

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. PURPOSE

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, as adopted by 803 KAR 2:320, the following exposure control plan has been developed.

The intent of this Exposure Control Program is to eliminate and/or minimize occupational exposure to bloodborne pathogens.

Bloodborne pathogens are microorganisms that are present in human blood and other potentially infectious materials (OPIM) and can cause disease in humans.

Such pathogens include, but are not limited to,

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency virus (HIV)

II. EXPOSURE DETERMINATION

Occupational exposure is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties."

Employees with occupational exposure to bloodborne pathogens:

- School Nurse
- Athletic Trainers
- First Aid Responders
- FMD Teachers / FMD Aides
- Custodians
- Maintenance Workers

Employees that may come into contact with human blood or other potentially infectious materials (OPIM):

- Coaches
- Teachers
- Instructional Aides
- Bus Drivers / Bus Monitors

Tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed above:

- Administering first-aid and vaccinations
- Attending to athletic injuries and accidents
- Assisting students
- Cleaning and disinfecting contaminated spaces
- Vehicle accidents

III. ENGINEERING AND WORK PRACTICE CONTROLS

Universal Precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees working for the Carter County Board of Education.

- Hand sinks are located in all restrooms and in the designated first-aid rooms. All hand sinks are readily accessible to all employees who have the potential for exposure.
- Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible, following an exposure incident.
- Employees must wear gloves when administering first-aid and must wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Needles shall be disposed of in labeled sharps containers provided at location. These containers must be puncture resistant, labeled and/or color-coded, and leak proof. Needles should never be recapped, bent, broken, or sharpened. Mechanical devices or tools, such as forceps, pliers, or a broom and dustpan, must be used when moving needles.
- No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is reasonable likelihood of occupational exposure.
- Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
- Regulated waste must be placed in the designated containers.

IV. PERSONAL PROTECTIVE EQUIPMENT

Where occupational exposure remains after instituting the above controls, personal protective equipment shall also be utilized.

All personal protective equipment used at this facility will be provided without cost to the employee. Personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

Employees must:

- Utilize protective equipment in occupational exposure situations.
- Wear gloves when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin, when performing vascular access procedures and when handling or touching contaminated items or surfaces. 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. Under no circumstance are they to be reused.

If Utility gloves are used, they may be decontaminated for re-use if the integrity of the glove is not compromised. They must 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.

- Remove garments that become penetrated by blood or OPIM immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lost their ability to function as a barrier to bloodborne pathogens.
- Remove all personal protective equipment before leaving the work area.

V. HOUSEKEEPING

Maintaining our work areas in a clean and sanitary condition is an important part of the Carter County Board of Education Bloodborne Pathogens Compliance Program.

A. Equipment and Surfaces

All equipment, environmental surfaces and work surfaces shall be decontaminated immediately or as soon as feasible after contamination.

1. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as possible after any spill of blood or other potentially infectious materials.
2. Employees will use a solution of one part bleach to ten parts water or other appropriate disinfectant for cleaning and disinfecting. Carter County Schools

uses Oxivir anti-microbial disinfectant. The bleach solution must be left in contact with contaminated work surfaces, tools, objects, or OPIM for at least 10 minutes before cleaning. Employees are to follow labeling instructions for Oxivir.

3. All bins, pails and similar reusable receptacles, which have a reasonable likelihood for becoming contaminated with blood or other infectious material, are inspected and decontaminated on a regularly scheduled basis. If contaminated, they will be disinfected immediately.
4. 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.

B. Laundry

1. Laundry contaminated with blood or OPIM will be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed in the area of use.
2. When contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
3. Any employee who has contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.

C. Regulated Waste

Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

1. Contaminated sharps must be discarded immediately in containers that are closable, puncture resistant, leak proof, and labeled or color-coded. The containers should be easily accessible to personnel and located as close as feasible to the immediate area; maintained upright throughout use; and replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps, the containers must be closed to prevent spillage during handling.
2. Other regulated waste shall be placed in labeled or color-coded containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The container must be closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport.

3. District nurses will remove the needles/sharps/regulated material as contacted.

VI. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. General

The Hepatitis B vaccine and vaccination series will be made available to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

The Carter County Board of Education will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

B. Hepatitis B Vaccination

The Hepatitis B vaccination shall be made available after the employee has received occupational exposure training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

C. Post-Exposure Evaluation and Follow-Up

An exposure incident is any contact of blood or OPIM's with non-intact skin or mucous membranes. All exposure incidents shall be reported, investigated, and

documented. When the employee incurs an exposure incident, they must complete a *First Report of Injury* report.

Following the report of an exposure incident, the employee is entitled to a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. The source individual's blood shall be tested as soon as feasible and after
 - a. Consent is obtained in order to determine HBV and HIV infectivity.
 - b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known status need not be repeated.
 - c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. Collection and testing of blood for HBV and HIV serological status;
 - a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - b. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
4. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service,
5. Counseling; and
6. Evaluation of reported illnesses.

D. Information Provided to the Healthcare Professional

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- a. A copy of this regulation;
- b. A description of the exposed employee's duties as they relate to the exposure incident;

- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- d. Results of the source individual's blood testing, if available; and
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the employer's responsibility to maintain.

E. Healthcare Professional's Written Opinion

1. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for and employee, and if the employee has received such vaccination.

2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. That the employee has been informed of the results of the evaluation; and
 - b. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Important Note: All other findings or diagnoses shall remain confidential and shall not be included in the written report.

VII. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and Signs

Employees will be warned of biohazard material through the use of red infectious waste bags or through the use of labels attached to waste receptacles. If the red bags are not available, labels used will be orange-red and marked with the work BIOHAZARD or the biohazard symbol.

B. Information and Training

1. All employees with occupational exposure must participate in a training program which is provided at no cost to the employee and will be held during working hours.
2. Training shall be provided as follows:
 - a. At the time of initial assignment to tasks where occupational exposure may occur;
 - b. Within 90 days after the effective date of the standard; and
 - c. At least annually thereafter.

3. Additional training will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.
4. Training shall be tailored to the education and language level of the employee.
5. The training will be interactive and cover the following:
 - a. A discussion of the epidemiology and symptoms of bloodborne diseases;
 - b. An explanation of the modes of transmission of bloodborne pathogens;
 - c. An explanation of the Carter County Board of Education Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy;
 - d. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials;
 - e. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment;
 - f. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE;
 - g. An explanation of the basis of selections of PPE;
 - h. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
 - i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
 - j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
 - k. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
 - l. An explanation of the signs, labels, and color-coding systems.
 - m. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
 - n. An opportunity for interactive questions and answers.
6. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the school.

VIII. RECORDKEEPING

1. Medical Records

The Carter County Board of Education shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.

The record includes:

- a. Name and social security number of the employee;
- b. A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required;
- c. A copy of all results of examinations, medical testing, and follow-up procedures as required;
- d. The district's copy of the healthcare professional's written opinion as required;
- e. A copy of the information provided to the healthcare professional as required.

2. Training Records

Training records will be maintained for three years from the date on which the training occurred and will include the following:

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

A. Availability

1. All records are available upon request to the Assistant Secretary and Director for examination and copying.
2. All employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the Director and to the Assistant Secretary in accordance with 29 CFR 1910.20
3. Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and to the Assistant Secretary in accordance with 29 CFR 1910.20