

Occupational Exposure to Bloodborne Pathogens

I. Purpose and Scope

The health, safety and welfare of all employees, regardless of their tasks and responsibilities, are of fundamental concern to the Board and the Education Departments administration. The Site Administrator/Principal must ensure that this concern is extended to students as well as visitors to each school site and at Education Department facilities.

The purpose of this Exposure Control Plan is to establish a program that will:

- A. Meet the goal of providing a safe and healthy learning and/or working environment in the event of a possible bloodborne pathogen exposure and,
- B. Provide an environment which fosters safe and healthful attitudes, procedures and practices on the part of all Education Department personnel.

This program meets Education Department requirements as established in the Education Department Safety Program.

II. Definitions

- A. **Blood** - Human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).
- C. **Contaminated** - The presence or the reasonably anticipated presence of blood, body fluids or other potentially infectious materials on an item or surface.
- D. **Contaminated Laundry** - Laundry which has been soiled with blood, body fluids or other potentially infectious materials.
- E. **Contaminated Sharps** - Any contaminated object that can penetrate the skin.
- F. **Decontaminate** - The use of a physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- G. **Engineering Controls** - Controls which isolate or remove bloodborne pathogen hazards from the workplace.

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- H. Exposure Incident** - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- I. HBV** - Hepatitis B virus.
- J. HBIG** - Hepatitis B Immune Globulin
- K. HIV** - Human Immunodeficiency Virus.
- L. Occupational Exposure** – A percutaneous injury (needlestick or cut with a sharp object), contact of mucous membranes, or contact of skin (especially if chapped, abraded or afflicted with dermatitis, or when contact is prolonged or involves an extensive area) with blood, tissues, or other potentially infectious body fluids.
- M. Potentially Infectious Materials:**
1. Human body fluids, including semen, vaginal secretions, breast milk or any other body fluid contaminated with visible blood, cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, laboratory specimens that contain HIV, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- N. Personal Protective Equipment** - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes and uniforms are not considered protective equipment.
- O. Regulated Waste** - Blood, body fluids and/or tissue in any physical state; items that are contaminated with blood or other body fluids; contaminated sharps; and waste material containing or exposed to blood or other body fluids.
- P. Source Individual** - Any person, living or dead, whose blood, fluids or tissue may be potentially infectious.
- Q. Sterilize** - The physical or chemical procedure used to destroy all microbial life.
- R. Universal Precautions** - An approach to infection control that suggests that all human blood, fluids and other potentially hazardous materials are to be treated as infectious.
- S. Work Practice Controls** - Methods that reduce the likelihood of exposure to blood, body fluids or other potentially infectious materials by altering the manner in which a task is performed.

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The Plan shall be reviewed and updated by the Education Department at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The Site Administrator/Principal shall ensure that the provisions outlined below are strictly followed.

IV. Employee Exposure Classification**Category 1**

This category includes job classifications in which Education Department employees have occupational exposure to blood, body fluids or potentially infectious materials. The following job types are determined to be at high risk:

- A. School Executive Administrators and Supervising Vice Principals and Teaching Vice-Principals
- B. Pre and Kindergarten Teachers
- C. Pre-School and Special Education Teachers and Special Education Teachers of Socially and Emotionally Maladjusted Students
- D. Physical Education Teachers certified and required to give CPR
- E. Coaches required giving First Aid during practices and games
- F. Aides to Pre-K, Kindergarten and Special Education Teachers
- G. School Janitors responsible for secondary cleanup of bodily fluid.

Category 2

This category includes all other Education Department job classifications not listed in Category One. These employees may have occupational exposure; however, these job types are determined not to be at high risk.

V. Universal Precautions

All Education Department employees will observe universal precautions. The Site Administrator/Principal will ensure that universal precautions are followed. Engineering and Work Practice Controls will be utilized whenever there is a potential exposure to body fluids.

“Universal Precautions” is the name that the Center for Disease Control and Prevention (CDG) uses to describe a very aggressive plan that treats all blood and body fluids as a possible source of contamination and infection.

Materials that require universal precautions:

Human blood and any products that include human blood or parts made from human blood. Semen, vaginal secretions.

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Cerebrospinal, synovial, pleural, pericardial, peritoneal, or amniotic fluids. Saliva in dental procedures. Any body fluid that is visibly contaminated with blood.

Any body fluid that is visibly contaminated with blood.

Any unidentifiable body fluid.

Workers who fall under the Universal Precautions guideline must wear gloves and other protective equipment to lower the risk of exposure to blood and body fluids.

Specific precautions must be taken with dirty linen, trash and used sharp objects.

If an employee is exposed to blood or body fluids, the employee has the right to request medical evaluation in regard to the need for Hepatitis B immunization and periodic Hepatitis B virus and HIV testing.

VI. Engineering and Work Practice Controls

Engineering and work practice controls shall be used to minimize or eliminate employee exposure to blood, body fluids and other potentially infectious materials. Where occupational exposure remains after initiation of these controls, personal protective equipment shall also be required. Engineering and work practice controls shall be examined regularly to determine their effectiveness. Controls shall be amended or replaced as necessary.

A. Handling of Sharps

1. Sharps shall be handled by employees using appropriate tools and hand protection.
2. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
 - a. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the employee can demonstrate that no alternative is feasible.
 - b. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
3. Immediately or as soon as possible after use, all sharps shall be placed in appropriate containers and disposed of according to regulatory waste procedures. These containers shall be:
 - a. Puncture resistant;
 - b. Labeled or color-coded in accordance with OSHA standards; and
 - c. Leak-proof on the sides and bottom.

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B. Personal Hygiene

1. Hand washing facilities shall be readily accessible.
2. Employees shall wash their hands with soap and running water immediately or as soon as feasible, after removal of gloves or other personal protective equipment.
3. Employee shall wash their hands and any other exposed skin with soap and running water immediately, or as soon as feasible, following contact of body areas infected with body fluids or other potentially infectious materials.
4. Employees shall rinse or flush mucous membranes with water immediately, or as soon as feasible, following contact of such areas with body fluids or other potentially infectious materials.
5. When the use of hand washing facilities is not feasible, employees shall use germicidal towelettes. Thereafter, employees shall wash their hands with soap and running water as soon as feasible.
6. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is likelihood of an occupational exposure.
7. All clean up procedures involving blood, body fluids or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets from these substances.
8. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or countertops where blood or potentially infectious materials are present.

C. Infectious Materials Handling

1. Any potentially infectious material shall only be placed in designated containers that prevent leakage during collection, handling, processing, storage, transport and shipping. Such containers shall be properly closed, sealed, and labeled.
2. Containers for storage, transport or shipping of any potentially infectious materials shall be:
 - a. Appropriately labeled or color-coded as described in Section IX of this Plan; and
 - b. Closed prior to being stored, transported or shipped.
3. If outside contamination of the primary container occurs, it shall be placed within a second regulation leak proof container, appropriate labeled and properly closed.

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D. Equipment Handling

Equipment that may become contaminated with blood, body fluids or other potentially infectious materials shall be examined prior to use and shall be decontaminated as necessary.

E. Cleaning and Disinfecting

All spills and contamination must be immediately contained and cleaned by staff trained and equipped to work with potentially infectious materials.

1. All surfaces exposed to blood, body fluids or other potentially infectious materials shall be wiped clean and appropriately disinfected using a 1:10 bleach solution or other EPA registered disinfectant.
2. Cleanup kits shall be used to clean items or equipment and surfaces that are exposed to blood, body fluids or other potentially infectious materials.
3. Surfaces exposed to blood, body fluids or other potentially infectious materials should be cleaned and disinfected by employees appropriately trained to use cleanup kits and disinfectants.

V. Personal and Protective Equipment (PPE)

Personal protective equipment is special clothing or equipment worn for protection against bloodborne pathogens and other hazards. This may include the following:

Non-Latex gloves
Gowns
Aprons
Face shields
Masks
Eye protection
Laboratory coats
CPR microshields
Resuscitation bags

- A. The Education Department must approve all personal protective equipment. The Education Department provides approved and appropriate personal protective equipment at no cost to the employees.
- B. Personal protective equipment shall be considered “appropriate” only if it does not permit blood, body fluids or other potentially infectious materials to pass through or reach the wearer’s work clothes, street clothes, undergarments, 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.

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- C. Employees shall use appropriate personal protective equipment whenever there is a potential for occupational exposure.
 - 1. An employee may temporarily and briefly decline the use of personal protective equipment only under rare and extraordinary circumstances when, in the employee's professional judgment, its use will prevent the delivery of first aid or public safety services, or will pose an increased hazard to oneself or a co-worker.
 - 2. When an employee makes such a judgment, the circumstances shall be investigated and documented by the Education Department in order to determine whether changes should be instituted to prevent such occurrences in the future.
- D. If a garment is penetrated by blood, body fluids or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.
- E. All personal protective equipment must be removed before leaving the work area. Upon removal, personal protective equipment shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- F. All personal protective equipment shall be cleaned, laundered and disposed of by the Education Department according to established procedures approved by the Education Department.
- G. Gloves shall be worn when it can be reasonably anticipated that there will be contact with blood, body fluids or other potentially infectious materials, and when handling or touching contaminated items or surfaces.
 - 1. Disposable (single use) gloves shall be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
 - 2. Disposable (single use) gloves shall not be washed or decontaminated for reuse under any circumstances.
 - 3. Utility gloves may be decontaminated for reuse if their integrity is not compromised, according to established procedures approved by the Education Department.
 - 4. Utility gloves must be discarded if cracked, peeling, torn, punctured, or otherwise exhibit signs of deterioration, or when their ability to function as a barrier is compromised.
- H. Masks shall be worn alone or in combination with eye protection devices whenever splashes, spray, spatter, or droplets of blood and/or body fluids or other potentially infectious materials may be generated, and when eye, nose or mouth contamination can be reasonably anticipated.

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- I. Appropriate protective clothing includes gowns, aprons, lab coats, or similar outer garments that are worn in occupational exposure situations. The type and characteristics of such protective clothing must be appropriate to the task and degree of exposure anticipated.
- J. Shoe covers shall be worn in instances when gross contamination can reasonably be anticipated.

VIII. Housekeeping

- A. Work sites shall be maintained in a clean and sanitary condition.
- B. All equipment, environmental areas and working surfaces shall be cleaned and decontaminated by trained staff after contact with blood, body fluids or other potentially infectious materials. All contaminated surfaces shall be decontaminated with an appropriate disinfectant.
- C. Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using appropriate hand protection and tools.

IX. Hepatitis B Vaccination

- A. **Pre-exposure Vaccination** - Education Department employees whose job classifications are outlined in Category 1 will be offered the vaccine. The vaccine will be offered within ten (10) working days of the initial job assignment, unless the employee has previously had the vaccine or wishes to submit results of antibody testing verifying sufficient immunity. Employees who agree to receive the Hepatitis B Vaccine will sign a Hepatitis B Vaccine consent form. Employees who decline the vaccine will be requested to sign a waiver. Such employees may change their mind at any future time and request immunization, which will be given at no cost to the employee.

Any employee in Category 2 may appeal for immunization due to unique circumstances of their individual job duties by requesting a vaccine in writing to the Superintendent. The Education Department will assure that, if appropriate, the vaccine is offered.

- B. **Post-exposure Vaccination** - For employees in Category 2, who are potentially exposed because of their duty to provide general first aid, the vaccine will be offered if the employee has an “exposure incident” as defined in this Plan. Employees having an exposure incident who decline the Hepatitis B vaccine will sign a waiver. Employees who initially decline the vaccine but who later wish to have it, will receive the vaccine at no cost.

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Post-Exposure Evaluation and Follow-Up

All exposure incidents must be reported immediately to the Site Administrator/Principal.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with OSHA (29 CFR 1910.1030), Bloodborne Pathogen Standard. This will include, at minimum, the following items:

- A. A confidential medical evaluation and follow-up shall be conducted by the assigned healthcare professional and shall include the following elements:
 - 1. Documentation of the route(s) of exposure;
 - 2. Circumstances under which the exposure incident occurred; and
 - 3. Any significant factors known regarding the source individual which may be pertinent to treatment. This may include collection and testing of the source individual's blood for HBV and HIV status upon consent.

IX. Hepatitis B Vaccination

- B. Collection and testing of an exposed employee's blood for HBV and HIV status.
 - 1. The employee will be offered the option of blood collection for HIV and HBV serological testing.
 - 2. If the employee consents to baseline blood collection, but does not at that time consent to HIV testing, the sample shall be preserved for at least 90 days, during which time HIV testing will be done at the employee's election.
 - 3. The employee will be offered post-exposure treatment in accordance with the current recommendations of the U.S. Public Health Service.
 - 4. The healthcare professional will counsel the employee concerning precautions to take during the period after the exposure incident. Counseling will include information on what potential symptoms or illnesses that may ensue as a result of the incident or treatment that should be reported to the healthcare professional.
 - 5. The Site Administrator/Principal has been designated to assure that the policy outlined herein is effectively implemented.
 - 6. The post exposure procedure outlined below shall be posted in all school clinics and potential exposure areas.

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Post Exposure Procedure

1. Administer first-aid
Care of infected site:
 - a. Wash contaminated skin with soap & water; hydrogen peroxide flush
 - b. Flush mucous membranes with water
 - c. Irrigate eyes with sterile saline
2. Notify Site Administrator/Principal
3. Seek medical attention at the appropriate Education Department occupational health facility or if needed call 911 for transport to an Emergency Department.
4. Complete a first report of injury.
5. Complete the Post Exposure Medical Information form. This Information is confidential and should be sent with employee in a sealed envelope to the medical provider.
6. Review the exposure incident and institute any engineering controls to avoid future exposures.
7. Notify Education Department/Superintendent's office of the incident.

C. Interaction with Healthcare Professionals

1. A written opinion shall be obtained from the healthcare professional who evaluates employees of the Education Department as a result of an exposure incident. Written opinions will be obtained in the following instances:
 - a. When the employee is sent to obtain the Hepatitis B vaccine; and
 - b. Whenever the employee is sent to a healthcare professional following an exposure incident.
2. Healthcare professionals shall be instructed to limit their opinions to:
 - a. Whether the Hepatitis B vaccine is indicated for an employee and if the employee has previously received the vaccine.
 - b. That the employee has been informed of the results of the evaluation within 15 days of completion of the medical evaluation.
 - c. That the employee has been told about any medical conditions resulting blood, body fluids or other potentially infectious materials which require further evaluation or treatment.
 - d. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

- D.** Accurate medical records shall be established and maintained for each employee with occupational exposure (see Section XIII - Recordkeeping).

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XI. Exposure Incident Evaluation Procedures

- A. Whenever an exposure incident occurs, the circumstances surrounding the exposure incident shall be evaluated by the Principal/Site Administrator. The Education Department shall conduct a follow-up evaluation based on the following.
 - 1. Engineering controls in place and utilized at the time of the exposure incident;
 - 2. Work practice controls in place and followed at the time of the exposure incident;
 - 3. Personal protective equipment and clothing available and utilized at the time of the exposure incident; and
 - 4. Policy/control deficiencies, if any.
- B. The goal of this evaluation is to identify and correct problems in order to prevent recurrence of similar incidents.

XII. Information and Training

Information and training material appropriate in content and vocabulary to the education level, literacy and language of employees shall be provided.

- A. All employees shall participate in a training program that will be provided:
 - 1. At the time of initial assignment to tasks involving occupational exposure and annually thereafter.
 - 2. When tasks or procedures are added or modified that may affect the employees' occupational exposure.
- B. Training shall include:
 - 1. Access to a copy of the OSHA Standard (29 CFR 1910.1030) and an explanation of the contents;
 - 2. A general explanation of the epidemiology and symptoms of blood borne diseases;
 - 3. An explanation of the modes of transmission of blood borne pathogens;
 - 4. An explanation of this Exposure Control Plan and access to it;
 - 5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials;
 - 6. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment;
 - 7. Information on the types, proper uses, removal, location, handling, decontamination and disposal of personal protective equipment and clean up kits;

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8. An explanation of the basis for selection of personal protective equipment;
9. Information on the Hepatitis B vaccination program;
10. Information on appropriate actions to take in the event of an exposure incident;
11. An explanation of proper signs, labels and color-coding required on infectious materials and
12. An opportunity for interactive questions and answers with the person conducting the training. The trainer must be knowledgeable in the subject matter and workplace addressed in training.
13. Records of each training session shall be kept, including:
 - a. Dates of the training session;
 - b. The content or a summary of training;
 - c. Names and qualifications of person(s) conducting the training; and
 - d. Names and job titles of all persons attending training.
14. Training records shall be maintained in the Education Department for a period of three (3) years from the date of training.

XIII. Recordkeeping

- A. Medical records following the occurrence of an exposure incident shall be established and maintained for each employee cared for under this exposure protocol.
 1. All records required by the Standard will be maintained by the Education Department or by the assigned healthcare provider. The Education Department will have access to all medical records regarding vaccinations and exposures from the healthcare provider.
 2. These medical records shall include:
 - a. Employee's name and social security number;
 - b. A copy of employee's Hepatitis B vaccination record;
 - c. A copy of medical examinations, testing, and follow-up procedures;
 - d. A copy of the healthcare professional's written report/opinion; and
 - e. A copy of the information provided to the evaluating healthcare professional.
 3. Employee medical records shall be kept confidential. Information contained therein shall not be disclosed without the employee's written consent.
 4. Employee medical records shall be maintained for the duration of employment plus thirty (30) years.

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- B. Documentation of employee's failure to use personal protective equipment - Refer to Section VII, Item C.
- C. All medical and training records shall be made available to the Assistant Secretary of Labor for Occupational Safety & Health and the Director of the National Institute for Occupational Safety & Health, U.S. Department of Health and Human Resources or their representative(s) upon request.
- D. Employee medical and training records shall be provided upon request to the employee or anyone having his/her written consent.

Legal Reference: 29 CFR Part 1910.1030 *Occupational Exposure to Bloodborne Pathogens*; Final Rule.
Connecticut State Agencies Regulations Section 31-372-101-1910.1030.
Connecticut General Statutes 31-372 Adoption of federal and state standards.
Variance.

