

Bloodborne Pathogens Exposure Plan

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Created By:



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1. Purpose of the Exposure Control Plan

One of the major goals of the NJ Public Employee Occupational Safety and Health Administration (PEOSHA) is to regulate facilities where work under potentially hazardous conditions exists. The Exposure Control Plan (Plan) is promulgated pursuant to the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) regulations to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by School District employees. Therefore since PEOSHA has adopted OSHA regulation 29 CFR 1910.1030, it is incumbent upon the School District to seek methods and procedures to reduce potential occupational exposure to bloodborne pathogens including Hepatitis B Virus (HBV), Hepatitis C Virus (HBC) and the Human Immunodeficiency Virus (HIV).

The School District believes that there are a number of good general principles and work practices that should be followed when working with bloodborne pathogens. These include the following:

- a. It is prudent to minimize all exposure to bloodborne pathogens
- b. Risk of exposure to bloodborne pathogens should never be underestimated
- c. Institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens

The School District has implemented the Plan to meet the letter and intent of the PEOSHA Bloodborne Pathogens Standard in accordance with 29 CFR 1010-1030.

The object of the Plan is twofold:

- a. To protect employees from the health hazards associated with bloodborne pathogens
- b. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens

2. General Program Management

There are four categories of responsibility central to an effective implementation of this Plan:

- a. School Principal (Each School)
- b. Exposure Control Officer (see Appendix G)
- c. Plan Education & Training Officer (See Appendix H)
- d. Employees at Risk (see Appendix A)

The following defines the roles for each of these groups:

A. Exposure Control Officer (ECO)

The school Nurse at each school will be the Exposure Control Officer (ECO) for that school (see Appendix G). The ECO is responsible for the management of the bloodborne pathogens program for their school. The activities of the ECO include:

- a. Overall responsibility for implementing the Plan at the school
- b. Working with the School Principal to administer all related policies and practices required to support the effective implementation of the Plan
- c. Assisting in improving the Plan as well as participating in the regular updating of the Plan as mandated by law
- d. Maintaining a list of appropriate web sites to refer to bloodborne pathogens safety and related health information
- e. Keeping current with legal requirements concerning bloodborne pathogens
- f. Acting as facility liaison during PEOSHA inspections related to bloodborne pathogen issues
- g. Conducting a periodic review with the School Principal and the Plan Education & Training Officer (see Appendix H) to maintain an up-to-date Plan
- h. Assisting in the filing of all Biomedical Waste Disposal Manifests
- i. Assuring the inclusion of all pertinent forms/copies in the Main Office Central File on Bloodborne Pathogens

B. School Principals

The School Principal at each school will be responsible for the overall effective operation of the program in their respective buildings. They will work directly with the ECO to insure that proper exposure control procedures are followed.

C. Education & Training Officer

The Plan Education & Training Officer (see Appendix H) will be responsible for providing information and training to all employees who have the potential for exposure to bloodborne pathogens. The activities of the Plan Education & Training Officer include:

- a. Maintaining an up-to-date list of facility personnel requiring training
- b. Developing and presenting suitable training sessions

- c. Scheduling these training sessions in conjunction with the ECOs and others in the School District
- d. Maintaining appropriate documentation and records (i.e. attendance records, test results, inoculation records and copies of all PEOSHA forms) pertaining to the Plan
- e. Periodically reviewing the content of the training sessions with the ECOs and updating the training syllabus as required

D. Supervisor of Buildings & Grounds

The Supervisor of Buildings & Grounds is responsible for setting up the cleaning and decontamination schedule of each school in conjunction with the school's ECO. The Supervisor of Buildings & Grounds is also responsible to ensure the safe cleanup and disposal of any material suspected of containing bloodborne pathogens.

E. Employees

Employees have the most important role in the School District bloodborne pathogens compliance program. The ultimate execution of the Plan rests in their hands. They must be responsible to:

- a. Know what tasks they perform which might have occupational exposure to potential bloodborne pathogens
- b. Attend the bloodborne pathogen training sessions
- c. Conduct all of their routine and emergency duties in accordance with standard operating procedures and good practices
- d. Develop and maintain good personal hygiene habits

F. Availability of the Plan to Employees

The Plan is available to all employees. Employees are advised of this availability during the training sessions. Copies of the Plan are available in each school's main office, each School Nurses's office, and in the Main Office Central File.

G. Review and Up-date of the Plan

According to the law it is mandated that the Plan be up-dated annually. To insure this, the plan will be reviewed and updated as follows:

- a. Annual Plan review and update
- b. At any time when job descriptions and or tasks are changed for potentially exposed employees

- c. At any time when new functional positions are implemented where potential exposure to bloodborne pathogens is possible

3. Exposure Determination

In order to have a successful Plan, it is important to identify potential exposure situations involving School District employees. The occupations and job classifications are as follows:

- a. Occupations at Risk & Bloodborne Pathogens definitions (see Appendix A)
- b. Job classifications in which All Employees have occupational exposure to bloodborne pathogens (See Appendix A-1)
- c. Job classifications in which Some Employees have occupational exposure to bloodborne pathogens (See Appendix A-2)

The ECOs will work with their School Principal, the School Administration and the Plan Education & Training Officer (see Appendix H) to revise and update these occupations and job classifications as tasks and job descriptions change.

4. Methods of Compliance

It is obvious that these are a number of areas that must be addressed in order to effectively minimize exposure to potential bloodborne pathogens within the School District. These are:

- a. The use of universal precautions
- b. The establishment of appropriate engineering and administrative controls
- c. The establishment of appropriate work practice controls
- d. The use of proper personal protective equipment (PPE)
- e. The following of appropriate housekeeping procedures

Each of these areas will be reviewed during the annual review of the Plan. Strict adherence to these requirements is critical in order to minimize employee exposure to potential bloodborne pathogens.

A. Universal Precautions

In order to accomplish the goals as established in the Plan, it is necessary to treat all human blood and the following body fluids, as if they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens

- a. semen
- b. vaginal secretions
- c. cerebrospinal fluid
- d. synovial fluid
- e. pleural fluid
- f. pericardial fluid
- g. peritoneal fluid
- h. amniotic fluid
- i. saliva with visible blood
- j. any body fluid with visible blood
- k. all body fluids in situations where it is difficult to differentiate between body fluids

In circumstances where it is impossible to differentiate between body fluid types, it will be necessary to assume that all body fluids are potential infectious. The ECO in each school (see Appendix G) is responsible for overseeing the methods of compliance.

B. Engineering Controls

The School District provides containers for the proper collection and disposal of all potentially hazardous biological materials. Each ECO will periodically work with his/her School Principal to review tasks and procedures where engineering controls could be implemented or improved. The Plan has identified the following areas:

- a. Areas where engineering controls are currently in use
- b. Areas where engineering controls can be improved (annual Plan review and up-date)
- c. Areas where no engineering controls are employed at this time

These lists will be evaluated during the annual review of the Plan by each ECO (see Appendix G) in conjunction with the School Principal and the Plan Education & Training Officer (see Appendix H)

C. Work Practice Controls

To complement the engineering controls, the School District has established a number of work practice controls to help minimize exposure to bloodborne pathogens. Many of these work practices have been standard operating procedure for some time. The ECO (see Appendix G) is responsible for overseeing the implementation of these work practice controls in their schools and will work with their School Principal and the Plan Education & Training Officer (see Appendix H) to insure the effectiveness of these practices. The following is a list of these practices:

- a. Employees are required to thoroughly wash their hands immediately, or ASAP, after removal of gloves or other personal protective equipment use in the handling of potential bloodborne pathogenic materials
- b. Employees will thoroughly wash immediately, or ASAP, exposed skin with non-abrasive soap and water. They will also slush exposed mucous membranes with large quantities of water after such exposure
- c. Eating, drinking, applications of cosmetics or lip balm and handling of contact lenses is prohibited during work involved with potential bloodborne pathogens
- d. When cleaning up potential bloodborne pathogenic materials, minimize splashing, spraying or other actions generating airborne mists, aerosols or droplets of these materials
- e. If the outside of a primary waste container is contaminated, place that container within a secondary leakproof container for handling and storage
- f. Use a red bag or container especially made for biohazard wastes or attach an appropriate biohazard warning label to any container holding bloodborne pathogenic materials

D. Changes in Occupations, Job Tasks and Job Classifications

When a new employee begins work or an employee changes occupations, job tasks or job classifications within the school, the following procedure will take place to ensure that all phases of the Plan are covered:

- a. The employee's new job tasks are reviewed by the Plan Education & Training Officer (see Appendix H) and compared with the Job Classifications and Tasks Lists identified in the Plan (see Appendices A, A-1, A-2)
- b. The employee will then be trained as soon as practical by the Plan ECO or Education & Training Officer (see Appendices G & H) regarding all work practices new to that employee

E. Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is the employee's most important defense against bloodborne pathogens. The School District provides (at no expense to the employee) the required equipment for an employee's protection against bloodborne pathogen exposure. The list may include but is not limited to:

- a. gloves, gowns, lab coats, shoe covers
- b. face shields, safety glasses, chemical splash goggles
- c. mouth pieces, resuscitation bags, hoods

d. exposure control kit

Hypoallergenic gloves, glove liners and similar alternatives will be made available as necessary for those employees allergic to the PPE provided (in general, the schools should have latex free gloves). The ECO (see Appendix G) will work with their School Principal and the Director of Buildings and Grounds to insure that all work areas are supplied with appropriate personal protective equipment for potentially exposed employees.

The bloodborne pathogens training sessions will include information on the proper use of all available PPE. For those employees whose job descriptions change, additional training may need to be provided by the ECO or Plan Education and Training Officer (see Appendices G & H)

To insure that personal protective equipment is not contaminated and is in proper condition to protect employees from exposure to potential bloodborne pathogens, employees will follow these procedures:

- a. All PPE will be inspected periodically and repaired or replace as necessary in order to assure its effectiveness
- b. Reusable PPE will be cleaned, laundered and decontaminated
- c. Single-use PPE will be disposed of by forwarding that item to the school's ECO, properly bagged for disposal
- d. All PPE will be removed prior to leaving the work area
- e. Gloves will be worn when employees anticipate contact with potential infectious materials or when handling contaminated items or surfaces
- f. Disposable gloves will be removed ASAP after contamination
- g. Masks and eye protection will be used whenever splashes or sprays may generate airborne droplets of infectious materials
- h. Protective clothing will be worn whenever potential exposure to the body is anticipated

F. Housekeeping for Bloodborne Pathogens

In general, the School District will ensure that all work sites are maintained in a clean and sanitary condition. The School District will also determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned and tasks or procedures being performed in the area.

Equipment Cleaning

All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potential infectious materials.

1. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
2. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift, if they may have become contaminated during the shift.
3. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
4. Broken glassware which may be contaminated must not be picked up directly with the hands but rather cleaned up using mechanical means. Such as a brush and dust pan, tongs or forceps.
5. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Regulated Waste

1. Contaminated Sharps Discarding and Containment
 - a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable; puncture resistant; leak proof on sides and bottom; and properly labeled or color-coded.
 - b. During use (if applicable), containers for contaminated sharps shall be: easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonable anticipated to be found; maintained upright throughout use; and replaced routinely and not be allowed to overfill.
 - c. When moving containers of contaminated sharps from the area of use or accident, the containers shall be:
 1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 2. Placed in secondary container if leakage is possible. The second container will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and labeled or color-coded appropriately.
 - d. Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of injury.

2. Other Regulated Waste Discarding and Containment

a. Regulated waste shall be placed in containers which are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded appropriately; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

b. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded appropriately; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

3. Disposal of All Regulated Waste

Disposal of all regulated wastes will be in accordance with applicable regulations of the United States Environmental Protection Agency (USEPS) and the New Jersey Department of Environmental Protection and Energy (NJDEPE).

5. **Hepatitis B Virus (HBV) Vaccination, Post-Exposure Evaluation & Follow-Up**

It is evident that even with good exposure control planning some exposure incidents may occur. Therefore, the School District has implemented a program of inoculations as well as developed procedures for post-exposure evaluation and follow-up in the event that exposures to bloodborne pathogens occur.

A. Vaccination Program

To protect employees as much as possible from the possibility of Hepatitis B infection, the School District has implemented, at no cost to the employee, a vaccination program for all employees who have potential exposure to bloodborne pathogens.

The vaccination program consists of a series of three (3) inoculations over a six (6) month period. The training sessions cover information about this vaccination including its safety and effectiveness. The Plan Education & Training Officer (see Appendix H) is responsible for setting up the vaccination program and the record keeping required. Vaccinations are performed by a licensed technician and recorded (see Appendix C). Employees declining the vaccination must sign a declination form (see Appendix C-1). Such employees may decide at a later date to accept the vaccination series and it will then be provided at no cost. The training syllabus stresses the effectiveness and the importance of these inoculations.

B. Post Exposure and Follow-up Program

In the event that an employee is involved in an exposure to potentially infectious bloodborne pathogens, there are two (2) areas of immediate concern:

1. Investigating the circumstances surrounding the incident
2. Insuring that the employee receives prompt medical treatment and consultation

The ECO (see Appendix G) is to investigate every exposure incident at their school within 24 hours and document the following information:

- a. When and where the incident occurred
- b. What potentially infectious material was involved
- c. Source of the material
- d. Circumstance concerning the incident
- e. PPE being used at the time of the incident
- f. Actions taken as a result of the incident:
 - i. Employee decontamination
 - ii. Cleanup
 - iii. Notifications made

After this information is collected and evaluated, the ECO is to prepare a written summary of the incident and its causes, make recommendations for avoiding similar incidents in the future, and submit the report to the Business Administrator. To insure proper and timely treatment for any exposed employee, the School District has initiated a comprehensive post-exposure evaluation and follow-up process.

It is recognized that much of the information involved in this process must remain confidential, and everything possible will be done to protect the privacy of the employee involved. As a first step in this process, the following information is to be recorded:

- a. Documentation of the routes of exposure and circumstances of the exposure incident (see Appendix D)
- b. Identification of the Source Individual (See Appendix E)
- c. Testing of the Source Individual's blood for HBV, HCV, and HIV infectivity
- d. Testing of the blood of the Exposed Employee for HBV, HCV, and HIV status
- e. Offering the HBV inoculation series to the Exposed Employee if none were given prior to the event

Once these procedures have been taken, an appointment is to be arranged for the Exposed Employee to meet with the Contract Physician to discuss his or her medical status including an evaluation of any reported illnesses, as well as any recommended treatments. If the Exposed

Employee refuses this step, a written statement to that effect must be obtained by the ECO and a record made in the Main Office Central File

C. Documentation Provided to the Physician

To assist the Contract Physician, the following documents are to be forwarded:

- a. A copy of the bloodborne pathogens standard
- b. A description of the exposure incident including routes of exposure
- c. A description of the exposed employee's duties
- d. Result of source individual's blood testing (if available)
- e. The Exposed Employee's relevant medical records
- f. Other pertinent information

D. Physician's Written Opinion

After consultation, the Contract Physician will provide the ECO (see Appendix G) with a written opinion evaluating the Exposed Employee's situation. The ECO will furnish the Exposed Employee with a copy of this opinion. The ECO will then make a record in the Main Office Central File that the Exposed Employee has been provided with the physician's written opinion. To maintain confidentiality, the written opinion will contain only the following:

- a. Whether HBV vaccination is indicated
- b. Whether the employee has received the HBV vaccination
- c. Confirmation that the Exposed Employee has been informed of the results of the evaluation
- d. Confirmation that the Exposed Employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment

All other findings or diagnoses will remain confidential between the physician and the Exposed Employee and will not be included in the written report.

E. Medical Recordkeeping

To assure that as much medical information as possible is available to the Contract Physician, the School District maintains comprehensive medical records of potentially Exposed Employees. The Plan education & Training Officer (see Appendix H) is responsible for setting up and maintaining these records in the Main Office Central File, which includes the following information:

- a. Name of the potentially Exposed Employee
- b. Identification number
- c. HB vaccination status
- d. Copies of any examinations, medical testing and follow-up procedures resulting from exposure to bloodborne pathogens
- e. Copies of the information provided to the physician as a result of any exposure to bloodborn pathogens

The School District recognizes that all information of this nature is to be kept confidential. The School District will not disclose or report this information to anyone without the Exposed Employee's written consent, except as required by law.

F. Post Exposure Evaluation and Follow-up Checklist

The following steps must be taken and information transmitted in the case of exposure to bloodborne pathogens:

- a. Exposed Employee furnished with documentation regarding bloodborne pathogen exposure
- b. Source Individual Identified
- c. Source Individual's blood test results (if available)
- d. Exposed Employee's blood collected & tested (if available)
- e. Appointment made by the ECO (see Appendix G) for Exposed Employee to have a medical consultation with the Contract Physician
- f. Completion of employee Exposure Follow-Up Record (Appendix F) to document that all appropriate steps have been completed

6. Labels and Signs

The most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. A comprehensive biohazard warning labeling program is to be implemented in the School District using appropriate labels or red color-coded containers (Red Bags) for regulated waste. The ECO (see Appendix G) is responsible for setting up and maintaining this program in their school. This includes:

- a. Having containers of all regulated waste available
- b. Having other containers used to store, transport or ship bloodborne pathogenic materials available
- c. Having used sharps containers on hand
- d. Contaminated equipment decontamination
- e. On labels affixed to contaminated equipment, the affected area is to be identified.

7. Information and Training

It is critical that we have well informed and educated instructional and non-instructional staff (see Appendix A) to eliminate or minimize exposure to possible bloodborne pathogens. Therefore, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Employees will be retrained at least annually to keep their knowledge current. All new employees, as well as employees changing job categories or functions will be provided the training required for their new responsibilities at the time of their assignment. The Plan Education and Training Officer (see Appendix H) is responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training and that adequate records are maintained.

A. Training Topics

The topics covered in the training program include, but are not limited to, the following:

- a. The Plan location and where it may be reviewed
- b. The Bloodborne Pathogens Standard (29 CFR 1910-1030)
- c. The epidemiology and symptoms of bloodborne diseases
- d. The modes of transmission of bloodborne pathogens
- e. Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material
- f. A review of and the limitations of methods that will minimize exposure including:
 - i. Engineering controls
 - ii. Work practice controls
- g. Selection and use of PPE
 - i. types available
 - ii. proper use
 - iii. location within the school
 - iv. removal
 - v. handling
 - vi. decontamination
 - vii. disposal

- h. Visual warnings of biohazards within the school, including labels, signs and color coded containers
- i. Information on the HBV Vaccine including its:
 - i. efficacy
 - ii. safety
 - iii. method of administration
 - iv. benefits of vaccination
 - v. vaccination program at no cost to employee
- j. Actions to take and person to contact in an emergency involving blood and other potentially infectious materials
- k. Procedures to follow if an exposure incident occurs, including incident reporting
- l. Information on the post-exposure evaluation and follow-up, including medical consultation with the Contract Physician

B. Training Methods

The School District training program may make use of some, but is not limited to, the following techniques:

- a. Classroom type atmosphere with personal instruction and all questions covered as they arise, during the session
- b. Employee review and make-up sessions
- c. Audio Visual materials
- d. Computer based training

C. Recordkeeping

To facilitate the training of employees, as well as to document the training program, the Plan Education & Training Officer (see Appendix H) will maintain a record of training in the Main Office Central File containing the following:

- a. Dates of all sessions
- b. Names and qualifications of the instructors
- c. Names and job titles of the attending employees

The training records will be made available for review by employees and their representatives, as well as by PEOSHA and its representatives, if requested.

