

Personnel - Certified/Non-Certified**Occupational Exposure to Bloodborne Pathogens**

In accordance with the United States Department of Labor Occupational Safety, and Health Administration regulations dealing with "Safe Workplace" standards related to exposure to Bloodborne Pathogens, the Board has developed and will implement procedures to protect at risk employees. These procedures, contained in the Board of Education Exposure Control Plan (the "procedures") are designed to comply in full with applicable federal and state law. The procedures will be overseen by the Superintendent or his/her designee, who shall also be responsible for periodically reviewing and updating them. Copies of the procedures will be kept in the nurse's office at each school and in central office. The procedures will be monitored by the Connecticut Department of Labor.

It is the policy of the Board of Education, through these procedures, to take all necessary actions to protect its employees from infectious disease, and in particular, H.I.V. and Hepatitis B Virus, a life threatening bloodborne pathogen.

The Board will further provide training and protective equipment to those persons who, by virtue of the performance of job duties, are at risk to come in contact with infectious disease. Finally, all at risk employees of the Board, as defined in the procedures, will be offered the vaccine for Hepatitis B Virus, a life threatening bloodborne pathogen.

Training, needed protective equipment and vaccination, as provided in the procedures, will be at no cost to personnel and are provided as a precaution for personnel safety.

Legal Reference: 29 CFR Part 1910.1030 *Occupational Exposure to Bloodborne Pathogens*; Final Rule.
 Connecticut State Agencies Regulations
 Section 31-372-101-1910.1030.
 Connecticut General Statutes
[31-372](#) Adoption of federal and state standards. Variance.

Policy adopted: November 14, 2005

Personnel -- Certified/Non-Certified**Occupational Exposure to Bloodborne Pathogens****Exposure Control Plan Regulation****1. Exposure Determination:**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which all employees may be expected to

incur such occupational exposure, regardless of frequency. At this facility the following job classifications fall within this category:

Job Classification	Task
1. School Nurses	First Aid/CPR
2. Health Room Aides (if used)	Minor First Aid/CPR
3. Physical Education Teachers	Minor First Aid/CPR
4. Coaches	Must be certified in CPR/First Aid
5. Maintenance/House Keeping	Handling of wastes, clean up of body fluids

In addition, OSHA regulations require a listing of job classifications in which some employees would be expected to incur exposure to blood or other potentially infectious materials. The job classifications and associated tasks for these categories are listed as follows:

Job Classification	Task
1. Principals/Vice-Principals	Emergency First Aid
2. Classroom Teachers/ and paraprofessionals	Involved with students who may exhibit injurious or self injurious behavior.

2. Implementation Schedule and Methodology:

OSHA requires that this plan include a schedule and method of implementing the various requirements of the standard. The schedule is as follows:

1. Compliance Methods

Universal precautions will be observed at this facility in order to prevent contact with blood and other potentially infectious materials. All blood and other potentially infectious material will be considered infectious regardless of perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

2. Sharps Containers: Puncture resistant, color coded, leakproof, and secure lid.

3. Appropriate packaging and disposal of wastes: Red labeled plastic bags, will be distributed to all involved employees, e.g., nurses and coaches.

4. Personal protective equipment: Distributed to all involved employees, e.g. disposable gloves, and one-way valves.

5. Handwashing-facilities: Located in appropriate areas and available to all employees.

6. Plan for decontamination of infected areas: Scheduled cleaning or specific decontamination of exposed surfaces, e.g., spills, vomit, waste receptacles.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

1. Sharps and appropriate packaging and disposal of waste is the responsibility of the Nursing Staff performed on a daily basis.
2. Personal protective equipment is available for replacement through the Nursing Staff and is checked monthly.
3. Handwashing facilities are checked daily by Housekeeping and/or Maintenance to assure that the areas are clean and that soap and paper towels are available.
4. Decontamination of infected areas is decontaminated at the time of incident. Other items, e.g., waste baskets, counters, etc., are done weekly. Maintenance/Housekeeping Supervision is responsible for this procedure.

Handwashing facilities are available to all employees who incur exposure to blood or other potentially infectious materials. At this facility handwashing facilities are as stated:

- Girls and boys bathrooms
- Teachers bathroom
- Maintenance utility closet
- Nurses office
- Kindergarten wings

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

3. Needles:

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility, sharps are not reused, and recapping or removal is not permitted.

4. Containers for Sharps:

Contaminated sharps are placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. They are located in each Nurse's office, and it is the responsibility of the designated nurse to collect and transport the containers to the Medical Advisor's Office.

5. Work Area Restrictions:

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves,

cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

6. Personal Protective Equipment:

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials 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.

Protective clothing will be provided to employees in the following manner:

Protective Equipment	Staff	Task
Gloves in all three sizes: small, medium, large	All	First Aid Clean up of spills
Lab Coat	N/A	N/A
Face Shield	N/A	N/A
Clinic Jacket	N/A	N/A
Protective Eyewear	All	If dealing with spitters
Utility Gloves	Maintenance/Housekeeping	During decontamination of exposed areas.
Examination Gloves	Medical Advisor	Physicals

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: we are using disposable equipment which will be double bagged before disposal.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.

Gloves will be used for the following procedures:

1. First aid
2. Blood tests during physicals
3. Clean up of contaminated areas
4. Medical procedures as needed, e.g., suctioning, tube feedings, etc.
5. Diaper changes

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit the signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility which would require such protection are as follows:

1. Students who are spitters

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations require such protective clothing: N/A

This facility will be cleaned and decontaminated according to the following schedule:

Area	Frequency
Nurse's Office	Daily
Decontamination will be accomplished by utilizing the following materials:	
Absolute Disinfectant	
Mop pail wringer	
Sanitary spray	
Bleach	

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis. At this facility Maintenance/Housekeeping will do this weekly.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used: the person involved in the clean up shall wear gloves and use a dust pan and brush to remove the broken glassware. The glass shall then be placed into a puncture proof container and labeled appropriately.

7. Regulated Waste Disposal:

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in the Nurse's offices.

Regulated waste other than sharps shall be placed in appropriate containers. Waste will be put in a plastic bag in wastebasket, double bagged with the labeled red biowaste bag and

transported to Medical Advisor's office for disposal.

8. Laundry Procedures:

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned at: N/A.

Contaminated student or personal clothing will be double bagged and placed into appropriate regulated containers.

9. Hepatitis B Vaccine:

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in the Hepatitis B vaccine declination waiver.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

1. Responsibility of seeing that vaccine is offered:

Superintendent or Designee

2. Responsibility of waivers signed:

Superintendent or Designee

3. Who will administer the vaccine:

Medical Advisor or Designated Registered Nurse

4. Copy of waivers attached.

10. Post-Exposure evaluation and Follow-up:

When an employee incurs an exposure incident, it should be reported to: Building Administrator.

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

This follow-up will include the following:

1. Documentation of the route of exposure and the circumstances related to the incident.

2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (if consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

NOTE: This information shall be given to the exposed employee only if the source individual has consented to such. The exposed employee shall abide with the laws of the State of Connecticut governing the confidentiality of the identity of the source individual.

4. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to the time that testing will or will not be conducted the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
7. The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: Director of Special Services.

11. Interaction with Health Care Professionals:

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. The written opinion that is given to the employer shall not contain any reference to any personal medical information.

12. Training:

Training for all employees will be conducted prior to initial assignment to tasks where

occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include the following with an explanation of:

1. The OSHA standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and who should be contacted concerning the same.
8. Post exposure evaluation and follow-up.
9. Signs and labels used at the facility.
10. Hepatitis B vaccine program at the facility.

13. Record keeping:

All records required by the OSHA standard will be maintained by the Special Services Director.

14. Dates:

All provisions required by this standard will be implemented by: Date: June 8, 1998.

The types of training to be conducted at this facility will be as follows:

1. Written materials
2. Videotapes
3. Professional speakers

The arranging and conducting of employee training will be the responsibility of: **Director of Special Services.**

All employees will receive annual refresher training. The refresher training will be conducted within the one year period of the employees previous training session.

The training materials and outline are located in the following areas:

1. Nurse's Office
2. Superintendent's Office
3. Principal's Office

4. Office of Special Services Director

Attachments: (1)

Dr. Waldman Approval:

Date

Signature

Regulation approved: November 14, 2005