

**Section G: Personnel**

**GBGAA Bloodborne Pathogens and Exposure Control Plan**

Region 8 is committed to providing a safe working environment for staff. The following Exposure Control Plan (ECP) is designed to provide compliance with Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, "Occupational Exposure and Bloodborne Pathogens."

The Exposure Control Plan directs Region 8 in implementing and ensuring compliance with the standard, thereby protecting all employees. This ECP includes:

1. Employee Exposure Determination
2. Methods of Implementation and Control
  - A. Universal Precautions
  - B. Exposure Control Plan
  - C. Engineering and Work Practice Controls
  - D. Personal Protective Equipment (PPE)
  - E. Hand Washing Facilities
  - F. Eye Wash Stations
  - G. Contaminated Sharps
3. Hepatitis B Vaccination
4. Post Exposure Evaluation and Follow-up
5. Procedures for Evaluation of Circumstances Surrounding an Exposure Incident
6. Employee Training
7. Record Keeping
  - A. Training Records
  - B. Medical Records
  - C. OSHA Record Keeping

**Employee Exposure Determination**

The Region 8 job classifications which may have moderate employee risk of exposure to blood/other potentially infectious materials (OPIM) are listed below:

School Nurse	Maintenance Staff	Instructors
Director	Assistant Director	Administrative Assistants
Educational Technicians	Adult Ed Instructors	Student Services Coord.

An exposure determination will be done at the time of hire or transfer from one job title to another. Individuals responsible for emergency first aid or daily personal care of select students are at moderate risk of exposure of blood/OPIM.

## **Methods of Implementation and Control**

Universal Precautions – All employees will utilize universal precautions to prevent contact with blood or other potentially infectious materials. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

Exposure Control Plan – All employees will receive a copy of the ECP during their initial hire and training. The school nurse and Director will be responsible for annually reviewing and updating the ECP to reflect new or modified tasks and procedures which affect occupational exposure. They will provide all affected personnel regarding such changes and include new or revised employee position staff with potential occupational exposure.

Engineering and Work Practices Controls – Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

Those controls shall include but not be limited to:

- A lined hazardous waste container in each first aid station/area and emptied by custodians daily.
- Sharps containers will be inspected, maintained and replaced by the Maintenance Director. They will be disposed of in a medically appropriate manner. Sharps containers are puncture resistant, leak proof, labeled with a biohazard label, and kept out of reach of students. They will be disposed of as needed and checked monthly.
- Building areas exposed to blood or OPIM will be cleaned and decontaminated immediately. SDS sheets and cleaning schedules will be kept by the Maintenance Director and will be available to all staff.
- Contaminated work surfaces will be decontaminated immediately after completion of procedures and after exposure to blood or OPIM. First Aid Stations will routinely be decontaminated at the end of the work shift by a custodian.
- Broken glass will be swept into a dustpan and disposed of in a non-penetrable waste container. Dust pans will be cleaned immediately.

## Personal Protective Equipment (PPE)

All PPE is provided, at no cost, to all staff. Training in the use of the appropriate PPE for the tasks or procedures the employee will perform is provided by the school nurse or Maintenance Director. Types of PPE available to employees include:

- Disposable CPR masks will be available in each First Aid Station
- Non-latex gloves
- Utility gloves
- Eye protection

Appropriate PPE will be available in each First Aid/health area, main office, and classrooms. First Aid kits will be available at each First Aid Station. Gloves may be obtained from maintenance staff or the school nurse.

All employees using Personal Protective Equipment must observe the following precautions:

- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM and when in contact with contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Gloves will be used when performing any first aid measures, and when cleaning bathrooms or any other surfaces which may contain bodily fluids.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Disposable gloves will be removed by grasping the cuffs and turning them inside out. Never wash or try to decontaminate gloves for reuse.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM may potentially contact the eye, nose or mouth.
- Remove immediately, or as soon as feasible, any garment contaminated by blood or OPIM. Remove the garment in such a way as to avoid contamination of self or any surface.
- Used PPE may be disposed of in designated lined waste containers in nurse or custodial closets.

### Hand Washing

Immediately after removal of gloves and other personal protective equipment, employees shall wash hands and other potentially contaminated skin area with soap and water.

Hand washing facilities are available to all employees who incur exposure to blood or OPIM and are located in:

Bathrooms

CNA classroom

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

### Eye Wash Stations

Eye wash stations will be available in designated areas. Maintenance of stations is responsibility of building custodians. In the event blood is splashed or sprayed into an employee's eye, immediately flush the affected eye for approximately ten minutes.

### Contaminated Sharps

Contaminated needles and other contaminated sharps shall be discarded in sharps containers in the school nurses' office immediately or as soon as possible. Sharps will not be bent, recapped, removed, sheared or purposely broken.

## **Hepatitis B Vaccine**

All employees who have been identified as having moderate risk of exposure to blood or OPIM (see employee exposure determination list) will be offered the Hepatitis B vaccination series at no cost to the employee. The vaccine will be offered within ten working days of their initial assignments unless:

1. Documentation exists that the employee has previously received the series;
2. Antibody testing reveals that the employee is immune; or
3. Medical evaluation shows that vaccination is contraindicated.

Arrangements for vaccination will be made through the Business Manager.

Documentation of administered vaccine doses will be kept in the employee's medical file. Employees who decline the Hepatitis B vaccine will sign a declination form. Those employees may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination will be kept in the Business Office.

## **Post Exposure Evaluation and Follow-Up**

Accidental exposure to blood or OPIM, as from puncture by contaminated sharps, or by mucosal or non-intact skin exposure, places the exposed school employee at risk of contracting an infectious disease. In the event of an accidental exposure, the procedure is as follows:

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. Bus drivers will use an antiseptic wipe on the affected areas and immediately wash thoroughly when soap and water is available.
2. Employee will immediately report the injury to the Director, Assistant Director or Business Manager. If none of the preceding staff are available, the employee will report the incident to any available administrator.
3. A post-exposure evaluation and follow-up will be arranged for the employee at Health Connections, Pen Bay Medical Center Emergency Room or other designated facility by the Director or designee.
4. The employee will complete an Employee Incident Report form which will include the circumstances under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) This will be submitted within 24 hours.
5. Flow of completed forms:
  - Original copies to Director's Office
  - Copy of each form retained for employee's medical file

## **Procedures for Evaluating Circumstances Surrounding an Exposure Incident**

The Director will review the circumstances of all exposure incidents to determine:

1. Engineering controls in use at the time
2. Work practices followed

3. A description of any device being used at the time of exposure
4. Protective equipment or clothing that was used at the time of the exposure (gloves, eye shields, etc.)
5. Location and time of the incident
6. Procedure being performed when the incident occurred
7. Employee's training

If it is determined that the ECP needs revision, the Director will ensure that appropriate changes are made to the ECP.

### **Employee Training**

Training will be conducted yearly and will include an explanation of:

- The OSHA standard for bloodborne pathogens
- Modes of transmission of bloodborne pathogens
- An explanation of this ECP, points of the plan, and how the plan will be implemented
- Tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- Use and limitations of engineering controls, work practices and PPE
- Types, uses, location, removal, handling, decontamination and disposal of PPE
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- Procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Post exposure evaluation and follow-up
- Hepatitis B vaccine program provided to employees

### **New Employee Training**

Upon hire, new employees will receive information materials pertaining to bloodborne pathogens from the Business Office. This training will consist of the Region 8 Exposure Control Plan, an instructional booklet that will be reviewed with the School Nurse/designee, the opportunity to access the Hepatitis B vaccine, if applicable, and instructions on the locations of PPE. New employees will also be expected to attend the annual bloodborne pathogens training.

### **Record Keeping**

1. Training records – Training records will be completed at each training. These documents will be kept in Region 8 Business Office. The records will include:
  - Date of the training session
  - The contents or summary of the training session
  - The names and qualifications of persons conducting the training
  - The names and job titles of all persons attending the training session
2. Medical records – Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20 “Access to Employee Exposure and Medical Records.”

The Director is responsible for maintenance of the required medical records. These confidential records are kept in the Business Office for at least the duration of employment plus 30 years.

Employee medical records are provided within 15 working days upon request of the employee or to anyone having written consent of the employee. Such requests will be sent to the Director.

- OSHA Record Keeping – An exposure incident is evaluated to determine if the case meets OSHA’s Record Keeping requirements (29 CFR 1904). This determination and the recording activities are done by the Director/designee.

Legal Reference: Federal Occupational Safety and Health Administration (OSHA) Standard (Title 29, Part 1910.1030)

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