

## **Bloodborne Pathogens Exposure Plan**

In 1993 the Illinois Department of Labor began implementation of the Occupational Safety and Health Act (OSHA) "Bloodborne Pathogens Standards." The purpose of the regulation is to eliminate or minimize exposure to immunodeficiency (HIV) and Hepatitis B Virus (HBV). The regulation applies to all public employers including school district employers whose employees are occupationally exposed to blood or other potentially infectious materials.

In May of 1993, as required by the standard, District 109 developed a Bloodborne Pathogens Exposure Control Plan, which was approved by the Board of Education and distributed to all employees. **This plan identified certain job classifications (nurse, health assistants, head custodian, PE teachers, coaches, industrial arts teachers, school secretaries, playground supervisors, principals, assistant principals, special education teachers, and special education classroom assistants), which may be expected to incur such occupational exposures.** As a result, Hepatitis B vaccinations are offered on a yearly basis to District 109 employees in these job classifications as well as all employees. In addition, training on bloodborne pathogens is provided to all employees.

The standard further requires that new employees be provided with training on bloodborne pathogens and that all ongoing employees receive annual refresher training. This training is completed by presenting a short videotape (approximately 15 minutes) on bloodborne pathogens, which is viewed by all employees. Once employees have viewed the tape, there is a form available requiring their signature to indicate they have received this new and/or refresher training. The **Bloodborne Pathogens Exposure Control Plan** is available in its entirety at [www.dps109.org](http://www.dps109.org)

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## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

May 3, 1993

Revised: September 26, 2002

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. At this facility the following job classifications are in this category:

<b>Nurse</b>	<b>Health Assistant</b>
<b>Head Custodian</b>	<b>P. E. Teachers and Coaches</b>
<b>Industrial Arts Teachers</b>	<b>School Secretaries</b>
<b>Principals/Assistant Principals</b>	<b>Lunch and Playground Supervisors</b>
<b>Special Education Teachers</b>	<b>Special Education Classroom Assistants</b>

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:

<u>Job Classification</u>	<u>Tasks/Procedures</u>
School Secretaries	First Aid
Night Custodians/Day Subs	Clean-up
Principals	First Aid
Playground Supervisors	First Aid
Special Ed. Classroom Assistants	First Aid/Clean-up
Special Ed. Instructors	First Aid/Clean-up

## **2. 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 at this facility 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 facility. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

**Provide facilities to wash hands**  
**Provide containers for sharps**  
**Provide procedures to reduce exposure**

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: Controls reviewed on a quarterly basis by the nurse/health aide of each building with any concerns communicated in writing to the Assistant Superintendent for Human Resources.

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. At District buildings handwashing facilities are located in the nurse/health aide office or adjacent washrooms.

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. At this facility recapping or removal is not permitted.

### 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. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. The sharps containers are located in the nurse/health aide office in each building and it will be the responsibility of the nurse/health aide for checking on the removal of sharps on a monthly basis and for removing sharps from the container, as needed.

### 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 specimens, of 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 used at this facility 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:

<u>Personal Protective Equipment</u>	<u>Task</u>
Gloves	First Aid/Clean-up
Face Shield	First Aid/Clean-up/Lab
Protective Eyewear (with solid side shield)	First Aid/Clean-up/Lab
Utility Gloves	Clean-up/Lab

All personal protective equipment will be cleaned, laundered, and/or disposed of by the employer at no cost to employees. The employer at no cost to employees will make all repairs and replacements.

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. The following protocol has been developed to facilitate leaving the equipment at 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 school nurse or health aide.

Disposable gloves used in the District 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. Situations at this facility, which would require such protection, are as follows:

**Students requiring tracheal suctioning or where there is reasonable potential for excessive bleeding.**

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

**Shop  
Nurses and Health Aides**

This facility will be cleaned and decontaminated according to the following schedule:

**Nurses' offices - weekly or after blood spills  
Desk/counters - semi-annually or immediately after spills**

Decontamination will be accomplished by utilizing the following materials:

**Solution made of soaps and bleach**

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 semi-annual basis or as soon as feasible if it has become contaminated since the last cleaning. Any broken glassware, which may be contaminated, will not be picked up directly with the hands. The following procedures will be used:

**Utility gloves  
Protective clothing  
Dustpans**

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 nurse's or health aide's office.

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in nurse's, health aide's and/or custodian's offices.

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 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 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 school nurse or health aide. 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:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. 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.
3. 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.
4. 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 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.
5. 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.
6. One 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

A written opinion shall be obtained from the health care professional that evaluates employees of this facility. Written opinions 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 opinions 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, and
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 contain the following content:

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 this facility
6. Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials
7. Personal protective equipment available at this facility
8. Post Exposure evaluation and follow-up
9. Signs and labels used at the facility
10. Hepatitis B vaccine program at the facility

### Record Keeping

One school nurse will maintain all records required by the OSHA standard. A copy of the Bloodborne Pathogen Exposure Control Plan and training guidelines is to be kept on file in the offices of the Superintendent of Schools, the Assistant Superintendent for Human Resources, each building principal, and each building nurse and/or health aide.

Training for identified staff will be completed by May 30, 1993. In subsequent years, training will be completed by March 30th. All employees will receive annual refresher training. (Note: this training is to be conducted within one year of the employee's previous training.) New staff members will be trained within the first thirty (30) days of employment.

There will be a group immunization plan initiated prior to June 1993. In subsequent years, new employees will arrange for their own immunizations for which they will be reimbursed. Contact the Assistant Superintendent for Human Resources for further details. All protective containers and equipment will be in place by the onset of the 1993-94-school year.

Training, immunizations and supervision will be the responsibility of the Assistant Superintendent for Human Resources.