

REGIONAL SCHOOL UNIT No. 67

EXPOSURE CONTROL PLAN PROGRAM ADMINISTRATION

The R.S.U. No. 67 Board of Directors is committed to providing a safe and healthful work environment for our entire staff.

- The School Nurse(s) is responsible for implementation of the Exposure Control Plan (ECP). The School Nurse(s) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are at risk to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- R.S.U. No. 67 will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The district will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- The School Nurse(s) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The School Nurse(s) and Superintendent's office will be responsible for training, documentation of the training, and making the written ECP available to all employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications in R.S.U. No. 67 in which all employees have occupational exposure:

- School Nurses – medical emergencies/personal care
- School Health Aid – medical emergencies/personal care
- School Secretaries – medical emergencies/personal care
- 4 yr. old Teaching Staff – medical emergencies/personal care
- At-Risk Special Education Personnel – medical emergencies/personal care
- Bus Drivers & Spare Bus Drivers – medical emergencies/personal care
- Janitors & Spare Janitors – medical emergencies/personal care and custodial duties
- Selected staff – medical emergencies/personal care

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METHODS OF IMPLEMENTATION AND CONTROL

All employees will utilize universal precautions.

Exposure Control Plan Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by reviewing the policy and procedure in the policy book. A policy book can be found in any of the school offices and online at www.rsu67.org. If requested, R.S.U. No. 67 will provide an employee with a copy of the ECP free of charge within 15 days of the request.

The School Nurse(s) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

UNIVERSAL PRECAUTIONS

Handling Body Fluids

The body fluids of all persons should be considered to contain potentially infectious agents. The table below provides examples of infectious agents that may occur in body fluids and the respective transmission concerns. It must be emphasized that many of the body fluids with which one may come in contact contain microorganisms, some of which may cause disease. Individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents. In fact, transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because simple precautions are not always used.

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Transmission Concerns in the School Setting:
Potential Body Fluid Sources of Infectious Agents

BODY FLUID SOURCE	EXAMPLES OF AGENTS OF CONCERN	POTENTIAL TRANSMISSION ROUTES
Blood -cuts/abrasions -nosebleeds -menses -contaminated needle	Hepatitis B & C viruses HIV virus Cytomegalovirus	Inoculation through cuts and abrasions. Direct blood stream inoculation. Mucous membrane inoculation.
*Feces	Salmonella bacteria Shigella bacteria Rotavirus Hepatitis A virus Noroviruses	Oral inoculation from contaminated hands.
*Urine	Cytomegalovirus	Oral or Nasal inoculation from contaminated hands.
Respiratory Secretions -saliva -nasal discharge	Mononucleosis virus Common cold virus Influenza virus Meningococcal bacteria	Oral inoculation from contaminated hands. Direct droplet inoculation to mouth and nose.
*Vomit	Gastrointestinal viruses, (e.g., Norwalk Agent Rotavirus)	Oral inoculation from contaminated hands.
Semen	Hepatitis B AIDS virus Gonorrhea	Sexual contact (intercourse)

*Possible transmission of HIV and Hepatitis B and Hepatitis C is of little concern from these sources.

Tips for Prevention

1. Treat all bodily fluids as if they were contaminated.
2. Use disposable non-latex gloves when exposure to body fluids is possible. Hands should be washed after gloves are removed and gloves discarded in a plastic bag or lined trash can, secured, and disposed of daily.
3. Use protective clothing when anticipating spattering of fluids.
4. All personnel should use bloodborne precautions when cleaning and disinfecting.

Decontamination After Direct Contact

According to OSHA, regulated waste includes any liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that

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are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; and sharps (e.g., materials that will cause punctures or cuts to those handling them such as needles and scalpel blades) and other microbiological wastes containing blood or other potentially infectious materials.

R.S.U. No. 67 has a relationship with Penobscot Valley Hospital for the disposal of needles, sharps and other hazardous waste.

Recommended Decontamination Procedure:

1. **Wash** hands thoroughly with soap and water.
2. **Clothing** – Rinse and place clothing and other non-disposable items that have been soaked with body fluid, in plastic bags.
 - a. Use gloves while handling items.
 - b. If presoaking is required to remove stains (e.g., blood, feces) use gloves to rinse or soak item in cold water prior to bagging to be sent home.
 - c. Laundry – Launder contaminated clothing in soap and water adding bleach. Wash separately from other items if clothing is soaked with body fluids.
3. **Hard Surfaces** – Use disinfectant on hard surfaces or other products that kill HIV, Hep B virus, vegetative bacteria, fungi and tuberculosis bacillus, and other viruses. Use bleach solution the same day as it is prepared.
 - a. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse.
 - b. Non-disposable cleaning equipment (dustpans, buckets) should be thoroughly rinsed in the disinfectant. Disinfectant solution should be promptly disposed down a drainpipe.
4. **Rugs** – R.S.U. No. 67 stocks absorbent agents specifically intended for cleaning body fluid spills. Cover spills with absorbent material, gently sweep up and discard in plastic bag.
 - a. Leave for a few minutes to absorb the fluid and then vacuum or sweep up.
 - b. The vacuum bag or sweepings should be disposed of in a plastic bag.
 - c. Broom and dustpan should be rinsed in a disinfectant.
5. **Disposable Items** – Materials that meet the definition of regulated waste (see first paragraph, this section) must, according to OSHA, be placed in color-coded containers (orange or red-orange) or labeled “BIOHAZARD”.

Exceptions:

- a. Bloody tissues, not soaked, may be disposed of in the toilet.
- b. Tissues with dried blood, minimal amount, may be disposed of in sealable trash receptacle.

Disposal of Needles and Sharps

1. Contaminated needles and other sharps shall not be bent, recapped, or removed.
2. Place reusable contaminated needles and sharps in appropriate container until properly returned to parents. Container must be puncture resistant, leak proof, and labeled or color-coded.

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3. Disposable needles and sharps are to be placed in a closable, puncture resistant, leak proof, labeled or color-coded container.

School Staff Education

OSHA requires that all employees with occupational exposure to body fluids, participate in a training program at the time of their initial assignment and at least annually thereafter, at no cost to the employee.

Training programs include

1. A copy of the OSHA regulations. OSHA requires that all employers having employees with an occupational exposure to body fluids, must have a written Exposure Control Plan; designed to eliminate or minimize employee exposure.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of transmission;
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. 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 will be made available;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. Explanation of the signs and labels and/or color-coding required by OSHA; and
14. Documentation of training must occur.

Cross References: GBEAAB – Exposure Control Plan
GBEAAB-R2 – Exposure Control Plan Procedure 2
OSHA standard 29 CFR 1910.1030

Adopted: March 17, 2010