN**

The ??? Central School District (District) 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 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our school district in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- I. Determination of employee exposure
- II. Implementation of various methods of exposure control, including:
  - a. Universal precautions
  - b. Engineering and work practice controls
  - c. Personal protective equipment
  - d. Housekeeping
- III. Hepatitis B vaccination
- IV. Post-exposure evaluation and follow-up
- V. Communication of hazards to employees and training
- VI. Recordkeeping
- VII. Procedures for evaluating circumstances surrounding an exposure incident

??? Central School District  
Exposure Control Plan

**PROGRAM ADMINISTRATION**

- The District or designee is responsible for the implementation of the ECP. **The School nurse** will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

*Contact location/phone number:* Phone Number

- **The School nurse** will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. **The School nurse** will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

*Contact location/phone number:* Phone Number

- **The Director of Facilities (DOF)** will maintain and provide all necessary personal protective equipment (PPE), engineering controls, labels, for the maintenance and custodial department as required by the standard.

*Contact location/phone number:* Phone Number

- **The School nurse** will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Accident reports will be filed with                                 .

*Contact location/phone number:* Phone Number

- **The District Office** will be responsible for coordination of training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

*Contact location/phone number:* Phone Number

??? Central School District  
Exposure Control Plan

**EMPLOYEE EXPOSURE DETERMINATION**

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

**CATEGORY I:** School nurses, nurse's aides; Certain special education teachers and assistants for pre-school, moderately and severely handicapped; Occupational education teachers in the areas of nursing or dental assistance; Employees named by the Board of Education to render first aid and medical assistance.

**CATEGORY II:** Certain special education teachers and LTA's, special education counselors, special education supervisors, custodians, coaches, trainers and bus drivers.

**CATEGORY III:** All remaining school personnel.

*Part-time, temporary, contract and per diem employees are covered by the standard.*

**METHODS OF IMPLEMENTATION AND CONTROL**

**Universal Precautions**

All employees will utilize universal precautions.

**Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting **the District office**. If requested, we will provide an employee with a copy of the ECP.

**The School nurse** is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

??? Central School District  
Exposure Control Plan

## Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- No staff member will touch blood or body fluids without gloves, goggles. N95 respirator masks may be used on a voluntary basis.
- Sanitizing cleaners shall be used.
- Rags or towels containing blood that is NOT in liquid form can be disposed of with regular trash.
- Rags or towels containing liquid blood that IS dripping or pooling require red biohazard bags and shall be disposed of accordingly as bio waste.

Sharps disposal containers are inspected and maintained or replaced by **the School nurse** whenever necessary to prevent overfilling. The following staff will evaluate procedures or new products by *reviewing OSHA regulations/standards and supplier product information*: **School Nurse, DOF, Superintendent, ONC BOCES Safety Risk Officer, 607.286.7715 x2606**. The District will ensure effective implementation of these recommendations.

## Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. The types of PPE available to employees are:

- Gloves
- Goggles
- N95 respirators. The use of N95 respirators will not be required for any employee. Employees who voluntarily use an N95 respirator will be given a copy of Appendix D to 29 CFR 1910.134.

Maintenance and custodial PPE is located in the \_\_\_\_\_. Staff may access it as needed, or by request to the **DOF**. Gloves may also be available, and requested from, **the School nurse**.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as possible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of **in the regular trash**.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or

??? Central School District  
Exposure Control Plan

deterioration.

- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as possible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

Non disposable PPE (face shields, goggles, etc.) shall be cleaned and disinfected, then placed back in the appropriate storage area.

*(For example, how and where to decontaminate face shields, eye protection, Resuscitation equipment)*

### **Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Procedure for handling sharps disposal:

**Sharps are given to the School nurse.**

Procedure for handling other regulated waste:

**Other regulated waste is given to the School nurse.**

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available in the school nurse's office.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

### **Laundry**

Laundering will be performed by the department responsible for those particular items. The following contaminated articles will be laundered by the district.

- **Food service aprons and towels**
- **Maintenance towels**
- **Mop heads**

??? Central School District  
Exposure Control Plan

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.
- Gloves shall be worn when handling and/or sorting contaminated laundry

### **Labels**

The following labeling method(s) is used in this facility:

**Sharps containers and red bags are typically pre-labelled and do not require additional labelling from the district.**

Employees are to notify the **School nurse and/or DOF** if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

### **HEPATITIS B VACCINATION**

The District will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series
2. Antibody testing reveals that the employee is immune
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at **the district office**.

Vaccinations will be *provided by the healthcare facility of the staff member's choosing.*

Following hepatitis B vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

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

Should an exposure incident occur, staff shall contact their **supervisor**.

An immediately available confidential medical evaluation and follow-up will be conducted by **school nurse and/or healthcare professional**.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

\* Instruct the exposed employee to complete in full detail the incident reporting form (available through the school nurse.)

### **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The District ensures that the following health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- Relevant employee medical records, including vaccination status

### **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The District District will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

If it is determined that revisions need to be made, the District will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)



??? Central School District  
Exposure Control Plan

**EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual refresher training in the use of the appropriate PPE. Training can be conducted by the ONC BOCES Safety Risk Officer, [607.286.7715](tel:607.286.7715) x2606.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session. Training materials for this facility are available at ONC BOCES Safety/Risk Mgt.

## **RECORDKEEPING**

### **Training Records**

Training records are completed upon completion of training. These documents will be kept for at least **three years** at the **District office** and/or in the shared Google Team Drive of **ONC BOCES Safety Risk Management/District**.

The training records include:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training
- Names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative. Such requests should be addressed to **the office of the Superintendent**.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

The District District is responsible for maintenance of the required medical records. These **confidential** records are kept at [REDACTED] for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee. Such requests should be addressed to **the office of the Superintendent**.

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the **School Nurse**.

**HEPATITIS B VACCINATION  
DECLINATION (MANDATORY)**

I have read or have had explained to me the information set forth on the attached document associated with the risks and benefits of the *Hepatitis B Vaccine*. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis B vaccine.

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 under Category I or II.

At this time, I choose to RECEIVE the vaccine.

At this time, I choose to DECLINE the offered Hepatitis B vaccine.

Instead, I would like to have the blood test for existing antibody/immunity to Hepatitis B at my cost and understand that if the blood test shows that I do not already have immunity to Hepatitis B, that I am entitled to receive the vaccine at any time in the future, under Category I or II at my employer's expense.

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 under Category I or II at no charge to me.

My Supervisor's Name and Phone Number: \_\_\_\_\_

My Current Position/Location \_\_\_\_\_

PLEASE PRINT:

\_\_\_\_\_  
Last Name, First, MI

\_\_\_\_\_  
Street Address City ST Zip Code

\_\_\_\_\_  
County Phone number where I can be reached from 8-3:30, M-F

\_\_\_\_\_  
Employee Signature Date

**Revised 3/2010**

**FORM E**

**CONFIDENTIAL**

**DOCUMENTATION AND IDENTIFICATION  
OF SOURCE INDIVIDUAL**

Name of Exposed Employee: \_\_\_\_\_

Name and Phone Number of Medical Provider Who Should be Contacted: \_\_\_\_\_

**INCIDENT INFORMATION**

Date: \_\_\_\_\_

Name or Medical Record Number of the individual who is the source of the exposure:

\_\_\_\_\_

**NATURE OF THE INCIDENT**

Contaminated Needlestick Injury

Blood or Body Fluid Splash Onto Mucous Membrane or Non-Intact Skin

Other: \_\_\_\_\_

**REPORT OF SOURCE INDIVIDUAL EVALUATION**

Chart Reviewed. By: \_\_\_\_\_ Date: \_\_\_\_\_

Source Individual Unknown - Researched By: \_\_\_\_\_ Date: \_\_\_\_\_

Testing of Source Individual's Blood:      Consent       Obtained       Refused

**CHECK ONE:**

Identification of source individual infeasible or prohibited by state or local law.  
State why if infeasible (back of form).

Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen.

Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person completing report: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Report the results of the source individual's blood tests to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV-related information cannot be released without the written consent of the source individual.

**FORM F**

**CONFIDENTIAL**

**EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Occurrence Date: \_\_\_\_\_ Reported Date: \_\_\_\_\_ Occurrence Time: \_\_\_\_\_

**SOURCE INDIVIDUAL FOLLOW UP**

Request made to: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE FOLLOW-UP**

Employee's Health File Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Information given on source individual's blood test results:

Yes

Not obtained

**Referred to health care professional with required information:**

Name of health care professional: \_\_\_\_\_

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Blood Sampling/Testing Offered**

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Vaccination ordered/Recommended:**

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Counseling Offered:**

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Advised of Need for further evaluation of medical condition:**

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
  2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
  3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
  4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
- [63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]