



## **EXPOSURE CONTROL PLAN**

# OSWEGO COUNTY BOCES

## EXPOSURE CONTROL PLAN

### INTRODUCTION

There has been growing concern about the spread of infectious disease in all institutions, including schools. Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV) warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented the regulation, Occupational Exposure to Bloodborne Pathogens, Code of Federal Regulations (29CFR) 1910.1030 to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. OSHA estimates the Standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone.

The Standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV, HBV and HCV. Exposure to bloodborne pathogens may occur in a variety of ways including needle stick injuries and contact with the mucous membranes and non-intact skin of workers. Exposure to HIV, HBV and HCV can be minimized or eliminated by using work practice controls, protective equipment, and other provisions in the work setting.

Each employer must determine the application of "Universal Precautions" by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the Standard, then the Standard mandates a number of requirements. To minimize the risk of exposure to HBV, HCV and HIV only staff in the school district designated as having a potential for occupational exposure to blood and potentially infectious materials as a result of their job duties should handle situations requiring first aid or blood and body fluid clean up. They can achieve protection through adherence to work practices designed to minimize or eliminate exposure through the use of personal protective equipment (e.g. gloves) which provides a barrier between the staff person and the exposure source.

One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations, and training. The Standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

The Oswego County BOCES is committed to provide a safe and healthful work environment. The District has developed this Exposure Control Plan to eliminate or minimize occupational exposure to bloodborne pathogens and to define the methods for reporting, evaluating, and recording exposures when they occur in accordance with the "Bloodborne Pathogens" Standard.

This Plan outlines the responsibilities for the management of exposure control, identifies the job classifications where occupational exposure to blood may occur without regard to personal protective clothing and equipment, and addresses the components of the "Bloodborne Pathogens Standard".

The Oswego County BOCES is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the OSHA "Bloodborne Pathogens Standard", Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist our District in implementing and ensuring compliance with the Standard, thereby protecting our employees. This ECP includes:

I. Employee exposure determination,

II. The procedure for evaluating the circumstances surrounding an exposure incident, and,

III. The schedule and method for implementing the specific sections of the standard, including:

Methods of compliance;

Training and communication of hazards to employees;

Hepatitis B vaccination;

Post-exposure follow-up;

Recordkeeping.

## PROGRAM ADMINISTRATION

The Superintendent is responsible for the implementation of the ECP. The Safety Officer will maintain and update the written ECP at least annually and whenever necessary to include new or revised employee positions with occupational exposures, employee tasks or procedures including the consideration of safer needle devices.

Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.

The Superintendent of Buildings and Grounds will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased. He/She will also ensure that these protocols are maintained and updated as needed.

The Superintendent of Buildings and Grounds will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharps containers, etc.), labels, and red bags as required by the Standard. The Superintendent of Buildings and Grounds will ensure that adequate supplies of the aforementioned equipment are available.

## EMPLOYEE EXPOSURE DETERMINATION

Employee determination analyzes job tasks for their potential exposure to blood or other potentially infectious material (OPIM). The District has performed an exposure determination of those employees who may incur occupational exposure to blood or OPIM. At risk employees have to perform tasks that might involve exposure to blood in the course of performing their job duties. This exposure determination is required to list all job classifications in which all or some employees may be expected to incur such occupational exposure, regardless of frequency. The exposure determination has been made without regard to the use of personal protective equipment.

The following is a list of all job classifications in which all employees have an occupational exposure:

School Nurses  
 Custodians  
 Maintenance Workers  
 Teachers  
 Teacher Assistants  
 Bus Drivers  
 Bus Aides  
 Security Officer  
 Property Guard

"Good Samaritan" acts such as assisting a co-worker or student with a nosebleed, giving CPR or first aid, which result in exposure to blood or other potentially infectious materials are not covered in the Standard nor in this ECP, and would not be considered an occupational exposure. However, the District will offer post-exposure evaluation and follow-up in such cases.

## METHODS OF IMPLEMENTATION AND CONTROL (Exposure Control Safety Precautions)

### Universal Precautions

"Universal Precautions" are specific hygiene procedures used to prevent blood or OPIM exposure, and they shall be observed by all employees in order to prevent contact with blood or OPIM. "Universal Precautions" include the following:

Treating all blood and body fluid as though it does have a bloodborne pathogen:

- using disposable towels;
- putting all contaminated items in a plastic bag;
- cleaning and disinfecting contaminated areas;
- removing gloves carefully and correctly;
- washing hands thoroughly.

All blood, all body fluids, and all materials contaminated by blood or body fluids shall be considered infectious for HIV, HBV, and other bloodborne pathogens regardless of the perceived status of the source individual or the degree of risk perceived by the responding employee, and must be treated accordingly. General information regarding standard operating procedures for blood and body fluid incidents is provided to district employees in their bloodborne pathogen disease prevention training.

## Exposure Control Plan (ECP)

Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shift or request a copy of this plan within 15 days by contacting the Safety Officer. (Free of charge.)

The Safety & Risk Department is responsible for updating the ECP annually or sooner if necessary to reflect any method or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

## Engineering and Work Practices Controls

Engineering controls and work practices controls will be used to prevent or minimize exposure to bloodborne pathogens. Careful adherence to safe work practices constitutes the primary method of preventing exposure to bloodborne diseases. Specific procedures used to reduce the potential for exposure to blood and OPIM are referred to as work practices. These work safe practices are mandatory.

Where the potential for exposure exists after utilizing safe work practices, personal protective equipment shall also be utilized.

Those engineering controls and work practices controls observed by the district are outlined below. The effectiveness of the controls used will be reviewed during the annual review of this ECP.

1. Handwashing facilities are available throughout the district, and handwashing is the most important preventive measure employees have available to them. Handwashing with soap and water is required after any contact of body areas with blood and/or OPIM whether or not an exposure occurred. Thorough handwashing is a basic and effective way to maintain good hygiene and infection control.
2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure.
3. Storage of food and drink is prohibited from being kept in refrigerators, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
4. If needles are used: Ensure that safety type needles are used (sharp or a needle device with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident). Recapping or shearing or breaking contaminated needles is prohibited. A labeled, puncture-resistant and leak-proof sharps container will be available in the building school nurse's office. Sharps containers will be inspected and maintained by user departments and replaced as needed. Sharps containers are never to be opened, emptied or reused.
5. Equipment which may become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
6. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.

## Personal Protective Equipment (PPE)

Personal protective equipment (PPE) must also be used if occupational exposure remains after instituting engineering and work practices controls, or if controls are not feasible. Training will be provided whenever necessary, such as if an employee takes a new position or if new duties are added to the current position.

PPE used will be provided to employees without cost. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The types of PPE which may be used are gloves, glasses, goggles, or face shields, aprons, gowns or lab coats, booties, or resuscitation masks or other ventilation devices. PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment is used.

Also, the PPE must fit comfortably and well enough to provide the degree of protection required. All PPE must be removed prior to leaving the incident site. Used PPE must also be placed in appropriate bags and designated containers when being stored, washed, decontaminated or discarded.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and/or mucous membranes. Disposable gloves are not to be washed or decontaminated for re-use. They are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

If utility gloves are used, they must be decontaminated. Such gloves are to be examined periodically to be sure the integrity of the glove is not compromised. They must be discarded when they show signs of cracking, peeling, tearing, puncture, or deterioration.

Eye and face protection (e.g., goggles, glasses with side shields, mouthpieces) must be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may pose a hazard to the eye, nose, or mouth. The type of eye and face protection available includes safety glasses and face shields.

If a garment is penetrated by blood and/or OPIM, the garment(s) must be removed immediately or as soon as feasible. If a pullover becomes minimally contaminated, employees should remove it in such a way as to avoid contact with the outer surface (e.g., rolling up the garment as it is pulled toward the head for removal). However, if the amount of blood or OPIM exposure is such that the material penetrates the pullover and contaminates the inner surface, not only is it impossible to remove it without exposure, but the penetration itself would constitute exposure. It may be prudent to cut off a contaminated pullover to aid removal and prevent exposure.

## Labeling

Bags and other containers for waste designated as regulated medical waste will be labeled with a biohazard label. The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word "BIOHAZARD" in contrasting color, and be attached to each bag or container by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.

The Superintendent of Buildings and Grounds will ensure that red biohazard bags and sharps containers have the appropriate biohazard label affixed are available for use as required.

## Waste Disposal

Regulated medical waste may be generated in a school facility, although most of the waste generated most likely will not meet the criteria given in the regulations as being regulated medical waste. Contaminated sharps such as needles or syringes and items that are so saturated with blood or OPIM that squeezing them will release fluids would be considered to be regulated medical waste. Most towels, bandages, and other items that do not meet this criteria can be disposed of in sealed plastic bags with regular trash.

All blood-contaminated wastes, absorbent, decontamination materials, bandages, and contaminated clothing or protective equipment which meets the criteria of regulated medical waste are to be placed in closable and labeled or color-coded containers (red biohazard). Waste placed in bags should be securely tied or double bagged in a trash bag, securely tied, and labeled with a biohazard label.

Properly secured bags and used sharps containers are to be placed in closable and labeled containers for storage separate from other waste. When storing, handling, transporting or shipping, regulated waste will be placed in containers that are constructed to prevent leakage. If an outside container becomes contaminated, the material will be placed in a second suitable container. Disposal will be through an approved, licensed facility for incineration where appropriate.

## Needle Stick/Sharps Injury Log

(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The Needle Stick Sharps Injury Log shall contain, at a minimum: (a) The type and brand of device involved in the incident, (b) The department or work area where the exposure incident occurred, and (c) An explanation of how the incident occurred.

(ii) The requirement to establish and maintain a Needle Stick/Sharps Injury Log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(iii) The Needle Stick/Sharps Injury Log shall be maintained for the period required by 29 CFR 1904.6



## HOUSEKEEPING

Good hygiene is a very important aspect of infection control, and along with that goes good housekeeping practices. Keeping surfaces clean helps control the potential for the spread of many germs, and on surfaces contaminated with blood or OPIM, additional measures should be implemented as indicated in this ECP. Restrooms and health offices shall be cleaned on a routine basis using gloves and disinfectants. The Superintendent of Buildings and Grounds has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the Standard.

### Decontamination and Clean Up

Decontamination shall be performed immediately a work surface becomes overtly contaminated or after any spill of blood or other potentially infectious materials, and after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.

An EPA-approved disinfectant or a solution of freshly mixed Clorox or other equal brand of 5% sodium hypochlorite solution and water will be used to decontaminate. (Mixing ratio is to be 1: 10: 1 part Clorox to 10 parts water.) A solution of 1: 10 is required to be effective against Hepatitis B, therefore, this should be the standard to follow for any blood/body fluid spill. Any unused mixture should be discarded at the end of the workday.

Reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated will be inspected on a regular basis. When contamination is visible, they will be cleaned and decontaminated immediately, or as soon as feasible.

### Laundry

If clothing or linens (school-owned clothing, blankets, or uniforms, etc.) become contaminated they should be bagged at their location of use and not sorted or rinsed in areas of use. The items can be decontaminated using an EPA-approved disinfectant or freshly mixed Clorox or other equal brand of 5% sodium hypochlorite solution and water if this can be done without further contaminating others or the area. However, if decontamination cannot be safely accomplished, the clothing/linens will be double bagged, tied, and labeled. They will then be taken to the Custodian Office for placement in storage until they are laundered in-house, sent out for laundering, or picked up for disposal if they are determined to be regulated medical waste.

If school-owned clothing or linens are laundered in-house, employees must wear utility gloves and other appropriate PPE (i.e., aprons, mask, eye protection) when handling and/or sorting contaminated laundry. If hot water is used, linens should be washed with detergent in water at least 140EF-160EF for 25 minutes. If low-temperature (140EF) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used. Laundry will be handled as little as possible and with a minimum of agitation.

If school-owned clothing or linens are sent out for laundering, the items must be placed in a leak-proof red laundry or trash bag marked with the biohazard symbol if they are determined to be contaminated with blood or body fluid. The laundry must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.

## Broken Glassware

Employees shall never pick up broken glassware by hand. Contaminated glassware should be picked up by mechanical means (tongs, forceps, or a brush and pan) even if gloves are worn. The implements used for these purposes are to be cleaned and decontaminated if the glassware held any material. Glassware should not be discarded in a regular trash bag.

## Disposal of Contaminated Clothing/Linens

All contaminated clothing/linens deemed regulated wastes (i.e., liquid or semi-liquid blood or OPIM; items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials) will be discarded according to federal, state, and local regulations.

## TRAINING

### Employees Covered

All employees who are reasonably anticipated to have occupational exposure to bloodborne pathogens shall be trained in the nature of the health hazards and in the work practices required to prevent bloodborne disease transmission. Training will be conducted during business hours, at no cost to the employee.

Employees with a job classification listed in this ECP have received the initial training in the prevention of bloodborne pathogens exposure.

## HEPATITIS B VACCINATION

A vaccine has been developed that is effective in the prevention of Hepatitis B. Vaccination involves a series of three shots given in the following order over a six-month period:

First Shot - Day 1

Second Shot - Day 30

Third Shot - Day 180

Since the vaccine is made from yeast, it is not recommended for people who are allergic to yeast to have these shots. Some people may experience such side effects as a sore arm or soreness at the site of the injection, or even a headache or mild joint ache, but most suffer little or no discomfort. At this time, there does not seem to be a need for a booster shot; however, if it is determined that a booster is needed, this information will be disseminated to all who have received the vaccine series and be included in the training and information given to employees.

### Employees Covered

All employees who have been identified as having potential exposure to blood or other potentially infectious materials will be offered the hepatitis B vaccine, at no cost to the employee, during regular business hours. If an employee initially declines the vaccine but later wishes to have it, he/she may do so at no cost during regular business hours.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

All employees at occupational risk or acting as "Good Samaritans" are able to receive a free confidential medical follow-up if an exposure incident occurs in their workplace. OSHA defines an exposure incident as a "specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties". Early action after an exposure is crucial, and prompt medical evaluation and prophylaxis is imperative. Timeliness is an important factor in effective medical treatment

### Reporting an Exposure Incident

1. All employees who incur an exposure shall be offered post-exposure evaluation and follow-up in accordance with the OSHA Standard. An employee who has been exposed should contact their Supervisor or the school nurse immediately.
2. All exposures will be documented by the school nurse on an "Exposure Incident Report Form" identifying the route of exposure and the circumstances related to the incident, including the identification of the source individual, unless identification is infeasible or prohibited by state and local law. (Public Law [Article 27-F] requires information about AIDS and HIV to be kept confidential. This law strictly limits disclosure of HIV related information. When disclosure of HIV related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Re-disclosure may occur with another authorized signed release. The law only applies to people and facilities providing health or social services.) The nurse will add any additional information as needed.
3. Exposures involving sharps and/or needles must be documented on the "Needlestick/Sharps Injury Log" , the DOSH SH 900 and related forms.

### Evaluation and Follow-Up

An immediate confidential medical evaluation and follow-up will be conducted by the school district physician. The school district physician will review the circumstances of the exposure to determine if procedures, protocols and/or training need to be revised.

The Human Resource Director will provide the health care professional with a copy of the "Bloodborne Pathogen Standard"; a description of the exposed employee's duties relevant to the exposure incident; the route(s) of exposure and the circumstances under which the exposure occurred; and relevant employee medical records including vaccination status.

Within 15 days after completion of the evaluation, the school district physician will provide the exposed employee with a copy of the evaluating healthcare professional's written evaluation.

### Documentation

In addition to the above records, the person responsible for tracking work-related injuries/illnesses must make an entry on the New York State Department of Labor SH 900 Log of Work-Related Injuries and Illness following incidents of exposure.

Documentation should be kept for the length of the individual's employment plus 30 years. (Note: When this form is posted annually, names must not be listed.)

## Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29CFR 1910.20. The Human Resource Director is responsible for the maintenance of the required medical records which will be kept in the personnel office in a separate file. Medical records will include the following in addition to the requirements of 29CFR 1910.20:

- employee's name and Social Security number;
- HBV vaccination status, dates of vaccinations, signed declinations where applicable, and any medical records relative to the employee's ability to be vaccinated;
- documentation that explains, medical testing, and follow-up procedures as required by the Standard were conducted;
- a copy of the healthcare professional's written opinion;
- copies (or notation) of all information submitted to the healthcare professional.

All employee medical records will be kept confidential and will not be disclosed to any person other than the employee or his/her designee without written permission from the employee except as is required by law. Records will be maintained for the duration of employment plus 30 years in accordance with 29CFR 1910.20.

Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days of the request

## Needle Stick/Sharps Injury Log

Log shall be maintained as required in Section V, (G) of this Plan. If there are no incidents involving needles/sharps write "None" on the Log and maintain. The log shall be retained for 5 years plus the current year.

## Training Records

Bloodborne pathogen training records will be maintained by the Safety and Risk Management office and will include the following:

- the dates of the training session;
- the contents or a summary of the training;
- the names and qualifications of the trainer;
- the names and job titles of all attendees at the training.

## RECORDKEEPING

### Training Records

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred. Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days of the request.

### Transfer of Records

If the District ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the NIOSH Director.

