

**MARIETTA CITY SCHOOLS
BLOODBORNE PATHOGENS CONTROL PROCEDURES**

These procedures address and provide implementation instructions to satisfy the OSHA requirements as identified in 29 C.F.R.1910.1030 of the Occupational Safety and Health Administrations regulations. It establishes the District's Exposure Control Plan to eliminate, minimize and or reduce employee exposure to blood or other potentially infectious substances.

Employees must be aware of these procedures and act in strict compliance to help assure as little risk of exposure as possible. Disciplinary measures, consistent with Union agreements, the District's Safety Policy and OSHA regulations, will be enforced to their fullest where employee noncompliance is established.

Definitions

The following set of definitions is of selected terms used in this procedure:

1. BLOOD—human blood, human blood components and products made from human blood
2. BLOODBORNE PATHOGENS—pathogenic microorganisms present in blood which can cause disease in humans; includes Hepatitis B virus (HBV) and human immunodeficiency virus (HIV)
3. BUILDING FIRST AID—medical attention provided by an authorized employee to another employee or student in a manner consistent with these procedures
4. CONTAMINATED—presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
5. CONTAMINATED LAUNDRY—laundry soiled with blood or other potentially infectious materials on an item or surface
6. CONTAMINATED SHARPS—any contaminated object that can penetrate the skin; i.e. needles, scalpels, broken glass or broken capillary tubes
7. DECONTAMINATION—use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on an item or surface such that they are not capable of transmitting infectious particles and the item treated is safe for handling, use or disposal
8. EMPLOYEE—individuals engaged in furnishing services subject to the direction and control of a public employer
9. ENGINEERING CONTROLS—controls (i.e. sharps containers, self-sheathing needles) which isolate or remove a bloodborne pathogen hazard from the work place

10. EXPOSURE INCIDENT—a specific eye, mouth or other mucous contact with blood or other potentially infectious materials resulting from the performance of an employee’s duties
11. HAND WASHING FACILITIES—a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines
12. LICENSED HEALTH CARE PROFESSIONAL—person whose legally permitted scope of practice allow them to independently perform the activities required by Hepatitis B Vaccination and Post-Exposure Evaluation and follow-up
13. LONG TERM SUBSTITUTE—an employee assigned for 60+ consecutive work days in one position in one year
14. OCCUPATIONAL EXPOSURE—a reasonable anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employees duties
15. OTHER POTENTIALLY INFECTIOUS MATERIALS
 - a. The following human body fluids: semen, vaginal secretions, cerebrospiral fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids where it is difficult of impossible to differentiate between body fluids
 - b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
 - c. HIV containing cell or tissue cultures, organ cultures and HIV or HBV containing culture medium or other solutions
16. PARENTERAL—piercing mucous membranes or other skin barrier through such events as needle sticks, human bites, cuts and abrasions
17. PERSONAL PROTECTIVE EQUIPMENT—specialized clothing or equipment worn by an employee for protection against a hazard (does not include general work clothes)
18. REGULATED WASTE—liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing infectious materials
19. SOURCE INDIVIDUAL—any individual, living or dead, whose blood or other potentially infectious materials may be a source of an occupational exposure to the employee
20. STERILIZE—use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores
21. UNIVERSAL PRECAUTIONS—an approach to infection control which includes the treatment of all human blood and certain other human body fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens
22. WORK PRACTICE CONTROLS—controls that reduce the likelihood of exposure by altering the manner in which a task is performed

23. VOLUNTEER—a Board of Education approved volunteer having received appropriate training and completed the Boards volunteer approval procedures

EXPOSURE CONTROL PLAN CRITERIA

The School District's Exposure Control Plan is designed to eliminate or minimize exposure of employees to blood or other potentially infectious materials. The Plan contains the following elements:

- I. General Provisions
- II. Control Methods
- III. Exposure Incidents Provisions
- IV. Plan accessibility and review procedures
- V. Employee Training

I. GENERAL PROVISIONS

1. UNIVERSAL PRECAUTIONS--apply to all personnel who provide first aid to handle any potentially infectious materials. All employees designated as expected to have occupational exposure shall follow universal precautions as set forth in this District's Bloodborne Pathogens Procedures standard. Generally, all employees shall use extreme caution if it is anticipated that an occupational exposure may occur. Precautions would include: following appropriate preventative procedures, using proper personal protective equipment, reporting the incident to the proper individuals, completing the appropriate documents and forms and follow-up if any discrepancies exist.
2. WORK PRACTICE CONTROLS--are to be followed in conjunction with universal precautions. All employees in job classifications identified to have occupational exposure shall engage in required work practice controls to eliminate or minimize exposure. The Safety Committee shall evaluate whether, after the implementation of the work practice controls set forth in the Exposure Control Plan, occupational exposure remains. Where an exposure determination is made, the district will provide personal protective equipment as detailed in the Exposure Control Plan.
3. PERSONAL PROTECTIVE EQUIPMENT—shall be provided where occupational exposure is determined by the Safety Committee. Personal Protective Equipment includes: gloves, gowns, masks, mouthpieces and other items as may be identified by the Safety Committee. Personal protective equipment must meet applicable OSHA requirement.

4. **HOUSEKEEPING**—The Safety Committee shall adopt an appropriate written schedule for the cleaning and decontamination of all facilities, grounds and equipment. The schedule shall address the area to be maintained, type of surface to be cleaned, the type of cleaning materials to be used and the general job tasks required to perform the tasks. See also, Facility Cleaning.
5. **HEPATITIS B VACCINATION/POST EXPOSURE EVALUATION FOLLOW-UP**—The school employee having an occupational exposure to blood as identified in the Exposure Control Plan Employee Schedule or to other potentially infectious materials, as identified in the Exposure Control Plan, shall be offered Hepatitis B vaccination and vaccination series post exposure evaluation and follow-up. The Safety Committee shall ensure these services are provided or supervised by a LICENSED physician or health care professional. All laboratory tests will be conducted by an accredited laboratory.
6. **RECORD KEEPING**—The Safety Committee shall oversee the maintaining of employees records concerning occupational exposure and training. These records shall be kept and made available in accordance with the Exposure Control Plan.

II. CONTROL METHODS FOR BLOOD AND INFECTIOUS MATERIALS

A. Engineering Controls

The following controls will be utilized at each facility:

SHARPS CONTAINERS—will be located in the nurses' station or Administrative Offices in each facility. The nursing staff is responsible for removing sharps materials on an as-needed basis and their disposal in accordance with applicable procedures and regulations. Warning labels are to be affixed to all primary and secondary containers and any cabinet or enclosure containing human blood or other potentially infectious materials. Labels shall contain the biohazard legend and be of fluorescent orange-red or predominately so, with lettering or symbols in a contrasting color. The label shall also state what the infectious material is. The actual containers shall be of puncture resistant materials and leak proof on the sides and bottom. Reusable containers shall be cleaned and disinfected in accordance with applicable methods as outlined in these procedures.

B. Work Practice Controls

The following work practice control measures will be strictly adhered to in all facilities:

HAND WASHING—HAND WASHING facilities shall be available in each facility in designated areas and are to be used in accordance with universal Precautions. Some areas will be

provided with antimicrobial soap, disposable hand towels and running potable water. These areas are: nurse's station, kitchens, employee restrooms and other areas as designated by the Safety Coordinator. All other restrooms and areas with HAND WASHING facilities shall have a quality hand soap, disposable hand towels and running potable water. The custodial staff shall fill the dispensing units daily and check on their operations and supplies daily.

Where HAND WASHING is not feasible, an adequate supply of either antiseptic hand cleaner in conjunction with clean cloth or paper towels or antiseptic towelettes shall be on hand and readily available to staff. Whenever antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Following the removal of any piece of personal protective equipment which has contacted blood or other potentially infectious material, employees shall wash hands and any other appropriate body areas with soap as soon as feasible.

NEEDLES—contaminated needles and other sharps will not be bent, recapped, removed, sheared or purposely broken unless the medical procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

WORK AREA RESTRICTIONS—in facility areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees may not eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. These areas are: nurses' stations, designated school office areas or other rooms as designated and labeled by the Safety Coordinator. Food and beverages may not be kept in refrigerators, freezers, cabinets or on counter tops where blood or other potentially infectious materials are likely to be present. All procedures involving blood or other potentially infectious materials will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.

PERSONAL PROTECTIVE EQUIPMENT—is provided at no cost to the employees and will be chosen for use based on the anticipated exposure to blood or other potentially infectious materials. The protective clothing and or materials shall be provided in the following manner:

Custodial employees will have equipment supplied by their supervisor and will be kept in their individual closets or storage rooms. All other employees may receive supplies or equipment from the office Secretary or the school's nurse. All supplies and materials will be purchased by the Safety Coordinator and warehoused at the Central Receiving Warehouse.

Disposable latex gloves shall be worn where it is reasonably anticipated school employees will have direct contact or where they will be cleaning surfaces soiled with blood or other potentially infectious materials, non intact skin and/or mucous membranes. The gloves **MAY NOT BE WASHED OR DECONTAMINATED FOR REUSE.**

Masks, goggles, face shields or glasses with side shields are required to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination is reasonably anticipated.

Lab coats, gowns, aprons, shoe covers and head covers should be used if there is a serious potential for contamination of the employee's clothing during the delivery of first aid. Plastic CPR mouthpieces are also available for use during mouth-to-mouth resuscitation. Bio-hazard kits are available from the school office for use in extreme situations where emergency first aid must be given and time does not permit normal procedures to be rendered. These kits will contain all safety and health materials as required by OSHA regulations.

C. Housekeeping, regulated waste disposal and laundry procedures

The following guidelines will be strictly adhered to by all employees:

FACILITY CLEANING—will be done daily by trained custodial personnel in the manner prescribed by their supervisor. Hospital grade disinfectants and germicides will be used daily in the following areas to minimize the potential for disease transmission: all restrooms, kitchens, designated school office areas, cafeterias, nurses' stations and in any area where it is reasonable to anticipate the presence of blood or other potentially infectious materials. Bleach will not be used when other approved chemicals are available from the Head Custodian.

Contaminated broken glass and/or other similar materials that are considered contaminated must be placed in sharps containers for disposal. Broken glass will not be picked up directly with the hands but a mechanical device shall be used to minimize employee exposure.

All potentially infectious waste (including vomit) shall be placed in a red plastic bag, sealed and disposed of in accordance with applicable OSHA, Federal, State or Local regulations. For unique or unusual situations, the employee will contact the Safety Coordinator for instructions on handling potentially infectious materials.

Contaminated laundry shall be placed in red plastic bags, sealed and sent to an appropriate commercial cleaner for proper handling under the direction of the Safety Coordinator. Contaminated equipment (i.e. nurses' equipment, objects contaminated during the work day) shall be decontaminated as needed by the nursing staff. In the event the nurse is unavailable when a decontamination procedure is required, the Building Administrator is responsible for taking charge of the situation. Equipment that has been contaminated shall be so labeled until such time as decontamination occurs.

Student clothing, contaminated with blood or other potentially infectious materials, shall be kept in a designated secure space until the parent or legal guardian retrieves it. Articles not picked up within 14 days shall be discarded.

III. Hepatitis B Vaccine

The following procedures are for employees anticipated as having occupational exposure per this Bloodborne Pathogen Exposure control Plan. Said employees will be offered the

Hepatitis B vaccine at no cost to the employee. The vaccine will be offered within 10 days of the employee's initial job assignment which involves the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity. Employees may, at their option, waive the Hepatitis B vaccine but MUST sign a declination form each time the vaccine is offered. Employees electing to receive the Hepatitis B vaccine shall sign a request for vaccination and release of liability before being vaccinated.

In the event an employee has rendered assistance in a situation involving the presence of blood or a potentially infectious material, he/she shall complete a report form and submit it to the Building Administrator and the Safety Coordinator by the end of their work shift. The report shall contain the following information:

- a. names of all people involved
- b. brief description of incident and (time, date, location)
- c. reason for believing situation to be an exposure incident

A copy of C.F.R. 1910.1030 shall be provided any physician/health care professional who administered Hepatitis B vaccine to a District employee. See Post Exposure Evaluation and Follow-up for more detailed information.

IV. Employee Exposure Determination

The Safety Committee shall meet as needed but at least annually to prepare and /or review exposure determinations and affected classifications or employees. The Committee shall review, assess and revise, where necessary, ALL employee job descriptions for exposure determinations that are required under the Bloodborne Pathogens Standards and listed in the Exposure Control Plan Employee Schedule.

The Committee shall make available upon request to employees or representatives of the ODIR (Ohio Department of Industrial Relations) all exposure determinations. These determinations are made without regard to the use of personal protective equipment.

POST EXPOSURE EVALUATION AND FOLLOW-UP

An occupational exposure incident occurs when an employee's eye, mouth, other mucous membrane or non-intact skin comes in contact with blood or other potentially infectious materials.

All employees who incur an occupational exposure incident will be offered post-exposure medical evaluation by a LICENSED physician or health care professional. This evaluation shall occur on the same day as the occupational exposure incident or as soon thereafter as possible at a nearby designated physician's office or medical facility. The employee must coordinate these procedures with the Building Administrator.

The employees will also be offered post-exposure follow-up including the following:

- a. documentation of the route of exposure and the circumstances related to the incident using the District's Exposure Incident Report form
- b. the identification of the source individual if possible and any test results after the source individual is apprised of their rights
- c. the employee will be offered the option of having their blood collected for testing for HIV/HBV serological status. The sample shall be preserved for 90 days to allow the employee to decide if they want their blood to be tested
- d. the employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service
- e. the employee will be given appropriate counseling by a physician or licensed health care provider concerning precautions to take during the period after the occupational exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

INTERACTION WITH HEALTH CARE PROFESSIONALS

In evaluating a school employee after an exposure incident the chosen physician or health care professional shall be provided with:

- a. a copy of 29 C.F.R. 1910.1030
- b. employee's job duties
- c. copy of exposure incident report
- d. blood tests results if available
- e. copy of employee's school medical records

Within 15 days of the completion of the evaluation, a written opinion shall be obtained from the health care professional evaluating employees, whenever they are examined following an exposure incident. The opinion shall include that the employee has been informed of any medical conditions resulting from exposure to blood and the employee has been informed of the results of the evaluation. All other findings or diagnosis shall remain confidential and not be included in the report. A copy shall be provided to the employee.

V. Employee Training

It is certainly the intent of this procedure to ensure that every Board of Education employee be given appropriate training, specific to their assigned tasks, prior to their commencing work. In accordance with this Procedures Employee Exposure Control Schedule, employees identified as having an anticipated risk of occupational exposure shall be required to attend an annual refresher course specific to their job related potential for exposure. All other employees shall attend an annual refresher in-service in their assigned facility with 30 days of the beginning of the school session. **THESE TRAINING PROCEDURES ARE ABSOLUTELY MANDATORY AND NO EMPLOYEE SHALL COMMENCE WORK WITHOUT COMPLETING THE PROPER TRAINING REQUIREMENTS FOR THEIR SPECIFIC ASSIGNMENT.** The Safety Coordinator and building Administrator shall cooperatively ensure these procedures are followed to their fullest. An attached training agenda, specific to the needs of our employees and their general duty assignments, shall be reviewed at least annually by the Safety Committee.

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