

# **BLOODBORNE PATHOGENS**

## **EXPOSURE CONTROL PLAN**

**October 2007**

**Red Bud Community Unit School District #132**

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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# **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

## **INTRODUCTION**

The Red Bud School District #132 Bloodborne Pathogens Exposure Control Plan has been developed in accordance with the Standard developed by the Occupational Safety and Health Administration (OSHA) of the United States Department of Labor. The Standard is referenced as Title 29 of the Code of Federal Regulations, Section 1910.1030.

Adoption of the Standard by the Illinois Department of Labor on January 29, 1993, requires school districts to develop and implement a local exposure control plan.

**Objective of Standard:** To implement procedures designed to prevent or minimize the occupational exposure of employees to bloodborne pathogens and other potentially infectious materials.

**Availability of Plan:** The Exposure Control Plan is readily available for review by every employee.

## **INITIATION OF EXPOSURE CONTROL PLAN**

### **A. Exposure Determination**

In order to indicate which employees may incur occupational exposure to blood or other potentially infectious materials, an occupational exposure determination has been conducted. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or contact through skin puncture with blood or other potentially infectious materials that may result from the performance of an employee's duties.

The exposure determination was made without regard to the use of personal protective equipment (i.e., employees are considered to have occupational exposure even if they wear personal protective equipment) and resulted in a listing of the following job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

#### **1. Group I -- All Employees Who Have Occupational Exposure**

##### **Job Classification**

Nurse  
Nurse's Substitute  
Coaches/AE teachers – both Group I or both Group II  
Custodians  
Playground Supervisors  
Designated Secretary in each building

Through the exposure determination process, a listing of job classifications has been created in which some employees may have occupational exposure. Not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials. The tasks or procedures that would cause these employees to have occupational exposure are listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

2. **Group II -- Some Employees Who Have Occupational Exposure**

<b><u>Job Classification</u></b>	<b><u>Tasks/Procedures</u></b>
Towel Manager	May Handle Bloody Towels and Athletic Uniforms
Equipment Manager	Occasionally Performs Duties of Towel Manager
Coach / PE Teacher (Group I – prob. 2)	Occasionally Administers First Aid When Trainer Is Not Available
Bus Driver (Specific)	Occasional Contact with Blood and/or Body Fluids
Building Construction Teacher	Occasionally Administers First Aid
Special Education Teacher & Aide	

**B. Implementation Schedule**

1. Universal Precautions

Incorporated into the plan is a "universal precautions" approach for dealing with body fluids which views all body fluids as if they are potentially infectious materials and must be handled in a prescribed manner.

2. Engineering and Work Practice Controls

Appropriate controls, as stated in this plan, will be initiated to minimize employee exposure to blood or other potentially infectious materials. Controls will be reviewed on a regular basis to ensure proper functioning for maximum protection.

a. Handwashing

Handwashing facilities are readily accessible to employees. Where handwashing facilities are not available, an antiseptic hand cleanser with clean paper towels will be provided. Employees will be instructed to wash their hands after removal of gloves, other protective equipment, or after any exposure incident.

b. Handling needles and sharps

Contaminated needles and other sharps will not be bent, recapped, or removed unless it is required as a part of a specific medical procedure. Recapping a needle will be accomplished by using a one-handed technique. Removal of a needle will be accomplished by using an approved mechanical device. Contaminated sharps will be placed in containers that are puncture resistant, labeled or color coded to identify the contents, and leak proof on the sides and bottoms. Containers will be available in the Health Services' office at all times. Contaminated sharps which are not disposable are to be taken to the school nurse's office for decontamination by soaking in a solution of one (1) part chlorine bleach to nine (9) parts water for ten (10) minutes.

c. Restricted areas

Employees will not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious materials. Employees will keep neither food nor drink in any freezers, refrigerators, shelves, cabinets, or on countertops or benchtops where blood or any other potentially infectious materials are present.

d. Handling potentially infectious materials

Employee-related procedures involving the handling of blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

3. Personal Protective Equipment

a. Provision

Employees at risk of occupational exposure (Groups I and II) will be provided with and must use personal protective equipment that appropriately prevents blood or other potentially infectious materials from passing through to or reaching the employee's work clothes, street shoes, 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. Personal protective equipment may include gloves, gowns, aprons, coveralls, face shields or masks, and eye protection. Protective equipment will be cleaned, laundered, repaired, replaced, or disposed of, as needed, by the employer.

b. Use

Employees will wear protective equipment appropriate for the type of occupational exposure that can be reasonably anticipated during the normal performance of their duties.

c. Accessibility

Appropriate protective equipment in appropriate sizes will be readily accessible at the worksite or issued to employees. Hypoallergenic gloves or other similar alternatives will be provided, if requested, to employees with specific needs.

d. Additional precautions

- 1) Any garment(s) penetrated by blood or other potentially infectious materials will be removed immediately.
- 2) All personal protective equipment will be removed prior to leaving the work area and will be placed in an appropriately designated container for storage, washing, decontamination, or disposal.
- 3) Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching contaminated items or surfaces.

4. Housekeeping

a. General

Worksites will be maintained in clean and sanitary conditions.

b. Equipment and surfaces

All equipment and surfaces will be cleaned and decontaminated following contact with blood or other potentially infectious materials.

c. Regulated waste

- 1) Contaminated sharps and other regulated waste will be discarded immediately or as soon as feasible in designated containers that are closable, puncture resistant, leakproof on sides and bottom, and labeled or color-coded as required; pursuant to paragraph 6, page 8, herein.
- 2) During use, containers for regulated waste will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. They will be maintained upright throughout use, replaced routinely, and not be allowed to overfill. Containers for sharps will be located in the nurse's office.
- 3) When moving containers of regulated waste from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage is possible, they should be placed in a secondary container which should be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded as required.
- 4) Disposal of all regulated waste will be in accordance with applicable regulations.

d. Laundry

- 1) Contaminated laundry will be handled as little as possible with a minimum of agitation. It will be bagged or containerized at the location where it was used and will not be sorted nor rinsed in the location of use.
- 2) Contaminated laundry will be placed and transported in bags or containers labeled or color-coded as required; pursuant to paragraph 6, page 8, herein. 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 contaminated laundry that presents a reasonable likelihood of soak-through or leakage from the bag or container will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- 4) Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.
- 5) Contaminated laundry shipped to another facility which does not use universal precautions must be placed in bags or containers which are labeled or color-coded as required; pursuant to paragraph 6, page 8, herein.

## 5. Vaccine and Post-Exposure Follow-up

### a. General

- 1) The Hepatitis B vaccine and vaccination series will be available to all employees who have occupational exposure.
- 2) Post-exposure evaluation and follow-up will be available to all employees who have had an exposure incident.
- 3) All medical evaluations and procedures will be made available at a reasonable time and place at no cost to the employees and will be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional, and provided according to U.S. Public Health Service recommendation.
- 4) All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

### b. Hepatitis B Vaccination

- 1) Hepatitis B vaccination will be available after the 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 that the employee is immune, or the vaccine is contraindicated for medical reasons (Appendix A).



- 2) Participation in a prescreening program is not a prerequisite for receiving the Hepatitis B vaccination.
- 3) An employee who initially declines the Hepatitis B vaccination may request it at a later date if still eligible.
- 4) Employees who decline to accept the Hepatitis B vaccination will sign a statement to that effect (Appendix B).
- 5) Any booster doses recommended by the U.S. Public Health Service will be provided as above.

c. Post-exposure evaluation and follow-up

Following an exposure incident, a confidential medical evaluation and follow-up will be made available to the exposed employee, including at least (Appendices C & D):

- 1) Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- 2) Identification and documentation of the source individual unless it is not feasible or prohibited by state or local law.
- 3) Blood testing of the source individual's blood will be in accordance with provision of paragraph (f)(3) of the standard (See Appendix E).
- 4) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

d. Information Provided to the Health Care Professional

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

e. Healthcare Professional's Written Opinion

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

6. Communication of Hazards to Employees

- a. Warning labels will be affixed to containers of regulated waste and other containers used to store, transport, or ship potentially infectious materials. Red bags or red containers may be substituted for labels.
- b. Labels will display the universal biohazard symbol and the signal word "**BIOHAZARD**" and will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- c. Labels will be affixed to containers by string wire, adhesive, or other method that prevents their loss or unintentional removal.

7. Information and Training

- a. All employees will be trained annually in Bloodborne Pathogens.
- b. The trainer will be knowledgeable in the subject matter of the training program. A video tape may be incorporated into the training process if a knowledgeable trainer is not available.

## 8. Recordkeeping

### a. Medical records

1. Accurate records for each employee with occupational exposure will be maintained in accordance with 29 CFR 1910.20 (See Appendices D, E, & F).
2. The employee's medical records will be kept confidential and will not be reported or disclosed without the employee's written consent except as required by this section or as required by law.
3. The medical records will be maintained for at least the duration of employment plus 30 years.

### b. Training records

Training records will be maintained for three (3) years from the date on which the training occurred.

### c. Availability

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

### d. Transfer of records

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

## LIST OF APPENDICES

- Appendix A**     **Hepatitis B Vaccine Immunization Record** (individual employee's record of vaccination series)
- Appendix B**     **Declination Statement** (form to be signed by employee having occupational exposure who refuses vaccination series)
- Appendix C**     **Procedure Following an Exposure to Blood or Body Fluids**
- Appendix D**     **Exposure Incident Report** (to be completed by employee and reviewed by building nurse whenever an exposure occurs. To be sent with employee when referred to health care provider)
- Appendix E**     **Exposure Incident Report - Source Individual** (consent for blood test of support individual and documentation of testing and results and report to exposed individual)
- Appendix F**     **Health Care Provider's Report of Exposure Incident** (To be completed by health care provider who sees employee following an exposure. To be signed by employee after completion by health care provider)

**APPENDIX A**

**CONFIDENTIAL**

**HEPATITIS B VACCINE IMMUNIZATION RECORD**

Vaccine to be administered by: \_\_\_\_\_

Elected dates:

First dose: \_\_\_\_\_

Second dose (1 month after first): \_\_\_\_\_

Third dose (6 months later): \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date first dose was given: \_\_\_\_\_

Date second dose was given: \_\_\_\_\_

Date third dose was given: \_\_\_\_\_

Antibody test results - pre-vaccine (optional): \_\_\_\_\_

Antibody test results - post-vaccine (optional): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Verified by: \_\_\_\_\_ R.N.

**APPENDIX B**

**CONFIDENTIAL**

**DECLINATION STATEMENT**

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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Employee Signature

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Date

## APPENDIX C

### PROCEDURE FOLLOWING EXPOSURE TO BLOOD OR BODY FLUIDS

1. Thoroughly cleanse exposure site on body with soap and water.
2. If body fluid has been spilled, isolate contaminated area.
3. Notify maintenance of need to clean up body fluid spill.
4. Notify school nurse responsible for your building, who will provide additional first-aid as needed and instructions regarding the procedures to follow.
5. Complete **Exposure Incident Report** and return to nurse within 24 hours.
6. Take copy of **Exposure Incident Report** to health care provider.
7. Health care provider to complete **Health Care Provider's Report of Exposure Incident** form and discuss results of evaluation and recommendations with affected individual.
8. Employee to sign bottom of **Health Care Provider's Report of Exposure Incident** form after care and instructions have been received from health care provider and return the completed form to the school nurse within 15 days of the evaluation.
9. The school nurse to secure consent from source individual for blood tests and complete **Exposure Incident Report - Source Individual** form. Test results to be documented on this form and report of results provided to exposed individual.
10. Copies of all reports are to be kept in the employees individual confidential record for at least the duration of employment plus 30 years.

**CONFIDENTIAL**

**APPENDIX D**

**EXPOSURE INCIDENT REPORT**

Date Completed: \_\_\_\_\_

Employee' Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Position: \_\_\_\_\_

Employee Vaccination Status: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Nature of Incident (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what task(s) you were performing when the exposure occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you wearing Personal Protective Equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Did the Personal Protective Equipment fail? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain how: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



What body fluid(s) were you exposed to (blood or other potentially infectious material - be specific)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What parts of your body became exposed? \_\_\_\_\_

\_\_\_\_\_

Estimate the size of the area of your body that was exposed: \_\_\_\_\_

\_\_\_\_\_

For how long? \_\_\_\_\_

\_\_\_\_\_

Did you have open wounds on the exposed areas? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did a foreign body penetrate your body? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you receive medical attention? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_

By whom? \_\_\_\_\_

Identification of source individual: \_\_\_\_\_

\_\_\_\_\_

Report reviewed by: \_\_\_\_\_ R.N.

Date: \_\_\_\_\_

CONFIDENTIAL

**APPENDIX E**

**EXPOSURE INCIDENT REPORT - SOURCE INDIVIDUAL**

I hereby give consent for blood tests to be performed on \_\_\_\_\_

\_\_\_\_\_ in order to determine HBV and HIV infectivity. I have been advised that the results of this testing will be made available to the exposed individual as required by law.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

Consent requested but refused: \_\_\_\_\_

Signature of District representative: \_\_\_\_\_

\*\*\*\*\*

HBV testing: Date: \_\_\_\_\_ Results: \_\_\_\_\_

HIV testing: Date: \_\_\_\_\_ Results: \_\_\_\_\_

\*\*\*\*\*

Date exposed individual was advised of the above results: \_\_\_\_\_

By (signature): \_\_\_\_\_

**APPENDIX F**

**HEALTH CARE PROVIDER'S REPORT OF EXPOSURE INCIDENT**

Employee name: \_\_\_\_\_

Date: \_\_\_\_\_

Exposure incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations for follow-up:

No treatment needed: \_\_\_\_\_

Hepatitis B vaccination series:

Recommended: \_\_\_\_\_ Not recommended: \_\_\_\_\_

Patient declined: \_\_\_\_\_

Further evaluation recommended (list below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's signature: \_\_\_\_\_

I have been informed of the results of this evaluation and need for further evaluation as outlined above:

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX G**

**EDUCATION AND TRAINING RECORD**

Subject: \_\_\_\_\_

Presenter: \_\_\_\_\_

Date: \_\_\_\_\_

**Name**

**Department**

\_\_\_\_\_

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**APPENDIX H**

**INDIVIDUAL EMPLOYEE EDUCATION AND TRAINING RECORD**

Employee: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Topic	Date	Location	Trainer	Employee Signature
A. The Standard				
B. Epidemiology & Symptoms of Bloodborne Disease				
C. Modes of Transmission				
D. Exposure Control Plan				
E. Recognizing Potential Exposure				
F. Use and Limitations of Exposure Control Methods				
G. Personal Protective Equipment (PPE)				
H. Selection of (PPE)				
I. HBV Immunization				
J. Emergencies Involving Blood or Potentially Infectious Materials				
K. Exposure Follow-up Procedures				
L. Post Exposure Evaluation and Follow-up				
M. Signs & Labels				
N. Opportunity to Ask Questions				
<b>Annual Retraining</b>				

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