

BLOODBORNE PATHOGEN EXPOSURE PLAN

The Manchester Board of Education establishes this written policy to eliminate or minimize exposure to Bloodborne pathogens and to meet the requirements of the Connecticut Division of Labor, Occupational Safety Health Administration.

Adopted: January 11, 1993
Revised: September 14, 1998
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Manchester Board of Education

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Section I – Purpose:

- 1.1 This policy is to eliminate or minimize employee exposure to communicable diseases that include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) and to meet the requirements of the Connecticut Division of Labor Occupational Safety and Health Administration (OSHA).

Section II – Definitions:

- 2.1 Blood means human blood, human blood components, and products made from human blood.
- 2.2 Bloodborne Pathogens means pathological microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- 2.3 Contaminated means the presence, or the reasonable anticipated presence, of blood or other potentially infectious materials.
- 2.4 Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious material or may contain sharp items.
- 2.5 Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, broken glass, knives, scalpels, and jagged metal.
- 2.6 Decontamination means the use of physical or chemical means to remove, inactivate, or destroy Bloodborne pathogens on a surface or item to the point where it is no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.
- 2.7 Engineering Controls means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the Bloodborne pathogens hazard from the workplace.
- 2.8 Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, or other potentially infectious material, that results from the performance of an employee's duties.
- 2.9 Hand washing facilities means a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines

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- 2.10 Licensed Health Care professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and post-exposure evaluation and follow-up.
- 2.11 Occupational Exposure means reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood, or other potentially infectious materials, that may result from the performance of an employee's duties.
- 2.12 Other Potentially Infectious Materials means the following human body fluids: urine, feces, vomit, saliva, semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult, or impossible to differentiate between body fluids.
- 2.13 Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- 2.14 Personal Protective Equipment is specialized clothing, or equipment, worn by an employee for the protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to be personal protection equipment.
- 2.15 Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials, items that are caked with dried blood or potentially infectious materials and are capable of releasing these materials during handling; and contaminated sharps.
- 2.16 Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).
- 2.17 Source Individual means any individual, living or dead, whose blood, or other potentially infectious material, may be a source of occupational exposure to the employee.
- 2.18 Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other Bloodborne pathogens.
- 2.19 Percutaneous Injury Log is a log which contains a list of all percutaneous injuries from contaminated needles or other sharp objects.
- 2.20 Sharps with Engineered Sharps Injury Protections are a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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- 2.21 Needleless System is a system that uses a device that does not use needles for the collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established; the administration of medication or fluids; any other procedure involving the potential for occupational exposure to Bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Section III – Assignment of Responsibility

- 3.1 Program Administrator. The Coordinator of School Health shall manage the Bloodborne Pathogen Exposure Control Plan for the Manchester Public School employees.
- 3.2 Management. The Manchester Public School will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. The Safety Committee will ensure proper adherence to this plan through annual review of this plan.
- 3.3 Supervisors. Supervisors shall themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment and proper cleanup and disposal techniques. Supervisors are responsible for proper reporting and investigations.
- 3.4 Employees. Employees are responsible for utilizing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to Department Supervisor immediately or within 1-2 hours or maximum of 24 hours. The written department exposure form should be completed within 24 hours of exposure.

Section IV – Exposure Determination:

- 4.1 The Board of Education acknowledges that all employees may come in contact with blood borne pathogens. All employees will be eligible for Hepatitis B vaccine due to this possible exposure.

Section V Method of Compliance:

- 5.1 Universal Precautions. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluid types shall be considered potentially infectious materials.
- 5.2 Engineering and work practice control. Engineering and work practice controls shall be used to minimize or eliminate employee exposure. These controls will be reviewed at least annually to ensure their effectiveness and will reflect changes in technology that eliminate or reduce exposure to Bloodborne pathogens. Input will be obtained from

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employees on the selection of safer medical devices including safety syringes and needle-less systems that reflect current technology.

- 5.3 Personal Protective equipment. Board of Education employees will be instructed on selection and use of personal protective equipment. Personal protective equipment shall be used by all Board of Education employees to ensure compliance with universal precautions and shall be provided and maintained by the departments of those employees at risk of occupational exposure to Bloodborne pathogens. Personal protective equipment shall include, but not be limited to:

Non-porous water-resistant gowns to be used when it can be reasonably anticipated that the employee will be in contact with blood or other potentially infectious material which may splash.

Antiseptic hand cleaner to be used when sink and running water is not available.

Latex/vinyl gloves to be worn when it can be reasonably anticipated that the employee will have hand contact with blood or other potentially infectious material.

Utility gloves to be worn when it can be reasonably anticipated that the employee will have contact with blood or other potentially infectious material while cleaning. The gloves may be decontaminated for reuse if the integrity of the glove has not been compromised. They must 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.

Arm protection arm protection when the potential for human bite is present.

Face masks and eye protection to be worn when it can be reasonably anticipated that the employee may be exposed to contaminated material, which may splash on their face or in their eyes.

Bag valve masks or other ventilation resuscitation equipment to be used for CPR.

*If the employee is allergic to any of the protective equipment, the employer will have available hypo-allergenic gloves, glove liners, powder less gloves or any other material that will provide for the safety of the employee.

- 5.4 Personal Hygiene. Employee's shall wash their hands and other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials. When antiseptic hand cleaners are used in the field, hands shall be washed with soap and running water as soon as feasible. Fingernail biting and other personal habits that cause lesions to the skin should be avoided.

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- 5.5 Contaminated Personal Protection Equipment/Disposable Waste. If a garment(s) is penetrated by blood, potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible. When personal protective equipment is removed, it shall be placed in an appropriately designated area, container, or red “Bio-medical waste” bag for storage, washing, decontamination or disposal.
- 5.6 Contaminated Sharps. Contaminated needles and other contaminated sharps shall not be recapped or removed unless taken as evidence. Immediately or as soon as possible, contaminated sharps shall be placed in appropriate containers. These containers shall be puncture resistant, labeled or color coded, and leak proof on the sides and bottom. These containers shall be locked in each school health nurse’s office.
- 5.7 All levels of Emergency Responders. All procedures involving blood or other potentially infectious materials shall be performed in such a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- 5.8 Contaminated Patient Property. All contaminated or potentially infected materials that are the personal property of the student shall be placed in a properly labeled container (double waste bag) which prevents leakage during collection, handling, processing, storage, transport or shipping.
- 5.9 Housekeeping. Department supervisors shall assure that all equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated objects and work surfaces shall be disinfected after completion of emergency calls and immediately after any spill of blood or infectious materials. Contaminated immersible objects, such as, but not limited to; stethoscope, scissors, blood pressure cuff, airway management equipment, jewelry and eye glasses, shall be cleaned and disinfected in a designated basin using a freshly prepared solution of ½ cup sodium hypochlorite to one (1) gallon of water. Non-immersible contaminated surfaces, such as, but not limited to; vehicle interiors and exterior, shall be disinfected by using a designated spray container, utilizing a freshly prepared solution of 1/8 cup of sodium hypochlorite to one (1) quart of water.

Entire contaminated surfaces shall be covered with a fine film of the solution for at least ten (10) minutes before rinsing clean, and drying. School nurses shall decontaminate all material saturated with potential infectious material by soaking them in a freshly prepared 1/8 cup of hypochlorite to one (1) quart of water for 10 minutes. After decontamination, materials will be placed in a double-bagged receptacle. Facial tissues containing blood or other potential infectious materials may be flushed. Alternatively - contaminated objects and surfaces may be flushed with Quaternary disinfectant products as provided by Board of Education Buildings and Grounds Department.

- 5.10 Contaminated laundry. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment. Employees

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will be instructed by the School Health Department in appropriate handling and cleaning of contaminated laundry.

- 5.11 Regulated waste disposal. The Town’s Health Department will be responsible for the disposal of regulated waste for school system. Such regulated waste is limited to contaminated sharps. Contaminated sharp containers shall be ordered for School Health Services and the cost billed to the Board of Education. Containers shall be closable, puncture resistant, leak proof on sides and bottom, labeled and red in color. The Health Department will collect contaminated sharps containers following procedures outlined in OSHA Standard 40 CFR Parts 22 and 259 CFR 1910.1030. FDA regulates sharps disposal containers as medical devices under FDA 21 CFR 8603.
- 5.12 Annual Review. The District will conduct an annual review of its Exposure Control Plan and procedures concerning Significant Bloodborne Disease Exposure.

Section VI Hepatitis B Vaccination. Post-Exposure. Evaluation and follow-up.

- 6.1 Hepatitis B Vaccination. The Hepatitis B vaccination shall be made available after the employee has received the training required in Section 6.3 and within ten (10) working days of initial assignment to all employees who have occupational exposure, unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for any medical reason. Two months after the completion of the Hepatitis B vaccination series, a Hepatitis B titer will be done to verify immunity in response to the vaccine. If the titer indicates that the employee is not immune, the Hepatitis B vaccine series will be repeated one time. If after the second series the titer indicates the employee is still not immune, the vaccine series will not be repeated. The employee will follow the post exposure evaluation and follow up procedure.
- 6.2 Hepatitis B Vaccination Declination. Employees who decline to accept the Hepatitis B vaccination offered by the Board of Education shall sign the Declination Statement. This statement shall be sent to Human Resources. At any time the employee wishes to have the Hepatitis B vaccine, the employee shall notify the Coordinator of School Health Services so that arrangements for the administration of the vaccine can be made. The first dose of the vaccine must be given within ten (10) working days of the request.
- 6.3 Post Exposure Evaluation and Follow-up. See “Procedures Concerning Bloodborne Disease Exposures”.

Section VII Communication of Hazards to Employees.

- 7.1 Labels – warning labels that are fluorescent orange-red and include the Biohazard Symbol shall be affixed to all containers of regulated waste.

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- 7.2 Signs – fluorescent orange or orange-red in color containing the Biohazard Symbol and information on the type of Biohazard will be posted anywhere Biohazard material is stored.
- 7.3 Information and Training – the Board of Education shall ensure that employees with risk of occupational exposure to Bloodborne pathogens participate in a training program. The training shall be provided as follows:
- *At the time of initial assignment to tasks where occupational exposure may occur.
 - * Annually within one year of their previous training.
 - * When changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee’s occupational exposure.

Section VIII Record Keeping

- 8.1 Medical records shall be maintained and stored in a locked file cabinet with limited access in the medical personnel file located in Human Resources. Medical information will not be disclosed without the employee’s written consent to any person within or outside the workplace except as required by this standard or required by law.
- 8.2 Medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29CFR 1910.20.
- 8.3 Training records shall include: dates of training, summary of training, name(s) and qualifications of trainer, list of attendees and job titles.
- 8.4 Training records will be maintained for three years from the date training occurred by the personnel responsible for the training.
- 8.5 Records shall be made available upon written request for examination to the subject employee.
- 8.6** A log listing all percutaneous exposures to Bloodborne pathogens will be maintained by the Insurance and Benefits department in a manner which will protect the confidentiality of employees involved. The log will contain date of injury, type and brand of the device involved, department or work area where the incident occurred, an explanation of how the incident occurred. The log will be reviewed at least annually as part of the annual evaluation of the program and maintained for at least five (5) years following the end of the calendar year that they cover.

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**PROCEDURES CONCERNING BLOODBORNE
DISEASE EXPOSURE**

DEFINITIONS:

Occupational Exposure: occurs when an employee in the course of his occupational duties has a significant exposure to blood or body fluids of another individual.

Non-Significant Exposure: an exposure incident with minimal contact to blood or body fluids. Contact was to clothing or intact skin where it is highly unlikely any blood or body fluid pathogen had a port of entry to the employee's circulatory system post exposure prophylaxis (PEP) not warranted.

Significant Exposure: an exposure incident such as a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral (needle-sticks, human-bites, cuts, abrasions) contact with blood, or other potentially infectious materials. Consider basic PEP regimen.

Highly Significant Exposure: an exposure incident that meets CDC high-risk guidelines; a deep injury to employee with a significant volume of source case blood (a large diameter hollow needle, previously in a source case's vein or artery). Recommend basic PEP or expanded PEP regimen based on status of source case.

PROCEDURES:

The employee will:

1. Notify supervisor of exposure as soon as possible (*immediately or within 1-2 hours, or maximum of 24 hours* of the incident).
2. Supervisor/Nurse to complete a written First Report of Injury and Investigations form within *24 hours of exposure*. The following information must be included in the form:
 - A. Party or Parties to the exposure
 - B. Witnesses
 - C. Time of the incident
 - D. Place of the incident
 - E. Nature of the event - the description of the nature of the event should be specific and should include type of exposure (needle stick or non-intact skin exposure).
 - F. Other information required by the CIRMA (Connecticut Interlocal Risk Management Agency).
 - G. Call CIRMA, within 24 hours of the incident, at 1-800-652-4762.

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3. Employee must contact or go to *Corp Care* (647-4796), 2800 Tamarack Avenue, Suite 001, South Windsor, CT, *as soon possible or within 24 hours of exposure*. (Literature strongly suggests post-exposure prophylaxis, PEP, be initiated within 1-2 hours post-exposure, no later than 24-36 hours). On a weekend or a holiday, the employee should go to the *Emergency Department* at your local hospital. If they go to the emergency department the employee should contact Corp Care the next working day to notify them of the exposure and to arrange for appropriate recommended follow-up.

All employees will be tested if the “personal protection barrier was broken” or if it is believed an exposure occurred. The employee shall tell the medical staff at either facility that they are a Manchester Public Schools employee and that they have had an exposure to blood/body fluid. A patient record should be opened for any town employee who has had a blood/body fluid exposure. The physician at Corp Care (or Prompt Care, Emergency Department) will *make a determination as to the significance of the exposure* at the initial visit. This will be based on the nature of the event including the type of exposure, body fluid employee is exposed to, and risk to the employee.

4. If it is determined that a *significant exposure has occurred*, Manchester Public Schools will pay for the initial screen and 4 follow-up screens, without prejudice, through its workers’ compensation carrier. The Supervisor/Nurse must call 1-800-652-4762 to report a Worker’s Compensation claim with CIRMA. In all cases employees *should* fill out department exposure forms. If it is determined that a *significant exposure has not occurred*, Manchester Public Schools will pay for the initial screen and 1 follow-up, without prejudice, through its workers’ compensation carrier. The employee may ask for voluntary continuation of testing and counseling at the intervals of initial, 6 weeks, 3 months, 6 months, and 12 months. Should the employee wish to undergo further testing, he/she will be responsible to arrange payment with Corp Care or seek follow-up through their private physician.

Nothing herein shall prevent Manchester Public Schools from disclaiming the significant exposure as a compensated injury under Worker’s Compensation statutes.

5. The employee or their supervisor should notify the Coordinator of School Health Services at 647-3324, that an exposure has occurred including the date, time of incident, employee’s name, source individual’s name, address, phone, and if source was seen at the local hospital. This will facilitate follow-up on the source case.

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Corp Care (or Local Emergency Department) will:

1. Determine if significant exposure occurred
2. Provide counseling
3. Evaluate need for prophylaxis based on Provision Public Health Service recommendations for chemo-prophylaxis after occupational exposure to HIV Obtain consent for *HIV, HBs, Ab, and anti-HCV baselines*
4. Provide follow –up counseling on employee’s test results. (Positive baseline test results will be addressed on a case-by-case basis).
5. Provide additional testing and counseling and referrals to resources as indicated. (If a weekend or holiday, Emergency Department will cover).
6. Corp Care will provide to the Board of Education a health care professional’s written opinion within 15 days of the evaluation. This written opinion shall include: Hepatitis B vaccination if indicated; that the employee has been informed of the results of the evaluation; that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation.

Board of Education will:

1. If the source *is* brought into the local hospital, the employee should notify the emergency room staff and physician that an exposure has occurred. The staff will attempt to obtain permission from the source for HBV, HCV, and HIV testing and/or release of information pertaining to HBV, HCV, and HIV status to the Board of Education employee. If testing is done and the individual (source case) is released prior to test results being received, their treating physician will offer them their test results. If the source case refuses testing or release of information pertaining to HBV, HCV, HIV status, the Board of Education’s Medical Advisor will become involved and will determine if criteria is met to pursue a court order.
2. If the source case *is not* brought to the local hospital but has a family physician, the family physician will be notified and asked to obtain consent for testing and/or release of information of HBV, HCV, HIV status to exposed Board of Education employee. If the source case refuses to give consent for testing and/or to release the information pertaining to HBV, HCV, HIV status, the Board of Education’s Medical Advisor will become involved and will determine if criteria is met to pursue a court order.
3. If the source case *is not* brought to the local hospital and *does not* have a family physician, the Medical Advisor for the Board of Education will act as the individual’s physician and will contact the individual for consent to test and/or to release the information regarding HBV, HCV, HIV status to the exposed Town employee. If the individual refuses to consent to testing and/or to release the information, a court order will be pursued. The Board of Education’s Medical Advisor will determine if criteria are met to pursue a court order.

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Hepatitis B Vaccine Declination
(mandatory)

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 myself. 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.

Name Date

Address: street, town, zip Phone

Department Phone

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