

**RSU #16** (Mechanic Falls, Minot, Poland)

**Policy Code: EBBA**

**Adopted: January 2004**

**Revised: August 2010**

## **PREVENTION OF DISEASE/INFECTION TRANSMISSION BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910, 1030, the following exposure control plan has been developed:

### **1. 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. For this school department, the following job classifications are in this OSHA Category I:

Administrators  
Athletic Director  
School Nurse  
Student Services Assistant  
School Secretary **who is responsible for first-aid when nurse is absent.**  
Special Education Teachers  
Special Education Technicians  
Athletic Coaches  
Custodial Staff  
Bus Drivers

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 that do not have predictable exposure to blood or other body fluids are considered to be in OSHA category II. The following employees fall into OSHA category II:

Teachers and all other staff not previously classified in category I to include: cafeteria staff, clerical staff, adult education teachers, summer employees, co-curricular activity coaches, school volunteers, and substitute teachers.

### **2. Implementation Schedule and Methodology**

OSHA also requires that this plan also 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 at this school 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 at this school. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

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1. Hand washing
2. Gloves
3. Goggles
4. A hard plastic container for disposal of lances or needles utilized by any child with diabetes in the school. This container will be returned to the child's home for disposal as necessary. The school nurse will be responsible for the storage of this container.

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

The school nurse will be responsible for examining and maintaining work practice controls once a month.

Hand washing 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 exposures. At this school hand washing facilities are located:

In the nurse's office, on each floor, in the bathrooms and at other locations in various departments. Please become familiar with the closest facilities in your area.

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, those areas shall appropriately be washed or flushed with water as soon as feasible following contact.

### **Personal Protective Equipment**

All personal protective equipment used at this school 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. Personal protective equipment will be considered appropriate only if it does not permit blood or its 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.

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 school nurse in the health office of the school. Gloves will be used for the following procedures: nosebleeds, and injury where there is bleeding, and when handling vomit, urine, feces, body fluids or touching non-intact skin or mucous membranes.

Disposable gloves used at this school are not to be washed, decontaminated or reused, and are to be replaced as soon as practical when they become contaminated, 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.

This school will be cleaned out **and** decontaminated according to the following schedule:

Bathrooms, kitchen, and cafeteria daily.

Trash emptied daily

Floors washed five times a year.

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Decontamination will be accomplished by utilizing products proven effective against bloodborne pathogens by the maintenance staff and school nurse.

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 day 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 by **maintenance personnel**

Any broken glassware which may be contaminated will not be picked up directly with the hands. A dustpan and brush will be utilized.

### **Hepatitis B Vaccine**

All employees who have been identified by RSU #16 as being at risk to 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 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 has 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 declined 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 school nurse.

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

The follow-up will include the following:

- \* Documentation of the route of exposure and the circumstances related to the incident.
- \* When 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 (if consent is obtained) for HIV/HBV infectivity.
- \* 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 experience to appropriate personnel.
- \* The school nurse has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.

### **Interaction with Health Care Professionals**

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A written recommendation shall be obtained from the health care professional who evaluates employees of this school. Written recommendations will be obtained in the following instances:

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

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

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information.)

### **Training**

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include the following explanation of:

1. The OSHA standard for Bloodborne Pathogens
2. Epidemiology and Symptomatology of Bloodborne diseases.
3. Modes of transmission of Bloodborne pathogens.
4. This exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials at the school.
6. Control methods which will be used at the school to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this school and who should be contacted concerning exposure.
8. Post exposure evaluation and follow-up.
9. Hepatitis B vaccine procedures for high risk employees.

### **Record Keeping**

All records required by OSHA standards will be maintained by RSU #16

### **Dates**

All provisions required by the standard will be effective upon the approval of this policy. The school nurse will be responsible for the training of employees using written and/or visual materials. All employees will receive annual refresher training. The outline for the training material is located in the Superintendent's office and the policy manual.

### **APPENDIX A**

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  
Hepatitis B Vaccination**

**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**

**PROCEDURE FOR ACCIDENTAL BLOOD EXPOSURE**

If accidental exposure occurs, (blood/body fluid exposure from contaminated sharps, by transmucosal or non-intact skin exposure), it places the exposed worker at risk of contracting an infectious disease. In the event of an accidental exposure, the procedure is as follows:

1. Wash the exposure site thoroughly with soap/disinfectant and water.
2. Immediately report the injury to the school nurse.
3. Arrange for medical post-exposure evaluation and follow-up.
4. Required forms to be completed within 24 hours are:
  - a. Employee's report of injury, includes circumstances under which the incident occurred and documentation of route of exposure.
  - b. School nurse injury report.
5. Flow of completed forms:
  - a. Original copies to Superintendent's office
  - b. Retain copy of each for employee's personal file.
  - c. Retain copy for school nurse's file for follow-up
6. Bloodborne Pathogens – Information. Sheet given to employee.
7. Follow-up – Outcome Report to be reviewed and filled in by the employee and the school nurse.

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**SIGNATURE BLOCK:**

RSU #16 School Board

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Dave Griffith, Chair

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Yvette Murray, Vice Chair

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Carlton Beckett

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Terri Arsenault

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Melissa Hodgkin

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Steve Holbrook

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Mary Ella Jones

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Jeanne Manley

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Jack Wiseman

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DATE

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Chris Woodford

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DATE