

MSAD #28 POLICY**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

In accordance with the OSHA Bloodborne Pathogen standards, 29 CFR 1910.1030, the following exposure control plan has been developed:

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 (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. In this district, the following job classifications are in this category:

1. School Nurse, Health Aide	Medical Emergencies/Personal care
2. Coaches	Medical Emergencies
3. Operations and Maintenance	Custodial Duties
4. Selected Staff	Medical Emergencies/Personal care
5. Bus Drivers	Medical Emergencies

In addition, OSHA requires a list of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks for procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications are around associated tasks for these categories are as follows:

1. Administrators	Medical Emergencies
2. Food Service Staff	Medical Emergencies

Though the risk is minimal, there is potential exposure to bloodborne pathogens for any employee within the school setting because employees may be called upon to attend to the injury of a student.

Compliance Methods

Universal precautions will be practiced by all employees of MSAD #28. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be used to eliminate or minimize exposure to employees in this District. Where occupational exposure remains after institution of these

controls, personal protective equipment shall also be used. In this District, the following engineering controls will be followed: All contaminated sharps will be placed in a sharps container.

The above controls will be examined and maintained on a regular basis.

Hand washing facilities are also available to employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Bus Drivers are the only employees who may not have hand washing facilities readily available, but are provided by the transportation department with appropriate antimicrobial towelettes/wipes or instant hand sanitizer.

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.

Contaminated Sharps

Contaminated sharps will be placed in a puncture resistant, leak proof container. The container will be labeled with a "biohazard" label. The sharps containers will be kept in a locked closet in the Nurse's office and in other deemed necessary locations reviewed by the school nurse. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Arrangements will be made with parents of any student who carries an epi pen, diabetic equipment or any other pre-approved medication to transport sharps safely. The school nurse has the responsibility of safely disposing of all sharps containers either through the First Aid Association or through Penobscot Bay Medical Center.

Personal Protective Equipment

All personal protective equipment used in this District 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 employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

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. A pair of gloves will be provided for all school personnel at the beginning of each school year as

needed. Gloves will be available from the school nurse's office as needed. Disposable gloves used in this District are not to be washed or decontaminated for reuse and are to be replaced by staff 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 reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. The schools will be cleaned and decontaminated according to the maintenance schedule. Decontamination will be accomplished by using cleaning materials deemed necessary by maintenance.

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.

All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis to be determined by maintenance.

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 who wishes to submit to antibody testing which shows the employee to have sufficient immunity. Antibody testing is at cost to the employee. Employees who decline the Hepatitis B vaccine will sign a waiver using the wording in Appendix A of the OSHA standard.

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

All records of vaccines will be kept in the Superintendent's office.

Caring for Biting Incidents

A. For person bitten:

1. Care for the wound. **Follow procedure for accidental bloodborne pathogen exposure**
2. Notify administrator of incident and plan for prompt parental notification.
3. Advise parent of pertinent health recommendations:
 - a. Whenever skin is broken, consultation with health care provider for direction regarding any necessary treatment measures, including tetanus immunization. (although the risk of disease transmission from a human bite is minimal, a health care provider should evaluate the degree of risk to the person.

B. For biter:

1. When blood is drawn during a biting incident, the student should rinse mouth with water to remove possible residual blood.

2. Advise parent of pertinent health recommendations.
 - a. Whenever skin is broken, consultation with health care provider for direction regarding any necessary treatment measures, including tetanus immunization. (although the risk of disease transmission from a human bite is minimal, a health care provider should evaluate the degree of risk to the person.)
3. Refer, as appropriate, to school counselor or appropriate person for management of behavioral concerns.

Post-exposure Evaluation and Follow-Up

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

1. When an employee incurs an exposure incident, it should be reported to the School Nurse or Building Administrator immediately. The Superintendent's office will maintain all records of exposure incidents.
2. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the following OSHA standards.

The follow-up will include:

1. Documentation of the route of exposure and circumstances related to the incident. Employee will fill out an Accident Report and send it to the Building Administrator's office.
2. If possible, the identification of the source individual.
3. Referral to Health Connections or private physician for follow-up.

The Assistant Superintendent has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.

Interaction with other Health Care Professionals

A written opinion shall be obtained from the health care professional that evaluates employees of this school. 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. (Note that the written opinion to the employer is not to reference any personal medical information.)

Training

Training programs shall be conducted as needed by the school nurse or other knowledgeable personnel. Training will be conducted using videotapes, written materials, and verbal updated knowledge by the trainer.

All employees will receive annual refresher training.

Training programs must include:

1. A general explanation of the epidemiology and symptoms of bloodborne disease
2. Explanation of the different areas covered under the Bloodborne Pathogens policy for the District. Written handout of the MSAD #28 Policy.
3. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that be made available.
4. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
5. Documentation of training must occur, and will be maintained in the superintendent's office.

Record Keeping

All records required by the OSHA standard will be maintained by the Superintendent's office. Current bloodborne pathogen information will be available in each school.

Cross Reference:

- Appendix A - Procedures for Receiving Hepatitis B Vaccine

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