



Bloodborne Pathogens
Exposure Control Plan

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INTRODUCTION

The Bloodborne Pathogens Exposure Control Plan written by the District School Board of Bradford County (BCSD) is designed to limit occupational exposure to blood and other potentially infectious materials (OPIM) in compliance with the guidelines established by the Florida Department of Health 64E-16 Administrative Code, the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard 29 CFR 1910.1030, and the Department of Transportation 49 CFR. The Plan must 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 job classifications with occupational exposure.

EXPLANATIONS AND DEFINITIONS

To avoid any misunderstanding of terms used in this plan the following definitions and explanations are given.

Body fluids: Those fluids which have the potential to harbor pathogens, such as HIV and Hepatitis. These include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, (fluid from the brain or spinal cord) synovial, (fluid secreted by membranes in joint cavities) pleural, (liquid in lining around the chest cavity) peritoneal, (liquid in lining around the abdominal cavity) pericardial (membranous sac enclosing the heart) and amniotic fluids, (a watery fluid in which an embryo (baby) is suspended). *Note: Sweat is not considered biomedical waste.*

Biomedical Waste Generator: A facility that produces biomedical waste. The term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physician's offices, laboratories, veterinary clinics and funeral homes. *Note: The school itself is not a biomedical waste generator. However, if the school has a clinic then the clinic may be a waste generator. This means that waste materials generated at the clinic may be treated as biomedical waste as appropriate whereas, materials generated within the school may not.*

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

Standard Precautions: is the primary infection strategy set by the Centers for Disease Control (CDC). They are applied to all individuals, and are designed to minimize the risk of catching an infection from an individual or spreading an infection among individuals. *Note: The BCSD observes Standard Precautions. Which includes organisms spread by blood, all human body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood, non-intact skin and mucous membranes.*

GLOSSARY

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: Microorganisms that are present in human blood and that can cause disease in humans. These pathogens include hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Contaminated: An item or surface marked by the presence or reasonably anticipated presence of blood or OPIM.

Contaminated Laundry: Laundry that has been soiled with blood or OPIM or that may contain sharps.

Contaminated Sharps: 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: 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.

Disinfectants/Antiseptics: Antiseptics and disinfectants are used throughout the school in a variety of ways. Antiseptics are chemical germicides formulated for use on skin or tissue. Disinfectants are agents that inactivate viruses, bacteria, and fungi on surfaces. Hospital disinfectants used are registered by the Environmental Protection Agency (EPA) and are classified as high, intermediate, or low-level depending on their ability to kill germs.

The following are examples only and do not exclude other uses:

Antiseptic - Laboratory Use

Alcohol - Phlebotomy

Chlorohexidine gluconate - Handwashing

Para-chloro-meta-xyleneol - Handwashing

Iodophores - Blood donor collection

Disinfectant - Laboratory Use

Quaternary ammonias - Cleaning floors/walls

Glutaraldehyde - Disinfecting rubber tubing

Engineering Controls: Devices or equipment for isolating or removing hazards from the workplace.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from an employee performing his/her duties.

Handwashing Facilities: Locations that provide an adequate supply of running potable water, soap, and single-use towels or hot-air drying machines.

HBV: Abbreviation for Hepatitis B virus.

HIV: Abbreviation for Human Immunodeficiency Virus.

Licensed Health Care Professional: A person whose legally permitted scope of practice allows him/her to independently perform the activities required for hepatitis B vaccination and post-exposure evaluation and follow-up.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from employees performing their duties.

Other Potentially Infectious Materials (OPIM): The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures; menstrual blood, and any unfixed tissue or organ (other than intact skin) from a human (living or dead).

Parenteral Exposure: occurring as a result of piercing the skin barrier (e.g., subcutaneous, intramuscular, intravenous routes) through such events as needle-sticks, bites, cuts, and abrasions.

Personal Protection Equipment (PPE): Specialized clothing or equipment worn by an employee to protect against a hazard.

Regulated Waste: Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Source Individual: Any individual whose blood or OPIM may be a source of occupational exposure to the employee.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Standard Precautions: An approach to infection control. According to the concept of Standard Precautions, all human blood and human body fluids, secretions and excretions, regardless of visible blood (except sweat), non-intact skin, and mucous membranes are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (e.g., prohibiting recapping of needles by a two-handed technique).

I. PURPOSE

The purpose of the Bloodborne Pathogen Exposure Control Plan is to ensure that all employees who have occupational exposure to bloodborne pathogens are informed of the potential hazards and are provided with the training and equipment necessary to minimize or eliminate their exposure. These objectives will be accomplished through a comprehensive Exposure Control Plan which shall include an exposure determination for each job classification, labeling procedures, medical evaluations, recordkeeping and employee training. This program is designed to comply with the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030 and Florida statute Chapter 64E-16.

II. SCOPE

The Bloodborne Pathogens Exposure Control Plan applies to all employees who have the potential for exposure to blood or other potentially infectious body fluid in the course of their assigned duties. This plan does not apply to employees performing “Good Samaritan” assistance to co-workers, students, or other visitors entering BCSD property. Occupational exposure means REASONABLY ANTICIPATED contact with blood or OPIMs that may result from the performance of employment-related duties. The BCSD lists in Appendix A of this Exposure Control Plan job classification that are considered to be occupationally exposed employees, even if only a portion of the employees in some classifications has exposure. This determination has been made without regard to frequency or the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

III. EXPOSURE CONTROL PLAN IMPLEMENTATION

1. School Principals and Directors shall:

- a. Ensure that all employees in category 1 and 2 are identified and scheduled for training, and offered Hepatitis B vaccinations.
- b. Evaluate job descriptions as needed for category 1 and 2 employees to include potential for occupational exposure to bloodborne pathogens. Ensure that job descriptions are reviewed for exposure potential and categorized whenever created or revised.
- c. Notify Human Resources of changes in employees' job classifications or significant job duties, so that personnel records reflect employees' current status.
- d. Obtain and provide personal protective equipment (PPE) to employees according to requirements, and ensure that employees utilize PPE as required to prevent exposure.
- e. Ensure that necessary housekeeping measures and custodial procedures are implemented in the workplace.
- f. Provide all necessary containers and labels for regulated biohazardous waste generated by the school or facility, and ensure that regulated biohazardous waste is properly segregated from all other solid waste and disposed of in accordance with state laws and School District policies.
- g. Ensure that all employees who are exposed to blood or OPIM in workplace incidents are referred for medical evaluation within 24 hours following the exposure incident, utilizing reporting procedures established by the Human Resources Department.

- h. Human Resources will ensure that the forms included in Appendix B are completed and provided to the examining physician at the time of employee referral.
- i. Ensure that all exposure incidents are evaluated for necessary corrective actions and that corrective actions are implemented. Incident evaluation shall be completed no later than seven days after the exposure incident.
- j. Maintain a copy of this Exposure Control Plan at each school or facility and ensure that employees are granted access to review the Plan on request.
- k. Contact the Department of Human Resources to recommend necessary changes or updates to this Exposure Control Plan.

2. The Department of Human Resources shall:

- a. Provide annual review and any necessary updates to this Exposure Control Plan.
- b. Provide assistance to schools and facilities to coordinate implementation of the provisions of this plan.
- c. Maintain employee training records required under this plan.
- d. Coordinate initial Bloodborne Pathogens Training with New Employee Orientation.
- e. Maintain employee medical records, including records of employee Hepatitis B vaccination status and medical evaluations of exposure incidents, in confidential personnel files.
- f. Ensure that continuing medical service is provided for Hepatitis B vaccinations for new hires that are covered by this plan.
- g. The Department of Human Resources will ensure that all records of exposure incidents are placed in the appropriate employee medical files.
- h. The District shall jointly ensure that personal protective equipment (PPE) items listed are purchased and maintained to meet District needs.

3. All School District Employees shall:

- a. Follow work practices specified in this Exposure Control Plan and any protocols/procedures specific to the work site.
- b. Wear all PPE supplied and required to prevent exposure to blood or OPIM during performance of job duties.
- c. Utilize sharps containers and other engineering controls provided to prevent workplace exposure.
- d. Report immediately to the school Principal or Director (or designee) any suspected workplace exposure to blood or OPIM, so that prompt medical treatment can be initiated.
- e. Contact the Department of Human Resources to recommend any necessary changes and updates to this Exposure Control Plan.

VI. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

1. General : The Director of Human Resources will ensure that a copy of the OSHA Bloodborne Pathogens standard (29 CFR 1910-1030) a copy of the Florida Department of Health Chapter 64-E16 and a copy of this Exposure Control Plan are readily available on the District Human Resources website for all listed occupationally exposed employees.

2. Occupational Exposure Determinations: The list of occupationally exposed employees (See Appendix A) is based on the potential for exposure to blood or OPIM during the course of their assigned duties. The following considerations were used to evaluate exposures to blood and OPIM without regard for the use of protective clothing:

- a. job duties involving the performance of medical or dental procedures that may involve contact with blood or OPIM,
- b. job duties requiring the handling and packaging of bio-medical waste,
- c. contact with severely handicapped children,
- d. and Maintenance duties of carpenters, plumbers, flooring, sewer and waste water employees.

3. Re-evaluation of Exposure Determinations: An annual review of the exposure determinations will be made by the Director of Human Resources or at any time there is a change in tasks or procedures which may affect occupational exposure.

4. Exposure Prevention: Due to the fact that specific equipment and procedures may warrant their own explicit exposure prevention methods, the following procedures are universal in their approach and should be used in conjunction with other industry recommended practices and procedures. The BCSD has chosen to incorporate the CDC universal precautions approach to control employee exposure. Under this concept all human blood and body fluids are treated as if known to be infectious for bloodborne pathogens including human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

V. COMPLIANCE - WORK PRACTICES AND PROCEDURES

1. Standard Precautions: To ensure the success of the Exposure Control Plan, some general work practices and procedures have been established together with a list of prohibited activities. These work practices and procedures must be followed by all employees covered by the plan whenever performing tasks or procedures that have the potential for exposure to blood or OPIM. All body fluids shall be considered infectious.

2. Hand Washing: After any contact with blood or OPIM employees must wash their hands thoroughly. Hand washing facilities with soap, water and paper towels are available to employees who incur exposure to blood or OPIM are located in each school/department building in restrooms and/or designated clinic areas.

When the provision of handwashing facilities is not feasible, (i.e. busses, track and field locations) the BCSD's Exposure Control Plan requires the use of either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and water as soon as possible.

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

3. Contaminated Supplies and Regulated Biomedical Waste: Items used for minor first aid care, personal care, or cleanup of minor body fluid spills that are **not saturated** with body fluids shall be handled with universal precautions as if they were infectious. Examples include, but are not limited to, gloves, soiled bandages, swabs, wipes, diapers, sanitary napkins and spill sorbents. *These items do*

not require disposal as biohazardous waste. They will be contained in plastic lined containers, closed, and disposed of with daily trash in a larger, heavy-duty plastic bag of sufficient strength to preclude bursting and tearing during handling, storage or transport.

5. Sharps containers: Puncture resistant containers for needles, syringes and lancets will be maintained at each clinic. 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. The sharps container must be maintained in an upright position at all times, replaced routinely, and not allowed to overflow.

6. Clean-up of contaminated areas:

- a. In cases where areas become contaminated with blood or OPIM due to an accident or the treatment of a wound, they must be cleaned as soon as is reasonably practical following the incident. EPA approved, tuberculocidal, virucidal disinfectant cleaner, mixed according to label directions will be used.
- b. Carpet cannot be effectively disinfected but can be cleaned and sanitized using an appropriate cleaning agent labeled for such use.
- c. All housekeeping bins, pails, cans, waste containers and similar receptacles and cleaning equipment are inspected following each use, and cleaned and decontaminated as necessary by the user.
- d. Broken glassware which may be contaminated with blood or OPIM will be picked up with dustpans and hand brooms to avoid personal contact and discarded in a sharps container.
- e. The cleaning effort must be thorough and the person performing the work must be protected through the use of PPE. At a minimum cleaning, involving blood or OPIM will require the use of gloves and eye protection.
- f. All clean-up procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering, and the generation of droplets of these substances.
- g. Waste materials generated by the clean-up effort will be placed into impermeable plastic bags. These bags can be of any size. Zip-lock bags may be used for small amounts of waste. For larger amounts the red bags as supplied by the District's biomedical waste disposal contractor should be used. Whatever size bag is used it must be immediately taken and deposited into the waste disposal container supplied by the Districts biomedical waste contractor.
- h. The school nurse, clinic assistant, principal or district administrator will know the exact location of the biohazard waste container. Failure to place the waste into this container may result in a violation of the packaging and labeling requirements of the regulations. In the interests of hygiene and odor control all bags must be sealed before being placed into the waste container.

7. Prohibited Activities:

- a. Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in school clinics or work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens. Food and drinks shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benches in school clinics or where blood or OPIM are present.

- b. No employee shall engage in the shearing or breaking of contaminated needles.
- c. No employee shall engage in the bending recapping or removing contaminated needles or other contaminated sharps from the disposal container.
- d. No employee shall place hands into the sharps container.
- e. Broken glass or glassware which may be contaminated shall not be picked up directly with the hands, or gloved hands. It shall be cleaned up using mechanical means.
- f. No employee shall leave a clinic area wearing contaminated protective clothing or equipment.

8. Protective Equipment:

- a. PPE Selection: PPE that shall be provided for various school locations and employee job categories. Additional PPE shall be provided where deemed necessary and appropriate for performance of specific tasks. Selection of additional items is the responsibility of district and school administration.
- b. PPE Provision: The district is responsible for ensuring that funds are budgeted and PPE required for staff use is purchased in quantities sufficient to supply anticipated needs including sharps containers and red bags.
- c. PPE Accessibility: In coordination with district and school administration, the school nurses shall ensure that appropriate PPE in the correct sizes is readily accessible at each site or is issued to designated staff and repaired or replaced as necessary to maintain its effectiveness.
- d. PPE Use: Employees shall use appropriate PPE whenever there is a potential for occupational exposure. Each site administrator is responsible for the monitoring of school-based personnel to insure that PPE is used appropriately and supply is adequate.
- e. All protective clothing and garments supplied under this Exposure Control Plan will be of the disposable type; therefore no laundering procedures are required.

9. Warning Labels

- a. The Facilities Director in conjunction with the School Nurse Coordinator, school nurses, clinic assistants, and administrators shall ensure that all containers used for the collection of regulated waste, contaminated sharps, or other containers used to store, transport or ship blood or items contaminated with blood or OPIM is labeled with the Biohazard label as shown in this section.
- b. The labels used shall be fluorescent red-orange or predominantly so with symbols and lettering in a contrasting color. The labels shall be attached in such a way as to prevent their loss or removal. The red bags have imprinted labels.
- c. Individual containers of waste need not be labeled with the biohazard label as long as they are placed in a labeled container for storage shipment or disposal.
- d. A biohazard label must be placed on the outside of a closet door holding blood or OPIM.



10. Waste Handling and Disposal

- a. Only those employees who have been trained according to the requirement of this plan and governed by the Exposure Control Plan are permitted to handle biomedical regulated waste.
- b. All containers supplied by the Districts biomedical waste contractor must be located in a designated space that is under the control of the school nurse, clinic assistant, or administrator.
- c. When waste containers are stored in areas other than in the school clinic, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign must comply with the requirements of the OSHA standard paragraph (g)(1)(ii).
- d. Biomedical waste must be kept separate from other waste streams. Failure to do so may result in the waste being managed and disposed of under more stringent requirements than would normally be required for that waste. Biomedical waste mixed with hazardous waste, as defined in Rule 62-730 Florida Administrative Code (FAC) will be managed and disposed of as hazardous waste. Any solid waste, which is neither hazardous nor radioactive in character, but has been mixed with biomedical waste will be managed as biomedical waste in accordance with the requirements of the Department of Health Chapter 64E-16 (FAC).
- e. Biohazardous waste must not be stored for more than 30 days. The 30-day clock starts when the first item is placed into the waste bag. In order to meet the thirty-day limit, the BCSD has made arrangements with a Florida Department of Health registered biomedical waste disposal contractor to collect and dispose of the waste.
- f. The disposal company contracted by the District will pick-up the waste from the Operations Department when notified or through a standing order schedule. This service may be performed on a monthly basis. If a standing order has not been arranged, a faxed request must be sent to the District Safety Manager.
- g. The fax request should be sent as soon as saturated waste materials have been placed into the disposal box. This will allow the disposal company to schedule a pick-up within the 30-day requirement.
- h. When the biomedical waste disposal company arrives to pick-up the biomedical waste, either the Director of Facilities or their designee must sign a waste shipment manifest. This is a legal document and a copy must be filed and maintained in the biomedical waste disposal records. These manifests are required to be maintained for a period of 3 years.

- i. The BCSD has contracted with the biomedical waste disposal contractor to provide sharps containers and infectious waste boxes and liners meeting the requirements of this Exposure Control Plan to all designated school clinics and facilities for their disposal needs.

VI. INFORMATION

Occupationally exposed employees who are governed by this Exposure Control Plan will be informed of the OSHA Bloodborne Pathogens 29 CFR 1910-1030 standard, the Florida Department of Health Code Chapter 64E-16, the written Exposure Control Plan and the training requirements established by these regulations and this plan. Upon initial employment each employee will be informed of the exposure determination for their job classification and any tasks, which have the potential for exposure to blood or OPIM prior to assignment to perform these tasks. Each employee will be informed of the location and availability of the written Exposure Control Plan, the name of the facility administrator or designee, and the location of all supplies and protective clothing and equipment available to handle blood or OPIM. All occupationally exposed employees governed by this Exposure Control Plan will be provided information regarding the hepatitis B vaccine and vaccination series available to them free of charge.

VII. TRAINING

The Human Resources Director shall ensure that all employees with occupational exposure participate in a training program which will be provided at no cost to the employee and during working hours. Annual training for all employees shall be provided within one year of their previous training. The Director will arrange to provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Training material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. Agenda and/or materials presented to training participants include: an accessible copy of the bloodborne pathogen standard and an explanation of its contents; a general explanation of the epidemiology and symptoms of bloodborne diseases; an explanation of the modes of transmission of bloodborne pathogens; an explanation of the BCSD Exposure Control Plan; an explanation of the appropriate methods for recognizing procedures and other activities that may involve exposure to blood and OPIM; an explanation of the use and limitations of methods that will prevent or reduce the likelihood of exposure. This includes the appropriate use of personal protective equipment and proper work practices. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment or other contaminated items; an explanation of the rationale for selection of personal protection equipment; information on the HBV vaccine, its efficacy, safety, method of administration, benefits and provision at no cost to the employee; information on the management of emergencies associated with bloodborne pathogens including persons to contact and precautions; 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; information on the post-exposure evaluation and follow-up that is provided; and an explanation of the signs and labels and/or color coding of biohazards.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the specific workplace that the training.

VIII. MEDICAL AND EXPOSURE MONITORING

1. Hepatitis B Vaccination: HBV shall be offered at no cost to employees identified as at-risk for occupational exposure to bloodborne pathogens. Vaccine refusal shall be documented by the employee signing the Hepatitis B Declination statement. The statement shall be maintained in the employee's personnel file. Refusal of the vaccine is not final and the employee may request vaccination at any time in the future.

Individuals with occupational exposure to bloodborne pathogens should receive a 3-dose series of Hepatitis B vaccine at 0-, 1-, and 6- month intervals. The hepatitis B vaccine program is the responsibility of the Office for Human Resources. Records of employee vaccination status shall be maintained.

2. Exposure Incident: An exposure incident is defined in this Exposure Control Plan as a specific eye, mucous membrane, or non-intact skin contact with blood or OPIM that results from the performance of the employees duties. The following procedures will be implemented immediately after an exposure incident:
 - a. Wound and skin exposures shall be immediately and thoroughly washed with soap and water. Eye and mucous membrane exposures shall be rinsed in running water for 15 minutes.
 - b. Notify the site administrator, school nurse, or clinic assistant immediately.
 - c. Site administrator is responsible for notifying Workman's Comp and completing the exposure incident report. (See Appendix B)
 - d. Return exposure incident report to the transportation secretary (Risk Management) to initiate post-exposure evaluation and follow-up.
3. Post- Exposure Evaluation and Follow-Up: Following a report of an exposure incident of an employee covered by this Exposure Control Plan, the BCSD will make immediately available to the exposed employee a confidential medical evaluation and follow-up which will include documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - a. Medical Evaluation of Exposure Incidents and follow-up will be accomplished as delineated below.
 1. The exposed individual's blood will be collected by the health care provider immediately after the exposure incident by a referral to the Emergency Department.
 2. The employee will be offered the option of having their blood collected for testing of HIV/HBV status. In the event that the employee does not consent to HIV serological testing, the blood sample will be preserved by the laboratory for 90 days to allow the employee to decide if they want the blood test.
 3. Medical follow-up for reported exposure to blood/OPIM shall be performed according to the protocol established in the OSHA Regulation 29 CFR 1910.1030, with post-exposure prophylaxis when medically indicated as recommended by the U.S. Public Health Service. This will include offering the Hepatitis B vaccination unless

medically contraindicated. Hepatitis B immune globulin may also be indicated in some cases. When blood testing is performed as part of the evaluation, pre- and post test counseling shall be conducted in accordance with Florida Administrative Code 10D-93.070, including training of the individual performing counseling. Results of blood test and patient HIV/HBV status shall be kept confidential and shall not be reported back to the School District. The source individual's blood will be tested for HIV/HBV status, with written consent, unless written documentation of current status is provided by the source individual's health care provider. Counseling shall be conducted by the school administrator/supervisor in accordance with Florida Administrative Code 10D-93.070.

4. The employee will be offered post exposure HBV treatment in accordance with the current recommendations of the U.S. Public Health Service. Pre- and post-test HIV counseling will be provided in accordance with Florida Statutes.

5. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

4. Information Provided to Health Care Professionals: The department will ensure that the health care professional evaluating employees after an exposure incident is provided with the following information:

- a. A copy of the exposure incident report, results of the source individual's blood testing (if known/available),
- b. And the exposed employee's Hepatitis B vaccination status.

5. Health Care Professional's Written Opinion

- a. The Human Resources Department shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - i. That the employee has been informed of the results of the evaluation;
 - ii. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
 - iii. That baseline and post-exposure blood work will be required for occupational follow up.
 - iv. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- b. All medical opinions shall be filed in the employee's occupational Workers' Compensation medical file. A written medical opinion may be obtained for an employee's hepatitis B vaccination status and a post exposure evaluation that shall include :
 - i. that the employee has been informed of the results of the evaluation,
 - ii. that the employee has been informed about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment,

- iii. and post-exposure baseline blood work will be required for occupational follow up.

IX. RECORDKEEPING

1. The Office of Human Resources will establish and maintain an accurate record for each employee with occupational exposure and covered by this Exposure Control Plan in accordance with 29 CFR 1910.20. This record shall include: employee name; employee social security number; a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive required vaccination; a copy of all results of examinations, medical testing, and follow-up procedures; the BCSD's copy of the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional.
2. The Office of Human Resources will ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the recordkeeping section of the OSHA standard 29 CFR 1910.1030 or as required by law. The Office of Human Resources shall maintain the medical records required for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.20.
3. A record of occupational exposure shall be recorded on the OSHA Log and Summary of Occupational Injuries and Illnesses (OSHA 200) as an injury if it: Results in an injury that involves loss of consciousness, job transfer or restriction of work. Results in the recommendation of treatment beyond first aid (such as the hepatitis B vaccination). Results in a diagnosis of seroconversion.
4. Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, in accordance with 29 CFR 1910.20.
5. The Director of Human Resources will maintain training records for all employees with occupational exposure potential as required by this Exposure Control Plan. Training records shall be maintained for three years from the date on which the training occurred. Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the Director of the National Institute for Occupational Safety and Health, and to the Assistant Secretary Of Labor for Occupational Safety and Health in accordance with 29 CFR 1910.20.
6. The Supervisor of Facilities will establish a file for all waste manifests and certificates of destruction documenting the disposal of the biomedical waste from school clinics. Waste manifests and certificates of destruction for regulated waste shall be maintained for a minimum of three years from the date of destruction.

X. PROGRAM REVIEW

1. Compliance Review: The School Nurse Coordinator and Facilities Director shall periodically check compliance with the Exposure Control Plan by inspecting the facility clinic area and observing the effectiveness and use of the universal precautions, adequacy of supplies and personnel protective equipment, waste handling/disposal procedures and housekeeping. The results of the review will be documented on the Program Compliance Assessment Form (Appendix D).

2. Corrective Actions Following Exposure Incidents: Whenever an employee experiences an exposure incident, the cognizant school Principal or Director shall ensure that the circumstances surrounding the incident are evaluated, to identify and correct problems in order to prevent recurrence of similar incidents. The evaluation shall consider the following elements:

1. Engineering controls in place at the time of the exposure incident.
2. Work practice controls in place at the time of the exposure incident.
3. Personal protective equipment and clothing utilized at the time of the exposure incident.
4. Policy and control failures, if any.

APPENDICES

Appendix A

BLOODBORNE PATHOGENS AT-RISK EMPLOYEE LIST DISTRICT SCHOOL BOARD OF BRADFORD COUNTY
Listed below are job classifications that have been determined, in the BCSD Bloodborne Pathogens Exposure Control Plan, to place employees at risk for occupational exposure to blood or other potentially infectious materials (OPIM). Should you obtain employment in any of these categories, the BCSD offers the Hepatitis B vaccination series at no cost to them. If they are eligible but do not wish to receive the vaccine, they must sign a declination form. Please contact your school nurse to make arrangements to obtain a voucher, waiver or declination form.

Associated tasks / procedures which classify personnel as "at risk" may include: performing invasive health procedures including diapering /toileting, administering first aid, contact with blood or OPIM, therapy, close contact with students with special needs, hospital / clinic site work, responsibility for cleanup of body waste or sewer contamination.

"At Risk" Job Classifications:

Athletic coach,

Alternative Education teacher, Adaptive PE teacher, Behavior Resource Teacher, ESE teacher,

BIC behavior staff,

Custodian,

Early Childhood Program staff,

ESE paraprofessional, bus driver/transportation assistant

General Maintenance - flooring/sewer worker, Other maintenance personnel as appropriate,

Health Academy teacher/clinical instructor, LPN/instructional assistant,
Occupational Therapist/Assistant,
Physical Therapist/ Assistant,
Principal, Assistant Principal,
School Nurse, Clinic Assistant, and Substitute(s) for clinic assistant.

Occupationally exposed employees must receive training at initial assignment and at least annually. If you have questions or concerns, please call the School Nurse Coordinator at ext. 6053

Appendix B - Hepatitis B Vaccination Consent and Declination Form



Hepatitis B Vaccine Consent and Declination Form

Name of employee: _____ Date of birth: _____

Position: _____ Employee ID:

School/work location: _____ Work Telephone: _____

Hepatitis B Vaccination Consent: I have received information and/or training regarding Hepatitis B infection. I have had an opportunity to ask questions about the disease and vaccine and understand the benefits and risks of Hepatitis B vaccination. I understand that I must receive at least three (3) doses of the vaccine over a 6-month period for full antibody conversion or protection. The District School Board of Bradford County offers the Hepatitis B vaccination to employees with occupational exposure to blood or other potentially infectious materials at no cost. I understand that it is my responsibility to return as notified to complete the series of 3 vaccinations.

Employee Signature: _____ Date Completed:

Hepatitis B Vaccination Waiver: I have completed the Hepatitis B series of vaccinations.

Employee Signature: _____ Date Completed:

Hepatitis B Vaccination Declination: I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV)

infection. I have been given this opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself; However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material, and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date Completed:

Appendix C - Exposure Incident Report



EXPOSURE INCIDENT REPORT

Name of employee: _____ Date of birth: _____

Home address: _____ Home telephone: _____

School/work location: _____ Work Telephone: _____

Place of exposure incident: _____ Date of exposure incident:

Describe nature of exposure (give details):

Description of employee duties in relation to exposure incident:

Protective Equipment Worn at the Time of Incident:

Describe Actions Taken:

HBV Status: None/Unknown/1st Date _____ 2nd Date _____ 3rd Date _____

Name of source individual: _____

Employee Signature: _____ Date _____

Signature of Person Completing Report: _____ Date _____

Signature of Witness: _____ Date: _____

ORIGINAL - Physician COPY - Employee Benefits and Risk Management COPY - Employee



Bloodborne Pathogens 29 CFR 1910.1030 Program Compliance Assessment

Check each item that is appropriately followed.

Exposure Control Plan

___ Is the Plan available to all employees?

___ Are the exposure determinations being followed at this location?

___ Are copies of the regulations and this Plan made available if requested.?

___ Is good housekeeping being maintained?

Recordkeeping

___ Are the medical records complete?

___ Are the training records complete? Is the training of employees current?

___ Are waste manifests complete?

Compliance

___ Is personal protective equipment available?

___ Are hand washing facilities available?

___ Are blood spills cleaned-up in a timely manner? Is there evidence of food or drink in exposed areas?

___ Are items properly labeled?

___ Are engineering controls effective?

___ Are needles and other sharps stored correctly?

Waste Disposal

___ Are sharps containers available?

___ Are they being used?

___ Are waste disposal boxes available?

___ Are disposal containers in the clinic lined with red bags?

___ Are red bags available?

___ Are waste manifests being filed?

___ Are all waste containers, bags, and boxes labeled?

Comments:

Name of individual completing the check: _____

Signature of individual completing the check: _____ Date: _____

ORIGINAL - Cost Center Risk Management files, COPY - Director of Human Resources,
COPY - Director of Facilities