

**Augusta School Department**

**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN**

April 9, 2014

## TABLE OF CONTENTS

Introduction.....	3
Purpose.....	3
Scope.....	3
Background.....	3-4
Bloodborne Pathogens Plan.....	5
Exposure Determination .....	5
Hepatitis B Vaccine.....	6
Universal Precautions, Engineering Controls and Work Practice Controls.....	6
Personal Protective Equipment.....	7
Training for Exposure Control.....	7
Post-Exposure Procedures and Evaluation.....	7-8
APPENDIX A.....	9-10
INFORMED CONSENT/REFUSAL FOR HEPATITIS B VIRUS VACCINATION	
APPENDIX B.....	11-13
UNIVERSAL PRECAUTIONS	
APPENDIX C.....	14
TRAINING FOR EXPOSURE COTNROL	
APPENDIX D.....	15-16
STAFF REPORT OF INJURY	
APPENDIX E.....	17
ACCIDENT ANALYSIS FORM	
APPENDIX F.....	18
ACCIDENTAL BLOOD EXPOSURE MEDICAL EVALUATION AND FOLLOW-UP	

## **INTRODUCTION**

Everyone in the Augusta School Department (ASD) educational setting is aware of the daily potential for injury to students and staff. Employees defined in **Category I & II** must also be aware of the potential danger of contamination from bloodborne pathogens resulting from these injuries. The Occupational Safety and Health Administration (OSHA) has issued a standard to reduce the risk and protect employees from this threat. This Bloodborne Pathogens Exposure Control Plan for the ASD is adopted to meet this standard.

## **PURPOSE**

The purpose of the Exposure Control Plan 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 employer 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 plan.

## **SCOPE**

This plan covers all employees who could be “reasonably anticipated”, as a result of the performance of their job duties, to come into contact with blood or other potentially infectious materials. See Category I & II (page 4).

“Good Samaritan” acts, such as assisting a co-worker with a nosebleed, would not be considered an occupational exposure.

## **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 occupation setting:

- 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.

## AUGUSTA SCHOOL DEPARTMENT

### Bloodborne Pathogens

### Exposure Control Plan

In accordance with the 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 the ASD employees.

It will be the plan of the school department to take all reasonably necessary actions to protect its employees from infectious disease and in particular HIV and HBV infection.

The ASD will provide training and protective equipment to those persons who are at risk by virtue of their job performance and may come in contact with infectious disease. This plan shall be reviewed annually by a School Nurse and Human Resources Administrator.

### EXPOSURE DETERMINATION

**Category I:** Employees who are likely to have occupational exposure as part of their normal work routine.

**Category II:** Employees who may have occupational exposure, but not as a part of their normal work routine.

**Category III:** Employees who do not have occupational exposure as part of their normal routine.

### **IDENTIFIED STAFF:**

**Category I:**

Bus Driver, Coach, School Nurse, Custodians, Cook, Teachers in: Physical Education, Art, Special Education Teachers and Educational Technicians in self-contained programs (Functional Skills, Behavior and Autism), and all Capital Area Technical Center Staff.

**Category II:**

Bus Aide, Building Administrators (Principals, Assistant Principals), Dean of Students, K-12 All secretaries and maintenance staff.

**Category III:**

All other ASD employees

## **HEPATITIS B VACCINE**

All ASD employees defined as Category I & II personnel 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 (Appendix A).

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 (Appendix B). Record keeping will be maintained by the Human Resources Department at the District office.

## **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 (Appendix C) 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, vomit, 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 hand wash substitute, such as an antiseptic foam cleanser or towelettes until an appropriate hand washing facility can be utilized.
4. All waste containers will be lined with a plastic bag and emptied each day by the custodian.
5. Plastic needle containers will be kept in all nurse's office. All needle-like contaminated "sharps" and first aid equipment will be deposited in designated containers. Full "sharps" containers will be taken to the District's attending physician's office for disposal.
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 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:
  - a. Eating, drinking, applying lipstick or balm and/or handling contact lenses are prohibited in work areas where there is reasonable anticipated exposure.
  - b. Food and drink shall not be kept in refrigerators, shelves, cabinets where blood or OPIM are stored or present.

### **PERSONAL PROTECTIVE EQUIPMENT**

1. Personal Protective Equipment (PPE), including but not limited to, gloves and protective eye wear, will be provided by the ASD and kept in each nurses' office and custodial closet.
2. Non-latex gloves and Band-Aids shall be provided by the school nurse to each classroom. School bus supplies will be provided by the Transportation Contractor or department at the beginning of the year and replenished as used.
3. Training in the use of the appropriate PPE for the tasks or procedures the employee will perform will be provided by the school nurse and/or appropriate school/location Supervisor.

### **TRAINING FOR EXPOSURE CONTROL**

1. Employees in **Category I & II** will upon hire be initially trained by Human Resources on the precautions, risks and actions to take if exposure to bloodborne pathogens occurs.
2. Employees identified in **Category I & II** which perform tasks which have been determined to have a potential for exposure will be provided training annually.
3. Training will be conducted by individuals knowledgeable on the subject matter (School Nurses or outside contractor) and will include explanation and location of 29 CFR 1910.1030, Bloodborne Pathogens standard and location of this plan. (Appendix D)
4. Custodians will be provided annual cleaning procedures for exposure to bloodborne pathogens.
5. Certification of training will be maintained by Human Resources and kept for three years.

### **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 said fluids enter one's body through cuts in the skin or splashes of fluids into eyes, mouth, nose or other mucous membranes. If exposed:

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 report the injury to the school nurse and his/or immediate supervisor. When school is not in session refer person to their own physician or the Emergency room. Report the incident to Human Resources within 24 hours. The Cony High School Nurse will review protocol annually with the Athletic Trainer.
3. The school nurse will arrange for a medical post-exposure evaluation and follow-up. This evaluation and follow-up to be provided by either Work Place Health or the employee's primary care physician. If the school nurse is not available, the employee's immediate supervisor or Human Resources will arrange for the evaluation at Work Place Health.

4. The employee will complete a Staff Report of Injury (Appendix E), which will include the circumstance under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) and should be submitted to the Human Resources Department within 24 hours of the accident.
5. A Medical Evaluation and Follow-up Report (Appendix F) form will be given to the employee to be completed at the medical post-exposure evaluation and returned to Human Resources.
6. If the source individual is known, the school nurse will obtain consent and assist in making arrangements to have the source individual tested as soon as possible to determine HIV, HBV, and HCV infectivity. Results of testing will be sent to the employee's medical provider.
7. Flow of forms:
  - a. Original forms to Human Resources for filing in the Worker's Compensation files.
  - b. Copies of forms to be kept at the school for further follow-up.

**APPENDIX A**

**AUGUSTA SCHOOL DEPARTMENT**

**INFORMED CONSENT/REFUSAL FOR HEPATITIS B VIRUS  
VACCINATIONS**

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 Augusta School Department, 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 results 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:** \_\_\_\_\_

## HEPATITIS B VIRUS VACCINE (Back side)

### *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 no 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 person have experienced:

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

## **APPENDIX B**

### **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-contact 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 doubled bag 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, guide wires, 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.

### **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 areas of spill with an approved disinfectant or bleach.

### **7. Resuscitation Equipment**

- Resuscitation devices including pocket masks or ambu bags shall be 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 categories I & II are likely or may have occupational exposure to blood or body fluids and shall be offered the Hepatitis B Vaccine at no cost to the employee. These employees 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. Exposure Incidents**

- All exposure incidents and blood or body fluid contacts must be reported to the school nurse or building administrator within one hour of occurrence.

## **10. 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.

## APPENDIX C

### AUGUSTA SCHOOL DEPARTMENT

#### TRAINING FOR EXPOSURE CONTROL BLOODBORNE PATHOGENS

Employees in Category I & II will be initially trained on the precautions, risks and actions to be taken if exposed to bloodborne pathogens. Employees whose job classifications have been identified as *likely to* or *may* have occupational exposure as part of their normal work routine will be provided training annually.

Training will be provided at no cost to the employee and will be conducted during reasonable working hours.

Employees will be provided additional training when changes or modifications of task have occurred with regards to new procedures or equipment.

Training will be conducted by individuals knowledgeable on the subject matter as it relates to the control of bloodborne pathogens and to the specific tasks being performed at the Augusta School Department.

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

Training records shall be maintained at the District central office for at least three years from the date of training.

## APPENDIX D

### AUGUSTA SCHOOL DEPARTMENT

## STAFF REPORT OF INJURY

### EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	PHONE NUMBER	SOCIAL SECURITY #	SCHOOL
ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH
POSITION:		DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME AND ADDRESS:		

### INJURY INFORMATION

DATE OF INJURY OR ILLNESS: ____/____/____ MM DD YYYY	TIME EMPLOYEE BEGAN WORK {e.g. 7:30 a.m.):	SPECIFIC INJURY OR ILLNESS (e.g. second degree burn, bruise, cut, sprain, etc.):
DATE PERSONNEL NOTIFIED: ____/____/____ MM DD YYYY	TIME OF INJURY (e.g. 1:10 p.m.):	BODY PART(S) AFFECTED (e.g. arm, leg, finger, etc., be sure to indicate left or right):

PLEASE LIST ANY WITNESSES:
SPECIFY ACTIVITY YOU WERE ENGAGED IN WHEN THE EVENT OCCURRED (e.g. cutting metal plate for flooring.):  WAS ACTIVITY PART OF YOUR NORMAL JOB DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID THE INJURY OR ILLNESS OCCUR? DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT MAY HAVE DIRECTLY INJURED OR MADE YOU ILL. (e.g., worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.):

WERE YOU EXAMINED BY THE SCHOOL NURSE:  <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU RECEIVE FIRST AID TREATMENT ON SITE:  <input type="checkbox"/> YES <input type="checkbox"/> NO:	DO YOU REQUIRE MEDICAL ATTENTION:  <input type="checkbox"/> YES <input type="checkbox"/> NO:
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IF YES, PLEASE TAKE THE FOLLOWING STEPS:  
 1. NOTIFY YOUR SUPERVISOR  
 2. CALL OR HAVE YOUR SUPERVISOR CALL WORKPLACE HEALTH AT **621-7550, 15 Enterprise Dr.**  
 3. IF THE INJURY HAPPENS AFTER HOURS AND YOU MUST BE SEEN, VISIT THE NEAREST, MOST CONVENIENT EMERGENCY FACILITY.

DID YOU RECEIVE MEDICAL ATTENTION, FROM WHERE:  <input type="checkbox"/> WORKPLACE HEALTH <input type="checkbox"/> OTHER _____  DATE OF SERVICE: _____	DID YOU LOSE ANY TIME FROM WORK DUE TO THIS INJURY?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HAVE YOU RETURNED TO WORK?  <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, DATE RETURNED TO WORK: _____
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EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE COMPLETE THIS FORM IMMEDIATELY AND RETURN TO THE SCHOOL SECRETARY, FAX TO KAREN NELSON @ 626-2444.

ANY QUESTIONS REGARDING WORKERS'S COMPENSATION ISSUES SHOULD BE DIRECTED TO THE PERSONEL DEPARTMENT @ EXT. 3220.

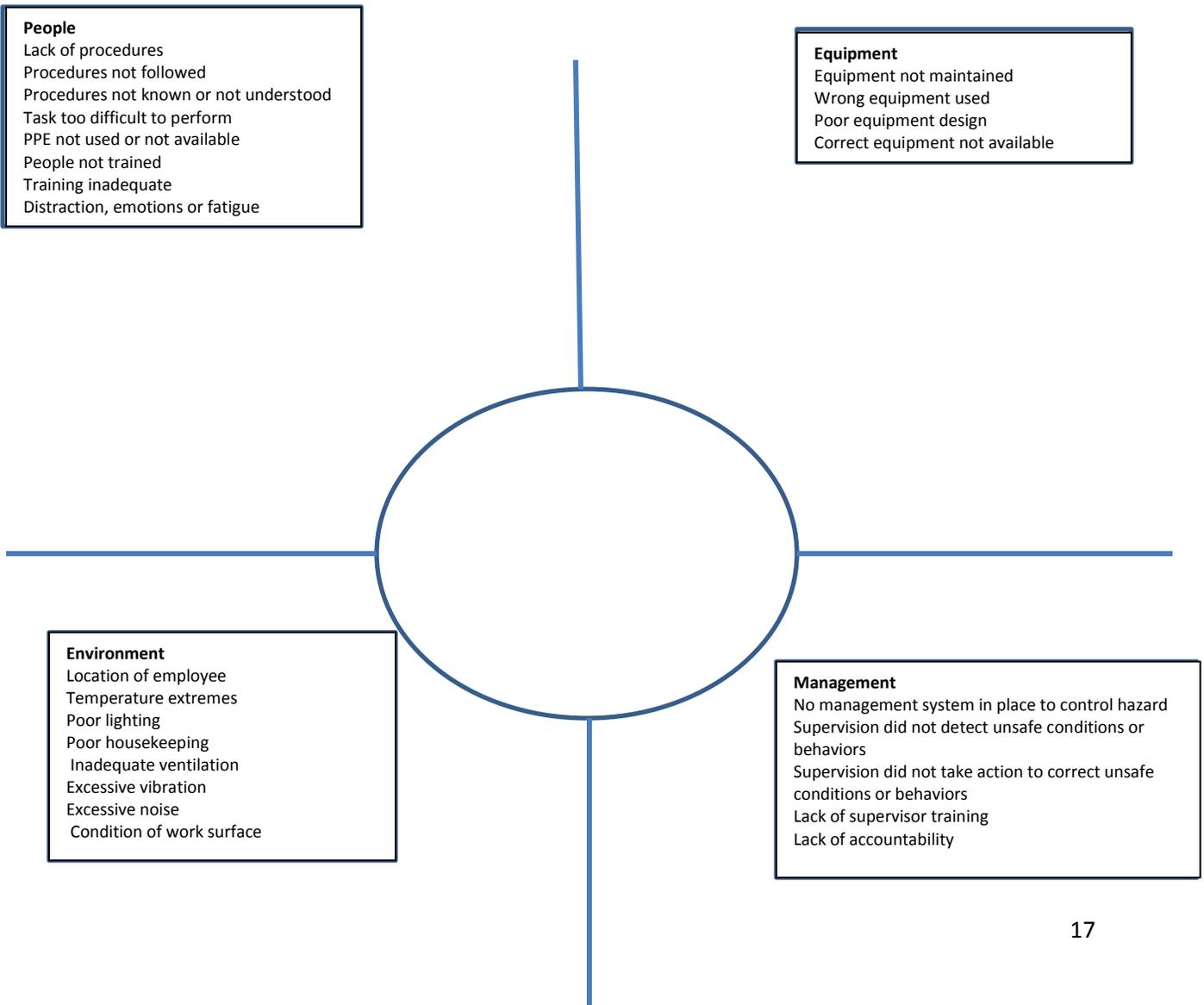
# APPENDIX E

## AUGUSTA SCHOOL DEPARTMENT

### ACCIDENT ANALYSIS FORM

#### Instructions:

1. Write down the accident event in the space in the middle of the page.
2. Determine if the accident circumstances are in the areas of People, Equipment or Management.
3. If there are circumstances in a particular section, ask a series of "why?" questions to determine the reason for every set of circumstances.
4. When you have run out of "why?" questions, analyze the result. Eliminate any unlikely causes or circumstances that you cannot control. Identify the accident cause.
5. Determine what management system needs to be in place to assure the accident does not happen again.



**APPENDIX F**

**AUGUSTA SCHOOL DEPARTMENT**

**ACCIDENTAL BLOOD EXPOSURE MEDICAL EVALUATION  
and FOLLOW-UP**

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

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

**To be completed by Health Care Provider:**

Blood collected and tested: \_\_\_\_\_ HBV \_\_\_\_\_ HCV \_\_\_\_\_ HIV  
Declined Blood Testing: \_\_\_\_\_

Hepatitis B            \_\_\_\_\_ No prior Hepatitis B vaccination  
                              \_\_\_\_\_ HBIG (Hepatitis B Immune Globulin) received  
                              \_\_\_\_\_ HBV vaccinated – received 3 doses prior  
                              \_\_\_\_\_ HBV series started

HIV & Hepatitis C    \_\_\_\_\_ Risk Counseling Offered

Tetanus                \_\_\_\_\_ Current within 10 years  
                              \_\_\_\_\_ Suggest booster

Comments:

Post-exposure medical evaluation completed by:

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