

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

NEPN/NSBA Code: GBGAA-R

I. Exposure Determination

List all job classifications in which all employees have a potential occupational exposure to blood or other potentially infectious materials (OPIM).

Job Classifications: { School Nurse
 { Secretary -- provides first aid in nurse's absence
 { Janitor

Note: we do not have a full-time classroom specifically for special needs students. All teachers are exposed on an equal basis.

II. Implementation Schedule And Methods

A) Universal Precautions

All blood and other potentially infectious materials (OPIM) will be treated as if they are infectious (all body fluids, e.g.)

B) Engineering controls, work practice controls and personal protective equipment (PPE)

1. All employees will wear appropriate personal protective equipment when dealing with blood or OPIM. See Guidelines for Universal Precautions (attached)
2. All spills of blood or OPIM will be cleaned up using an approved agent.
3. All employees will wash hands and any other skin with soap and water or flush mucous membranes with water as soon as feasible following contact with blood or OPIM even if they were wearing gloves or other PPE.
4. First aid will be administered by designated individuals.
5. Students who bloody their clothing will change into clean clothes. The bloody clothing will be double-bagged.
6. Contaminated broken glass and other materials will not be picked up with the hands. It will be swept up or picked up by mechanical means.
7. All blood soaked materials will be double-bagged and appropriately disposed of.

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FAYETTE SCHOOL DEPARTMENT

8. Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure (e.g. nurse's office, janitor room, etc.)
9. Food or drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or potentially infectious materials may be present.

C) Contaminated Equipment

Contaminated equipment will be decontaminated if feasible. If not, send it out for decontamination or disposal.

D) Personal Protective Equipment (PPE)

Employees will be provided appropriate personal protective equipment free. It will be chosen based on the anticipated exposure and will prevent blood or OPIM from reaching the skin or mucous membranes.

1. Each covered employee will be given two pairs of protective gloves. S/he will always carry one pair while at work.

Gloves which have been contaminated will be removed and appropriately disposed of.

Gloves and other disposable PPE will be worn only once, then disposed of.

Employees will wash his/her hands after removing the gloves and other PPE.

2. Utility gloves and protective goggles can be washed with an approved disinfectant and reused if they are intact (not peeling, cracked, torn, punctured, or exhibiting other signs of deterioration).
3. Gloves are available in each classroom, all first aid kits and in the nurse's office.
4. PPE will be repaired or replaced as needed to maintain its effectiveness at no cost to the employee.
5. Garment(s) penetrated by blood or OPIM shall be removed immediately or as soon as possible.

- E) A bleach solution mixed in a 1:10 ratio will be used for decontamination of equipment, contaminated surfaces and receptacles.

III. Hepatitis B Vaccine

- A) All employees identified as having potential occupational exposure will be offered the vaccine free of charge.
- B) Employees who don't want the vaccine must sign a waiver. Employees who decline the vaccine can change their minds and have the vaccine provided at no cost.

IV. Post-Exposure Evaluation And Follow-Up

When an employee has an exposure it should be reported to the School Nurse and Administrator.

- A) All employees who have an exposure will be offered post exposure evaluation and follow-up. The follow-up will include:
 - 1. Documentation of route(s) of exposure and circumstances of incident, and
 - 2. Documentation of source individual and his/her HIV/HBV status if known. We will try to get permission to test the source individual's blood for HIV/HBV.
 - 3. If the source individual is tested we will make the results available to the exposed employee. The employee must obey all confidentiality requirements.
 - 4. The exposed employee will be offered testing for HBV/HIV. The blood sample will be saved for 90 days to allow the employee to decide if s/he wants it to be tested for HIV. If the employee decides during that period, the blood sample can be dealt with appropriately.
 - 5. The exposed employee will be offered post exposure treatment by the latest US Public Health Service Recommendations.
 - 6. The exposed employee will be given counseling regarding precautions to take during the period after the exposure incident and potential illnesses to be alert for. The employee will be asked to report related experiences to appropriate personnel.
 - 7. The School Nurse and the School Physician will assure this policy will be effectively carried out.

V. Interaction With Health Care Professionals

A) The School Physician evaluates employees for us. We will get written evaluations when:

1. An employee is sent for hepatitis B shots
2. An employee is sent to a health care professional after an exposure

Health care professionals will limit their written opinions to the following information:

1. Whether the Hepatitis vaccine should be given and if the employee has received the vaccine. If after an exposure, the post exposure plan will be put into effect.
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about medical conditions resulting from exposure which require further evaluation or treatment (the report to the employer will not contain personal medical information)

B) Training

All employees will be given training on Universal Precautions and Bloodborne Pathogens annually by the School Nurse or a person knowledgeable in the subject matter as it relates to the school environment before assignment to tasks where occupational exposure may occur. In addition, training will be given to at-risk employees at the time of initial assignment to tasks where occupational exposure may take place. Additional training will be provided when changes such as modification of tasks or procedures affect the employees' occupational exposure. Otherwise, refreshers will be given annually. The training must include:

1. An explanation of the standard for bloodborne pathogens
2. Epidemiology and symptoms of bloodborne disease
3. How bloodborne pathogens are transmitted
4. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan
5. Acts which could cause exposure to blood or OPIM
6. Control methods used at the school

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7. Personal protective equipment available including types, selection, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. Post-exposure evaluation and follow-up
9. Signs and labels used in the school
10. The Hepatitis B vaccine program at the school

C) Record Keeping

The School Nurse will keep all records required by the standard.

The School Nurse will coordinate the training of staff. Staff will receive annual refresher training.

D) Posting and Review

A copy of the Exposure Control Plan will be posted in the nurse's office and kept in the office file for employee accessibility.

This plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures or change in employee positions with occupational exposure.

VI. Guidelines for Universal Precautions

Universal Precautions **MUST** be used at all times when coming into contact with any body fluids.

General Protection:	Hand washing Liquid soap Running water Paper towels
Specific Protection:	Personal Protective Equipment (PPE)

All PPE **must** be provided to employees by the employer at no cost to the employee. For example, if the school nurse is allergic to latex gloves, the employer **must** provide vinyl gloves at no cost to the nurse.

PPE

USE

Disposable latex, vinyl or nonallergic gloves

Use gloves when you are exposed to a body fluid (suctioning a tracheostomy, cleansing an open wound, cleansing urine or feces, suctioning or cleansing copious oral fluids, obtaining a blood sample)

Gloves and goggles

Use when splashes, sprays, splatter or droplets of blood, saliva, or other potentially infectious material is present or may be generated (suctioning, irrigating eyes or open wounds)

Gloves and pocket mask or microshield

Use when performing mouth-to-mouth resuscitation. The mask must have a one-way valve.

Gloves and aprons of impervious material

Use when blood or infectious materials are likely to soak through the clothing.

Gloves and lab coat or clinic jacket

Use when anticipating contact with blood or infectious materials that are not likely to soak through the lab coat or jacket.

Legal Reference: Federal Register Dept. of Labor OSHA 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens: Final Rule. December 6, 1991.

Cross Reference:

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