



## CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

---

### **Board Policy Statement**

#### **5141.22 - Occupational Exposures to Bloodborne Pathogens/Exposure Control Plan**

Approved on May 19, 2014

---

The New Britain Board of Education recognizes that communicable disease exposure may be an occupational health hazard and places the highest priorities on occupational safety. The health and welfare of each employee is a joint concern of the Board and its employees. While each employee is ultimately responsible for his/her own health, the Board recognizes a responsibility to provide as safe a work place as possible. The goal is to provide all employees with the best available protection from occupationally acquired communicable disease. Each employee must follow diligently prescribed safety practices.

#### **Legal References/Citations**

Federal Occupational Health and Safety Act, 29 U.S.C. 655, 657 and regulations at 29 C.F.R. 1910.1030

State Occupational Health and Safety Act,

Conn. Gen. Stat. 31-367 et Seq. and regulations at

Conn. Agencies Regs. 31-372-101-1910



## CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

---

### Administrative Procedure

#### 5141.22 - Occupational Exposures to Bloodborne Pathogens/Exposure Control Plan

Approved on May 19, 2014

---

#### I. Purpose

These procedures implement the Occupational Safety and Health Administration (OSHA) Standard for Occupational Exposure to Bloodborne Pathogens (OEBP). All School District employees are responsible for full compliance with the OSHA Standard, this Policy and Procedure (exposure control plan). The OSHA Standard and this Policy/Procedure apply only to employees. In the School District the exposure of non-employees (parents, etc.) to bloodborne pathogens will follow the same guidelines but will, in addition, involve consultation and inclusion in the management by the non-employee's physician.

Caution: The focus of the policy is prevention of bloodborne disease among employees and compliance with the OSHA Standard. In student care, infection control and biosafety procedures address both bloodborne and other potential risks for infections and/or disease transmission.

The Director of Facilities Management and Lead Nurse are responsible for the implementation of ECP and will maintain, review, and update ECP at least annually and whenever necessary to include new or modified tasks and procedures. Contact Director of Facilities Management at 827-2216 or Lead Nurse at 827-2219. After the ECP is reviewed annually, the Director of Facilities Management, School Medical Advisor, and Lead Nurse will sign on "annual review form for 7-7".

School Health Department will maintain and provide all necessary protective equipment (PPE), engineering controls (i.e. sharps containers), labels and reg bags as required by the Standard. School Health Department will ensure that adequate supplies of aforementioned equipment are available in the appropriate sizes. Contact School Nurse in your building of PPE is needed.

Each School Nurse at the school(s) they are assigned to will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact each School Nurse at the school they are assigned.

The Lead Nurse and the School Nurses will be responsible for training, documentation of training, and making the written ECP available to OSHA and NIOSHA representatives. Contact Lead Nurse at 827-2219 or school nurse at school which they are assigned to.

#### II. Definitions

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

- B. Bloodborne pathogens means pathological 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), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).
- C. Contaminated means the presence, or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. Contaminated laundry means laundry, which has been soiled with blood or other potentially infectious material or may contain sharp items.
- E. Contaminated sharps means any contaminated object that can penetrate the skin, including, but not limited to, needles, broken glass, knives, scalpels, and jagged metal.
- F. 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 it is no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.
- G. Engineering controls means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- H. Exposure incident means a specific eye, mouth, or mucous membrane, non-intact skin, or parental contact with blood, or other potentially infectious material that results from the performance of an employee's duties.
- I. Handwashing facilities means a facility providing an adequate supply of running portable water, soap, and single use towels or hot air drying machines.
- J. Licensed health care professional is a person whose legally permitted scope of practice allows him/her to independently perform the activities required by paragraph (f) Hepatitis B vaccination and post-exposure evaluation and follow-up.
- K. Occupational exposure means reasonable anticipated skin, eye, mucous membrane, or parental contact with blood, or other potentially infectious materials that may result from the performance of the employee's duties.
- L. Other potentially infectious materials means the following human body fluids; urine, feces, vomit, saliva, semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- M. Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- N. Personal Protective Equipment is specialized clothing, or equipment, worn by an employee for the protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) are not intended to be personal protection equipment.

- O. Regulates waste means liquid or semi-liquid blood or other potentially infectious materials; items that are caked with dried blood or potentially infectious materials and are capable of releasing these materials during handling and; contaminated sharps.
- P. Work practice controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by two-handed technique).
- Q. Source individual means and individual, living or dead, whose blood, or other potentially infectious materials may be a source of occupational exposure to the employee.
- R. Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

### **III. Exposure Determinations**

The School Health Department is responsible for identifying positions within the School District in which employees in those positions can be “Occupationally Exposed” to human blood and body fluids. Employees who have a risk of ongoing contact with blood or other body fluids are listed below and therefore are eligible for Hepatitis B vaccine:

- A. School Nurses
- B. Occupational Therapists/Assistants
- C. Physical Therapists/Assistants
- D. Special Education Teachers
- E. Special Education Paraprofessionals working 1:1 with high risk students
- F. Athletic Trainers
- G. Police Resource Officers
- H. Coaches
- I. Art, Music and Physical Education teachers working with high-risk students
- J. Custodians/Cleaning Aides

### **IV. Methods of Compliance**

All School District activities will comply with the OSHA OEBP Standard, this Policy, and Exposure Control Plan.

#### **A. Universal Precautions**

Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluid types shall be considered potentially infectious materials. All employees are responsible to use Universal Precautions in accordance with this policy to prevent occupational exposure.

#### **B. Engineering and Work Practice Control**

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. These controls will be reviewed at least annually to ensure their effectiveness.

#### **C. Personal Protective Equipment (PPE):**

Board of Education employees will be instructed on selections and use of Personal Protective Equipment by the school Health Department/custodial department. Personal Protective Equipment shall be used by all Board of Education Employees to ensure compliance with Universal Precautions and shall be provided

and maintained by the departments of those employees at risk of occupational exposure to bloodborne pathogens.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in red bag waste. Containers are available in each School Health Office.

Personal Protective Equipment shall include, but not limited to:

**a. Non-Porous Water Resistant Gowns**

To be used when it can be reasonably anticipated that the employee will be in contact with blood or other potentially infectious material which may splash

**b. Latex/Vinyl Gloves**

To be worn when it can be reasonably anticipated that the employee will have hand contact with blood or other potentially infectious material

**c. Utility Gloves**

To be worn when it can be reasonably anticipated that the employee will have contact with blood or other potentially infectious material while cleaning. The gloved may be decontaminated for reuse if the integrity of the glove has not been compromised. They must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised

**d. Face Mask and Eye Protection**

To be worn when it can be reasonably anticipated that the employee may be exposed for contaminated material, which may splash on his/her face or in his/her eyes

**e. Bag Valve Mask or Other Ventilation Resuscitation Equipment**

To be used for CPR

\*If the employee is allergic to any of the protective equipment, the employer will have ready available hypo-allergenic gloves, glove liners, powderless gloves or any other material that will provide for the safety of the employee.

**D. Personal Hygiene**

Employees shall wash their hands and 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. When antiseptic hand cleaners are used in the field, hands shall be washed with soap and running water as soon as feasible. Fingernail biting and other personal habits that cause lesions to the skin should be avoided.

**E. Contaminated Personal Protection Equipment/Disposable Waste**

If a garment(s) is penetrated by blood, potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible. When Personal Protective Equipment is removed, it shall be placed in an appropriately designated area, container, or red "bio-medical waste" bag for storage, washing,

decontamination or disposal. Bins and pails are cleaned and decontaminated as soon as possible after visible contamination.

**F. Contaminated Sharps**

Contaminated needles and other contaminated sharps shall not be recapped or removed unless taken as evidence. Immediately or as soon as possible, contaminated sharps shall be placed in appropriate containers. These containers shall be puncture-resistant, labeled or color-coded, and leak-proof on the sides and bottom. These containers shall be kept locked in each School Health Nurse's office.

**G. All levels of Emergency Responders**

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

**H. Contaminated Student Property**

All contaminated or potentially infected materials that are the personal property of the student shall be placed in a properly labeled container (red bio-medical waste bag) which prevents leakage during collection, handling, processing, storage, transporter shipping. Parents/guardians of students shall be instructed in the appropriate laundering of student materials.

**I. Housekeeping**

Department supervisors shall assure that all equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated objects and work surfaces shall be disinfected after completion of emergency calls and immediately after any spill of blood or infectious materials. Contaminated immersable objects, such as, but not limited to; stethoscope, scissors, blood pressure cuff, airway management equipment, jewelry and eye glasses shall be cleaned and disinfected in a designated basin using a freshly prepared solution of Triad II. Entire contaminated surfaces shall be covered with a fine film of the solution for at least ten (10) minutes before rinsing clean and drying.

**J. Contaminated Laundry**

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Employees who have contact with contaminated laundry shall wear protective gloves and other Personal Protective Equipment. Employees will be instructed on appropriate handling and cleaning of contaminated laundry.

**K. Regulated Waste Disposal**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled and closed prior to removal to prevent spillage or protection of contents during handling. All disposable sharps containers are to be kept locked in the school health office. Other regulated waste (red bag items) are disposed of immediately in containers that are labeled. Disposal sharps containers and red bags are available in each school health office.

**L. Employee Training**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by School Nurse.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a. A copy and explanation of the Standard
- b. An explanation of our ECP and how to obtain a copy
- c. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- d. An explanation of the use and limitations of engineering controls, work practices, and PPE
- e. An explanation of the types, uses, location, removal, handling, Decontamination, and disposal of PPE
- f. An explanation of the basis for PPE selection
- g. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine will be offered free of charge
- h. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- i. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- j. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- k. An explanation of the signs and labels and/or color coding required by the Standard and used at this facility
- l. An opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available at each school.

## **M. Recordkeeping**

### **1. Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at each health office by the School Nurse. At the completion of the training each year, copies of training records are to be sent to the Lead Nurse.

Training records include:

- a. The dates of the training session
- b. The contents or a summary of the training session
- c. The names and qualifications of person conducting the training
- d. The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.

## **N. Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 19190.1020, "Access to Employee Exposure and Medical Records."

The Human Resources Department is responsible for maintenance of the required medical records. These confidential records are kept at New Britain Educational Administration Center for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such request should be sent to the Director of Human Resources.

#### **O. OSHA Recordkeeping**

An exposure incident is evaluated to determine if the cause meets Oota's recordkeeping requirements (29 CFR 1904). This determination and the recording activities are done by the Assistant Superintendent of Business and Operations.

#### **P. Sharps Injury Log**

In addition to the 1904 recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidents must include at least:

- a. The date of the injury
- b. The type and brand of the device involved
- c. The department or work area where the incident occurred

The log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If the copy is requested by anyone, it must have any personal identifiers removed from the report.

#### **Q. Other Information**

- a. Sharps disposal containers are inspected and maintained or replaced by School Nurse every 6-12 months or whenever necessary to prevent overfilling.
- b. This facility identifies the need for changes in engineering control and work practices through review of safety committee minutes and employee accident log.
- c. We evaluate new procedures or new products regularly by review of nursing literature, attendance at state meetings, meetings with city Health Department. The supplier for new products is Moore Medical, for example, syringes with retractable needles are being implemented. Both workers and managerial staff are involved in this process. Employees and managers are encouraged to bring ideas or concerns to safety committee representative. The Director of Facilities Management and Lead Nurse will ensure effective implementation of these recommendations.

### **V. Hepatitis B Vaccination, Post-Exposure, Evaluation and Follow Up**

#### **A. Hepatitis B Vaccination**

The Hepatitis B vaccination shall be made available at no cost after the employee has received training required in section VI and within ten (10) working days of initial assignment to all employees as identified in III p. 4 who have occupational exposure, unless the employee has previously received the complete Hepatitis B vaccinations series, antibody testing has revealed the employee is immune, or vaccine is contraindicated for any medical reason. As a minimum, the School Health Department will train employees on the benefits of Hepatitis B vaccination in order to encourage participation addressing the safety, benefits, efficacy, methods of administration and availability. If the employee initially declines the Hepatitis B vaccination, but at a later date, while still covered under OSHA 29 CFR 1910:1030 Standard decides to accept the vaccination, the Board of Education shall make available the Hepatitis B vaccination at that time.



- a. After employees have received the Hepatitis B vaccination series and the employee is expected to have occupational exposure to human blood/body fluids and contaminated sharps exposure, testing for antigen surface is recommended. It is the employee's responsibility to make the appointment and receive the recommended testing for antibody to Hepatitis B surface antigen. Alliance for Occupational Health Clinic will report the results of the antigen surface testing to the School Nurse and to the Human Resources Department. Employees who do not respond to the primary vaccination series must be re-vaccinated with a second three-dose vaccination and retested.
- b. Employees who have ongoing contact with blood and ongoing risk for injuries with sharp instruments or needle sticks vaccinated for Hepatitis B after December 26, 1997 are eligible to receive titers for antibodies to Hepatitis B. The testing will be done at Alliance Occupational Health Clinic.
- c. Employees who decline to accept the Hepatitis B vaccination offered by the Board of Education shall sign the declination statement. This statement shall be sent to the Human Resources Department. At any time the employee wishes to have the Hepatitis B vaccine, the employee shall notify the School Nurse in his/her school so the arrangements for the administration of the vaccine can be made. This first dose of the vaccine must be given within 10 working days of the request.
- d. Post exposure evaluation and follow-up: Following a report of an exposure incident, the attached protocol concerning bloodborne disease exposure will be implemented.
- e. The School Nurse will review the circumstances of all exposure incidents to determine:
  - i. Engineering controls used at the time
  - ii. Work practices followed
  - iii. Description of device being used (include type and brand)
  - iv. Protective equipment or clothing that was used at the time of the exposure incident (i.e., gloves)
  - v. Location of incident
  - vi. Procedure being performed
  - vii. Employee's training

A written report of exposure incident will be sent to the Assistant Superintendent of Business and Operations within 10 days. The Assistant Superintendent of Business and Operations will record all percutaneous injuries from contaminated sharps in the sharps injury log. If it determined that revisions of this policy need to be made the Lead Nurse will ensure that appropriate changes are made to the ECP.

## **VI. Communication of Hazards to Employees**

### **A. Labels**

Warning labels that are fluorescent orange or orange-red and include the biohazard symbol shall be affixed to all containers of regulated waste.

### **B. Signs**

Fluorescent orange and orange-red in color containing the biohazard symbol and information on the type of biohazard will be posted anywhere biohazard material is stored.

### **C. Information and Training**

The Board of Education shall ensure that all employees with risk of occupational exposure to bloodborne pathogens participate in a training program. The training shall be provided as follows:

- a. At the time of the initial assignment to tasks where occupational exposure may occur. Written materials will be provided.
- b. Annually within one year of their previous training. This is done by utilizing a film and time allotted for questions and answers.
- c. When changes such as modification of tasks or exposures or institution of new tasks or procedures affect the employee's occupational exposure.
- d. Employees are responsible to report to the school Nurse within ten (10) working days to complete the training required in 6.3.

## **VII. Recordkeeping**

- A. Medical records shall be maintained and stored in a locked file cabinet with limited access in the Human Resources Department. Medical information will not be disclosed without the employee's written consent to any person within or outside the workplace except as required by the Standard or required by law.
- B. Medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.
- C. Training records shall include dates of training, summary of training, name(s) and qualifications of trainer, list of attendees and job titles.
- D. Training records will be maintained in the school building that the training was done for three years from the date training occurred by the School Nurse responsible for the training.
- E. Records shall be made available upon written request for examination to the subject employee.
- F. Log of exposure incidents will be maintained by the Assistant Superintendent of Business and Operations. This log will contain employee's name, date of exposure, location of exposure, type of exposure, and follow up that occurred.

## **VII. Procedures Concerning Significant Bloodborne Disease Exposure**

Occupational Exposure occurs when an employee in the course of his/her occupational duties has had a significant exposure to blood or body fluids of another individual. Should an exposure occur, contact the School Nurse at school of occurrence. The employee will:

- A. Notify supervisor of significant exposure as soon as possible (immediately or within 1-2 hours, or maximum of 24 hours of the incident).
- B. Complete a written employee accident form within 24 hours of exposure. The following information must be included in the form:
  - a. Parties to the exposure
  - b. Witnesses
  - c. Time of the incident
  - d. Place of the incident

- e. Nature of the event – the description of the nature of the event should be specific and should include type of exposure (needle stick or non-intact skin exposure), routes
  - f. Other information required by the town in an incident report.
- C.** Contact or go to Alliance Occupational Health Clinic as soon as possible or within 24 hours of exposure. (Literature strongly suggests post-exposure prophylaxis, PEP, be initiated within 1-2 hours post-exposure, no later than 24-36 hours). On a weekend or a holiday, the employee should go to prompt care or the Emergency Department at New Britain General Hospital. If the employee goes to the Emergency Department, the employee should contact the Alliance Occupational Health Clinic the next working day to notify them of the exposure and to arrange for appropriate recommended follow-up.

All employees will be tested if the “personal protection barrier was broken” or if it is believed an exposure occurred. The employee shall tell the medical staff at either facility that he/she has had an exposure to blood/body fluid. The physician at Alliance Occupational Health Clinic (or the emergency department) will make a determination as to the significance of the exposure at the initial visit. This will be based on the nature of the event including the type of exposure, body fluid employee is exposed to, and the risk to the employee, relevant employee medical records, including vaccination status.

- D.** If it is determined that a significant exposure has occurred, the Board of Education will pay for the initial screen and four (4) follow-up screens, without prejudice, through its Workers' Compensation carrier. If it is determined that a significant exposure has not occurred, the Board of Education will pay for the initial screen and one (1) follow-up, without prejudice, through its Workers' Compensation carrier. If it is determined that a significant exposure has not occurred, the employee may ask for voluntary continuation of testing and counseling at the intervals of initial, six weeks, three months, six months, and twelve months. The employee should not report a Workers' Compensation claim. Should the employee wish to undergo further testing, he/she will be responsible to arrange payment with Alliance Occupational Health Clinic or seek follow-up through his/her private physician.

Nothing herein shall prevent the Board of Education from disclaiming the significant exposure as a compensated injury under Workers' Compensation statutes.

- E.** The employee or his/her supervisor should notify the Lead Nurse and school medical advisor that an exposure has occurred including date, time of incident, employee’s name, source individual’s name, address, phone and if source was seen at New Britain General Hospital.
- F.** Alliance Occupational Health Clinic or New Britain General Hospital will:
- a. Determine if significant exposure occurred
  - b. Provide counseling
  - c. Evaluate need for prophylaxis based on provisional public health service recommendations for chemo-prophylaxis after occupational exposure to HIV
  - d. Obtain consent for HIV, HBSAB, and anti-HCV baselines
  - e. Provide follow-up counseling on employee’s test results (positive baseline tests results will be addressed on a case by case basis)
  - f. Provide additional testing and counseling and referrals to resources as indicated. (If a weekend or holiday, the emergency department will cover).
  - g. Alliance Occupational Health Clinic will provide to the Board of Education’s Human Resources Department a health care professional’s written opinion within 15 days of the completion of the evaluation. This written opinion shall include Hepatitis B vaccination, if indicated; that the

employee has been informed of the results of the evaluation; that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation.

**G. Board of Education will:**

- a. If the source case is brought into New Britain General Hospital, the employee should notify the emergency room staff and physician that an exposure has occurred. The staff will attempt to obtain permission from the source case for HBV, HCV, and HIV testing and/or release of information pertaining to HBV, HCV, and HIV status to the Board of Education employee. If testing is done and the individual (source case) is released prior to test results being received, his/her treating physician will offer them his/her test results. If the source case refuses testing or release of information pertaining to HBV, HCV, HIV status, the Board of Education's medical advisor will become involved and will determine if criteria is met to pursue a court order.
- b. If the source case is not brought to New Britain General Hospital but has a family physician, the family physician will be notified and asked to obtain consent for testing and/or release of information of HBV, HCV, HIV status to exposed city employee. If the source case refuses to give consent for the testing and/or to release the information pertaining to HBV, HCV HIV status, the Board of Education's medical advisor will become involved and will determine if criteria is met to pursue a court order.
- c. If the source case is not brought to New Britain General Hospital and does not have a family physician, the medical advisor for the Board of Education will act as the individual's physician and will contact the individual for consent to test and/or to release the information regarding HBV, HCV, HIV status to the exposed Board of Education employee. If the individual refuses to consent to testing and/or to release the information, a court order will be pursued. The Board of Education's medical advisor will determine if criteria are met to pursue a court order.