

Name of School System
Bloodborne Pathogens Exposure Control Plan (ECP)
<All Staff Plan>

The Occupational Safety and Health Administration (OSHA) has issued a standard, 29 CFR Part 1910.1030, to reduce the risk and protect employees from the potential danger of contamination from bloodborne pathogens resulting from injuries. This ECP has been adopted by the school system to meet this standard. The purpose of the ECP is to provide and maintain a safe working environment for all employees by eliminating and/or minimizing occupational exposure to bloodborne pathogens, including but not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). It is the responsibility of the school system to provide and maintain appropriate engineering controls and personal protective equipment, and to develop, establish, and promote safe work practices, ongoing training and education for its employees. It is also expected that employees will practice and follow the guidelines set forth by this ECP.

Adoption Date: **DATE PROTOCOL WAS ADOPTED** _____

Program Administrator: **NAME OF PROGRAM ADMINISTRATOR, DATE**

Revision Dates:

2018: _____

2019: _____

2020: _____

2021: _____

Background

The Center for Disease Control (CDC) has recognized the following as linked to the potential transmission of HBV, HIV, and other bloodborne pathogens in the occupational setting, including schools:

- blood/blood products or components
- semen
- vaginal secretions
- amniotic fluid
- saliva (in dentistry)
- any body fluid visibly contaminated with blood
- pleural fluid
- peritoneal fluid
- cerebrospinal fluid
- all body fluids in situations where it may be difficult or impossible to differentiate between body fluids

These substances shall be collectively referred to as blood or “other potentially infectious material” (OPIM) for the remainder of this document.

Bloodborne Pathogens Exposure Control Plan

In accordance with the Occupational Safety and Health Administration (OSHA) regulations dealing with “Safe Workplace” standards (29 CFR 1910.1030) relating to exposure to Bloodborne Pathogens, the following plan and procedures have been developed for all employees. It will be the plan of the school system to take all reasonably necessary actions to protect its employees from infectious disease and in particular HIV and HBV infection. The school system will provide training and protective equipment to those persons who are at risk by carrying out their job tasks and may come in contact with infectious disease. This plan shall be reviewed annually by the school system.

I. Hepatitis B Vaccine

All employees will be offered the vaccine for Hepatitis B Virus (HBV) which is a life threatening bloodborne pathogen. Informed consent as per standard medical regulations will be used (Attachment). The vaccination will be done at no cost to the employees and is provided as a precaution for personnel safety. If an employee chooses not to receive a HBV vaccine, the employee must sign a letter of declination (Attachment).

II. Universal Precautions, Engineering Controls and Work Practice Controls

The following procedures will be followed by all staff listed above, who may have the potential to come in contact with blood and other infectious body fluids.

1. Universal precautions (Attachment) shall be followed by all employees at all times. All blood and bodily fluids shall be considered potentially infectious.
2. Employees are advised to wear gloves and safety glasses when exposed to blood or other bodily fluids including potentially infectious materials such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine.
3. If an employee becomes contaminated, wash the area immediately with soap and water. If running water is not available, employees will be provided an appropriate handwash substitute, such as an antiseptic foam cleanser or towelettes until an appropriate handwashing facility can be utilized.
4. All waste containers will be lined with a plastic bag. Waste containers in the health offices will be double bagged and emptied each school day by custodians.
5. Plastic needle “red” waste containers will be kept in all nurse’s offices. All needle-like contaminated “sharps” and first aid equipment will be deposited in designated containers. Full “sharps” containers will be disposed properly as medical waste.
6. If clothing should become contaminated with blood or body fluids, it should be doubled bagged and placed in a designated container for proper cleaning.
7. Contaminated surfaces or areas shall be decontaminated with an appropriate disinfectant immediately after exposure.
8. When a spill occurs, the Building Administrator, or designee, will limit access to areas of potential exposure and notify the custodian immediately.

9. All work tasks will be performed in a manner that will reduce the risk of exposure. Employees in areas where exposure hazards exists are expected to adhere to the following:
- Eating, drinking, applying lipstick or balm and/or handling contact lenses are prohibited in work areas where there is reasonable anticipated exposure.
 - Food and drink shall not be kept in refrigerators, shelves, cabinets where blood or OPIM are stored or present.

III. Personal Protective Equipment

1. Personal Protective Equipment (PPE), including but not limited to what is identified herein will be provided by the school system:

List here: (example: minimum of non-latex/nitrile gloves, and may/may not include personal protective gowns, protective eye wear and one way valve face mask or CPR masks):

Location(s) of PPE: List Location(s): (where PPE will be kept): (buses, custodial, nurse, etc.)

2. Training in the use of the appropriate PPE for the tasks or procedures the employee will perform will be provided during initial or annual training events. Record of the training is kept **NAME OF LOCATION WHERE RECORDS ARE KEPT**.

IV. Training: Exposure Control and ECP

1. Training will be conducted by individuals knowledgeable on the subject matter (**NAME OF SCHOOL NURSE**) and will include explanation and location of 29 CFR 1910.1030, Bloodborne Pathogens Standard and location of this plan.
2. Custodians will be provided detailed cleaning procedures during annual refresher training for exposure to bloodborne pathogens.
3. Employees will be provided additional training when changes or modifications of tasks have occurred with regards to new procedures or equipment.

Training will consist of:

- Explanation of the Bloodborne Pathogens Standard (29 CFR 1910.1030)
- Explanation and location of Exposure Control Plan
- General explanation and definition of bloodborne pathogens
- Modes of transmission
- Explanation of the use and limitations of the methods of controls (universal precautions, engineering controls, work practice controls and PPE)
- Hands-on practice with the use, removal and disposal of selected PPE (i.e. gloves)

- Information on the HBV vaccine, including efficacy, safety and the benefits of being vaccinated
- Explanation of the post-exposure procedures and evaluation
- Opportunity to test employee's knowledge
- Interactive questions and answers

V. Records

Employee records for training, Hep B shots, declination of Hep B shot, and medical follow-up documents shall be maintained by:

Name: **NAME OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS**

Location: **LOCATION OF VACCINATION AND TRAINING RECORDS**

VI. Post-Exposure Procedures and Evaluation

Employees who come in contact with blood and body fluids in the performance of their job will take the steps necessary to safeguard their health. "Contact" shall be considered as having OPIMs enter one's body through cuts in the skin or splashes of fluids into eyes, mouth, nose or other mucous membranes. If exposed, employees are trained to:

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 (within 1 hour) report the injury to the school nurse and/or his or her immediate supervisor. When school is not in session refer person to their own physician or a health care facility (QuickCare or Emergency Room). and the employee will report the incident to their supervisor within 24 hours.
3. The school nurse or supervisor will arrange for a medical post-exposure evaluation and follow-up. This evaluation and follow-up will be provided by the school system at no cost to the employee.
4. The school nurse or supervisor will complete an Accident/Injury Report which will include the circumstances under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) and should be submitted to _____ within 24 hours of the accident. Supervisors shall look for ways to prevent future exposure pathways, if any.
5. A Medical Evaluation and Follow-up Report (attached) form will be given to the employee to be completed at the medical facility conducting the post-exposure evaluation and returned to _____

Attachment

INFORMED CONSENT/REFUSAL FOR HEPATITIS B VIRUS VACCINATION

I, the undersigned employee, have read the back side of this form regarding information about Hepatitis B and the Hepatitis vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection in the workplace. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

I further understand that risks involved in making this decision and I agree that the school system, its agents and employees, who are required by law or regulation to make the Hepatitis B Vaccine available to me, are not legally responsible or liable for the side effects that may occur as a result of my accepting/not accepting the Hepatitis B Vaccine.

_____ I have opted to decline the Hepatitis B Vaccine at this time, I have already had the Hepatitis B Vaccine.

_____ I agree to accept the Hepatitis B Vaccine, given in three (3) doses over the next 6 months. (If you are pregnant or breast feeding, it is advisable that you consult with doctor before taking the Hepatitis B Vaccine series.)

_____ I have opted to decline the Hepatitis B Vaccine 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.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

School/Location: _____

Witness: _____ **Date:** _____

Attachment

HEPATITIS B VIRUS VACCINE INFORMATION

For your information – Please Read Carefully

The disease – Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1% to 2% of patients infected. Most people with Hepatitis B recover completely but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic hepatitis or cirrhosis. Carriers face other problems, too. They run a high risk of developing primary liver cancer and pregnant carriers transmit the HBV through the placenta with some 90% of infected infants becoming carriers.

Simple, Effective Solution – Fortunately, now, there is a simple way to prevent HBV infection. The Centers for Disease Control (CDC) recommends vaccination for anyone frequently exposed to blood or other body fluids in the work place. If you fall into this category, the CDC says that 15% to 25% of these above specified health care workers will contract Hepatitis B during their careers. Your individual risk is directly related to how often you are exposed to blood and other body fluids.

The Vaccine – The Hepatitis B Vaccine currently used is a noninfectious vaccine made from bread yeast (*Saccharomyces cerevisiae*). When injected into the deltoid muscle, the hepatitis vaccine has induced protection levels of antibody in more than 90% of the healthy individuals who received the recommended three doses of the vaccine. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine; but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six month period although some persons may not develop immunity even after three months. There is not evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with Hepatitis B virus prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Adverse Side Effects – the incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons have experienced:

- Soreness, swelling, warmth, itching, redness, bruising and nodule formation at the injection site.
- Fever \pm 100 degrees F and malaise
- Tiredness/weakness
- Headache
- Nausea and/or diarrhea
- Sore throat and/or upper respiratory infection
- Dizziness
- Muscle aches
- Joint pain

Attachment

UNIVERSAL PRECAUTIONS

In order to provide a consistent approach in managing body substances from all students and staff, and reduce the risks of exposure to bloodborne pathogens, the practice of Universal Precautions shall be followed by all employees at all times, regardless of situation. All blood and body fluids shall be considered potentially infectious.

Universal Precautions shall apply to all blood/blood components and body fluids including semen, vaginal secretions, breast milk, amniotic fluid, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and wound drainage.

Each job classification may be required to formulate and revise as necessary, separate procedures regarding the use of personal protective equipment and development of work practices for the protection of employees. Compliance with Universal Precautions shall be monitored by the School Nurses and building administrators.

1. Hand Washing

Hand washing continues to be an important means of interrupting disease transmission.

- Wash hands often and thoroughly, with soap and water.
- Wash hands after removing gloves or other PPE.
- Wash hands after contact with blood or other potentially infectious material.
- In the event hand washing facilities are not immediately available, a substitute antiseptic hand cleaner or towelette can be used. Hands shall be washed with running water and soap as soon as possible.

2. Gloves

- Gloves shall be worn when there is anticipated or potential contact with blood or body fluids.
- Gloves shall be worn when the employee has non-intact skin (cuts, abrasions, dermatitis, etc.)
- Gloves shall be worn by the person responsible for the transportation of soiled linens, clothing or waste materials containing potentially infectious materials.
- Gloves shall be worn when cleaning any surfaces soiled with blood or body fluids.
- Gloves shall be worn when handling/cleaning rooms and/or areas where there are potentially infectious materials.
- Gloves shall be changed when visibly soiled or damaged.

3. Gowns

- Remove clothing if saturated with blood and place in a double heavy plastic waste bags for proper cleaning. Personal protective gowns are available in the nurse's office if deemed necessary.

4. Needles/Sharps

- Needles shall not routinely be recapped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand.

- Equipment with sharp edges (art supplies, staplers, etc.) shall be properly cleaned if exposed to blood.
- All needles shall be disposed of in puncture-proof containers specifically manufactured for this purpose. These containers shall be located in the Nurse's office in each school under the direction of the school nurse and changed when full.
- Sharps (knife blades, guidewires, etc.) Place the sharp object on a piece of sturdy cardboard and carefully tape the sharp object to the cardboard. Place another piece of cardboard over the taped object and tape the two pieces of cardboard together. Write on both sides of the cardboard –“SHARP OBJECT” – (blade, etc.)

5. Waste

- All waste should be properly packaged to prevent spill or leakage and labeled for disposal by the area generating the waste. Wastes, except “red” sharps containers, shall be doubled bagged in heavy plastic waste bags, tied securely, and then disposed as household waste.

6. Blood or Body Fluid Spills

- In the event of a blood or body fluid spill, all visible organic matter must first be removed and then the area decontaminated. Broken glassware or sharps shall be picked up using a dust pan and brush, not by hand. Decontamination shall be done by wiping the area of spill with an approved disinfectant or bleach.

7. Resuscitation Equipment (optional)

- Resuscitation devices including pocket masks or ambu bags may or may not be provided (strategically located) to provide personnel with immediate access for emergency situations. These devices shall be used in place of emergency mouth-to-mouth resuscitation. Once used, these items shall be properly bagged for disposal or decontamination and cleaning.

8. Hepatitis B Vaccine Program

- All employees who work in job classifications I & II are likely or may have occupational exposure to blood or body fluids shall be offered the Hepatitis B Vaccine at no cost to the employee. These workers will be vaccinated or if they choose, decline. Any employee who initially declines the vaccine may at any time request the vaccine at a later date.

9. Education

- Employees in Category I & II shall receive training in Universal Precautions, pertinent to their job classification and shall review the Universal Precautions annually through staff development opportunities.

Attachment



MAINE SCHOOL MANAGEMENT ASSOCIATION

49 Community Drive, Augusta, Maine 04330-9405

in the State of Maine 1-800-660-8484

Telephone: (207) 622-3473 Fax: (207) 620-7090

EMPLOYEE'S INCIDENT REPORT

This report is required even though you may have reported this injury to your Supervisor.

Name _____

Address _____ Phone _____

SS# _____ Gender _____ Date of Birth _____ Date of Hire _____ #Dependents _____

Employer/School _____ Supervisor _____

Do you work for another employer? If yes, Name/address _____

Secondary Employer _____ Address: _____

Occupation when injured _____

Were you doing your regular work? _____ If not, what work? _____

Date of injury _____ Hour of day _____ AM _____ PM **What time did you begin work:** _____

Exact place where injury occurred _____

Describe fully how injury occurred _____

Describe your injury in detail (mention body parts affected) **(specify (L) or (R) side)**

Do you have any pre-existing or contributory Injuries/Conditions?

Names of any witnesses _____

Name of doctor treating you **for this injury** _____ First Date seen: _____

Doctor's Address _____

Name and addresses of medical providers seen **for this injury** _____

Did you lose time from work? _____ If so, when did disability start? _____

Have you returned to work? _____ When? _____

Light Duty _____ Regular Duty _____ Number of Hours _____ Rate of Pay \$ _____

To whom was injury reported? _____ When (date)? _____ AM _____ PM

Date _____

Signature: _____



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E-mail: msmawcomp@msmaweb.com

SUPERVISOR'S INCIDENT REPORT

This report should be completed within 24 hours of the incident while the facts are still fresh in the minds of witnesses and should be filed with the department responsible for the processing of Workers' Compensation claims.

Name of injured employee _____

Occupation when injured _____ School _____

Was employee performing regular occupation? _____ If not, what occupation? _____

Was employee experienced/trained in this occupation? _____ Secondary Employment? _____

Date of injury _____ Hour of day _____ AM ____ PM

Describe the events which resulted in the injury or disease _____

Primary Cause of Injury

Action taken to prevent recurrence _____

Describe the injury /disease and indicate body parts affected (specify **(L)** or **(R)** side)

Do you have any questions or concerns pertaining to this injury? Yes _____ No _____

If "yes," please explain _____

Are you aware of any pre-existing or contributory injuries/conditions? _____

Name(s) of any witnesses _____

Was medical treatment provided? _____

Doc
tor:

Hospit

Were you notified by the injured employee of this injury? _____ If so, when? _____

Did employee lose any time from work? _____ If so, when did disability start? _____

Has employee returned to work? _____ When? _____

Light Duty _____ Regular Duty _____ Number of Hours _____ Rate of Pay _____ \$

Any Light Duty work available? _____

Date

Signature

Phone number

(Position and Department)

