

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

1 PURPOSE

The purpose of this exposure control plan is to

- 1.1 Eliminate or minimize employee occupational exposure to blood borne pathogens and other potentially infectious materials.
- 1.2 Comply with the Department of Labor OSHA Blood borne Pathogens standard, 29 CFR 1910.1030.

2 DEFINITION

- 2.1 **Blood borne** Pathogens means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HBV) and Human Immuno-deficiency Virus (HIV).

3 EXPOSURE DETERMINATION

- 3.1 The Utah Schools for the Deaf and the Blind (USDB) is required to perform an exposure determination concerning which employees may be likely to 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). USDB has determined that the following job classifications may be expected to incur such occupational exposure, regardless of frequency:
 - 3.1.1 School health nurses
 - 3.1.2 Special education teachers in self-contained classrooms of the developmentally disabled.
 - 3.1.3 Teacher aides working with the developmentally delayed
 - 3.1.4 Residential care providers of developmentally delayed
- 3.2 Additionally, some employees in the following job classifications **may** have occupational exposure to blood or other potentially infectious materials, if they are designated as responsible for certain tasks or procedures:

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

3.3 JOB CLASSIFICATION	TASK/PROCEDURE
Director/Coordinator/Teachers	First aid/CPR designated responder Crisis Intervention Team
Clerical Staff	First aid provider
Food Service Staff	CPR/clean and dispose of waste
Custodian	Clean/dispose of body of contaminated wastes
Substitutes/Volunteers	Possible Exposure

Employees not designated in the response team or back-up response team report a first aid incident involving the presence of blood or OPIM immediately to the designated person and provide

4 SCHEDULE AND METHOD OF COMPLIANCE

4.1 The policies and procedures set forth in this plan are required by OSHA to meet the requirements of the standard.

4.1.1 Compliance Methods Universal precautions, hand washing, and other engineering and work practice controls will be in place to eliminate or minimize exposure of school employees. Where occupational exposure remains after instituting these controls, personal protective equipment will be used.

4.1.1.1 Universal Precautions Universal precautions, a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious regardless of the perceived status of the source individual, will be observed by all school employees.

4.1.1.2 Hand Washing Hand-washing facilities will readily be accessible for employees. Employers shall ensure that employees wash hands and any other exposed skin with soap and running water, or flush mucous membranes with water immediately, or as soon as feasible following contact of body areas with blood or other potentially infectious materials.

4.1.1.3 When provision of hand-washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleaners in conjunction with clean cloths, paper towels, or antiseptic towelettes. When antiseptic hand cleaners or

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

towelettes are used, hands shall be washed with soap and running water as soon as feasible.

- 4.1.1.4 Disposable gloves shall be provided and be worn, when it can be reasonably anticipated that employees may have hand contact with blood, other potentially infectious materials, mucous membrane and non-intact skin. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removing gloves.

4.1.2 Engineering and Work Practice Controls

- 4.1.2.1 Needles Contaminated needles and other contaminated sharp objects will not be bent, recapped, removed, sheared, or purposely broken.

- 4.1.2.2 Containers for Sharp Objects All contaminated sharp objects (including needle and syringes lancets, etc.) are to be discarded immediately or as soon as feasible in puncture resistant, leak proof containers which are labeled with the biohazard warning, color coded red and sealed prior to disposal. The containers are placed in all areas where these items are generated, such as health service units, etc.

- 4.1.2.3 Work Area Restrictions In work areas such as the school health unit or other designated areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages may not be kept in the same refrigerators, freezers, shelves, cabinets, or on counter tops where blood or other potentially infectious materials are present.

- 4.1.2.3.1 All procedures involving blood or OPIM exposure will be minimized by the techniques used and by performing all health care procedures in a way that minimizes splashing, spraying, and spattering.

- 4.1.2.4 Personal Protective Equipment (PPE) The directors, custodial supervisor, and school health nurses are jointly responsible for ensuring that personal protective equipment is selected and provided without cost to employees.

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

Protective equipment includes gloves, mouthpieces, resuscitation bags and/or disposable one-way ventilation devices for all personnel designated as first aid/CPR responders or otherwise exposed to blood or OPIM.

4.1.2.4.1 Appropriate equipment will be purchased with school funds in quantity sufficient to supply anticipated needs.

4.1.2.4.2 Each school is responsible for monitoring to ensure equipment is appropriately used and that supply is adequate.

4.1.2.4.3 Gloves and other PPE shall be worn when it is reasonably anticipated that the possibility of contamination exists. Disposable gloves will be used for all procedures other than for utility purposes and are not to be washed or decontaminated for reuse and are to be replaced as necessary.

4.1.2.4.3.1 Utility gloves may be decontaminated and reused so long as the ability to function as a barrier is not compromised. Employers shall insure that employees wash their hands immediately or as soon as feasible after removing gloves.

4.1.2.4.4 Additional Protection: Other personal protective equipment is generally not required in the school setting but will be made available for individual cases as determined necessary by the school nurse.

4.1.2.4.4.1.1 If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible.

4.1.2.5 General housekeeping is the responsibility of the building supervisor and the custodial staff. They will ensure that the

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

work-site is maintained in a clean and sanitary condition. They will implement an appropriate written schedule for cleaning and methods of decontamination. All schools will be inspected and cleaned with an EPA approved disinfectant cleaning product and decontaminated as necessary. See the following chart:

AREA	SCHEDULE	CLEANER
Health Svc Unit	Daily	EPA approved Disinfectant
All bathrooms	Daily and as Necessary	EPA approved Disinfectant

4.1.2.5.1 All contaminated work surfaces will be decontaminated after completion of procedure(s) and immediately or as soon as feasible following the occurrence of any blood or OPIM spill, as well as at the end of the work shift if surfaces have become contaminated since the last cleaning. Material used for decontamination includes the following:

4.1.2.5.1.1 Chlorine bleach in properly labeled spray bottles noting one to 10 solution for decontaminating surface. Diluted solutions must be changed daily.

4.1.2.5.1.2 EPA approved, tuberculocidal, viricidal disinfectant cleaner.

4.1.2.5.1.3 All housekeeping bins, pails, cans, waste containers, and similar receptacles and cleaning equipment are to be inspected following each use, and cleaned and decontaminated as necessary by the user. The building custodial supervisor is responsible for weekly monitoring of this equipment to ensure compliance.

4.1.2.5.1.4 Broken glassware which may be contaminated with blood or OPIM

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

will be picked up with dustpans and hand brooms to avoid personal contact.

4.1.2.5.1.5 Proper disposal of trash that contains body wastes and sharp objects. Containers with plastic liners may be used for disposal of refuse that contains blood or body fluid waste. Sharp objects must be placed for disposal in closable containers that are puncture-resistant and leak-proof on sides and bottoms.

4.1.2.5.1.6 Dispose of all regulated waste (potentially infectious materials) in accordance with applicable Utah regulations.

5 LAUNDRY PROCEDURES

5.1 All laundry will be considered as if contaminated with blood or other potentially infectious material and will be handled as little as possible, using universal precautions and protective gloves.

5.1.1 Contaminated laundry should be bagged or placed in a container at that location but not sorted or rinsed where it is used.

5.1.2 Soiled laundry will be washed on-site in hot water with detergent and disinfectant solution, and dried in a dryer on the "hot" setting.

5.1.3 Student's personal clothing items replaced because they are soiled with urine, feces, vomit, etc., will be handled with precautions, individually bagged and sent home with the student for home care. Soiled items that are visibly contaminated with blood or OPIM, or items that are soiled as the result of an incident that may have contaminated the item with blood or OPIM, will be handled with precautions and sealed in a heavy-duty plastic bag, or double bagged, before being sent with the student for home care.

6 EXPOSURE INCIDENTS, POST EXPOSURE EVALUATION, HEPATITIS B VACCINATION.

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

- 6.1 Thoroughly wash the affected area immediately in soap and warm water. If affected area is the eye, mouth, or nose, flush the area with large quantities of water.
- 6.2 Reporting: All exposure incidents as defined by the OSHA standard must be reported to the school director, supervisor, or his/her designee immediately or before the end of a work shift. The director or supervisor must determine if an actual exposure has occurred. If it is an actual exposure, or in case of doubt, the incident will be written up on the "incident form" and given to the school nurse for evaluation and/or acting, as defined in the standard.
 - 6.2.1 Exposure incident reports are to contain the following:
 - 6.2.1.1 Name of all first aid providers, documentation of the route of exposure, date and time, and the circumstances under which the exposure incident occurred.
 - 6.2.1.2 A written description of the employee's duties as they relate to the exposure incident.
 - 6.2.1.3 Identification and documentation of the source individual, including consent for blood testing to determine HBV and HIV infectivity. If consent cannot be obtained, the school health nurse will document the reason that legally required consent cannot be obtained.
 - 6.2.1.3.1 When the source individual is already known to be infected with HBV or HIV, testing will not be repeated. This information will be provided with the written consent of the source individual.
 - 6.2.1.3.2 Results of the source individual's tests are made available to the exposed employee along with the applicable laws and regulations concerning disclosure of the identity and infectious status.
 - 6.2.1.3.3 All employee health records relevant to the appropriate treatment of the employee, including vaccination status.
- 6.3 Hepatitis B Vaccine: As authorized and approved by the Institutional Council, USDB offers the Hepatitis B vaccine and vaccination series at no cost to those designated employees who are considered to have occupational exposure, and

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

offered and made available in conjunction with post-exposure follow-up for all other employees who have an occupational incident involving blood OPIM.

- 6.3.1 The Hepatitis B vaccination series shall be made available after the employee has received the training required, and within 10 working days of initial assignment, to those employees designated as having occupational exposure, unless the employee has previously received the complete Hepatitis B vaccination series, or antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.
- 6.3.2 The vaccine is administered by the local health department according to the recommendations of the U.S. Public Health Service.
- 6.3.3 The Hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. The second injection should be given one month after the first, and the third injection in six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the Hepatitis B virus. Booster shots may be required at some point in the future.
- 6.3.4 Employees also have the option of refusing the Hepatitis B vaccine and vaccination series. They must sign a waiver documenting their refusal and that they understand the significance of their action. The employee may reconsider his/her declination and must then be given the vaccine upon request.

7 MEDICAL EVALUATION OF EXPOSURE INCIDENTS

- 7.1 Medical evaluation of exposure incidents and follow-up will be accomplished by referral to a local professional medical facility.
- 7.2 Information provided to the professional:
 - 7.2.1 A copy of this regulation
 - 7.2.2 A copy of the Incident Form
 - 7.2.3 Results of any testing
 - 7.2.4 Medical records relevant to appropriate treatment including vaccination status.

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

- 7.3 The exposed individual's blood will be collected by the medical facility within 24 hours of the exposure incident.
 - 7.3.1 The exposed employee will be offered the option of having his/her blood collected for testing for baseline HIV/HBV status. In the event that the employee does not consent to HIV serological testing, the blood sample will be preserved by the laboratory for 90 days to allow the employee to decide if he/she wants the blood test.
 - 7.3.2 The source individual's blood will be tested for HBV/HIV status, with written consent, unless written documentation of current status is provided by the source individual's health care provider.
 - 7.3.2.1 Confidential medical evaluation and counseling of the exposed employee regarding any medical conditions resulting from the exposure to blood or OPIM that require further evaluation or treatment. Follow up post exposure prophylaxis.
 - 7.3.2.2 A written opinion will be provided to the superintendent or his/her designee by the medical team.
 - 7.3.2.2.1 Whether HBV vaccination is indicated for the employee and if the employee has received the initial dose of such vaccine.
 - 7.3.2.2.2 His or her written opinion for post-exposure follow-up consisting of the following information:
 - 7.3.2.2.2.1.1 A statement that the employee has been informed of the results of the evaluation; and a statement that the employee has been told about any medical condition resulting from exposure to blood or other potentially infectious material which require further evaluation or treatment. (All other findings or diagnoses shall remain confidential and shall not be included in the written report).

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

8.1 Comprehensive health records will be kept in a locked file, secured to protect the employee's right to privacy. Access to these records is restricted to the superintendent and the school health nurse.

8.1.1 These records shall contain the following information:

8.1.1.1 The name and social security number of the employee

8.1.1.2 A copy of the employee's HBV vaccination status, including the dates of vaccination.

8.1.1.3 Any medical records relative to the employee's ability to receive vaccination.

8.1.1.4 Documentation of informed consent or refusal of HBV vaccination.

8.1.1.5 A copy of the information provided to the medical facility taking the referral, including all exposure incident reports.

8.1.1.6 A copy of the physician's written opinion following a post-exposure medical evaluation for blood borne pathogens.

8.1.2 Follow-up Management of Post-Exposure Evaluation The school health nurse shall obtain and provide the employee with a copy of the evaluating physician's written professional opinion within 15 days of the completion of the evaluation.

8.1.2.1 Confidentiality Information contained in the employee health record will not be disclosed or reported without the employee's expressed written consent to any person within or outside the work place except as required by law. The record will be maintained for at least the duration of employment plus thirty years.

9 EMPLOYEE INFORMATION AND TRAINING

9.1 Employee Training Prescribed training is provided to all school employees, with occupational exposure, at the time of initial employment and annually thereafter. The training is tailored to the educational and language level of the employee and offered during the normal work shift, at no cost. The training addresses the components listed and allows time for interactive participation with questions and answers.

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

9.1.1 Training Records Training records will be kept in the employee record file and will be maintained for three years from the date of training. The training records document the following information:

9.2 Dates and school site of each session.

9.2.1 Content outline of the training provided.

9.2.1.1 An accessible copy of the regulatory test of this standard and an explanation of its contents;

9.2.1.2 A general explanation of the epidemiology and symptoms of blood borne diseases;

9.2.1.3 An explanation of the modes of transmission of blood borne pathogens;

9.2.1.3.1 An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

9.2.1.3.2 An explanation of the appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials;

9.2.1.4 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.

9.2.1.4.1 Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

9.2.1.4.2 An explanation of the basis for selection of personal protective equipment;

9.2.1.5 Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

- 9.2.1.6 Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- 9.2.1.7 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.
- 9.2.1.8 Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- 9.2.1.9 An explanation of the signs, labels, and/or color coding required;
- 9.2.1.10 An opportunity for interactive questions and answers with the person conducting the training session.
 - 9.2.1.10.1 Name(s) and qualification(s) of the person(s) conducting the session.
 - 9.2.1.10.2 Name, social security number, job title, and school work site of all persons attending the training session.
- 9.2.2 Availability All employee records will be made available to the employee in accordance with 29CFR 1910.20.
 - 9.2.2.1 All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.
 - 9.2.2.2 Transfer of Records If this facility is closed, or there is no successor employer to receive and retain the records for the prescribed period, the director of the National Institute for Occupational Safety and Health (NIOSH) shall be contacted for final disposition.

10 DEFINITION OF TERMS:

- 10.1 **Blood** means human blood, human blood components, and products made from human blood.

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

- 10.2 **Blood borne pathogens** means pathogenic micro-organisms present in human blood which can cause disease in humans. These pathogens include Hepatitis B Virus (HBV) and Human Immuno-Deficiency Virus (HIV).
- 10.3 **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on any item or surface.
- 10.4 **Contaminated laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharp objects.
- 10.5 **Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- 10.6 **Engineering control** means controls (e.g., sharp objects disposal containers, self-sheathing needles) that isolate or remove blood borne pathogens hazard from the workplace.
- 10.7 **Exposure incident** means a specific eye, mouth, or mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 10.8 **Occupational exposure** means reasonably 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.
- 10.9 Other potentially infectious materials are:
- 10.9.1 The following human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- 10.9.2 Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- 10.9.2.1 HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 10.9.2.2 **Parenteral** means piercing mucous membranes or the skin barrier by needle sticks, human bites, cuts, and abrasions.

UTAH SCHOOLS FOR THE DEAF AND THE BLIND

- 10.9.2.3 **Regulated waste** means 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 are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharp objects, and pathological and microbiological wastes containing blood or other potentially infectious materials.
- 10.9.2.4 **Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 10.9.2.5 **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 blood borne pathogens.
- 10.9.2.6 **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.
- 10.9.2.7 **Exposure Control/Exposure Control Plan:** Each employer having an employee(s) with occupational exposure shall establish a written Exposure Control Plan designated to eliminate or minimize employee exposure.

11 **EXPOSURE CONTROL PLAN IMPLEMENTATION AND REVIEW**

11.1 Program Review The superintendent or his/her designee and school nurse are responsible for annually reviewing this program and for updating the program as needed.

Title: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN	
Authority	Effective Date: 02/08/94
Administrative Staff Institutional Council	Revisions