



Bloodborne Pathogens Exposure Control Plan

PAIS Health and Safety Standard 22.12

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Introduction

In accordance with the OSHA Bloodborne Pathogens Standard 29CFR 1910.1030, the following Exposure Control Plan has been developed for The Haverford School. It will be reviewed and updated at least annually, and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

Definitions

For purposes of this document the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms 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 immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne 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.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal container, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protection and needle less systems) that isolate or remove the bloodborne pathogen hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand washing Facility means a facility providing an adequate supply of running water, soap and single use towels or hot air drying machines.

Definitions (Continued)

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless system means a device that does not use needles for the collection of bodily fluids, the administration of medication or fluids; or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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.

Other Potentially Infectious Materials means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva and bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Exposure Control Plan

In accordance with the OSHA Bloodborne Pathogens Standard 29CFR 1910.1030, the following Exposure Control Plan has been developed. It will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Exposure Determination

All job classifications are reviewed annually for potential risk of occupational exposure to bloodborne pathogens.

The following job classifications are at risk for bloodborne pathogen exposure:

- Athletic Trainer
- School Nurse
- Custodial and Maintenance employees responsible for cleaning of Health Office, Athletic Training Room, and Laundry Facilities

The following job classifications may be at risk for bloodborne pathogen exposure:

- Faculty/Staff/Administration

The following tasks and procedures involve the risk of occupational exposure:

- Administration of First Aid
- Injection of any medication
- Cleaning of contaminated area

Methods of Compliance

Universal Precautions shall be observed to prevent contact with blood or other bodily fluids. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Whenever reasonable, first aid, and/or treatment of students when blood or other potentially infectious materials are involved, shall take place in the Health Office or the Athletic Training Room. When not reasonable, cleaning of the area involved must be done as soon as feasible.

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after the use of these controls, personal protective equipment shall also be used.

Workplace Practice Controls

Hand washing facilities are available in the Health Services Office and in the Athletic Training Room. When the provision of hand washing is not feasible, such as on a playing field, playground or on a field trip, an appropriate antiseptic hand cleanser, paper towels, and or antiseptic towelettes shall be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Employees must wash their hands immediately, or as soon as feasible after removal of gloves or other personal protective equipment.

Employees must 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 or other potentially infectious materials.

Contaminated needles and other sharps shall not be bent, broken, recapped or removed. Immediately or as soon as possible after use, contaminated sharps shall be placed in a sharps' container. These containers will be puncture resistant, labeled as a biohazard and leak proof.

Eating, drinking and applying cosmetics or non-medicinal use lip balm and handling contact lenses are prohibited in the Health Services Treatment Room and the Athletic Training Room.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

In the event of injury to a student or faculty/staff, clothing that has become soiled with blood or bodily fluids shall be removed and returned home for cleaning. Spare clothing will be kept in the Health Services Office and the Athletic Training Room to provide an immediate change of clothing for students who have been ill or injured.

Athletic equipment that has become contaminated with blood or other bodily fluids will be cleaned with a CDC approved cleaning solution as soon as feasible.

Injured athletes and students will not return to the playing field or classroom until bleeding has stopped and the wound is covered with an adhesive bandage.

Standard Precautions will be observed in all areas of campus life. See training of Standard Precautions in the Training Section.

Engineering Controls

The Health Office and Athletic Training Room will have hazardous waste containers for the disposal of potentially contaminated materials. All hazardous waste containers of regulated waste will be red or will bear biohazard warning labels.

The Health Office and Athletic Training Room will have sharps containers. These containers will be checked once a month by the School Nurse and Athletic Trainers and will be replaced as needed. A log will be kept in the Health Center where the maintenance schedule will be recorded. (See Sharps Container Maintenance Log)

All bathrooms designated for use by women will be equipped with sanitary containers. These will be emptied on a daily basis.

Personal Protective Equipment

When there is potential for occupational exposure, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices must be used. Personal protective equipment will be considered appropriated only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

An employee may temporarily and briefly decline to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The appropriate personal protective equipment in the appropriate sizes shall be readily accessible at the worksite or issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternative shall be readily accessible to those employees who are allergic to the gloves normally provided.

Personal protective equipment shall be replaced or repaired as needed to maintain its effectiveness, at no cost to the employee. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible. Students and athletes will not be permitted to return to the classroom or playing field with garments soiled with blood or other bodily fluids. A change of clothing will be provided by the School Nurse or the Athletic Trainer.

All personal protective equipment shall be removed prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves shall be worn when it is reasonable anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin. Disposable gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as

Personal Protective Equipment (Continued)

a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use.

First Aid kits containing but not limited to gloves and breathing barriers, antiseptic towelettes, and biohazard bags will be provided by the School Nurse and the Athletic Trainer. It is expected that coaches/teachers will take the kits with them when they are traveling off campus for field trips or athletic events. First aid kits containing the same will also be put in place in Art Rooms and Science Labs. The Athletic Trainers will be responsible for the First Aid kits for the athletic teams and sporting events. The School Nurses will be responsible for the First Aid Kits for field trips and classrooms.

Housekeeping

The campus is to be maintained in a clean and sanitary condition. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedure being performed in the area.

Contaminated work surfaces shall be decontaminated with a CDC approved cleaning solution after the completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated and at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated each day and immediately or as soon as feasible upon visible contamination.

Protective coverings, such as paper wrap, imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated, or at the end of the work shift, if they have become contaminated during the shift.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the container where these sharps have been placed.

Employees who have contact with contaminated laundry must wear gloves and other appropriate personal protective equipment.

Laundry at this facility will be washed on site in hot water by a housekeeper.

Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded. Laundry will be washed in hot water, by a housekeeper. Employees who have contact with contaminated laundry will wear protective gloves. Contaminated laundry that is sent home with students will be placed in a sealed bag and identified as contaminated.

Contaminated Sharps Discarding and Containment

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable, puncture resistant, leak proof on sides and bottom; and labeled or color-coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found; maintained upright throughout use; replaced routinely and not be allowed to over fill.

When moving a container of contaminated sharps from the area of use, the container shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; placed in a secondary container if leakage is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of injury.

Communication of Hazards

All containers of regulated waste shall be red or will bear biohazard warning labels which are fluorescent orange or orange-red.

Hepatitis B Vaccination

Hepatitis B Vaccination shall be made available to all employees who have potential occupational exposure, including but not limited to Health Services Personnel, Athletic Trainers, and custodial staff. The vaccine will be offered within ten working days of the employee's initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine, antibody testing has revealed that an employee is immune, or the vaccine is contraindicated for medical reasons.

Post-exposure Evaluation and Follow-up

Post-exposure evaluation and follow-up will be required of all employees who have had an exposure incident. All medical evaluations and procedures related to hepatitis B vaccination and post-exposure evaluation and follow-up shall be made available to the employee at no cost. The vaccine will be offered within 5 working days of exposures and performed by the School Physician, or the School Nurse, and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place. The School Physician shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

If an employee incurs an exposure incident it should be reported to the School Nurse as soon as possible. A Record of Exposure to Bloodborne Pathogen shall be documented by the School Nurse.

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HVB or HIV, testing for the source individual's known HVB or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of the exposed individual's blood for HVB and HIV serological status shall be performed and documented as soon as feasible.
- If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested such testing shall be done as soon as feasible.

Post-exposure Evaluation and Follow-up (Continued)

- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- Counseling
- Evaluation of reported illness.

Information Provided to the Healthcare Professional

The following information will be provided to the Health care professional responsible for evaluating the employee:

- A copy of this regulation
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and the circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

Healthcare Professional's Written Opinion

The employer shall obtain and provide the employee with a copy of The Healthcare Professional's Written Opinion with 15 days of the completion of the evaluation. The healthcare professional/s written opinion for post-exposure evaluation and follow-up shall be limited to the following information.

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

Training

Training of employees with occupational risk exposure will be performed annually, at the beginning of the school year. The training will be provided during the school day and at no cost to the employee.

The training program will be conducted by the School Nurse. The material will be appropriate in content and vocabulary to the educational level, literacy and language. The program will contain at minimum the following elements:

- An accessible copy of the regulatory text of this standard and explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases
- An explanation of the Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- 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.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- 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.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the appropriate actions to take and person to contact in an emergency involving blood or other potentially infectious materials.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs, labels and color coding of hazardous materials.
- An opportunity for interactive questions and answers with the person conducting the training session.

Training Records

Training records shall contain the following information:

- Dates of the training session.
- Contents or a summary of the training sessions.
- Names or the qualifications of the person conducting the session.
- Names and the job titles of all persons attending the sessions.
- Training records shall be maintained for 3 years from the date on which the training occurred.
- The training records will be maintained and made available upon request to the Assistant Secretary and the Director for examination and copying.

Medical Record Keeping

Records of occupational exposure shall be maintained in the Health Office, in accordance with 29 CFR1910.1020 The record will include;

- The name and the social security number of the employee
- a copy of the employee's hepatitis status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the employer's copy of the healthcare professional's written opinion.
- A copy of the information provided to the healthcare professional.
- All records shall be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- The records required will be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR1910.1020
- Employee medical records shall be provided upon request for examination and copying to employees, to employee representatives, to the Directory, and to the Assistant Secretary.

Sharps Injury Log

A sharps injury log shall be maintained for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- Type and brand of device involved in the incident.
- The department or work area where the incident occurred.
- An explanation of how the incident occurred.

Failure to Comply

Failure to comply with this policy will result in a verbal warning followed by written warning which shall be placed in the employee's file, a third offense will result in a referral to the Headmaster.

Repeated failure to comply may result in termination of an employee's contract without further warning.

Annual Review of Exposure Control Plan

This Exposure Control Plan was last reviewed on this date: March 18, 2010

The following recommendations were made: The following documents were added to the plan:

- The Annual Review of Exposure Control Plan
- Bloodborne Pathogen Record of Exposure
- OSHA Faculty/Staff In-Service Record
- Bloodborne Pathogen Report to Health Care Provider
- Sharps Injury Report
- Sharps Injury Log

It was recommended that there be a clarification in occupational exposure risk under Exposure Determination. It was determined that there is some risk for faculty and staff to be at risk for exposure to blood and other potentially infectious materials if a student becomes ill or injured in their care.

The recommendations were implemented on this date: March 18, 2010

The Exposure Control Plan was approved and reviewed by:

The Medical Director: _____

The School Nurses: _____

Record of Exposure to Bloodborne Pathogen

Name of Employee: _____

Social Security Number: _____

Hepatitis B Vaccination Status: ☐ Yes ☐ No

Vaccination Dates: _____

Copy of **Report to Healthcare Professional** attached: ☐ Yes ☐ No

Copy of **Healthcare Professional's Opinion** attached: ☐ Yes ☐ No

The above information is strictly confidential and shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.

**2010-2011
EMERGENCY CONTACT INFORMATION
And OSHA IN-SERVICE RECORD**

Faculty/Staff Member: _____

Cell Phone Number: _____

Please list the name and telephone number(s) of an emergency contact. You may also add a second emergency contact.

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please share any pertinent medical information that you think we should be made aware. We will keep this information confidential.

I am currently certified in ____First Aid ____CPR ____AED (Check all that apply)

I have participated in the OSHA in-service, conducted by Nora Bullock, RN, BSN and Sarah Daunoras, RN, BSN, on this date, September 1, 2010

Signature: _____

Position: _____

Report of Bloodborne Pathogen Exposure to Health Care Provider

Employee Name: _____

Date of exposure: _____

Description of Duties related to incident: _____

Route of exposure: _____

Circumstance of exposure: _____

Referral to Health Care Provider made: ☐ Yes ☐ No

Consent to testing of blood for HBV and HIV: ☐ Yes ☐ No

Results of Source Individual's testing: _____

Health Care Professional's Opinion

The above mentioned employee has been evaluated by me and has been fully informed about the risk for all medical conditions resulting from exposure that require further evaluation or treatment

Hepatitis B Vaccination recommended: ☐ Yes ☐ No

Hepatitis B Vaccination received: ☐ Yes ☐ No

Health Care Provider Signature: _____

Date: _____

Employee Signature: _____ Date: _____

(It is the employer's responsibility to provide a copy of this report to the employee within 15 days of the completion of this evaluation.)

Sharps Injury Report

Brand of Device: _____

Location of Device: _____

Explanation of how the incident occurred: _____

Recorded by: _____

Date: _____