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HERMON SCHOOL DEPARTMENT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

April 2018

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Hermon School Department Bloodborne Pathogens Exposure Control Plan

In accordance with the Occupational Safety and Health Administration (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 Hermon School Department (HSD) employees.

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

The HSD 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 the Superintendent's designee.

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 work routine.

Identified Staff:

Category I: School Nurse, Athletic Trainer, Bus Driver, Maintenance staff, Custodial Staff, Special Education Self-contained Staff, Physical Education Staff, Elementary School Secretaries

Category II: Bus Aide, Assistant Principal, Principal, Elementary School Teachers, Middle School Teachers, Middle School Secretaries, High School Teachers, High School Secretaries, Coach, Groundskeeper, Kitchen staff

Category III: All other HSD employees

Hepatitis B Vaccine

All Hermon School Department 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 an HBV vaccine, the employee must sign a letter of declination (Appendix A). Record keeping will be maintained at the Superintendent's 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 B) 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, vomitus 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 handwashing facility can be utilized.
4. All waste containers will be lined with a plastic bag. Waste containers in the health services will be double bagged and emptied each school day by custodians.
5. Plastic needle containers will be kept in the 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 appropriate facility for disposal.
6. If clothing should become contaminated with blood or body fluids, it should be double 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 exist are expected to adhere to the following:

- Eating, drinking, applying lipstick or balm and/or handling contact lenses are prohibited in work areas where there is reasonable anticipated exposure.
- 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, personal protective gowns, protective eye wear and one-way valve face mask or CRP masks, will be provided by Hermon School Department and kept in each nurse's office and custodial closet.
2. Non-latex gloves and Band-Aids shall be provided by the school nurse to each classroom as needed. School bus supplies will be provided by the Transportation 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 a designee of the Superintendent 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. (I thought all staff must have training?)
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 C).
4. Custodians will be provided annual cleaning procedures for exposure to bloodborne pathogens.
5. Certification of training will be maintained by the Superintendent's Office.

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 her immediate supervisor. When school is not in session refer person to their own physician or the Emergency room. Report the incident to Superintendent's Office within 24 hours.
3. The Superintendent's office will arrange for a medical post-exposure evaluation and follow-up. This evaluation and follow-up to be provided by either Occupational Health or the employee's primary care physician. If the school nurse is not available, the employee's immediate supervisor or the Superintendent's Office will arrange for the evaluation.
4. The school nurse or immediate supervisor will complete an Accident/Injury Report (Appendix E), which will include the circumstances under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) and should be submitted to the Superintendent's Office 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 the Superintendent's Office.
6. If the source individual is known, the school nurse will obtain consent and refer to the Superintendent's office to make 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. The original forms should be sent to the Superintendent's Office for filing in the Worker's compensation files.

APPENDIX A
Hermon School Department
Informed Consent / Refusal for Hepatitis B Virus Vaccination

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 Hermon 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 result 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

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 despite 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 persons 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

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-intact 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

4. 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, guidewires, 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 area 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 classifications I & II are likely or may have occupational exposure to blood or body fluids shall be offered the Hepatitis B Vaccine at no cost to the employee. These workers 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
Hermon 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 tasks 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 Hermon 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

Training records shall be maintained at the Superintendent's Office for at least three years from the date of training.



MAINE SCHOOL MANAGEMENT ASSOCIATION INSURANCE PROGRAMS

49 Community Drive, Augusta, ME 04330
Telephone: (207) 622-3473 Fax: (207) 626-2968 W/C Fax: (207) 620-7090
Website: www.msmaweb.com

APPENDIX D EMPLOYEE'S INCIDENT REPORT

REMINDER: *If your employer has a primary care physician, initial treatment must be through their office. In case of an emergency, proceed to the nearest medical facility.*

This report is requested even though you may have reported this injury to your Supervisor.

Name _____ Cell Phone _____

Address _____ Home Phone _____

SS# _____ Gender _____ Date of Birth _____ Date of Hire _____ #Dependents _____

Employee Email Address _____ Secondary Email _____

Employer/School _____ Supervisor _____

Do you work for another employer? Name/address of that Employer _____

Occupation when injured _____ Secondary Employment _____

Were you doing your regular work? _____ If not, what work? _____

Date of injury _____ Hour of day _____ AM ___ PM ___ **What time did you begin work:** _____

Exact place where injury occurred _____

Describe fully how injury occurred: _____

Describe your injury in detail (mention body parts affected) (**specify (L) or (R) side**) _____

Do you have any pre-existing or contributory Injuries/Conditions? _____

Names of any witnesses _____

Name of doctor treating you **for this injury** _____ First Date seen: _____

Doctor's Address _____

Name and addresses of medical providers seen **for this injury** _____

Did you lose time from work? _____ **If so, when did disability start?** _____

What time did you leave work: _____

Have you returned to work? _____ **When?** _____

Light Duty _____ **Regular Duty** _____ **Number of Hours** _____ **Rate of Pay \$** _____

To whom was injury reported? _____ When (date)? _____ AM ___ PM ___

Date
J:\WCOMP\WCLEE REPORT

Signature

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APPENDIX E SUPERVISOR'S INCIDENT REPORT

This report should be completed within 24 hours of the incident while the facts are still fresh in the minds of witnesses and should be filed with the department responsible for the processing of Workers' Compensation claims.

Name of injured employee _____

Occupation when injured _____ School _____

Was employee performing regular occupation? _____ If not, what occupation? _____

Was employee experienced/trained in this occupation? _____ Secondary Employment? _____

Date of injury _____ Hour of day _____ AM _____ PM _____

Describe the events which resulted in the injury or disease _____

Primary Cause of Injury _____

Action taken to prevent recurrence _____

Describe the injury /disease and indicate body parts affected (specify **(L)** or **(R)** side) _____

Do you have any questions or concerns pertaining to this injury? Yes _____ No _____

If "yes," please explain _____

Are you aware of any pre-existing or contributory injuries/conditions? _____

Name(s) of any witnesses _____

Was medical treatment provided? Doctor: _____

Hospital: _____

Were you notified by the injured employee of this injury? _____ If so, when? _____

Did employee lose any time from work? _____ If so, when did disability start? _____

Has employee returned to work? _____ When? _____

Light Duty _____ Regular Duty _____ Number of Hours _____ Rate of Pay _____

Any Light Duty work available? _____

Date

Signature

Phone number

(Position and Department)

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APPENDIX F
Hermon 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:

Print Name: _____

Title: _____

Signature: _____

Date: _____