

PLAN REVIEW	
<i>Reviewer</i>	<i>Date</i>

Contact:

## EXPOSURE CONTROL PLAN

**I. AUTHORITY**

Occupational Exposure to Bloodborne Pathogens; Final Rule 29 CFR Part 1910.1030, effective March 6, 1992.

**II. OBJECTIVES**

- A. To provide guidelines, policies, and procedures designed to prevent or minimize the occupational exposure of employees to bloodborne pathogens or other potentially infectious materials (OPIM).
- B. To ensure compliance with the applicable provisions of 29 CFR 1910.1030

**III. ACCESSIBILITY**

A copy of this Exposure Control Plan shall be accessible and readily available to each employee during the normal work shift.

**IV. DEFINITION OF OCCUPATIONAL EXPOSURE**

As provided in 29 CFR 1910.1030(b): “Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

**V. EXPOSURE DETERMINATIONS**

- A. Job classifications in which ALL employees have occupational exposure. The employees’ job description requires that they administer health care, first aid or that they clean up blood or OPIM spills or that they dispose of waste contaminated with blood or OPIM. These employees include: School Nurses, Maintenance/Custodians, Secretaries, Coaches, Playground Supervisors, Laundry Personnel, Specific Instructors as



Art/Industrial Art, Special Education.

- B. Job classification in which some employees have occupational exposure.

All employees may have some chance of exposure during emergency situations (i.e. teachers, teacher aides, administrators, substitutes). These employees would contact one of those in the above classification to help with administering the elements of the plan. In emergency situations, however, where a breakdown occurs in the system, and an employee is exposed to blood or OPIM, actions shall be taken in accordance with this plan.

## **VI. METHODS OF COMPLIANCE**

### **A. Universal Precautions**

Universal precautions are observed in all student-care areas to prevent contact with blood or other potentially infectious materials as prescribed in the facility infection control policies and procedures and in department policies and procedures. Guidelines issued by the Centers for Disease control. U.S. Public Health Service, are followed.

### **B. Engineering and Work Practice Controls**

1. Engineering controls are instituted wherever and whenever practical to eliminate or minimize employee exposure to blood or other potentially infectious materials. Engineering controls will be examined and maintained or repaired on a scheduled basis to ensure that they are functioning properly.
2. Hand washing facilities are provided in all student-care areas of the facility. Employees must wash their hands immediately or as soon as feasible after removing their gloves or other personal protective equipment.
3. Employees must wash their hands and any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
4. School personnel shall not handle contaminated needles or other sharps directly. Needles and sharps shall be handled only after they have been placed in appropriate sharps containers by generating personnel. Any needles or sharps found outside of the sharps containers will be reported to appropriate student-care supervisors for proper disposal.
5. School nurses shall use safety syringes, if available, when administering shots to students or staff.
6. School personnel shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is reasonable likelihood of occupational exposure to blood or other potentially infectious materials.
7. School personnel shall not keep food or drink in any freezers, refrigerators, shelves, cabinets, or on countertops or bench tops



where blood or any other potentially infectious materials are present.

8. School personnel shall avoid splashing, spattering, or generation of droplets whenever blood or other potentially infectious materials are handled.
9. Trained school personnel will handle and may transport specimens or specimen containers of blood or other potentially infectious materials according to proper procedures.
10. Contaminated student-care equipment shall not be cleaned or decontaminated by housekeepers unless there has been prior agreement between the respective department heads and until housekeepers have been properly trained on the appropriate procedures and precautions to be used.

### **C. Personal Protective Equipment**

1. School personnel at risk of occupational exposure shall be provided appropriate personal protective equipment (PPE) at department expense. Appropriate PPE will not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration time the PPE will be used.
2. School personnel shall wear PPE appropriate for the type of occupational exposure that can be reasonably anticipated during the normal performance of their jobs. In most cases, only protective gloves will be necessary. Failure to wear appropriate PPE will be investigated and documented to determine whether failure was justified and whether changes are needed to prevent future occurrences.
3. Appropriate PPE shall be readily available to employees in the appropriate sizes. Hypoallergenic gloves, etc. shall be provided for employees who are allergic to the standard gloves.
4. Required PPE shall be cleaned, laundered, and disposed of by the department. PPE shall be repaired or replaced by the department as needed to maintain its effectiveness.
5. Garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible.
6. All PPE shall be removed prior to leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal
7. Gloves. School personnel shall wear gloves whenever they handle or touch contaminated items or surfaces.
  - a. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when they no longer provide a barrier. They shall not be washed or decontaminated for re-use.



- b. Utility gloves (housekeeping issue) may be decontaminated for re-use if they still provide a barrier. They must be discarded if they show signs of deterioration or they no longer provide a barrier.
8. Gowns, Aprons, and Other Protective Body Clothing/Equipment  
Appropriate protective clothing such as gowns, masks, eye protection face shield, aprons, coveralls, or similar outer garments shall be worn in occupational exposure situations, depending on the exposure anticipated. There are normally few job exposures that require school personnel to wear protective body clothing.

#### **D. Housekeeping**

1. There are written housekeeping schedules for all areas maintained by housekeeping, based on location, types of surfaces, types of soil present, and tasks or procedures performed in the areas.
2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
  - a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedure; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
  - b. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of a work shift if they may have become contaminated during the shift.
  - c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible examination.
  - d. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
  - e. Housekeepers shall not handle reusable sharps.

#### **E. Regulated Waste (Infectious or Biohazard Waste)**



1. Contaminated Sharps Discarding and Containment
  - a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded as required.
  - b. During use, containers for contaminated sharps shall be: easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonable anticipated to be found, maintained upright throughout use, replaced routinely, and not be allowed to overfill.
  - c. For transport from the use area, containers shall be: closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; placed in a secondary container if leakage is possible. The second container shall be: closed; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded as required.
  - d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose housekeepers to sharps injury, especially needle sticks.
2. Other Regulated Waste Containment
  - a. All regulated waste shall be disposed of in accordance with applicable regulations.

#### F. Laundry

1. Contaminated laundry shall be handled as little as possible with minimum agitation. It shall be bagged or containerized at the location where it is used and shall not be sorted or rinsed in the location of use.
2. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded as required. If all soiled laundry is handled as under Universal Precautions, alternative labeling or color-coding may be used if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
3. Wet Laundry that presents a reasonable likelihood of soak-through or leakage from the bag or container shall be placed and transported in bags or containers which prevent soak-through or leakage of fluids to the exterior.
4. Housekeepers and linen handlers who have contact with contaminated laundry shall wear gloves and other appropriate PPE provided by the department.



5. Contaminated laundry shipped to an off-site laundry facility that does not use Universal Precautions shall be placed in bags or containers, which are labeled or color-coded as required.

#### **G. Compliance**

Employees who habitually and/or willfully fail to comply with the mandatory methods of compliance are subject to disciplinary action, job reassignment, or termination.

### **VII. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP**

#### **A. General**

1. The Hepatitis B vaccine and vaccination series are available to all school personnel with an occupational exposure.
2. Post-exposure evaluation and follow-up are provided to all school personnel who have had an exposure incident.
3. All of the above shall be made available at no cost to the employee at a reasonable time and place, provided by or under the supervision of a licensed physician or other licensed healthcare professional, and provided according to current U.S. Public Health Service recommendations.
4. All laboratory tests are conducted by an accredited laboratory at no cost to the employee.

#### **B. Hepatitis B Vaccination**

1. Hepatitis B vaccination shall be made available after each eligible employee has received the required training and within 10 working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.
2. Prescreening is not a prerequisite for receiving Hepatitis B vaccination.
3. Hepatitis B vaccination shall be made available to an employee who initially declines Hepatitis B vaccination and later decides to accept the vaccination, if still eligible.
4. Employees who decline to accept Hepatitis B vaccination shall sign a statement to that effect. (See Appendix A)
5. Any booster doses recommended by the U.S. Public Health Service will be provided as above.
6. A titer test will be offered to all district employees that have a high daily risk of being exposed to blood or any other body fluids.



**C. Post-Exposure Evaluation and Follow-Up**

Following an exposure incident, a confidential medical evaluation and follow-up shall be made available to the exposed employee, including at least:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure occurred. (Appendix B)
2. Identification and documentation of the source individual unless it is infeasible or prohibited by state or local law.
3. Blood testing in accordance with provisions of paragraph (f) (3) of the standard.
4. Recommended post exposure prophylaxis.
5. Counseling; and evaluation of reported illness.
6. The nurse at each school site will document any incident with a sharps, and add it to the Sharps injury log that is kept by the district's lead nurse. (Appendix C)

**D. Information Provided to the Healthcare Professional**

The healthcare professional evaluating an exposure incident shall be provided the information required under paragraph (f) (4) of the standard.

**E. Healthcare Professional's Written Opinion**

The healthcare professional's written opinion shall be provided to the employee in accordance with paragraph (f) (5) of the standard.

**VIII. COMMUNICATION OF HAZARDS TO EMPLOYEES****A. Labels and Signs****1. Labels**

- a. Warning labels shall be affixed to containers of regulated waste. Red bags or red containers may be substituted for labels.
- b. Labels shall display the universal biohazard symbol and the signal word "Biohazard" and shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- c. Labels shall be affixed to containers by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- d. Housekeeping personnel shall not handle other containers of blood or other potentially infectious materials, labeled or otherwise.
- e. Regulated waste, which has been decontaminated, need not be labeled or color-coded.

**B. Information and Training**

1. All employees with occupational exposure shall be trained during working hours at no expense to them.
2. Training shall be provided:
  - a. At time of initial assignment to tasks where occupational exposure may take place.
  - b. At least annually thereafter.
3. Training for employees who received training on bloodborne pathogens during the year preceding March 6, 1992, need only to be trained on provisions of the new standard, which were not included.
4. Annual training for all employees shall be provided within one year of their previous training.
5. Additional training shall be provided when changes that affect employee's occupational exposure occur. Additional training may be limited to the changes affecting new exposures.
6. Training shall be appropriate for the educational level, literacy, and the language of the employees.
7. Minimum required training program content is shown in Appendix D.
8. The trainer shall be knowledgeable in the subject matter of the training program. A video/powerpoint/alternative educational opportunity can be used if a knowledgeable trainer is unavailable.

## IX. RECORDKEEPING

### A. Medical Records

1. Records of occupational exposure will be maintained in accordance with provisions of 29 CFR 1910.20 and paragraph (h)(1) of the standard.
2. Employee medical record confidentiality shall be maintained.
3. Required medical records shall be maintained for the duration of employment plus 30 years.

### B. Training Records

Training records shall be maintained as required by paragraph (h)(2) of the standard.

### C. Availability

All required records shall be provided upon request in accordance with 29 CFR 1910.20 and paragraph (h)(3) of the standard.

### D. Transfer of Records

Records shall be transferred, if necessary, in accordance with 29 CFR 1910.20 and paragraph (h)(4) of the standard.

## X. REVIEW AND UPDATE

This Exposure Control Plan will be reviewed and updated at least annually and whenever such updating is indicated by changes in requirements or job





exposure.

