

**MSAD #59 BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN POLICY**

MSAD #59 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 MSAD #59 in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment "Hepatitis B. vaccination
- Post exposure evaluation and follow-up
- Communication of hazards to employees and training -Record keeping
- Procedures for evaluating circumstances surrounding an exposure incident

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications in MSAD #59 in which all employees may incur occupational exposure:

Job Title	Department/Location
School Nurse	All Buildings
Secretary	All Educational Buildings
Custodian	All Buildings

The following is a list of job classifications in MSAD #59 in which some employees may incur occupation exposure depending on job tasks:

Job Title	Department/Location	Task/Procedure
Administrator	All Buildings	Emergency First Aid
Classroom Teacher	All Buildings	Emergency First Aid
Ed Tech	All Buildings	Emergency First Aid
Bus Driver	All	Emergency First Aid
Occupational Therapist.	All Buildings	Provide some personal care -----
		-----assistance to special needs students
Speech Therapist	All Buildings	"

Physical Therapist	All Buildings	"
Maintenance	All Buildings	Clean up of OPIM

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

Universal Precautions

All employees will utilize universal precautions to prevent contact with blood or other potentially infectious materials (OPIM). All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

Exposure Control Plan

All employees will receive an explanation and receive a copy of the ECP during their initial hiring and training. An exposure determination will be done at the time of hire, or transfer from one job title to another.

The school nurse and Director of Support Services will be responsible for reviewing and updating the ECP annually to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

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 and work practice controls used will be:

- all waste containers will be lined with a plastic bag.
- bleach packets, disinfectant, and absorbent powder available in all buildings and on buses in First Aid Kits
- sharps containers will be inspected, maintained and replaced by the school nurse as needed. They will be disposed of through the school physician's office. This will be the responsibility of the school nurse.
- waste baskets will be emptied each school day by custodians
- buildings will be cleaned on a routine basis. MSDS sheets and cleaning schedules will be kept by the custodial supervisor. – nurses station work surfaces will be decontaminated after completion of procedures and immediately as soon as feasible after any spill of blood or OPIM. Surfaces will also be decontaminated at the end of the work shift.
- any broken glassware which may be contaminated will not be picked up directly with the hands. It is to be swept up into a dustpan (which will be cleaned), and disposed of in a non-penetrable container.

Hand Washing Facilities

Hand washing facilities are available to all employees who incur exposure to blood or OPIM.

Hand washing facilities are located in:

Bathrooms School Nurse Offices Some Classrooms
Kitchens Locker Rooms Industrial Arts

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.

Contaminated Sharps

Contaminated needles and other contaminated sharps are discarded in the sharps container in the school nurse's office immediately or as soon as possible. They will not be bent, recapped, removed, sheared, or purposely broken. Sharps containers are puncture resistant, leakproof, labeled with a biohazard label, and kept out of the reach of children in the schools. They will be checked twice a year and be disposed of as needed.

Personal Protective Equipment (PPE)

All PPE is provided to our employees at no cost to them. Training in use of the appropriate PPE for the tasks or procedures the employee will perform is provided by the school nurse or custodial, maintenance and bus supervisors.

Types of PPE available to employees include:

- Disposable CPR masks will be available in each school nurse office
- Latex and non-latex gloves
- Utility Gloves
- Masks
- Eye Protection

Appropriate PPE will be available in each school nurse office, school main office, classrooms (located in the teacher's top left drawer), first aid kits (field trips, buses, playground, etc.).

Gloves may be obtained from the school nurse.

All employees using PPE must observe the following precautions:

- GLOVES:
 - 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 surface: replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. They will be used when performing any first aid measures, or cleaning bathrooms or any other surface which may contain bodily fluids
 - " Disposable gloves will be removed by turning them inside out by touching the cuffs.
 - " Wash hands immediately or as soon as feasible 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 lined waste containers or custodial closets 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 deterioration.
- Never wash or decontaminate disposable gloves for reuse.

OTHER PPE:

- " 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 feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the contaminated surface.

HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or OPIM will be offered the hepatitis B vaccination series at no cost to the employee. The vaccine will be offered within ten working days of their initial assignments, unless:

1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

Employees who decline the hepatitis B vaccine will sign a declination form. Those employees may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the Administrative Office training files.

Vaccination will be provided by the employees primary care physician at the request of the employee. Documentation of administered vaccine doses will be kept in the Administrative Office training files.

Employees will be recommended to see their primary care physician to have the Hepatitis B vaccination series. If their insurance does not cover the cost of the series, MSAD #59 will incur the costs including co-payments.

POST - EXPOSURE EVALUATION AND FOLLOW – UP

Accidental exposure to blood or OPIM, as from puncture by contaminated sharps, or by mucosal or nonintact skin exposure, places the exposed school worker at risk of contracting an infectious disease. In the event of an accidental exposure, the procedure is as follows:

1. Immediate first aid - Employee will wash the exposure site thoroughly with soap or disinfectant and water. Flush eyes and/or mucous membranes with water immediately.
2. Employee will immediately report the injury to the school nurse and his or her immediate supervisor. If immediate supervisor is not available, the employee will report to another school administrator.
3. The school nurse and/or supervisor will arrange for a medical post-exposure evaluation and follow-up. This evaluation and follow-up to be provided by the employee's

primary health care provider if possible. If a school nurse or supervisor is not available, the employee will arrange for their own medical evaluation.

4. The employee will complete a Report of Injury form, which will include the circumstances under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) This will be submitted within 24 hours.

5. The school nurse will meet with the employee.

a. The employee will be given bloodborne pathogens information.

b. Blood collection and testing will be discussed. A Report from Health Care Provider form will be given to the employee to be completed at the medical post-exposure evaluation.

c. The employee will be informed of laws and regulations concerning disclosure of identity of source individual.

6. If the source individual is known, the school nurse will obtain consent and assist in making arrangements to have the source individual tested as soon as possible to determine HIV, HBV and HCV infectivity. Results of testing will be sent to the employee's health care provider and documented on the Follow-up Outcome Report.

7. The school nurse will meet with the employee after a health care professional has been consulted. The Report from Health Care Provider form will be reviewed, and the Follow-up Outcome Report will be completed. Any additional concerns will be discussed at that time.

8. Flow of completed forms:

a. Original copies to Superintendent's office to be placed in employee's personnel file

b. A copy of each form will be kept by the school nurse to ensure appropriate follow-up.

EMPLOYEE TRAINING

Training for all new employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the fall of each school year and will include an explanation of:

1. The OSHA standard for Bloodborne Pathogens

2. Modes of transmission of Bloodborne Pathogens,

3. An explanation of this ECP, points of the plan, and how the plan will be implemented.

4. Tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.

5. Use and limitations of engineering controls, work practices, and PPE

6. Types, uses, location, removal, handling, decontamination, and disposal of PPE

7. Appropriate actions to take and persons to contact in an emergency involving blood or OPIM

8. 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

9. Post exposure evaluation and follow-up

10. Signs and labels used at school

11. Hepatitis B. Vaccine program provided to employees

Training materials are available at the Administrative Office.

RECORD KEEPING

Training Records

Training records will be completed at each training. These documents will be kept at the Administrative Office. The records will include:

- Date of the training session
- The contents or a summary of the training session
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions
-

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 Director of Support Services is responsible for maintenance of the required medical records. These confidential records are kept in the Superintendent's office 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 within 15 working days. Such requests shall be sent to the Superintendent.

OSHA Record keeping

An exposure incident is evaluated to determine if the case meets OSHA's Record keeping requirements (29 CFR 1904). This determination and the recording activities are done by the Director of Support Services.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Director of Support Services will review the circumstances of all exposure incidents to determine:

1. engineering controls in use at the time
2. work practices followed
3. a description of any device being used at the time of exposure
4. protective equipment or clothing that was used at the time of the exposure incident

(gloves, eye shields, etc.)

5. location of the incident
6. procedure being performed when the incident occurred
7. employee's training

If it is determined that revisions need to be made, the Director of Support Services will ensure that appropriate changes are made to this ECP.

**MSAD #59
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

1. TRAINING

2. EXPOSURE CONTROL

Universal Precautions - all employees, volunteers
Personal protective equipment
Disposable gloves available to all staff
Disposable CPR masks (nurses' office)
Engineering and work practice controls
Personal protective equipment (gloves, masks, eye protection) Lined
wastebaskets
Hand washing facilities
Sharps Containers (nurses' office)
Specific decontamination procedures

1. DETERMINATION OF EMPLOYEE EXPOSURE

Occupational Risk Worksheet
Discussion with school nurse if indicated
Input from private physician if indicated

4. HEPATITIS B VACCINE OFFERED IF INDICATED

3-part series given at intervals by employees health care provider
Waiver to be signed if employee declines offered vaccine series

5. POST EXPOSURE EVALUATION AND FOLLOW-UP

If exposure occurs:

- A. Immediate First Aid.
- B. Contact school nurse and supervisor or administrator to document specifics of incident. Complete Report of Injury Form
- C. If source individual is known, with written consent, blood from the source

individual will be tested to determine infectious status for HIV/HBV/HCV

C. Employee referral to a health care provider

1. Employee option of having own blood collected for testing.
2. Post exposure follow up with school nurse
3. Vaccine series offered to employee if it is determined to be indicated by a health care provider
4. Report from Health Care Provider and Follow up Outcome Report will be completed, and records will be kept.

QUESTIONS AND ANSWERS ON OCCUPATIONAL EXPOSURE TO HEPATITIS B AND OTHER BLOODBORNE PATHOGENS

WHAT IS HEPATITIS B?

HEPATITIS B (formerly called serum hepatitis) is a viral infection that causes inflammation of the liver. While most people who get Hepatitis B recover from the disease, a few become chronic carriers who can pass the virus on to others for a long time.

WHAT ARE THE SYMPTOMS OF HEPATITIS B?

Most people who get hepatitis B never have any symptoms of the disease. Some people infected with the hepatitis B virus (HBV) may feel like they have a mild case of the flu. Symptoms may include feeling weak and vaguely ill, loss of appetite, fever, and headache. Less common symptoms include muscle pain, darkened urine, jaundice, nausea, abdominal discomfort, depression, and irritability. Symptoms can begin as soon as six weeks or as long as six months after infection with HBV.

IS HEPATITIS B DANGEROUS?

Most people (about 90 percent) who get hepatitis B recover within six months of their first symptoms. They clear the infection from their bodies and become immune to further infection with hepatitis B. They cannot transmit infection to others. Some persons however, become chronic hepatitis B carriers. These carriers can develop chronic liver disease, which can lead to cancer or cirrhosis of the liver. Carriers can also put their sexual partners, families, and housemates at risk of infection

WHAT IS THE DIFFERENCE BETWEEN HEPATITIS B AND OTHER KINDS OF HEPATITIS?

The viruses that cause the different types of hepatitis liver infections are spread in different ways. Hepatitis B, C, and D are usually spread through blood or blood-containing body fluids, while hepatitis A and E are spread through contaminated food, water or stool (feces). The symptoms of different kinds of hepatitis are similar, so blood tests are necessary to make a definite diagnosis.

CAN HEPATITIS B BE TREATED?

Currently there are no specific drugs to treat Hepatitis B.

CAN HEPATITIS B BE PREVENTED?

The best way to prevent hepatitis B is to avoid contact with the body fluids of infected people. However, because not all persons who are infectious with hepatitis B may have symptoms or even be aware of their infection, contact with blood and body fluids from all persons should be minimized. Good hand washing technique should be practiced after any contact with another person's body fluids. A vaccine for hepatitis B given in three separate doses, is available for people who have not yet been exposed but are at high risk because of occupation or lifestyle.

WHAT DOES VACCINATION INVOLVE?

Vaccination comprises three intramuscular doses (in the arm) of vaccine with the second and third doses given one and six months, respectively, after the first. As with most vaccinations, there may be some soreness in the arm for the day, but other mild effects such as fever and nausea are rare.

WHO PROVIDES THE VACCINATIONS?

The employees health care provider will administer the vaccination series at no cost to the employee if it is determined that the employee is at risk for exposure to blood or other potentially infectious materials as part of their work responsibilities.

Appropriate employee records regarding the immunization series will be maintained.

WHAT IF THE VACCINATION IS DECLINED?

Employees who are at risk for exposure in their work in MSAD #59 must sign a waiver if they decline the offered vaccine. This will be kept on file in the nurse's office and in the employee training file. At any time after a worker initially declines to receive the vaccine, he or she may opt to start the series.

MSAD #59 ROUTINE FOR HANDLING BODY FLUIDS

1. When possible, direct contact with body fluids and other potentially infectious materials should be avoided. Disposable gloves are recommended any time there is the risk of being exposed to prolonged or large amounts of body fluids.*
2. Gloves used for such purposes will be secured in a plastic bag in a lined trashcan and disposed of daily.

3. After removal of gloves, and in situations when gloves are not immediately available, the hands and other affected skin areas of exposed persons need to be washed with soap and water after contact has ceased.
4. Student clothing and other non disposable items that are soaked through with body fluids should be placed in plastic bags and sent home for washing with appropriate directions to the parents.
5. Contaminated disposable items (e.g. tissues, paper towels, etc.) will be secured in a plastic bag in a lined trashcan and disposed of daily.
6. An absorbent agent specifically intended for cleaning vomitus and other body spills will be used as needed. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Brooms and dustpans are rinsed in a disinfectant.
7. Isopropyl alcohol, bleach, or at least an intermediate level disinfectant is then applied to the area of the spill.
8. If the spill is on a carpeted area, the same absorbent agent procedure is used, followed with the application of a germicidal rug shampoo.
9. Mops are to be soaked in a disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinsing. The disinfectant solution is promptly disposed down a drainpipe.
10. Areas where students are treated for injuries and all bathrooms will be supplied with lined trash cans.
11. Should high-risk exposure occur, the procedure for accidental blood exposure will be followed

*Blood, drainage from scrapes and cuts, feces, urine, vomitus, nasal discharge, saliva, semen, vaginal secretions

MSAD #59
PROCEDURE FOR ACCIDENTAL BLOOD EXPOSURE

Accidental exposure to blood or OPIM, as from puncture by contaminated sharps, or by mucosal or nonintact skin exposure, places the exposed school worker at risk of contracting an infectious disease. In the event of an accidental exposure, the procedure is as follows:

1. Immediate first aid - Employee will wash the exposure site thoroughly with soap or disinfectant and water. Flush eyes and/or mucous membranes with water immediately.

2. Employee will immediately report the injury to the school nurse and his or her immediate supervisor. If immediate supervisor is not available, the employee will report to another school administrator.
3. The school nurse and/or supervisor will arrange for a medical post-exposure evaluation and follow-up. This evaluation and follow-up to be provided by the employee's primary health care provider if possible. If a school nurse or supervisor is not available, the employee will arrange for their own medical evaluation.
4. The employee will complete a Report of Injury form, which will include the circumstances under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) This will be submitted within 24 hours.
5. The school nurse will meet with the employee.
 - a. The employee will be given bloodborne pathogens information.
 - b. Blood collection and testing will be discussed. A Report from Health Care Provider form will be given to the employee to be completed at the medical post-exposure evaluation.
 - c. The employee will be informed of laws and regulations concerning disclosure of identity of source individual.
6. If the source individual is known, the school nurse will obtain consent and assist in making arrangements to have the source individual tested as soon as possible to determine HIV, HBV and HCV infectivity. Results of testing will be sent to the employee's health care provider and documented on the Follow-up Outcome Report.
7. The school nurse will meet with the employee after a health care professional has been consulted. The Report from Health Care Provider form will be reviewed, and the Follow-up Outcome Report will be completed. Any additional concerns will be discussed at that time.
8. Flow of completed forms:
 - a. Original copies to Superintendent's office
 - b. Retain copy of each form for employee's personnel file
 - c. A copy of each form will be kept by the school health office's administrative support person to ensure appropriate follow-up.

BLOOD BORNE PATHOGENS TRAINING RECORD

Training Session Date _____

Trainers' Names and qualifications:

REPORT FORM FOR ACCIDENTAL BLOOD EXPOSURE

Date_____

MSAD #59 Employee Name_____

DOB_____

The above named individual was seen by me today following an accidental exposure to blood.

Blood was collected for HBV, HCV, and HIV serological testing

Yes No

Serological testing was done at this time_____

Blood was collected, but employee declined baseline testing at this time

Yes No Blood will be held for 90 days Yes No

My recommendation is as follows:

Hepatitis vaccine required Yes No
Initial dose administered Yes No Date_____

Signature_____

Date_____

Please Print Name and Address of Health Care Provider Completing this report:

