

LINDENHURST UFSD

EXPOSURE CONTROL PLAN
(ECP)

REVISED September 2010

TABLE OF CONTENTS

I.	POLICY STATEMENT	1
II.	INTRODUCTION	1
III.	RATIONALE FOR AN EXPOSURE CONTROL PROGRAM.....	1-2
IV.	IMPORTANT INFORMATION FOR SCHOOL STAFF.....	2
V.	THE EXPOSURE CONTROL PLAN.....	3-13
	A. PROGRAM ADMINISTRATION	3
	B. EMPLOYEE EXPOSURE DETERMINATION.....	3-4
	C. PLAN IMPLEMENTATION AND CONTROL.....	5-11
	MEASURES	
	1. Universal Precautions	
	2. Labels/Symbols	
	3. Personal Protective Equipment	
	4. Housekeeping/Work Practices & Personal Hygiene	
	5. Standard Operating Procedures	
	6. Staff Education and Training	
	D. MEDICAL MANAGEMENT/EXPOSURE INCIDENT EVALUATION AND FOLLOW UP	11-12
	E. RECORDKEEPING REQUIREMENTS	13

APPENDIX LIST

- A. ENCOUNTER WITH BODY FLUIDS FORM
- B. EXPOSURE INCIDENT REPORT FORM
- C. MEDICAL PROVIDER'S STATEMENT
- D. MEDICAL RELEASE/DECLINATION OF POST EXPOSURE FOLLOW-UP
- E. HEPATITIS B VACCINATION ACCEPTANCE/DECLINATION FORM
- F. DESIGNATED OCCUPATIONALLY EXPOSED EMPLOYEES
- G. HEPATITIS B & C, HIV INFORMATION & HEPATITIS B VACCINATION PROGRAM
- H. TRAINING OUTLINE
- I. WASTE HANDLING AND DISPOSAL PROCEDURES
- J. HANDWASHING PROCEDURE
- K. MEDICAL MANAGEMENT AND EXPOSURE INCIDENT EVALUATION AND FOLLOW UP PROCEDURES
- L. OSHA 1910.1030 BLOODBORNE PATHOGENS STANDARD

I. POLICY

It will be the policy of the Lindenhurst Union Free School District to provide a safe and healthful work environment for our entire staff. The following **Exposure Control Plan** was developed to eliminate or minimize occupational exposure to Bloodborne Pathogens and to comply with the requirements of the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

II. INTRODUCTION

The **Lindenhurst Union Free School District** has developed an **Exposure Control Program** to provide a safe educational and community environment for employees, students and visitors.

The focus of the program is to promote the use of "**Universal Precautions**" and sound work hygiene practices when confronted with a situation in which blood or potentially infectious body fluids may be involved. The use of Universal Precautions and good work practices will eliminate or greatly reduce the transmission of infectious pathogens which include, but are not limited to, the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and the Human Immunodeficiency Virus (HIV).

The primary and secondary educational settings are not immune to the possibility of exposure to Bloodborne Pathogens. Exposure to HBV, HCV and HIV can be greatly reduced or eliminated through education, training, the proper use of universal precautions, Personal Protective Equipment (PPE), housekeeping and proper hygiene practices. These are effective means for eliminating all but the most remote chance of acquiring HBV, HCV or HIV.

There is a great deal of information available about the transmission of HBV, HCV, HIV and other communicable diseases. It is important that we take advantage of this information and the resources we have to minimize exposure. The application and maintenance of a sound education and training program incorporating **Universal Precautions, Standard Operating Procedures (SOP'S)** and the Hepatitis B vaccination program will be our best defense against possible exposure.

III. RATIONALE FOR AN EXPOSURE CONTROL PROGRAM

The rationale for an exposure control program is based on principles of cleanliness and routine procedures of sanitation and hygiene for preventing the transmission of infectious disease.

The transmission of most infectious diseases can be prevented by all school staff using **Standard Operating Procedures (SOP'S)**.

While blood is the most efficient vehicle for the spread of Bloodborne Pathogens, other body substances have been implicated in the transmission of the hepatitis B and HIV viruses such as semen, vaginal secretions, breast milk and some internal body fluids. Other body

substances not contaminated with blood, such as feces, urine, nasal secretions, sputum, sweat, tears and vomit, do not usually transmit Bloodborne Pathogens. However, they have the potential for being contaminated with other disease-causing organisms. It is recommended to use predetermined exposure control procedures in the handling of all body substances. Reasonable precautions used by staff members at all times eliminate or greatly reduces the individual's risk of illness from infectious organisms.

IV. IMPORTANT INFORMATION FOR SCHOOL STAFF

The school setting is a low risk environment to employees for exposure to Bloodborne Pathogens. Therefore, only some employees in the school building will be identified as having occupational risk to Bloodborne Pathogens. These individuals will have the responsibility for responding to blood/body fluid incidents, caring for the individual and/or cleaning up the blood/body fluid spill. You should know who these individuals are in your building.

When other staff members need to intervene during an incident and implement **Universal Precautions**, they do so from an informed voluntary response under the "Good Samaritan Act" and must use prudent public health protective procedures. Staff should direct an individual involved in a blood/body fluid incident to care for him/herself.

However, there are situations when a staff person may need to intervene and provide assistance that requires contact. In this case, the staff member should always **place a barrier** between him/herself and the individual in need of assistance, using absorbent materials or latex/vinyl gloves. In most instances, the staff member would not be expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff should be called for cleanup.

Always wash your hands after providing any assistance and dispose of all barrier and cleanup materials in a sealable plastic bag.

THE DISTRICT EXPOSURE CONTROL PLAN is maintained in the office of the **Health & Safety Administrator** and the **Health Office** in each building and includes the following:

- A. Determination and designation of those individuals who may have occupational exposure.
- B. Implementation of the Plan with methods for reducing employee risk while assuring compliance with the standard.
- C. Procedures to follow in the event of an exposure incident.

V. THE EXPOSURE CONTROL PLAN

A. PROGRAM ADMINISTRATION

1. The **Health & Safety Administrator** is responsible for the implementation of the **Exposure Control Plan (ECP)**. This person will maintain the plan at the District Office and arrange to update it at least annually and whenever necessary to include new personnel or modifications of tasks and procedures.

The **Health & Safety Administrator** will also have responsibility for arranging training, documentation of training, maintenance of the district employee training records for a minimum of three years from training date and availability of the written ECP.

The month of August is designated for a Plan review and/or update meeting with those having input.

2. The **Plant Facilities Administrator** will be responsible for ensuring that all medical actions required are performed and that confidential medical records will be filed in the office of the **Asst. Supt. of Curriculum & Instruction**. The **Coordinator of Special Education & Pupil Personnel Services** will be responsible for ensuring that an adequate supply of disposable gloves, face shields, resuscitation devices with one-way valves, biohazard symbol adhesive labels, disposal bags, a sharps container and other necessary supplies are readily available to building nurses. The **Plant Facilities Administrator** will supply district custodians, maintenance and grounds personnel with appropriate needed supplies. The **Athletic Director** will ensure that the coaches are supplied with disposable gloves, one-way valve resuscitation devices, and any other appropriate needed supplies.

Nurses in the various buildings throughout the district will provide needed medical aid and assist an individual in preparing the **Encounter with Body Fluids Form and/or the Exposure Incident Report Form (Appendices A and B)** in the event of an exposure incident. He or she will also arrange for a meeting with a healthcare professional if indicated. See Medical Management, Appendix K.

An employee may access his/her own medical records by contacting the **Personnel Office**.

3. The **Plant Facilities Administrator** is responsible for maintaining adequate washing stations and facilities throughout the district.

B. EMPLOYEE EXPOSURE DETERMINATION

As defined by the Standard, those employees with “**occupational exposure**” are those who have reasonably anticipated skin, eye, mucous membrane or parenteral (internal) contact

with blood or other potentially infectious materials that may result from the performance of an employee's duties.

It is determined that in our district, the job classifications in which all employees have occupational exposure are:

Nurse, Nurse Substitutes, All Custodians, Special Education Aides, and Athletic Team Coaches. This determination includes all those in the above classifications in all school buildings in the district including the District Office.

Policy on Post Exposure

As defined in the Standard, the true exposure incident is that specific eye, mouth, other mucous membrane, non-intact skin or parenteral (internal) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

It is the policy of the **Lindenhurst School District** to offer post exposure evaluation and follow up for any other employee who has a true exposure incident while assisting an ill or injured person in a Good Samaritan act during the workday. **See Appendix K, for the Medical Management System in place.**

C. PLAN IMPLEMENTATION AND CONTROL MEASURES

1. The **District Universal Precautions Policy** is that all district employees, regardless of title, will apply the principles of Universal Precautions for the prevention of exposure to Bloodborne Pathogens.

Universal Precautions, the theme of infection control, stresses that many people who carry infection are asymptomatic and it would therefore be prudent to assume that anyone could be infectious.

Standard Operating Procedures (SOP's) help to provide practical and timely responses to medical emergencies. Training will involve the general procedure that can be used to address almost all situations.

The **Standard Operating/Universal Precautions Procedure** requires that

- * a **barrier**, such as an absorbent material, paper towel, latex gloves, etc., be placed between yourself and the blood or body fluid of another individual;
- * the ill or injured party be encouraged to **assist himself** as

much as possible;

- * **an EPA approved disinfectant** be used to clean and disinfect the area;
- * **gloves** worn while assisting an individual should be removed by peeling them down and turning them inside out;
- * gloves and all waste/cleanup materials be placed in a **sealable plastic bag for proper disposal**;
- * **all persons wash hands thoroughly with soap and water** as soon as possible after the incident as per the standard handwashing procedure (**Appendix J**).

This general **Standard Operating Procedure** will suffice for simple emergencies likely to happen in our schools until custodial or other help can be summoned.

2. Labels/Symbols

a. The District Labeling Policy is that all potentially infectious materials will be clearly labeled. In the **Lindenhurst School District**, these will most likely be in the form of waste products. Regulated or medical waste as defined in the standard refers to that which is caked or dripping with blood or which can release these materials if compressed. Such materials require the use of red bags, as used almost exclusively in hospitals, or biohazard symbol labeling.

It is felt that our schools would normally not generate this kind of regulated waste and we choose not to have red bags used universally throughout our district. However, as a substitute, we will maintain a supply of standard adhesive biohazard labels to be affixed to any actual regulated or medical waste to alert any subsequent handlers of the existence of possibly infectious materials.

b. In addition, Nurses' Offices will be equipped with a **Sharps Container** labeled with the biohazard symbol for the collection of needles, lancets, broken glass or other sharp items which may be contaminated with blood or blood products. These will be appropriately sealed when full and removed for disposal as necessary.

Sharps Containers and any other **regulated waste** generated in the district will be so designated with red or orange biohazard labels. Alternatively, a red bag may be used where it is believed that an exceptional emergency and blood spill has occurred.

3. District Policy on Personal Protective Equipment (PPE)

It is the policy of **Lindenhurst Schools** that potentially exposed employees will have personal protective equipment readily available to them as needed to perform tasks safely. The **Nurse's Office** in each building will maintain an adequate supply of response packets. The **Athletic Director's Office** will maintain a supply of response packets for coaches.

Appropriate personal protective equipment is provided for the various tasks anticipated to be encountered in our facilities. Employees are encouraged to wear the gloves provided to them to avoid exposure to potentially hazardous body fluids.

Task	Equipment
a. Attending an ill or injured person	- disposable gloves
b. Administering CPR	- resuscitate devices/one-way valves
c. Changing Band-Aid/dressing	- disposable gloves
d. Use of or disposal of a lancet or needle	- disposable gloves
e. Cleanup of blood or body fluid	- disposable or cleanable industrial gloves
f. Disposal of body fluid/cleanup equipment	- disposable gloves or cleanable industrial gloves
g. Performing maintenance/or cleaning equipment/machinery on which a blood spill is known to have occurred	- disposable gloves
h. Toileting	- disposable gloves

Any personal clothing which becomes contaminated with blood must be treated in the same way as Personnel Protective Equipment. It will be placed in a sealable plastic bag, and taken to a commercial laundry or dry cleaner for disinfection, in accordance with the Universal Precautions procedure. The employee will be reimbursed for a reasonable expense for laundering or dry cleaning upon presentation of appropriate documentation to the **Plant Facilities Administrator**.

Disinfectants recommended by the CDC for Bloodborne Pathogens are:

- a. Isopropyl alcohol, 70 -90%
- b. EPA approved germicidal
- c. Hypochlorite bleach, 1/10

At Lindenhurst, we will rely on the use of germicidal products for general cleanup and disinfection.

4. Housekeeping/Work Practices/Personal Hygiene

- a. It will be our goal to maintain the worksite in a clean and sanitary condition. All rooms in all buildings are cleaned daily.

Nurses will disinfect treatment cabinets and surfaces daily. The Nurse's Office floors, tables, chairs, cots, and bathrooms will be cleaned daily with a disinfectant (germicidal) product by the custodial staff.

Area	Schedule of Cleaning Schedule
All classrooms, shops, offices	Daily
Gyms, auditorium, common rooms	Daily
Kitchen, cafeteria	Daily
Nurse's Office	Daily

b. Procedures for the Nurse's Office:

- 1) It is prohibited to eat, drink, apply cosmetics or handle contact lenses in areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials (OPIM).
- 2) No food products will be stored or consumed in areas where potentially infectious materials could be present.
- 3) Handwashing must be done immediately after removal of gloves or as soon as practicable after an incident involving blood or other body fluid.
- 4) Anyone offering CPR will use a resuscitation device with a one way valve if available.
- 5) Disposable gloves or an appropriate barrier are required to be worn whenever attending an injured person where body fluids are involved.
- 6) Sharps containers are provided at each nurse's station and will be properly sealed for appropriate disposal before becoming overloaded.
- 7) Nurses will not recap needles, but dispose of these and other sharps directly into the Sharps Container.

The **Plant Facilities Administrator** is responsible for maintaining appropriate handwashing facilities with soap and adequate supplies of personal protective equipment including disinfectant materials that can be used by employees to prevent the spread of infection.

Nurse's Office Supplies consist of:

- | | |
|---------------------------------------|----------------------------|
| - Band-Aids | -disposal bags |
| - gauze | -adhesive biohazard labels |
| - disinfectant
(isopropyl alcohol) | -disinfect towelettes |
| - one-way resus. valves | -goggles |

- disposable gloves
- trauma dressing
- disposable protective gown
- face shield

Athletic Department Supplies consist of:

- Band-Aids
- gauze
- one-way resus. valves
- biohazard labels
- disposable
- disposal bags
- goggles
- disinfect towelettes

5. Standard Operating Procedures

The **Standard Operating/Universal Precautions Procedure** will suffice for almost all injuries likely to occur in a school setting. Some additional considerations for special situations are noted below.

a. Drama Class, Drama Club, Theatrical Events

When makeup is applied, students must supply and use their own makeup and equipment. Sharing can spread infection. Scissors, combs, etc., should be cleaned and disinfected before reuse.

b. Art

When activities including sharp tools or cutting instruments are used, caution should be exercised in practicing the Universal Precautions procedure in the case of an accidental cut or other injury.

c. Music Instruction, Band, Events

Students should have their own instruments or mouthpieces. Special disinfecting solutions may be used if necessary. Mentioned in the State Guidelines is Sterisol Germicide (Person-Hickrill Labs., Glendale, AZ).

d. Laboratories, Trade Shops, Home Economics

Follow the Standard Operating Procedures/Universal Precautions procedure should an accident occur. Equipment which is contaminated with blood should be wiped down with a disinfecting agent by the custodial staff. Dismantle unit if possible to ensure all contamination is accounted for.

Contaminated clothing must be treated in the same way as Personal Protective Equipment (PPE). It must be sealed in a plastic bag and taken to a commercial laundry or dry cleaner capable of disinfecting the clothing in accordance with Universal Precautions procedures. The employee will be reimbursed for a reasonable expense incurred for laundering or dry cleaning upon presentation of appropriate documentation to the **Plant Facilities Administrator**.

e. Food Service

Kitchens and cafeterias must be kept clean and sanitary to prevent the spread of infection. Kitchen and/or custodial staff will sanitize any contaminated machinery, tools, cutlery countertops, etc. before reuse.

Students and employees must wash hands prior to preparing or serving food or eating. If an injury occurs, such as a knife cut, follow the standard operating Universal Precautions procedure when assisting.

f. Athletics, Physical Education, Playground

Prepare ahead of time for these larger activity areas and more than average physical contact by providing larger response kits.

- * Safety rules are reviewed regularly.
- * Students with open lesions are prohibited from participation in contact sports, unless lesion is dry, or can be effectively and securely dressed and bandaged.
- * If blood gets into a student's mouth or eyes, the student is directed to the school nurse. Athletes should see the Nurse or Coach.
- * Sharing of razors is not permitted.
- * Drinking bottles shared among players can be a source of infection. The district will provide single use disposable cups to discourage sharing.
- * Response kits should be brought to the site of activity.
- * Use the **General SOP, following Universal Precautions** if an accident occurs. Decontaminate equipment - playground, athletic gear, mats, etc., if a blood or body fluid spill occurs.

g. Special Education

These areas may pose some increased risk. A disposable smock will be made available. Only washable toys and educational tools are used for very small children. Whether assisting with toileting, or any other activity involving potential exposure to a body fluid, Universal Precautions are strictly observed.

h. School Nurse's Office

The Nurse will use the same SOP's to attend to an injury. The school nurse will share responsibility for a fully equipped station to provide for students and staff.

The Nurse will keep work surfaces disinfected and provide for the proper disposal of any regulated waste generated in the office.

The Nurse is responsible for assisting an injured employee in completing the Encounter with Body Fluids Form and/or Exposure Incident Report Form in the event of an incident. The Nurse will then inform the **Plant Facilities Administrator** who will advise the employee to contact the Healthcare Professional.

i. Buildings & Grounds - Custodial/Maintenance/Grounds

Employees in these departments use the **Standard Operating Procedure and Universal Precautions**. Supplies of protective equipment, disinfectants and cleanup tools are maintained.

It is left to the **Head/Chief Custodian** at each facility to determine whether mops, buckets and other cleanup equipment are to be disinfected for reuse or discarded depending on the nature of the incident and cleanup activity.

Custodians ensure that restrooms are cleaned and disinfected daily and that toilet paper, paper towels and dispenser soap are in adequate supply at all times.

The **Nurse's Office** is considered as high priority and are cleaned and disinfected daily. All trash from the Health Office work area is bagged and discarded daily.

Regulated/medical waste receives special handling. **See Appendix H** for the handling and disposal procedure for regulated waste.

6. Staff Education and Training

It is the policy of the **Lindenhurst School District** to provide annual refresher training for all previously trained employees and initial training for new employees who are or may be occupationally exposed. Employees will be reminded to use the informational tools and equipment available to them for the safe completion of any task performed.

Annual training sessions are given in classroom format, during normal working hours, by a competent person designated by the school district. Handouts and visual aids may be provided to supplement the material presented.

Training will include the following:

- a. Brief history and regulatory requirements;
- b. Explanation and copy of the written district Exposure Control Plan including designated employees and the jobs that constitute occupational exposure in addition to the availability of the Plan;
- c. An overview of infectious diseases, their epidemiology and modes of transmission;

- d. **Universal Precautions** - Definition and discussion including the Universal Standard Operation Procedure to be used when attending an injured person and the handwashing protocol to be followed;
- e. Measures that can be used to protect oneself from exposure including engineering and work practice controls, personal protective equipment, good personal hygiene and Universal Precautions;
- f. Information on what constitutes a true exposure incident, the "collateral duty" clause, the district system to be followed in cases of suspected exposure. **(See Training Outline, Appendix H.)**
- g. The Hepatitis B vaccination information and post exposure evaluation and follow up;
- h. Labels and systems used to identify infectious waste and proper disposal;
- i. Recordkeeping requirements, medical files, confidentiality and accessibility;
- j. Opportunity for questions from participants.
See Training Outline, Appendix H

D. MEDICAL MANAGEMENT/EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

As defined in the standard, **the true exposure incident** is that specific eye, mouth, other mucous membrane, non-intact skin or parenteral (internal) contact with blood or other potentially infectious materials that results from the performance of an employee's duties. This event is extremely rare in a school setting, but may occur.

Any employee, regardless of the classification of having occupational exposure or not, must use **Universal Precautions**.

An encounter with a body fluid is not necessarily an exposure incident, but is reported to the nurse by district procedure. An encounter with a body fluid is recorded on the **ENCOUNTER WITH BODY FLUIDS Form, Appendix A**. This allows the building nurse to replace any used barrier materials with new.

If, however, an incident occurs whereby an employee believes he or she has been involved in a true exposure incident, the following procedure is recommended:

PROCEDURE TO FOLLOW AT LINDENHURST SCHOOLS IN THE EVENT OF A SUSPECTED EXPOSURE INCIDENT

1. Immediately, or as soon as practical, notify the nurse on duty in your building and the administration.
2. The building nurse, with the help of the employee, fills out one or two forms:
 - a. **the ENCOUNTER WITH BODY FLUIDS FORM , if a barrier is used (Appendix A), or**

- b. the **EXPOSURE INCIDENT REPORT FORM (Appendix B)**
3. In either case, the employee has the option of proceeding further, to the interview with a **Healthcare Provider** for the follow-up interview and possibly receiving the Hepatitis B vaccination. **The following Healthcare Provider has been designated to provide emergency medical follow-up should a “Possible Exposure Incident” occur:**

Dr. Eugene Gerardi
500 West Main Street / Suite 216
Babylon, New York 11702
Telephone: (631) 669-6350

4. The employee should have the following information available for the **Healthcare Provider**:
 - a. a copy of the completed **Exposure Incident Report Form (Appendix B)**
 - b. the source individual, if Hepatitis B is suspected,
 - c. any witnesses to the incident, if possible,
 - d. a copy of the **Bloodborne Pathogens Standard** provided by the nurse. (A copy of the Standard is located in this document, **Appendix L**)
5. The **Healthcare Provider** will help the employee evaluate the need for the Hepatitis B vaccination and/or follow up care. (**Appendix C**)
6. After discussion with the **Healthcare Provider**, the employee will either choose to take the Hepatitis B vaccination or not. (**Appendix E**) Appropriate forms are filled out and the Healthcare Provider provides the employee with a schedule for follow-up, if necessary.
7. The **Healthcare Provider prepares a Written Opinion** as to whether the Hepatitis B vaccination was indicated and if it was given. (**Appendix C**) This document goes to the employer in a stamped, self-addressed envelope to the **Asst. Supt. for Curriculum & Instruction** who places it in the employee's personnel file. **Appendix C** and all appropriate forms surrounding the incident will be maintained by the **Asst. Supt. for Curriculum & Instruction** in confidential personnel files.
Employees will have access to their own medical records by contacting the **Personnel Office**.
8. Additional aspects of the Medical Management Program can be found in **Appendix K**.

E. RECORDKEEPING REQUIREMENTS

1. The attendance records or sign-in sheets for training sessions must be maintained for a period of three years from the training date. Such records are currently the responsibility of the **Health & Safety Administrator**.

2. Any employee exposure records or medical records, including the Hepatitis B vaccination must be kept for the duration of employment plus 30 years. Such records are currently the responsibility of the **Asst. Supt. for Curriculum & Instruction**.