

BLOODBORNE PATHOGENS

In accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard, 29 C.F.R. §1910.1030, the following exposure control plan has been developed:

Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category:

- A. Custodians - Cleaning up of urine and/or vomit.
- B. Principals, teachers, and aides working with students who are prone to biting, scratching, and other such actions that can cause bleeding or exposure to saliva and other body fluids.
- C. School Nurse - Performing duties with students as a medical professional.
- D. Teachers in career and technical education whose students work with equipment that can cause cuts or other injuries that produce bleeding.
- E. Coaches and other members of the staff who have been designated to provide first aid when and if necessary.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

- A. Cooks and Cafeteria Workers who could be prone to cuts.
- B. Bus Drivers - May be exposed to a sick students and/or cuts.

Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Compliance Methods

Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following engineering controls will be utilized:

- Bodily fluids pick up kits
- Plastic gloves
- Sharps containers
- Universal precautions guidelines issued by the Centers for Disease Control, U.S. Public Health Service

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- An inservice will be held annually.

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof.

All sharps containers will be located in the nurses office at each building. The sharps container will be disposed of only by the School Nurse.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

Any specimen which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

All personal protective equipment will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, 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.

Protective clothing will be provided to employees in the following manner.

- Gloves: Plastic gloves will be available to those listed as possibly being exposed.

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from:

- The Assistant Maintenance Supervisor
- The School Nurse

Gloves will be used for the following procedures:

- Treatment of person with bleeding or vomiting.
- Clean up of blood, urine and/or vomit.

Disposable gloves used are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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 shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments.

Facilities will be cleaned and decontaminated according to the following schedule:

- Custodians - Everyday

Decontamination will be accomplished by utilizing the following materials:

- Disinfectant Cleaner

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

This will be done on a daily basis by the custodians.

Any broken glassware which may be contaminated will not be picked up directly with the hands.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in the School Nurses office in each building.

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in Custodians Rooms.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving

the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

Post-Exposure Evaluation and Follow-Up

When the employee incurs an exposure incident, it should be reported to:

- The Maintenance Supervisor
- The School Nurse

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident;
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity;
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual;
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:
 - The School Nurse, Toronto City Schools
 - The Assistant Maintenance Supervisor, Toronto City Schools

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

- When the employee is sent to obtain the Hepatitis B vaccine.
- Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
- That the employee has been informed of the results of the evaluation; and
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur.

Training for employees will include an explanation of the following:

- The OSHA standard for Bloodborne Pathogens
- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.)
- Procedures which might cause exposure to blood or other potentially infectious materials.

- Control methods which will be used to control exposure to blood or other potentially infectious materials
- Personal protective equipment available and who should be contacted concerning
- Post Exposure evaluation and follow-up
- Signs and labels used at the facility
- Hepatitis B vaccine program at the facility

Recordkeeping

All records required by the OSHA standard will be maintained by:

- The School Nurse, Toronto City Schools
- The Assistant Maintenance Supervisor, Toronto City Schools

All provisions required by the standard will be implemented by October 17, 1994.

All employees will receive annual refresher training.

VACCINATION REQUEST

I wish to be inoculated with the Hepatitis B vaccine as provided for by the School District. I have been adequately informed about the availability, need for, and nature of the Hepatitis B vaccination as well as of the consequences of not being immunized.

Signature of Staff Member

Date

WAIVER OF VACCINATION FOR HEPATITIS B

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.

Signature of Employee

Date

Signature of Witness

Date

EXPOSURE REPORT

This report is to be filled out by the staff member who has been exposed to blood or other potentially-infectious material.

Staff Member's Name: _____

Name of Involved Person: _____

(May not be student)

Grade: _____ School: _____

Home Address: _____

Telephone: _____

Parent/Guardian: _____

Describe what happened:

Date: _____ Place: _____ Time: _____

Witnesses (if any): _____

Nature of the Exposure:

Signature

Date

Received by _____

Date

TRAINING RECORD

DATE _____ TIME _____ LOCATION _____

INSTRUCTOR _____

INSTRUCTOR QUALIFICATIONS:

This is to confirm that at the date, time, and location indicated above, I was adequately informed about each of the following matters pertaining to blood-borne pathogens and other potentially-infectious materials:

- _____ The OSHA regulations, a copy of which was provided
- _____ Epidemiology and symptoms of blood-borne diseases
- _____ Modes of transmission of blood-borne pathogens
- _____ The District's exposure control plan; a copy of which I have been provided
- _____ The types of situations in which I could be exposed through performance of assigned duties
- _____ The procedures and equipment that are to be used to reduce or eliminate the risk of exposure
- _____ The safety, administration, and benefits of the Hepatitis B vaccine
- _____ Procedures to be followed by me and by the District should I be exposed to a blood-borne pathogen or other potentially-infectious material
- _____ The post-exposure procedures for evaluation and follow-up

The instructor provided me the opportunity to ask questions and I received adequate answers to my questions.

Signature of Staff Member

Date