

MARLETTE COMMUNITY SCHOOLS
BLOODBORNE INFECTIOUS DISEASES
EXPOSURE CONTROL PLAN

Date Prepared: October 2001
Reviewed/Updated: January 2009

The Marlette Community Schools are responsible for the implementation of the Exposure Control Plan (ECP). The Superintendent's Office will maintain, review and update the ECP at least annually, and whenever necessary will include new or modified tasks and procedures.

Employees covered by the Bloodborne infectious diseases standard will receive an explanation of the ECP at the beginning of their employment. It will also be reviewed at the annual refresher training. All employees have the opportunity to review this plan at any time during their work shifts by contacting the Superintendent's Office. If requested, the district will provide an employee with a copy of the ECP free of charge and within fifteen (15) days of the request.

JOB CLASSIFICATIONS

Job Classifications will be divided in Category A jobs and Category B jobs according to the risk of exposure to blood or other potentially infectious material (OPIM*), regardless of frequency.

Group A – Regular employees with great potential for exposure

- All bus drivers
- All playground para-professionals
- Secretaries
- School Nurse
- Coaches
- Physical Education Teachers
- Industrial Arts Teachers
- Special Education Teachers and para-professionals
- All custodians
- Administrators
- Elementary School Teachers
- Counselors

The following exposure determinations (for Group A) have been made without regard to the use of personal protective equipment:

Minor injuries that occur within a school setting, i.e., bloody nose, scrapes, cuts, etc.

Initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through skin, severe laceration.

Care of student with medical needs, i.e., catheterization, tracheotomy, colostomy, injections or finger-prick for diabetic testing.

Sanitation of rest rooms and other facilities where blood and body fluids are present.

The cleaning up of blood spills or contaminated equipment or body waste.

Care of students who need assistance in daily living skills, such as toileting, dressing, hand washing, feeding, menstrual needs and teeth brushing.

Care of students who exhibit behaviors causing injury to themselves or others such as hitting, biting, scratching.

Group B – Regular employees with little or no exposure potential

Food Service

Maintenance/mechanics

All teachers (except those listed above)

Social workers, psychologists/speech therapists

All para-professionals (except those listed above)

*Other potentially infection materials (OPIM) include: (a) semen, (b) vaginal secretions, (c) amniotic fluid, (d) cerebrospinal (brain or spinal) fluid, (e) peritoneal (abdominal) fluid, (f) pleural (lung) fluid, (g) pericardial (heart) fluid, (h) synovial (tendon) fluid, (i) saliva in dental procedures, (j) any body fluid that is visibly contaminated with blood, and (k) all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Urine, feces and vomit are not considered OPIM except in cases (j) and (k) above.

METHODS OF COMPLIANCE

The Marlette Community Schools understand that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to Bloodborne pathogens in our facilities. The following areas are dealt with in our plan:

Universal Precautions

Universal precautions will be observed in order to prevent a contact with blood and OPIM. All blood or other potentially contaminated body fluids shall be considered infectious. Under circumstances in which differentiation among body fluids is difficult or impossible, all body fluids shall be considered potentially infectious material. The Superintendent's Office is responsible for overseeing the Universal Precautions Program.

1. Universal Precautions and the Athlete
 - a. Before competing, cover any open wounds to reduce the risk of transmission from one open wound to another.
 - b. Athletes should render first aid to themselves and cover their own wounds whenever possible.

- c. When rendering first aid to others, wear protective gloves any time blood, open wounds or mucous membranes are involved. Dispose of the gloves and use clean gloves for each person.
- d. If you get someone else's blood on yourself, wear protective gloves and wipe it off with a disposable towel using an antibacterial soap and water.
- e. If blood is present during practice or competition, play should be stopped to allow any contaminated surface(s) to be cleaned with the appropriate disinfectant by someone using protective gloves.
- f. If clothes are contaminated with blood or OPIM, they must be changed before resuming work or athletic play.
- g. Wash hands after removing the gloves.
- h. After each practice and competition, take a shower using a liberal amount of soap and water unless facilities are not available at site of athletic event, then as soon as possible.
- i. Do not use common towels to clean blood off any contaminated surface(s). The use of common towels at anytime during athletics should be discouraged.
- j. In general, use good hygienic practices. Avoid the sharing of towels, cups, and water bottles.
- k. Athletes should be responsible for maintaining upkeep of their own uniforms.

Work Practice Controls

Work practice controls are designed to eliminate or minimize employee exposure. Controls shall be examined and maintained or replaced on a regular basis to ensure their effectiveness.

- 1. Hand Washing
 - a. The district shall provide hand washing facilities which are readily accessible to employees; when provision for hand washing facilities are not feasible, the district shall provide either an appropriate antiseptic hand cleaner in conjunction with clean paper towels or antiseptic towelettes.
 - b. Employees shall wash their hands or other skin with soap and water or flush mucous membranes with water for at least ten (10) seconds, immediately or as soon as feasible, following the contact of such body parts with blood or OPIM.
 - c. Employees shall wear latex gloves when anticipating contact with blood, body fluids, mucous membranes, and/or contaminated surfaces or if breaks in the skin are present.

- d. Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Since most incidents do not occur in locations where sinks are readily accessible, kits should be stocked with antiseptic towelettes, cleanser, and paper towels along with closable disposable containers for disposing of used materials.
2. Handling Sharps
- a. Handle sharp objects carefully and use sharps containers. Use mechanical means to pick items up whenever possible (example broom and dustpan).
 - b. Do not cut, bend, break, or reinsert used needles into their original covering by hand.
 - c. Discard contaminated needles, sharp objects, broken glass, scissors or plastics immediately after use into sharps containers. Sharps containers shall be closable, puncture-resistant, leak-proof, and identified with biohazard labels.
 - d. Sharps containers shall be easily accessible to staff and located as close as feasible to the area where sharps are used or can be reasonably anticipated to be found.
 - e. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for the material. The custodian shall be provided with a list of areas/rooms where sharps containers are available.
 - f. Reusable sharps that are contaminated with blood or OPIM shall not be store or processed in a manner that requires employees to reach by hand into the containers where the sharps are placed. Reusable sharps shall be washed in an appropriate disinfectant, rinsed, and air-dried.
 - g. Custodians shall inspect sharps containers monthly and remove contents when containers are three-quarters full. Disposal will be done according to established procedures. Custodians will notify the Maintenance Supervisor when large biohazard waste containers are three-quarters full for disposal with a specialized vendor.
3. Have mouthpieces, resuscitation bags, and other resuscitation devices readily available for use in areas where such needs are likely to be experienced.
4. Restrict access to contaminated areas until properly cleaned.
5. Post universal precautions signs in all areas designated for first aid and on the first aid kits.

Personal Protective Equipment (PPE)

The district is required to provide, at no cost to the employees, appropriate personal protective equipment (PPE). PPE provided by the district includes gloves, gowns, face shields or masks, eye protection, and disposable CPR masks. Each employee in Category A will receive a First Response Kit.

PPE is considered appropriate only if it does not permit blood or OPIM to pass through to reach the employee's clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics will depend on the task, location, and degree of exposure anticipated.

1. Use of Gloves

Gloves shall be worn when it is anticipated that the employee may have contact with blood, OPIM, mucous membranes, and non-intact skin, as well as when handling or touching contaminated items or work surfaces.

Disposable gloves shall be replaced as soon as possible when they are contaminated, torn, punctured, or are not adequate as a barrier.

Disposable gloves shall not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the gloves is not compromised. They must be discarded if they are cracked, torn, peeling, punctured, or show other signs of deterioration.

Hypo-allergenic gloves, glove liners, powderless gloves, or similar alternatives shall be available for employees requiring them.

2. Use of Masks/Eye Protection

Masks, in combination with eye protection devices such as goggles or glasses with solid-side shields, shall be worn whenever splashes, sprays or droplets of blood or OPIM are present and eye, nose, or mouth contamination may be anticipated. An example would be cleaning a clogged toilet.

The district will assure that the appropriate PPE in the appropriate sizes are available and accessible in the district or are issued to employees as necessary. PPE will be available in the maintenance rooms, physical education areas, classrooms, and any other areas where occupational exposure is likely to occur. Pre-packaged kits will be provided for field trips as indicated. PPE will be repaired or replaced by the district at no cost to the employees. All PPE shall be removed before leaving the work area. When PPE is removed, it shall be placed in the designated area for storage, decontamination, or disposal. If clothing is penetrated by blood or OPIM, it should be removed as soon as possible.

If an employee declines to use PPE because in his or her judgment in a particular situation it would pose an increased hazard to the employee or others, the district shall investigate and document the circumstances to determine whether changes need to be instituted to prevent such occurrences in the future.

Housekeeping

All employees shall adhere to universal precautions to guard against infection by Bloodborne pathogens when working with or around equipment or cleaning surfaces during and following an incident.

The district shall ensure that the work sites are maintained in clean and sanitary condition. A written schedule for cleaning and the method of decontamination with the appropriate disinfectant (tuberculocidal, virocidal, bacteriocidal, and fungicidal) shall be followed. See Appendix A.

The custodian shall respond immediately to any major blood or OPIM incident so that the area can be cleaned and decontaminated as soon as possible.

All equipment, materials, environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM. These areas will have restricted access until cleaned properly.

1. Contaminated surfaces shall be decontaminated with an appropriate disinfectant immediately after any spill of blood or OPIM. The daily cleaning schedule will be adhered to as usual.
2. Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced when they become contaminated with blood or OPIM.

Regulated Waste Disposal

All bins, pails, cans, and similar receptacles which are intended for reuse and have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis or when visibly contaminated with blood or OPIM. If a receptacle is likely to be contaminated with blood or OPIM, it shall be lined with a plastic bag daily or as needed.

All regulated waste shall be disposed of in accordance with applicable regulations of the United States, the State of Michigan, and its applicable political subdivisions. Disposal of feminine hygiene products and bandages or tissue used in self-administered first aid (bloody nose, small cut) are not considered regulated waste and will be disposed of in the normal waste stream.

Clean Up Procedure of Blood or OPIM

1. Wear gloves and/or any other PPE deemed necessary to prevent exposure to blood or OPIM.

2. Absorb spill using paper products or other absorbable material, i.e., sawdust.
3. Dispose of contaminated cleaning materials in a lined waste container unless waste will leak fluid when compressed. If leakage is possible, cleaning material must be placed in a designated biohazard waste receptacle. Decontaminate with a material that is antibacterial, antiviral, antifungal, antitubercular, immediately after any spill of blood or OPIM.
4. If carpeting is involved with a spill, use germicide for decontamination.
5. Appliances used in clean up must be decontaminated with appropriate material before reuse, i.e., mopes, brooms, dustpans, etc.

Hepatitis B Vaccine

The Hepatitis B Vaccine is offered to all regular employees in Group A at the beginning of their employment, or at any time during employment in the same job classification. At any time any employee has an exposure incident that is followed up by the Marlette Community Schools' health care provider, the Hepatitis B Vaccine cost will be borne by the Marlette Community Schools.

Employees who decline the Hepatitis B Vaccine will sign a copy of the attached waiver found in Appendix B.

The Sanilac County Health Department (SCHD) will administer all Hepatitis B Vaccines, unless the employee has written authorization from the district for another health provider to administer the vaccine. If the SCHD does not administer the vaccine, the employee must then pay for the vaccine and the district will reimburse the employee for an amount no greater than the vaccine fee charged by the Sanilac County Health Department.

Exposure Incident Evaluation and Follow-Up

When an employee incurs an exposure incident, it must be reported to the Superintendent's Office immediately. An Exposure Investigation Form will be completed (Appendix C). The Hepatitis B vaccination will be offered free of charge for up to 24 hours after exposure.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up by a licensed physician in accordance with the MIOSHA standard.

This follow-up will include the following:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent in obtained) for HIV/HBV infectivity.

3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee will be offered the option of having their own blood collected for testing of their HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service in consultation with a licensed physician treating the exposed employee.
6. The employee will be given appropriate, confidential counseling concerning precautions to take during the period after the exposure incident. Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
7. The Superintendent's Office will assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.
8. The Superintendent's Office will establish and maintain a record for each employee with occupational exposure to include:
 - a. Name
 - b. Social Security Number
 - c. Hepatitis B Vaccine Status
 - d. Copies of any past exposure/evaluation or follow-up.
 - e. District will ensure record confidentiality
 - f. Records will be retained for the duration of the employee's employment plus 30 years

Training

Training for all Category A employees will be conducted as soon as possible after their date of hire. Training will include:

1. The MIOSHA standard for Bloodborne Infectious Disease
2. Epidemiology and symptomatology of Bloodborne diseases
3. Modes of transmission of Bloodborne pathogens
4. This Exposure Control Plan (i.e. points of the plan, lines of responsibility, plan implementation, plan access, etc.)
5. Procedures which might cause exposure to blood or other potentially infectious materials in the district
6. Control methods which will be used in the district to control exposure to blood or other potentially infectious materials

7. Personal protective equipment available in the district and who should be contacted concerning its use
8. Post Exposure evaluation and follow-up
9. Signs and labels used in the district
10. Hepatitis B vaccine program in district

New employee training will include training manuals/educational printed material and/or video tape programs. A New Employee Declination/Acceptance Form (Appendix C) will be returned to the Superintendent's Office upon completion.

Annual Training sessions may include, but not be limited to classroom environment with personal instructors, training manuals/educational printed materials and video tape programs. Annual training sessions will be recorded on the Bloodborne Infectious Diseases Training Log (Appendix D).

The Superintendent's Office will establish and maintain training records to include:

- a. Dates
- b. Summary of contents
- c. Names and Qualifications of Trainers
- d. Names and Job Titles of Trainees
- e. Record retention of 3 years

Appendix A

Marlette Community Schools

STANDARD CLEANING PROCEDURES

1. Always use appropriate personal protection equipment, such as face mask, eye protections and disposable gloves.
2. Sprinkle contaminated horizontal surfaces with supplied absorbent material and allow time for product to work.
3. Sweep contaminated absorbent material into dust pan and deposit in red plastic bag.
4. Saturate area with appropriate germicide and allow to set for approximately twelve (12) minutes.
 - Germicides: NABC – Twelve ounces to one gallon
 - Mr. Fix It Plus 5 Spray
 - Bleach – One part per hundred (use on hard surfaces only)
5. Clean (mop or wash) hard surfaces or vertical surfaces with same cleaner used in Step 4 or clear water. Clean absorbent surfaces with shampoo or water.
6. Clean all equipment used (shampoo machine, dust pan, broom, etc.) and applicable personal protection equipment with germicidal cleaner. Discard disposable personal protection equipment.

Appendix B

**Marlette Community Schools
6230 Euclid Street
Marlette, MI 48453**

**New Employees
Declination/Acceptance Form for Hepatitis B Vaccine**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have received, and understand, the training I have been given on Bloodborne infectious diseases. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at this time. I understand that if I decline this vaccine, I will continue to be at risk for acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Further information on the Hepatitis B immunization series can be obtained by calling the Sanilac County Health Department in Sandusky, Michigan, at 810-648-4098, ext. 121.

Please check one:

_____ I have had the Hepatitis B immunization series. Approximate date _____

_____ I would like to have the Hepatitis B immunization series. Please forward necessary instructions and paperwork.

_____ I do not wish to receive the Hepatitis B immunization series at this time.

Printed Name _____

Job Classification _____

Signature _____ Date _____

Appendix C

CONFIDENTIAL

**MARLETTE COMMUNITY SCHOOLS
EXPOSURE INCIDENT REPORT**

Date of Report _____

Name of Employee Exposed _____

Occupation _____ Social Security No. _____

Hepatitis B Vaccine Status: Not Immunized Series Incomplete Series Completed

Date and Time of Incident _____

Location of Incident _____

Type of Infectious Materials Involved:

- | | |
|---|--|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Semen |
| <input type="checkbox"/> Pleural Fluid | <input type="checkbox"/> Synovial Fluid |
| <input type="checkbox"/> Peritoneal Fluid | <input type="checkbox"/> Cerebrospinal Fluid |
| <input type="checkbox"/> Pericardial Fluid | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Any Body Fluid Visibly Contaminated with Blood | |

Explanation of Incident _____

Personal Protection Equipment Being Used:

Gloves Safety Glasses Face Shield Apron Respirator

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Superintendent's Signature _____ Date _____

Copies of Past Exposures/Evaluations and Follow-Ups are attached.

