

Bloodborne Infectious Diseases Exposure Control Plan

Coopersville Area Public Schools

198 East Street
Coopersville, MI 49404



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EXPOSURE CONTROL PLAN

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INTRODUCTION

The following Bloodborne Infectious Diseases Exposure Control Plan has been developed and implemented to comply with MIOSHA's Bloodborne Infectious Diseases Standard, codified as R325.70001 through R325.700018.

This Plan is designed to help you identify, minimize, and/or eliminate risk from exposure to potentially infectious materials to which you may be exposed during your employment. This exposure control plan will be updated annually or as necessary to provide up to date engineering controls and to stay in compliance with State and Federal laws. The Plan is effective immediately.

Certain diseases can be transmitted from an infected individual to a person by contact with blood or other body fluids. These diseases include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency virus (HIV).

To protect yourself you are required to:

1. Learn what tasks may result in exposure;
2. Follow the work routines established by this Plan;
3. Report any incidents involving exposure;
4. Report any violations of the requirements of this Plan; and
5. Assist your co-workers in understanding and complying with this Plan's requirements.

Following these steps will help you minimize risk from "occupational exposure". Occupational exposure means reasonably anticipated contact between your skin, eye, mucous membranes or piercing of skin or membrane contact with blood, body fluids or other potentially infectious materials that may occur in the performance of your duties. Occupational exposure from blood includes all forms of human blood, whether it is liquid, semi-liquid, or dried/caked blood. You must report all occupational exposures to your supervisor.

"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 and other bloodborne pathogens.

An occupational illness is an abnormal condition or disorder caused by exposure to environmental factors associated with your employment.

An occupational exposure may result in an occupational illness.

An occupational injury is an injury such as a cut, fracture, sprain, or amputation resulting from a work-related accident. An occupational injury may create an occupational exposure.

All occupational injuries (including sharps injuries) and illnesses must be reported to your Supervisor and Human Resources regardless of severity. You need not report catching a cold, flu, or other virus since that may occur anywhere. On the other hand, you must report any illness resulting from an exposure addressed in this Plan. A sharps injury is an injury resulting from a sharp object. The sharp's object can include non-

needle type objects as well as needles. Examples would be glass, sharp metal objects, razors, etc.

I. EXPOSURE DETERMINATION

The following job titles have been identified as positions that have a degree of occupational exposure:

- Food Service Employees
- Custodial Staff
- Teachers
- Administrators
- Parapros
- Secretaries
- Maintenance Staff
- Transportation Employees
- Coaches
- Other District employees

The following tasks and procedures are those involving potential occupational exposure. Employees performing these tasks and procedures are at risk for occupational exposure:

1. Performing routine cleaning procedures of the building and its contents.
2. Performing repairs to building and its equipment.
3. Performance of daily work with students.

II. METHODS OF COMPLIANCE

Universal Precautions

"Universal Precautions" is an approach to infection control in which all human blood and certain human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. It is recognized that the most effective mechanism for prevention of infection with bloodborne pathogens is to minimize occupational exposure by minimizing potential contact with contaminated materials.

Work Practice Controls

Work practices appropriate to protect employees from potentially infectious materials have been developed. You are required at all times to comply with these practices. In the event you do not or cannot comply with any of these requirements, you must report the incident and circumstances to your supervisor for investigation and documentation.

A. Handwashing

You must wash your hands immediately after removing gloves or other personal protective equipment.

You must wash your hands and any other exposed skin with soap and water or flush mucous membranes with water immediately following contact with blood or other potentially infectious materials.

Hand washing facilities (sinks) are located in each lavatory.

B. Disposal of Sharp Instruments and/or Objects

Contaminated sharp instruments and/or objects must not be picked up by hand (even if you are wearing gloves). Use a broom and dustpan or something similar in nature.

Immediately after cleanup, contaminated sharp instruments and/or objects must be placed in appropriate containers until proper disposal. These containers must be:

Puncture resistant;

Color-coded "red" and labeled "biohazard";

Leak-proof on the sides and bottom; and

Designed so that you need not reach by hand into the containers where such sharp instruments and/or objects have been placed.

C. Potentially Infectious Materials

Blood or other potentially infectious materials must be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. Containers for storage, transport, or shipping are red and labeled "biohazard." These containers must be closed and sealed prior to being stored, transported, or shipped.

If the primary container becomes contaminated on the outside or leaks, place it in a second container for handling, processing, storage, transport, or shipping. The secondary container should be the same color as the primary container. Do not move contents from one container to another. Similarly, if the specimen could puncture the primary container, place it in a leak-proof, puncture-resistant secondary container.

Personal Protective Equipment

The following personal protective equipment is provided:

- Emergency Cleanup Kit
- Safety Glasses

A. Emergency Cleanup Kit

1. Gloves:

Gloves must be worn when you anticipate contact with blood, other potentially infectious materials, and handling or touching potentially contaminated items or surfaces.

Disposable gloves (such as latex surgical or examination gloves) must be replaced as soon as practical when contaminated. If gloves are torn, punctured, or if their ability to function as a barrier is compromised, replace them immediately. Disposable gloves may not be washed or decontaminated for re-use. Contaminated disposable gloves should be

discarded in accordance with the guidelines on Regulated Wastes. To remove contaminated gloves, pull end of glove off using other hand in such a way that you are turning glove inside out. Keep removed glove in gloved hand. Using bare hand locate finger inside end of installed glove and pull glove off from hand turning it inside out. The first glove should be located inside second glove if completed properly. At no time, should any part of the contaminated glove surface come in contact with your skin. Wash hands thoroughly using antibacterial soap immediately after removal of gloves.

Heavy rubber, leather, or other general purpose utility gloves may be decontaminated (washed or autoclaved) for re-use if the integrity of the glove has not been compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their ability to function as a barrier is compromised.

2. Clean-up Powder (Bleach is an alternative – 1 ½ cups bleach to 1 gallon of water)
Used to decontaminate a potentially infected area. Makes over 5 quarts of liquid. Pour powder or bleach solution over contaminated area and allow it to remain there for 10 minutes. Use spatula and germicidal cloth to clean up contaminated area.
3. Spatula
Used to scrape or pick-up contaminants for disposal.
4. Germicidal Cloth
Cloth designed for cleaning contaminated area. Germicidal solution in cloth is also effective against Tuberculosis and HIV-1.
5. Antiseptic Hand Towelette
After cleanup of contaminated area use this towelette for cleaning your hands if do not have access to a lavatory with disinfectant.
6. Disposable Bags
For cleanup of non-potentially infected material.
7. Biohazard Labeled Bags
For cleanup of potentially infected material. The outer bag must be a red bag labeled “Biohazard” if you are using a bag inside of a bag.

B. Safety Glasses, Goggles, or Face Shield

Safety glasses, goggles, or face shield must be worn when cleaning up any potentially infected material. This will prevent any potentially infected material from entering the mucous membranes of the eye.

Housekeeping

You are responsible for keeping your immediate work area in a clean and sanitary condition. If you become aware of needs beyond general housekeeping, report your concern to a trained staff member.

All equipment and working surfaces must be cleaned and decontaminated using sanitizing cleanser after contact with blood or other potentially infectious materials.

Contaminated work surfaces must be decontaminated with disinfectant after completion of each procedure:

Immediately when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and

At the end of the work day if the surface may have become contaminated since the last cleaning.

Disposable protective coverings, such as plastic wrap, aluminum foil, etc. used to cover equipment and work area surfaces must be removed and replaced as soon as feasible after they become contaminated or at the end of the work day if they may have become contaminated during the day.

All buckets, pails, cans, bins, baskets, and similar receptacles intended for re-use that have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials must be inspected and decontaminated regularly and as soon as possible after known/visible contamination.

Broken glass must not be picked up directly with the hands even if gloved. Rather, glass must be collected by using broom and dust pan, tongs, forceps, and then by sanitizing/disinfecting or autoclaving.

The following regular schedule for cleaning and sanitizing or decontaminating must be observed:

Frequency:	Floors In:	Method of Decontamination	Responsible Person or Job Position
Daily if necessary	Kitchen	Disinfectant type cleaner	Kitchen or Custodial Staff
Daily if necessary	Restrooms	Disinfectant type cleaner	Custodial
Daily if necessary	All other areas of building	Disinfectant type cleaner	Custodial

Regulated Waste

A. Regulated Waste

Regulated Waste is liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed or items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.

B. Discarding and Containing Contaminated Sharps

Discard contaminated sharp instruments immediately in containers that are:

- closable,
- puncture resistant,
- leak-proof on sides and bottom, and
- color-coded "red" and labeled "biohazard" in a manner so as to distinguish the container.

During use, containers for contaminated sharp instruments must be:

- easily accessible and located as close as possible to the area where sharp instruments are used or can be reasonably anticipated to be found;
- maintained upright throughout use; and
- replaced routinely and not over-filled.

When moving containers of contaminated sharp instruments from the area of use, the container must be:

- closed prior to removal or replacement to prevent spillage or exposing the contents during handling, storage, transport or shipping.
- placed in a secondary container if leakage is possible. The secondary container must meet the same specifications and be similar to the primary container. Do not move the contents from one container to another.

Reusable containers must not be opened, emptied, or cleaned in any manner that would expose you to risk of puncture injury.

C. Other Regulated Waste

Other Regulated Waste means:

- (a)The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- (b)Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and be sure to distinguish these and other potentially infectious waste from general refuse and garbage.

Disposal requirements include placement of the waste in containers that are:

- closable;

- constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
- color-coded "red" and labeled "biohazard" to properly identify the container as being used for potentially contaminated medical waste; and,
- closed prior to removal to prevent spillage or exposure of contents during handling, storage, transport, or shipping.
- If the regulated waste container becomes contaminated on the outside, place that container in a second container which meets the same standards as the primary container. Do not move the contents of one container to another.

Laundry Procedures

Contaminated clothing should be disinfected using bleach.

Place and transport laundry in bags labeled or color-coded to appropriately identify it as contaminated material.

Whenever contaminated laundry is wet and presents a likelihood of soak-through or leakage, place it in separate plastic bags.

Supervisors must ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

III. HEPATITIS B VACCINATIONS, POST-EXPOSURE EVALUATION AND FOLLOW-UP

Hepatitis B Vaccination

The hepatitis B vaccine and vaccination series is available to all employees who have occupational exposure. These vaccinations are available at no cost to you and are administered by Concentra Medical Centers.

You will receive the vaccinations after you have received the initial occupational exposure training and within ten working days of initial assignment to a position involving potential exposure.

Exceptions to our vaccination policy may be granted if you:

- have previously received the complete hepatitis B vaccination series (proof is required);
- are immune from hepatitis B virus (as established by documented antibody testing);
- cannot take the vaccine for medical reasons (documentation of contraindications is required); or,
- sign a statement declining to accept the hepatitis B vaccination (Form IV C).
- are not a primary first aid provider.

If you initially decline hepatitis B vaccination but at a later date decide to accept the vaccination, we will, at that time, make hepatitis B vaccination available to you at no cost.

If, at a future date, a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service, we will make those booster dose(s) available to you at no cost.

Post-Exposure Evaluation and Follow-Up

A post-exposure evaluation and follow-up will be made for all employees who have had an exposure incident. These medical evaluations and procedures are available at no cost to you.

You must notify your Supervisor as soon as a suspected exposure incident has occurred. Following an exposure report, we will immediately make available to you a confidential medical evaluation and follow-up. This medical attention includes:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual (unless identification is not feasible or is prohibited by law).

If the exposure is from a human source, the individual's blood will be tested as soon as feasible (and after that individual's consent is obtained) in order to determine HBV and HIV existence. If consent cannot be obtained, we must document that fact. When the source individual's consent is not required by law, that individual's blood, if available, will be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, this testing need not be performed.

Results of the source individual's testing will be made available to the exposed employee. Applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual will be provided.

If you suspect exposure, a blood specimen will be drawn as soon as possible and tested. If you consent to baseline blood collection, but do not consent to HIV serologic testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, you elect to have the baseline blood sample tested, testing will be done as soon as feasible.

Post-exposure prophylaxis (when medically indicated, as recommended by the U.S. Public Health Service), counseling and evaluation of subsequent reported illnesses will also be provided.

A physician will work closely with the supervisor to evaluate and follow an exposed employee. The physician will be provided with a copy of the appropriate sections of this Exposure Control Plan and supporting government regulations to make him or her aware of our responsibilities. We will also provide that physician a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances under which exposure occurred, results of the source individual's blood testing (if available), and all medical records relevant to the appropriate treatment including vaccination status.

The exposed employee will be provided with a written evaluation from the treating physician within 15 days of the completion of the physician's evaluation. That report will contain:

- The physician's opinion as to whether Hepatitis B vaccination is recommended for the employee, and if the employee has received the vaccination;
- A statement that the employee has been informed by the physician of the results of the evaluation;
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report to us.

IV. HAZARD COMMUNICATION AND EMERGENCY RESPONSE

Warning Labels and Signs

"Biohazard" warning labels must be attached/affixed to:

- contaminated equipment;
- containers of regulated waste;
- other containers used to store, transport or ship blood or other potentially infectious materials (except as noted, below).

A sample label appears below. This label must be fluorescent orange with lettering in a contrasting color.

The labels must be attached by string, wire, adhesive or other method that prevents their loss or unintentional removal.

Items that require warning labels include, but are not limited to:

- Laundry bags containing infected or potentially infected material
- Disposable sharp instruments or objects containers
- Reusable sharp instruments or objects containers
- Contaminated pieces of equipment (or portions thereof)

Biohazard Symbol



Exceptions to these labeling requirements are permitted when:

- Red bags or red containers are used in lieu of labels, and those red bags/containers are used for nothing else;
- Individual containers of blood or other potentially infectious materials are placed together in a labeled container during storage, transport, shipment, or disposal; or
- Regulated waste has been decontaminated.

Steps to Take In An Emergency

An emergency is a situation in which an employee is exposed to potentially infectious material on any exposed/unprotected part of his/her body, regardless of whether the exposed body part has any known cuts, scratches, open lesions or exposed mucous membranes.

If an emergency involving blood or other potentially infectious materials should occur, the following actions should be taken:

- The affected employee must immediately clean the blood or other potentially infectious material from his/her exposed body with soap and water followed by a disinfectant. If the eyes should be exposed, they should immediately be flushed with running water.
- The affected employee must, as soon as feasible, clean and disinfect/decontaminate any surfaces in the immediate work environment, which may cause exposure to any other person.
- The affected employee must, as soon as feasible, report the incident to their Supervisor, who will make visual observations of the affected employee's exposed body area to confirm the presence/absence of cuts, scratches, open lesions, or exposed mucous membranes around the affected area. If any cuts,

scratches, open lesions, or exposed mucous membranes are found or suspected, the guidelines contained in "Post-exposure Evaluation and Follow-up" will be used.

- The Supervisor will document and follow up the event by reporting it through the required steps.

V. Information and Training

General

Initial and periodic training programs will be conducted for all employees who may have any occupational exposure as a result of their employment. The training programs are provided at no cost to employees during normal working hours. Training is provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place, and
- Annually

The Supervisor will insure that training is provided to employees, which is currently done through Safe Schools (online).

All employees holding positions listed on page 2 will participate in the initial and annual training sessions regardless of whether an employee may have received recent training about bloodborne pathogens. Additional training will be given when changes such as modification of tasks or procedures or when new tasks or procedures affect employees' occupational exposure. All personnel holding positions that are listed on page 2 are required to participate in this training.

Training Program Content

The training program consists of the following elements and materials:

- MIOSHA standards supporting our Exposure Control Plan with copies available.

Records Maintenance

Records pertaining to the training programs are maintained at least three years and include the following:

- The dates of all training programs (scheduled and make-up, annual and impromptu);
- The name and position/qualification of the person or program conducting the training; and

All training records will be maintained by Human Resources.

VI. RECORDKEEPING

Medical Records

We maintain a medical record for each employee with occupational exposure. Each record includes:

- A copy of the employee's Hepatitis B vaccination status including the dates.

All medical records will be secured at Human Resources and will remain confidential. Contents of medical records will not be disclosed or reported without the employee's specific written consent to any person within or outside the work place except as required by law or for the employee's medical well-being.

Employee hepatitis B vaccination and medical records will be provided on written request for examination and copying to the subject employee and representatives of MIOSHA.

All records concerning our exposure control program will be made available upon request to agents and representatives of the Department of Labor and the Occupational Safety and Health Administration for examination and copying.

By law, we will maintain employees' medical records (or arrange for their transfer) for at least the duration of employment plus 30 years.

APPENDIX A Confidential

**COOPERSVILLE AREA PUBLIC SCHOOLS
BLOODBORNE PATHOGENS EXPOSURE INCIDENT FORM**

Employee Name: _____

Classification _____

Supervisor Name: _____

Date of Incident: _____

Description of Incident: (Be specific, including approximate time and location of incident.
Use back of Form if necessary.)

Immediate Actions Taken: _____

Source of Blood or Other Potentially Infectious Material (Include name of source individual, if known.) _____

Personal Protective Equipment Worn: _____

Hepatitis B Vaccination Status:

- Declined
- Complete
- First Shot
- Second Shot

Employee Signature: _____

Date: _____