

## The Ranches Academy Bloodborne Pathogen Exposure Control Plan

### SCOPE AND APPLICATION

In accordance with the OSHA Bloodborne Pathogens Standard, 29CFR 1910.1030, this Exposure Control Plan has been developed for the San Juan School District.

This Exposure Control Plan applies to all occupational exposure to blood or other potentially infectious materials.

### DEFINITIONS

“Bloodborne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

“Contaminated” means the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

“Contaminated Sharps” means any contaminated object that can penetrate the skin including, but not limited to, needles and broken glass.

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Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

“Engineering Controls” means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that result from the performance of an employee’s duties.

“Handwashing Facilities” means facilities providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

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Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

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OPIM” means Other Potentially Infectious Materials. “Other Potentially Infectious Materials” means:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial

fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

2. Any unfixed tissues or organ from a human.

“Parenteral” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“PPE” means personal protective equipment.

“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 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.

“Source Individual” means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

“Universal Precautions” is an important approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two-handed technique).

#### EXPOSURE DETERMINATION

Employees who may be reasonably anticipated to incur occupational exposure to blood and OPIM will be identified on a site-by-site basis. This exposure determination is made without regard to the use of PPE since an exposure is considered to have occurred even when PPE is Worn. At The Ranches Academy, employees may be identified from the following job classifications: Custodians, Para-Nurse, Secretaries, School Director, Classroom Teachers, and Classroom Aides.

## IMPLEMENTATION SCHEDULE AND METHODOLOGY

Universal precautions shall be observed in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be established to eliminate or minimize employee exposure to blood or OPIM. Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall also be utilized. Examples of engineering and work practice controls are as follows:

1. Employees must wash their hands as soon after exposure to human blood or body fluids as possible.
2. Employees shall wash their hands as soon as possible after removal of gloves.
3. Employees must wash hands and flush mucous membranes with water immediately following contact with blood or OPIM.
4. Contaminated needles or other sharps shall not be bent or broken. Recapping of needles should not occur except when there is no alternative and then only with a one-handed technique or mechanical device made for this purpose.
5. Contaminated needles or other sharps shall be placed in appropriate containers. These containers shall be puncture resistant, labeled or color coded, leakproof on the sides and bottom, and shall not be stored or processed in a manner that requires employees to reach by hand into containers where these sharps have been placed.
6. Face masks and eye protection (e.g., goggles or glasses with solid side shields) must be worn when working in situations where blood or OPIM could be splashed, sprayed or spattered into the employee's face.
7. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drinks shall not be kept in the refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.
8. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
9. Mouth pipetting/suctioning is prohibited.
10. Any equipment which has become contaminated with blood or OPIM shall be examined prior to servicing or transport and shall be decontaminated as necessary unless decontamination is not feasible. Any equipment which cannot be decontaminated prior to repair, servicing or removal, must have a "biohazard" label affixed to the equipment.

These engineering or work practice controls will be reviewed annually and updated as new information becomes available and/or when new employee positions with potential exposure are created.

## PERSONAL PROTECTIVE EQUIPMENT

1. PPE Provision. All personal protective equipment (PPE) will be provided at no cost to

employees. PPE will be chosen based on the anticipated exposure to blood or OPIM. Protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, 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.

2. PPE Use. Building administrators shall ensure that the employee uses appropriate PPE unless it can be shown that the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstance it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-workers.

3. PPE Accessibility. It is the District's responsibility to ensure that the PPE is available in the proper sizes. Acceptable alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

4. PPE Cleaning, Laundering and Disposal. All PPE will be cleaned, laundered, and/or disposed of at no cost to the employees. All repairs and replacements will be made by the District at no cost to employees. All garments which are penetrated by blood or OPIM shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving work areas. When PPE is removed, it shall be placed in an appropriate designated area or container for storage, washing, decontamination or disposal.

5. Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM. Used disposable gloves are not to be washed or decontaminated for re-use and are never to be reused. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.

6. Eye Protection Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, are required to be worn whenever splashes, spray, platter, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can reasonably be anticipated. Situations which would require such protection are as follows:

A. Diapering incontinent students.

B. Providing care to students with indwelling IV systems.

## HOUSEKEEPING

All employees will maintain a clean and sanitary work site.

1. All equipment and surfaces that have become contaminated with blood or OPIM shall be cleaned and disinfected as soon as feasible but no later than the end of the work day.

2. All pails, bins, cans or similar receptacles intended for re-use shall be decontaminated on a regular basis.

3. Broken glass shall not be picked up by hand but shall be swept up with a broom and picked up with tongs.

4. Contaminated sharps shall be placed in sharps containers which shall be located as close as feasible to the area where they are used.

5. All other regulated waste shall be placed in impermeable leak-proof containers which are closeable.

6. Hazardous warning labels shall be affixed to all regulated waste prior to removal from the

building site.

7. Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry will be placed in appropriately marked (color coded red bag or marked with biohazard symbol) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

#### HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION

The Hepatitis B Vaccination series shall be made available to all employees who have occupational exposure. Post-exposure follow-up shall be done for all employees who have had an exposure incident.

All medical evaluations and procedures including the Hepatitis B vaccination series and postexposure follow-up including prophylaxis are:

1. Made available at no cost to employees.
2. Made available to employees at a reasonable time and place.
3. Performed by or under the supervision of a licensed healthcare professional.
4. Provided according to the recommendations of the US Public Health Service.

#### HEPATITIS B VACCINATION

Hepatitis B Vaccination shall be made available to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign a declination form 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 employees.

#### ALL EXPOSURE INCIDENTS

All exposure incidents shall be reported, investigated and documented. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route of exposure and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
3. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, it

shall be established that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

4. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's HBV or HIV status need not be repeated.

5. 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.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

a. The employee's blood shall be collected as soon as feasible and tested after consent is obtained.

b. The employee will be offered the option of having their blood collected for testing.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

The healthcare professional responsible for post-exposure evaluation and follow-up after an exposure incident is provided with the following:

1. A copy of OSHA's Bloodborne Pathogens Standard (CRFR 1910-1030).

2. A written description of the exposed employee's duties as they relate to the exposure incident.

3. Written documentation of the route of exposure and circumstances under which exposure occurred.

4. Results of the source individual's blood testing if available.

5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

#### HEALTHCARE PROFESSIONALS WRITTEN OPINION

The employees shall receive a copy of the evaluating healthcare professional's written opinion within 15 days of its completion.

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

The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:

1. A statement that the employee has been informed of the results of the evaluation.

2. A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. Note, all other

findings or diagnoses shall remain confidential and shall not be included in the written report.

### LABELS AND SIGNS

Biohazard labels shall be affixed to containers or regulated waste. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red. Red bags may also be substituted for labels. Regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

### INFORMATION AND TRAINING

Employees shall receive training at the time of initial assignment to tasks where occupational exposure may occur, and it shall be repeated within twelve months. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

1. The OSHA standard and an explanation of its contents.
2. A discussion of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of The Ranches Academy's Exposure Control Plan, and a method for obtaining a copy.
5. The recognition of tasks that may involve exposure.
6. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
8. An explanation of the basis of selection of PPE's.
9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
12. Information on the evaluation and follow-up required after an employee exposure incident.
13. An explanation of the signs, labels and color coding systems used within the bloodborne pathogens program.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the twelve months preceding

the effect date of this policy shall only receive training in provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

## RECORD KEEPING

Medical records shall be maintained in accordance with OSHA Standard 29CFR 1910.20. These records must be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

1. The name and social security number of the employee.
2. A copy of the employee's HBV vaccination status, including the dates of vaccination.
3. A copy of all results of examination, medical testing, and follow-up procedures.
4. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

1. The dates of training sessions.
2. An outline describing the material presented.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.

All employee records shall be made available to the employee.

All employee records shall be made available to the Assistant Secretary of Labor for OSHA and the director of the National Institute for Occupational Safety and Health upon request.

If this facility is closed or there is no successor employer to receive and retain records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

## EVALUATION AND REVIEW

This program and its effectiveness shall be annually reviewed and updated as needed.