

Bloodborne Pathogen and Exposure Control Plan

Purpose

To minimize occupational exposure to blood and other potentially infectious materials (OPIM), to comply with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030) as adopted in Iowa and school or program policy.

Scope

This plan applies to all employees, contractors, and volunteers of the school or program who reasonably can be expected to have occupational exposure to blood or OPIM during job duties (non-inclusive examples include the nurses, health paraprofessionals, custodial personnel, coaches, special education personnel, program personnel, and others who directly have contact with learners or deliver health services to learners and others)

Policy statement

The school or program will implement engineering controls, work practices, personal protective equipment (PPE) training, vaccination offers, and recordkeeping to eliminate or minimize exposure per OSHA requirements. The school or program will provide equipment, training, and medical services at no cost to the employees or others in the scope where required.

Definitions

Bloodborne pathogens (BBP): pathogenic microorganisms present in human blood that can cause disease (non-inclusive examples include: Hepatitis B, Hepatitis C, or human immunodeficiency virus).

OPIM: Other potentially infectious materials (non-inclusive example includes bodily fluid or waste contaminated with blood or other infectious materials, personal protective equipment contaminated with blood, used sharps)

Methods and compliance

Standard precautions are the minimum infection control practices that protect against the transmission of bloodborne pathogens and other infectious diseases in any workplace. They are based on the principle that all body fluids might contain transmissible infectious agents – including blood, saliva, secretions (including respiratory secretions), excretions (except sweat), non-intact skin, and mucous membranes. Standard precautions include a group of infection prevention practices that apply to all people, regardless of suspected or confirmed infection status. They apply in any school or program setting where health care is delivered. including first aid.

Universal precautions

Universal precautions will be used during the school or program activity to treat all blood and OPIM as potentially infectious.

Hand Washing:

- Hand sanitizers should never replace standard hand washing with soap and water and should not be placed in restrooms.
- Follow instructions in handwashing as provided in bloodborne pathogen training

Use of Gloves: When possible, avoid direct skin contact with body fluids. Wear disposable gloves when you anticipate direct hand contact during activities (non-inclusive examples: health service delivery, treating bloody noses, handling clothes soiled by incontinence, handling vomit, diaper changes, or cleaning small spills by hand). Reminder:

- Replace disposable (single use), nonlatex gloves immediately if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable non-latex gloves should be available anywhere contact with blood or other body fluids might occur. (non-inclusive examples: physical education, custodian, coaches, principals, health services, preschool, special education classrooms, and transportation).
- Used disposable gloves should be placed in a secured plastic bag or lined trash can.
- Change gloves between tasks on the same student or staff person after contact with any material that might have a high concentration of contamination.
- Apply gloves and remove gloves appropriately as provided in bloodborne pathogen training
- If there is unanticipated skin contact with body fluids when gloves are not available, wash hands and other affected skin areas thoroughly with soap and water as soon as possible.
- If contact with contaminated body fluids by non-intact skin or mucous membranes occurs, follow the school's policy for post-exposure management, report immediately, and seek medical evaluation of the need for post-exposure prophylaxis.

Personal Protective Equipment (PPE): Wearing appropriate PPE can significantly reduce risk, since it acts as a barrier against exposure. Schools and programs are required to provide, clean, repair, and replace this equipment as needed, and at no cost. PPE may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear.

- The PPE selected must be appropriate for the task. This means the level and type of protection must fit the expected exposure.
- PPE must be readily accessible to workers and available in appropriate sizes.
- PPE must be removed before leaving the work area
- PPE must be removed immediately or as soon as feasible when contaminated with blood or OPIM and placed in an appropriately designated area or container
- Personnel must wash their hands after removal of gloves and PPE.

Workplace controls and sharp safety:

Workplace controls will be utilized to eliminate or minimize exposure.

- Do not keep food and drink in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood, medicines, vaccines, or potentially infectious materials are present.
- Advise school or program personnel to report any needles, broken glass, or other sharp items that they find and to avoid touching them.
- Never utilize personal or another child's medical equipment for use by others.
- Report immediately and do not pick up broken glassware, discarded needles, and other sharp items directly with your hands. Broken glass, needs, and sharps should be disposed of in a container that keeps others from being cut.
- Cleanup must be accomplished with universal precautions and PPE and mechanical means like a brush and dustpan, tongs, or forceps.
- Contaminated needles and other contaminated sharps (e.g. blood glucose monitor lancets) must not be bent, broken, recapped, or removed from syringes before disposal.
- Immediately discard contaminated sharps in containers that are closable, puncture resistant, leak proof on sides and bottom, labeled, and color-coded that must be easily accessible to personnel and located as close as possible to the immediate area where sharps are used.

- Sharps containers must be secured in an upright position, replaced routinely, and not be allowed to overfill.
- Only authorized staff should remove sharps containers.
- Containers for contaminated reusable sharps must meet all the qualifications for disposable containers.
- The school or program must comply with disposal of used sharps containers in accordance with local waste management program regulations.

School or Program custodial and disinfection practices

Cleaning: Practice that removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs and the risk of spreading infection.

Sanitizing: Practice that lowers the number of germs on surfaces or objects to a safe level as determined by evidence-based standards or requirements. This process works by either cleaning or disinfecting surfaces of objects to lower the risk of spreading infection.

Disinfecting: Practice that kills germs on surfaces or objects by using chemicals. This process does not necessarily clean dirty surfaces or remove germs, but killing germs on a surface after cleaning can lower the risk of spreading infection.

Contact Time: The contact time and wet time is how long a surface must be wet with the chemical for it to work. The chemical must sit for the full contact time to meet effectiveness in accordance with the manufacturer

General Practices for Schools or Programs:

- Maintain the workspace in a clean and sanitary condition.
- Consider substituting easily cleanable furniture made of materials such as vinyl for upholstered furniture.
- Diaper changing areas must be easily cleanable and should be in good repair with no tears.
- Wash toys in schools and programs that are soft and porous in the highest water temperature appropriately for the item to dry completely.
- Clean hard toys in school and programs thoroughly with soap and water. Disinfectants can be harmful to children and are not appropriate for toys.
- Determine and implement an appropriate cleaning schedule for rooms where body fluids may be reasonably present (non-inclusive examples: health or school nurse offices, diaper changing areas, bathrooms, cafeteria, classrooms).
- Custodians must wear appropriate personal protective (PPE) equipment, including fluid and chemical resistant disposable gloves, during all cleaning of blood or OPIM.
- Regular cleaning schedules must be established depending on the area of the school or program, the type of surface to be cleaned, and the amount and type of contamination present. High-use surfaces should be cleaned at least daily.
- General cleaning requires soap or detergent and water. Cleaning with soap and water by scrubbing, particularly with microfiber cloths, will remove dirt and organic matter and most microorganisms.
- Bathrooms, high-touch surfaces, and areas contaminated with body fluids should be disinfected after the initial cleaning step.
- Encourage frequent hand washing by all individuals in the school or program to reduce general contamination.
- Launder or vacuum soft and porous surfaces (if applicable).
- Only use vacuums equipped with HEPA filters.
- Do not use any foggers or spray or mist anything in the air.
- Dispose of non-reusable cleaning equipment.

- Disposable gloves are not allowed to be washed and reused.
- Never allow children near sanitizing or disinfecting chemicals.
- Never mix different chemicals together.
- Maintain accurate and accessible Safety Data Sheets (SDS) in compliance with other OSHA regulations.
- Do not touch or have children touch disinfecting wipes with bare hands or use them on the skin. Always wear gloves. They are not safe like diaper wipes and can cause an injury.

Hepatitis B vaccination and post-exposure medical care

Hepatitis B Vaccination Offering

The school or program at no cost to all employees who reasonably can be expected to have occupational exposure to blood or OPIM during job duties will offer the Hepatitis B vaccine series in a reasonable time and place within 10 working days of their initial assignment. The employee has met the requirement if the employee has previously received the complete Hepatitis B vaccine series and has provided immunization records demonstrating the completion of the Hepatitis B vaccination series, if antibody testing results are provided revealing that the employee is immune or if the vaccine is contraindicated for medical reasons provided by a licensed prescribing healthcare provider documentation. The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination. Employees may accept or decline the Hepatitis B vaccination series and documentation should be retained by the school related to their choice. If an employee initially declines and later requests vaccination, the employer must provide it. The immunization series is performed by a licensed healthcare provider. If a routine booster of Hepatitis B vaccine is required by the United States Public Health Services, at a future date, the booster dose(s) shall be made available.

Post Exposure Medical Care

Employees are required to report exposure incidents immediately, wash site with warm water and soap, and complete required document for the school or program. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred must be documented. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state law, should also be documented. When the source individual is already known to be infected with HVB or HIV, testing their status is not required to be repeated. The source individual may provide consent to have their blood tested and the results of the individual's test shall be made available to the exposed employee. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. The employee shall be informed of all applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual. The school or program will ensure immediate medical evaluation, post exposure counseling and follow up in accordance with OSHA and Public Health guidance. Post exposure counseling and follow up with a healthcare provider must be made available regardless of the employee's decision to accept serological testing. The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

Training Requirements

The bloodborne pathogen training is completed by all employees, contractors, and volunteers of the school or program who reasonably can be expected to have occupational exposure to blood or OPIM during job duties training completed initially prior to working and then annually regardless of the employee's prior training or education. In addition, training must be provided when changes (e.g., modified/new tasks or procedures) affect a worker's occupational exposure. The training does not have to be completed by a healthcare professional in the school or program. The trainer must be directly accessible to employees during

the time of training. The standard does not specify that the trainer be “physically” in the classroom while training is conducted. The standard for the course includes a requirement for the opportunity to have interactive questions and answers with the person conducting the training session and the person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Training must be presented at an educational level and in a language that workers understand. Training must cover all elements of the standard including, but not limited to:

- Access to the standard,
- information on bloodborne pathogens and diseases,
- modes of transmission,
- methods used to control occupational exposure,
- hepatitis B vaccine, and
- medical evaluation and post-exposure follow-up procedures,
- signs, labels and color coding used in the workplace
- Incident Reporting and Investigation

Record Keeping

Training: Employers must maintain training records for three (3) years from the date of training. Record retention must include training dates, content, trainer knowledgeable about the training (qualifications or credentials in applicable), employee name, and job title.

Hepatitis B vaccination, Hepatitis B vaccine declination, sharps injury log, results of post exposure evaluation and follow-up: OSHA requires employers to keep each employee's medical record for the duration of the employment plus thirty (30) years.

Labels, Signs, and Color Coding

Biohazard Labels and Color Coding: The official color for bloodborne pathogen waste is fluorescent orange-red or bright red and must display the symbol in a contrasting color, and the word “BIOHAZARD”.

Biohazard labels are used on red bags, containers for waste, refrigerators containing blood or OPIM, sharps disposal containers, and other containers used to store, ship or transport blood/OPIM.

Signs: Signs at entry ways to identify hazards present must be posted at the entrances of labs for school-based health clinics or chemistry labs.

Program Review

Schools or programs must make this plan accessible to staff, review annually (at a minimum), and update it whenever new procedures, tasks or positions affect exposure. Document the annual review of the plan and note any changes in: staff roles or exposure risks, technology, or policies and procedures. Share update plan with affected employees.

Appendices:

Contains commonly used forms:

*Hepatitis B Vaccination Series (Iowa HHS approved form)

*Antibody testing is a medical laboratory result form

Hepatitis B Vaccine Declination Statement Form

Post Exposure Incident Form

Exposure Control Plan and Annual Review Form

Hepatitis B Vaccine Declination Statement

Instructions: Insert your school or program Logo at the above. The form should be presented in a language that workers understand.

(Required by OSHA, exact wording must be used)

School District or Program Name:

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.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination 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.

Employee Signature:

Date:

Post Exposure Incident Report Form

The post-exposure incident report form is used for documenting needle sticks, blood splashes, bites, and other exposures.

Employee Information:

Name:

Job Title:

Location:

Incident Description:

Date of Incident:

Time of Incident:

Type of Exposure:

Body Part Exposed:

PPE used at time of exposure:

Source Individual (if known) Yes No

First Aid or Immediate Actions Taken:

Medical Evaluation Arrangement:

Provider Name

Provider Address

Evaluation Scheduled: Date: Time:

Follow Up:

Offered Hepatitis B
vaccine or booster: Yes No

Counseling provided: Yes No

Blood test performed: Yes No

Employee Signature Date

Employer Signature Date

Exposure Control Plan and Annual Review Resource

The following have been reviewed:

- Exposure determination of at-risk personnel is listed and current
- Engineering controls have been reviewed (non-inclusive list: sharps container, spill kits, and others)
- PPE is available is checked and restocked
- Hepatitis B vaccination records and declination forms are current
- Post-exposure protocols reviewed with all employees, contractors, and volunteers of the school or program who reasonably can be expected to have occupational exposure to blood or OPIM during job duties
- Biohazard labels and signage are in place
- Annual BBP training completed with all employees, contractors, and volunteers of the school or program who reasonably can be expected to have occupational exposure to blood or OPIM during job duties
- Record maintenance and retention is up to date
- Exposure control plan reviewed and updated by:

Name and Title of School or Program Administrator/designee:

Date of Review: