

EXPOSURE CONTROL PLAN

Policy

It is the policy of the Trumbull Board of Education to limit or eliminate occupational exposure to communicable infectious diseases caused by bloodborne pathogens. Personnel of the Trumbull Public Schools who are in positions where it can be reasonably anticipated that continuous and consistent exposure to blood or other body fluids, or other potentially infectious material may occur, will be protected by providing safe and hygienic workplaces, appropriate protective equipment, training, and immunizations in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard.

It is also the policy of the Trumbull Board of Education to follow the exposure control procedures recommended by the Town Safety Committee.

Reference

- OSHA Bloodborne Pathogens Standard – 29CFR 1910-1030
- Connecticut General Statutes 89-246+
- P.A. 80-405, AN Act Concerning Equal Opportunities for Public School Students
- 56 Federal Register Reg. 64-0904 (December 6, 1991)

Adopted: 11/17/92
Revised: 04/29/03

Guidelines

Occupational Exposure Determination

Job classifications and tasks/procedures where it can be reasonably anticipated that an exposure to blood or other body fluids, or other potentially infectious materials may occur.

Class I: Job Classification – that in which first aid is a job requirement:

- Nurses
- Substitute Nurses
- Coaches/Intramural Staff
- School Health Aide

Class II: Job Classification – that in which a possibility of exposure to blood, body fluids or tissues exists - i.e. employees who are involved in diapering/toileting of students capable of having their menses or who are sperm producing:

- Identified Special Education Teachers’
- Paraprofessionals (including recess aides)

Class III: Job Classification – that in which no emergency action by job description is required and in which proper precautions can be taken to provide protection against exposure:

- Teachers/Custodians
- Speech/Language Pathologists
- Bus Drivers
- Administrators
- Cafeteria Workers
- Guidance
- Office Staff

Methods of Compliance to Minimize the Spread of Pathogens

Universal precautions will be observed in this school system in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious. Blood, vaginal secretions and semen are considered to be known risks. Saliva, vomitus, urine, stool, and tears are not considered to be known risks. Refer to Appendix A.

Transmission Concerns in the School Setting:

<u>Body Fluid – Source</u>	<u>Organism of Concern</u>	<u>Transmission Concern</u>
BLOOD		
- cuts/abrasions	Hepatitis B Virus	Blood stream inoculation through cuts and abrasions
- nosebleeds		on hand
- menses	AIDS Virus	
- contaminated needle	Cytomegalovirus	Direct blood inoculation

*FECES - incontinence	Salmonella bacteria Shigella bacteria Rotovirus Hepatitis A Virus Giardia	Oral inoculation from contaminated hands
URINE - incontinence	Cytomegalovirus	Bloodstream and oral inoculation from contaminated hands
RESPIRATORY SECRETIONS - saliva - nasal discharge	Mononucleosis Virus Common cold Virus Influenza virus	Oral inoculation from contaminated hands
*VOMITUS	Gastrointestinal Viruses (e.g. Norwalk Agent Rotovirus)	Oral inoculation from contaminated hands
SEMEN	Hepatitis B Virus AIDS Virus Gonorrhea	Sexual contact (intercourse)

*Possible transmission of AIDS and Hepatitis B is of little concern from these sources unless blood or inflammation is present.

Handwashing Facilities: Handwashing facilities shall be readily accessible to employees in each clinic area. When provision of handwashing facilities is not feasible, antiseptic towelettes will be provided. When antiseptic towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Hands shall be washed before and after patient care.

Hands shall be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Employees shall wash hands and any 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, other potentially infectious materials, or body secretions or excretions. Refer to Appendix B.

Engineering and Work Practice Controls:

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees in this school system. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized. (Refer to page 4 of 7, Personal Protective Equipment.)

Sharp Containers:

Contaminated needles or sharps shall not be recapped or bent and shall be placed in a puncture resistant, leak proof container. The disposal of sharps shall be in a properly labeled (with the biohazard symbol) sharps container. This container is sealed when close to full and disposed of by a licensed medical waste disposal company.

Personal Protective Equipment

Personal protective equipment shall be provided to and used by employees whenever it can be reasonably anticipated that the employee will have contact with blood or other potentially infectious materials.

Disposable Gloves: Disposable gloves are available in the nurse's office for all employees at risk for exposure, for use at their discretion. Contaminated gloves shall be removed in a manner that prevents the spread of pathogens from gloves to the employee's skin surface. Refer to Appendix C.

Utility Gloves: Utility gloves are available for all housekeeping and other staff from the custodian. They are to be checked for cracks before each use, replaced as necessary, and decontaminated after each use.

Face Protection: Face protection is available in the nurse's office in the form of goggles and masks. These are to be used when potential splashes, sprays, splatters or droplets of infectious materials pose a hazard. Refer to Appendix C.

Gowns and Aprons: Gowns and aprons are also available in the nurse's office for such potential hazards as listed above. Refer to Appendix C.

CPR Microshields: CPR microshields are available in the nurse's office and all emergency first-aid boxes. CPR shields will be used when artificial respiration is required.

Housekeeping

All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Disinfectants: A 1:10 solution of household bleach and water can be used. The solution should be left on the surface for 10 minutes before rinsing the area. Any EPA registered germicide can be used.

Dry Absorbents: The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag.

Broom and dustpan should be washed in a disinfectant. Disposable gloves should be worn.

Broken Glassware: Broken glassware that may be contaminated may not be picked up directly with the hands. Instead, it must be swept up with a dustpan and brush. The broken glass should then be placed (not dropped) into a disposal container. Brush and dustpan should be washed in a disinfectant. Utility gloves should be worn.

Disinfection of Rugs: Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush, and vacuum. Wash dustpan and broom in a disinfectant. Disposable gloves should be worn.

Laundry: Laundry contaminated with blood and other potentially infectious materials shall be handled as little as possible, with the use of disposable gloves and gowns if necessary. Contaminated laundry belonging to students or other personnel shall be placed in a red plastic bag and sent home for laundering as follows: contaminated clothing should be washed separately from other items. Pre-soaking may be required for heavily soiled items. Otherwise, wash and dry as usual. If the material is bleachable, add ½ cup of household bleach to the wash cycle.

Hepatitis B Vaccination:

All employees identified under Class I and II under Job Classifications in this plan shall be offered the HBV, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure. These personnel shall either receive the vaccination series unless the employee has previously received the complete HBV series or signs a waiver declining the HBV series. The employee can at a later date accept the HBV series.

Post Exposure Evaluation and Follow-Up:

Any employee who experiences an exposure incident with blood or other potentially infectious materials should first wash with soap and water. They should then immediately report the contact to the school nurse and complete the Exposure Incident Report. Refer to Appendix D. The School Medical Advisor will then evaluate the incident. Upon the Medical Advisor's recommendation the employer shall make available a confidential medical evaluation and follow-up counseling. A blood test is recommended within 48 hours of the incident. The source's blood should also be tested after consent is obtained. The blood test would be at no cost to those involved. The exposed employee has the right to refuse blood collection and/or testing. If the exposed employee gives consent for blood collection but not HIV testing, the blood is kept for ninety (90) days, during which time the employee can choose to have the sample tested. When at all possible, the exposed employee is informed of the results of the source individual's blood testing and the applicable laws governing disclosure of this information.

The School Medical Advisor shall render a written opinion to the Assistant Superintendent for Personnel and Employee relations within fifteen (15) days of completion of the evaluation and shall provide the employee a copy of the written opinion.

The Medical Advisor's written opinion shall include the following:

- Whether Hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination.
- That the employee has been told of the results of the evaluation and about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written opinion.

Record – Keeping:

Medical Records: The Health Department shall establish and maintain an accurate medical record for each employee with an occupational exposure.

Medical records shall include:

- Employee's name and social security number
- Employee's Hepatitis B vaccination status including the dates of vaccination and any medical records relative to the employee's ability to receive vaccination.
- A copy of the results of all medical testing, follow-up procedures, physician's written opinion, and information provided to the physician in the event of an exposure incident.

Medical records shall be confidential and not disclosed or reported without the employee's express written consent to any person within or outside of the Health Department except as may be required by law.

Medical records shall be maintained by the health Department for at least the duration of employment plus thirty (30) years.

Information and Training:

The entire Exposure Control Plan is available either in the school nurse's office or principal's office for the employees to read. Training for all school staff will be held annually for all new employees.

Training elements will include:

1. An explanation of the contents of the regulatory standard.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the employer's exposure control plan.
4. An explanation of the modes of transmission of bloodborne pathogens.
5. An explanation of appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure (handwashing, gloving, universal precautions).
7. Information on the types, proper use, location, removal, handling decontamination and disposal of personal protective equipment.
8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
9. An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the follow-up that will be made available.
10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
11. An opportunity for interactive questions and answers with the person conducting the training session.
12. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated is available in the nurse's office; however, the vaccine and vaccination will be offered free of charge to those who are identified as at risk.

Guidelines for Students

The Trumbull Board of Education intends to limit or eliminate student exposure to communicable infectious diseases caused by bloodborne pathogens. No student should be permitted to come in contact with the blood and/or body fluids of another student and/or school personnel.

1. No student should be asked to escort another student to the nurse's office when he/she may be at risk of contact with the blood and/or body fluids of the affected student.
2. No student should be asked to participate in the clean up of spilled body fluids.
3. Instruction concerning and reinforcement of this policy should be given to students K-12 by school personnel, i.e.:
 - a. Classroom teacher
 - b. P.E./Health Teacher
 - c. School Nurse
 - d. Coaches (Interscholastic/Intramural)
 - e. Student Trainer/Manager
4. Notification shall be made to the parent/guardian of a student believed to have come in contact with any blood and/or body fluids of another individual, and a recommendation shall be made that said student consult his/her physician.
5. It is required that the above, *Guidelines for Students*, be included in the Student/Parent Handbook at each school.

UNIVERSAL PRECAUTIONS

Procedures for Handling Spilled Blood and Body Fluids

STEP 1: Wash hands and put on disposable gloves (latex, vinyl) or heavy-duty lined latex gloves (for custodians). Wear disposable gloves if you have an open sore or cut on your hands.

STEP 2: Use paper towels to absorb spills.

STEP 3: Place used towels in a leak-proof plastic bag. (extensive spills – use RED plastic bag).

STEP 4: Flood area with bleach solution*, alcohol, or a dry sanitary absorbent agent.

STEP 5: Clean area with paper towels, vacuum, or broom and dustpan.

STEP 6: Place used towels, vacuum cleaner bag, or waste in a leak-proof plastic bag.

STEP: 7: Remove gloves – pull inside out.

STEP 8: Place used gloves in bag and tie.

STEP 9: Wash hands with soap and water for at least 10-15 seconds

*Bleach solution = 1 part bleach to 10 parts water

HANDWASHING

DEFINITION: Cleansing the hands by the use of soap and water and vigorous washing under running water for approximately 10-15 seconds.

PURPOSE: To reduce the number of disease causing organisms on the hands; to prevent the spread of infectious disease.

PROCEDURE

1. Handwashing should be done by everyone, before and after any physical contact with the injured party, and after wearing disposable gloves, before and after handling procedural equipment, before eating, after handling any bodily fluids, before and after going to the bathroom, before and after cleaning body fluid spills.
2. Remove all jewelry on hands and wrists (rings, watches, bracelets, etc.)
3. Water should be running continuously during entire procedure.
4. Wet hands, pump soap from dispenser and work into lather over hands and wrists.
5. Wash all surfaces of hands, fingers and at least 2 inches above the wrists, using a rotation motion and friction as you wash. Use a nailbrush or orangewood stick to thoroughly clean nails.
6. Rinse thoroughly under running water-holding hands lower than elbows.
7. Dry hands thoroughly with paper towels, drying from fingers to forearms.
8. Use paper towels to turn off faucet and discard towels in waste container.

PROPER TECHNIQUE FOR REMOVAL OF CONTAMINATED GLOVES

To remove soiled gloves without touching contaminated surface with bare hands:

1. With gloved right hand, pinch palm of glove on left hand and pull left glove down and off fingers. Form left glove into a ball with right hand and hold in fist of right hand while removing right glove as follows:
2. Insert two (2) fingers of left ungloved hand under inside rim of right glove on palm side.
3. Push glove out and down onto fingers and over left glove without touching outside of glove.
4. Grasp gloves, which are now together and inside out, with left hand and remove from right hand.
5. Discard gloves appropriately.
6. Wash hands.

PROPER TECHNIQUE FOR REMOVAL OF CONTAMINATED GOWNS AND MASKS

To remove soiled gowns and masks, remember that the outside surfaces of personal protective equipment are considered contaminated and proceed as follows:

1. With gloves on, untie the gown's waist strings, which are considered contaminated.
2. Remove and discard gloves. (See Proper Technique for Removal of Contaminated Gloves above.)
3. Untie mask, holding it only by the strings. Discard mask appropriately.
4. Untie the neck straps of the gown. Grasp the outside of the gown at the back of the shoulders and pull the gown down over your arms, turning it inside out as you remove it to insure containment of pathogens.
5. Holding the gown well away from your clothing, fold it inside out and discard it appropriately.
6. Wash your hands.

EXPOSURE INCIDENT REPORT

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Date of Report: _____

Name of Employee: _____ Job Classification: _____

Date/Time of Exposure Incident: _____ Work Location: _____

Name of Source Individual: _____ D.O.B.: _____

Address: _____ Phone #: _____

Explain completely the circumstances under which the Exposure Incident occurred including route(s) of exposure: _____

Signature of Employee Completing Report

THIS SECTION TO BE COMPLETED BY DIRECTOR OF HEALTH

Plan for Post exposure Evaluation & Follow-Up:

Physician Who Will Provide Post Exposure Evaluation and Follow-Up: _____

Facility Which Will Perform Testing of Employee's Blood: _____

Facility Which Will Perform Testing of Source Individual's Blood: _____

Explain here if legally required consent cannot be obtained: _____

Signature of Director of Health