



# Exposure Control Plan For Occupational Exposure to Bloodborne Pathogens

Complies with  
29 CFR 1910.1030  
OSHA General Industry Standards

*Updated: November 2022*



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## INTRODUCTION

### A. Policy

The Matanuska-Susitna Borough School District (MSBSD) is committed to providing a safe work environment for our employees and students. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to Bloodborne Pathogens (BBP) in accordance with OSHA standard 29 CFR 1910.1030.

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

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including
  - Universal Precautions
  - Engineering and work practice controls
  - Personal Protective Equipment (PPE)
  - Housekeeping
3. Hepatitis B Vaccination (HBV)
4. Post-exposure evaluation and follow-up
5. Procedures for evaluation circumstances surrounding exposure incidents
6. Record Keeping

### B. Review Requirements

This ECP will be reviewed at least annually.

### C. Program Responsibilities

The following individuals have responsibility for administering the District's Exposure Control Plan:

1. Vaccination Compliance  
Nursing Services Coordinator  
Matanuska-Susitna Borough School District  
501 N. Gulkana St.; Palmer, AK 99654  
P: 907-761-4073; F: 907-761-4089
2. Record Keeping and Program Review  
Risk Management  
Matanuska-Susitna Borough School District  
501 N. Gulkana St.; Palmer, AK 99654  
P: 907-746-9213; F: 907-761-4091
3. Bloodborne Pathogen Training and HIPPA Privacy  
Human Resources  
Matanuska-Susitna Borough School District  
501 North Gulkana Street  
Palmer, AK 99645  
P: 907-761-4098; F: 907-761-4088



4. Regulated Waste

Facilities Department

3901 E. Bogard Rd.; Wasilla, AK 99654

P: 907-864-2000; F: 907-864-2081

D. Effective Date

This plan supersedes and replaces all previous Exposure Control and Bloodborne Pathogens policies.

E. Specific Responsibilities

1. Risk Manager (Exposure Control Officer)

- Individual responsible for implementing the ECP;
- Solicits input from District management and employees when setting policies and work practices to effectively implement the ECP;
- Revises the District's written ECP, annually or as needed, to reflect changes in employee exposures and required exposure controls and practices;
- Keeps abreast of current legal requirements concerning OSHA Standards and exposure control processes;
- Provides electronic copies of the District's ECP as the umbrella plan for school nurses and individuals via the District's website in the Knowledge Base;
- Provides limited monitoring and record keeping for HBV vaccine administration and documentation.
- Receives all Exposure Incident Reports, processes claims, investigates the exposure incident; and monitors employee's follow-up progress; and
- Receives a physician's written opinion; and works with the employee to assure medical follow-up treatment is provided, if requested by employee or their physician.

2. Human Resources Department

- Maintains required training documentation;
- Informs new employees that the District has an ECP in place for their facilities and the District.
- Determines employees that are eligible to receive the HBV vaccination due to their occupational exposure to BBP. Employees that have an occupational exposure to BBP will be offered the HBV vaccination.
- Schedules appropriate initial and annual employee trainings within 10 days of hire; and
- Notifies new employees of the BBP training in the SafeSchools portal via the District's website.

3. School Nurses

- Provides eligible employees the HBV vaccination consent and declination forms;
- Provides HBV vaccinations to eligible employees;
- Assists employees who may have an occupational exposure with initial reporting and follow up care.
- Sends completed vaccination forms to Nursing Coordinator and Risk Management.

4. Regulated Waste Pick-up Coordinator

- Arranges for the scheduled pick-up of regulated waste containers from schools and transports them to the central School District collection site;



- Supplies individual schools with approved biohazard signs, labels, and regulated waste containers or District approved container liners;
  - Provides the District with a log of total regulated waste containers picked up from individual schools; and
  - Disposes of regulated waste according to local, state, or federal requirements.
5. On-site Exposure Control Teams
- The principal or facility administrator is the overall site compliance manager. They are responsible for ensuring their site complies with the District ECP.
  - The school nurse or designee is the site-specific Exposure Control Coordinator and is responsible for reinforcement of safe work practices for exposure control;
  - Athletic Directors (where available) are considered Off Hours Responders and will ensure their coaches and student athletes receive initial and annual exposure control training. PE teachers will receive this training through the District's annual training process; and
  - The custodial supervisor is the regulated waste coordinator for schools in their region. They are responsible for managing any regulated waste and the training of custodial staff.
6. Principal, Building Administrator, and School Nurse's On-Site Responsibilities
- Implement the District's ECP at their individual work sites;
  - Ensure that exposure control methods are in place at the work site;
  - Ensure that PPE is available to employees at the work site;
  - Ensure that employees observe required safe work practices to minimize BBP exposure at the work site;
  - Ensure that only OSHA approved "Red" sharps and authorized biohazard waste containers are used and labeled with the OSHA approved warning labels;
  - Restrict access to rooms containing regulated waste containers, such as custodial closets and nurses' offices;
  - Ensure that new employees are trained in safe work practices; and
  - Identify employees who require additional training.
7. Responsibilities of Employees
- Complete the District's annual BBP required training in SafeSchools;
  - Understand which tasks they perform constitute an occupational exposure to BBP;
  - Plan and conduct activities in accordance with the safe work practices outlined in the School District's written ECP;
  - Exercise good personal hygiene habits, especially frequent hand washing;
  - Wear PPE when performing activities that could present an occupational exposure to BBP;
  - Report to an immediate supervisor or the Human Resources Department, any job or duty which they feel places them or their fellow workers at risk of occupational exposure to a BBP; and
  - Ask questions about any areas of the ECP that are unclear or confusing.
  - Report any BBP exposure to immediate supervisor and Risk Management.

## PROGRAM ELEMENTS

### A. Exposure Determination

The following District job classifications and tasks may have a BBP occupational exposure.

#### 1. Job Classifications with Occupational Exposure:

- The following list of job classifications provides a basic starting point for determining if an employee is eligible to receive the HBV vaccine.

| <i>Job Classification</i>         | <i>Risk Level</i> | <i>Associated Duties:</i>  |
|-----------------------------------|-------------------|--|
| School Nurses                     | High Risk         | First Responders for wound, illness, medicine                      |
| Athletic Coaches                  | High Risk         | Respond to after school athletic injuries                          |
| Special Education Teachers        | High Risk         | Restraining students increases the risk of bites/scratches         |
| Special Education Assistants      | High Risk         | Restraining students increases the risk of bites/scratches         |
| Other Special Education Staff     | High Risk         | Restraining students increases the risk of bites/scratches         |
| Custodians                        | Medium Risk       | Responding to spilled blood, cleaning bathrooms and emptying trash |
| Physical Education Teachers       | Medium Risk       | Responding to student injuries during athletic classes             |
| Principals / Assistant Principals | Medium Risk       | Responding to elevated students, could be injured                  |
| Teachers                          | Medium Risk       | Responding to elevated students                                    |
| Student Support Services Staff    | Medium Risk       | Responding to elevated students                                    |
| School Monitors                   | Low Risk          | Responding to playground injuries                                  |
| Science or Vocational Teachers    | Low Risk          | Risk of injuries due to broken glass                               |

- Other positions have minimal risk and are unexpected to be in contact with blood or OPIM tangential to their school duties.
- Employees in job categories marked high risk are required to take initial training in the District's BBP program and will be offered the HBV vaccination series within 10 days of their job assignment.
- Employees in job categories marked medium risk should consult with their school nurse to apply for the HBV vaccination. Eligibility will be determined in coordination with HR and the Nursing Service Coordinator.
- Employees in job categories marked low risk should be provided with basic information about occupational exposures through the annual BBP training.
- All employees are required to take the annual SafeSchools Bloodborne Pathogens training.



- All other job classifications have no occupational exposure as defined in the standard. OSHA has determined that "all employees who clean up surfaces or handle linens soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva (other than saliva from dental procedures) are not occupationally exposed to BBP during these tasks, as long as these substances are not contaminated with visible blood."
- If you feel that your position should qualify for HBV vaccinations, contact HR at 907-746-9250.

**All District employees will be offered post-exposure HBV vaccination if an occupational exposure incident occurs.**

B. Preventing Exposure to Bloodborne Pathogens (PPB)

1. General Universal Precautions:

- The term "universal precautions" refers to a concept of bloodborne disease exposure control which requires that all human blood and other potentially infectious materials (OPIM) be treated as if known to be infectious for HIV, HBV, HCV, or other BBP, regardless of the perceived low risk status of a patient or patient population. Health care professionals use universal precautions in situations in which it is difficult to differentiate between blood and other bodily fluids. Health care workers treat all bodily substances as potentially infectious to prevent confusion and minimize exposure to infection.
- OSHA's Exposure Control Standard recommends that employers implement universal precautions when dealing with blood and other potentially infectious materials, which have the capability of transmitting a BBP.
- Blood and OPIM materials include:
  - a. Human blood, human blood components, and products made from human blood;
  - b. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures;
  - c. Any bodily fluid visibly contaminated with blood; and
  - d. All bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.
- Universal Precautions: All employees shall routinely observe the following universal precautions for infectious disease prevention:
  - a. Know the location of the nearest PPE.
  - b. Take the time to put on disposable waterproof gloves whenever you expect to come into direct hand contact with blood, other bodily fluids, or contaminated items or surfaces.
  - c. Take the time to put on goggles and other liquid proof PPE if you anticipate splattering blood to avoid soiling your clothing.
  - d. Use a CPR mouth shield, resuscitation bag, or other ventilation device in place of direct mouth-to-mouth resuscitation.
  - e. Perform all procedures involving blood or OPIM in a manner that minimizes splashing and spraying.



- f. Remove contaminated gloves without touching the outside of the gloves and dispose of them in a designated regulated waste container that is either lined with a red plastic liner or marked with a biohazard sign.
- g. Do not reuse disposable gloves. Do not reuse contaminated utility gloves without first decontaminating them.
- h. After removing your gloves, wash your hands and any other contaminated skin for 15 to 30 seconds with antibacterial soap and warm running water. Rinse thoroughly under running water, and dry with disposable paper towels.
- i. Clean surfaces and equipment contaminated with blood with soap and water and disinfect them promptly with a fresh solution of bleach (ten-parts water to one-part bleach), a disinfectant registered by EPA as a tuberculocide, or a disinfectant registered by EPA as effective against both HBV and HIV. Disinfectants should be applied according to the product label.
- j. Wear disposable gloves and use disposable paper towels whenever possible when cleaning. Mops used for blood clean-up must be decontaminated with an approved disinfectant before they can be used again. Disinfectant should be applied to the contaminated area or object for a minimum of ten minutes.
- k. Properly dispose of all contaminated paper, gloves, bloody dressing, and similar items in regulated waste containers, labeled with a biohazard symbol. Needles, syringes, and sharp disposable objects should be placed in a hard plastic, OSHA approved, sharps container. Bloody laundry should be red-bagged, soaked with disinfectant, and laundered separately from other laundry in hot soapy water. Urine, vomit, and feces should be disposed of in the sanitary sewer system.
- l. Employees must not pick up broken glassware with their hands. Broken glass should be picked up with a dustpan and brush or with tongs.
- m. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a potential for BBP exposure.
- n. Do not store food and drink in refrigerators, freezers, on countertops, or in other storage areas where blood or OPIM are present.

### C. Engineering Controls and Safe Work Practices

The District has adopted a number of controls to prevent and/or minimize occupational exposure to BBP. Two such controls are:

Engineering Controls: equipment designed to prevent or minimize an employee's contact with a BBP in the workplace, such as self-sheathing needles, sharps with engineered sharps injury protection, etc. These controls isolate or remove the BBP hazard from the workplace and must be evaluated at least once per year.

Safe Work Practices: practices and procedures, which employees must follow to prevent and/or minimize occupational exposure to BBP.

#### 1. Handwashing

- Regular, effective hand washing is an essential infection control practice.





- The District provides hand washing facilities at all work sites. These consist of sinks with running water, appropriate antiseptic or antibacterial cleansers and paper towels. Antiseptic towelettes or antiseptic hand cleansers in conjunction with paper towels are provided where hand washing facilities are not readily available.
  - Employees are required to wash their hands and other skin with antibacterial or antiseptic soap and water or to flush mucous membranes with water immediately or as soon as feasible in these circumstances:
    - a. After any possible contact with blood or OPMI;
    - b. Upon removal of gloves and other PPE worn while in contact with blood or OPMI; and
    - c. Before eating, drinking, or feeding;
    - d. Before handling food, cleaning utensils, or kitchen equipment; and
    - e. Before and after using the toilet or diapering students.
2. Handling Sharps:
- Sharps are defined by OSHA as "any contaminated object that can penetrate the skin including (hypodermic) needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires."
  - School nurses, and other employees, must follow these safe practices guidelines when giving injections or when handling potentially contaminated sharps:
    - a. Do not bend, recap, break, or shear contaminated needles or other contaminated sharps.
    - b. Discard contaminated needles or sharps immediately and only in the appropriate sharps container provided by the District in each school nurse's office.
    - c. Never remove a contaminated needle or sharp from a sharps container.
    - d. Keep sharps containers upright at all times, and do not allow them to overfill.
    - e. The District provides all school nurses' offices with approved biohazard sharps containers for sharps disposal. These containers are closeable; puncture-resistant, red, labeled with a biohazard warning label and leak-proof on the sides and bottom.
    - f. Ensure biohazard sharps containers are closed to prevent content spillage during handling, storage, transport, or shipping to the disposal location.
    - g. Place the full sharps container inside an approved regulated waste container as needed but not less than at the end of the school year.
3. Handling Regulated Waste
- Contaminated medical waste, called regulated waste by OSHA, requires special handling and disposal. Regulated waste is defined by OSHA as:
    - a. Liquid or semi-liquid blood or OPMI;
    - b. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
    - c. Items that are caked with dried blood or OPIM, and are capable of releasing these materials during handling; and
    - d. Pathological and microbiological wastes containing blood or OPIM.
  - Examples of regulated waste within the District include:
    - a. Contaminated sharps, including needles, broken glass and exposed ends of dental wires (from student braces);



- b. Contaminated tissues, gauze pads, paper towels, towels, linens and clothing that are soaked in liquid or semi-liquid blood or are caked with dried blood and could release liquid blood or particles of dried blood, if compressed or handled;
- c. Non-intact skin or human tissue that has become separated from the human body as a result of traumatic laceration, contusion, or other action;
- d. Disposable gloves that have been used in medical examination, first-aid, or blood clean-up activities and
- e. Any other item that has been visibly contaminated with blood or OPIM.
- Regulated waste does not include:
  - a. Band-Aids and tissues that are not saturated with blood to the point of releasing blood or OPIM;
  - b. Feminine sanitary napkins, as long as these have been properly disposed of in liners (waxed paper or plastic) within sanitary napkin dispensers in restrooms, and are adequately contained by the liner;
  - c. Disposable or cloth diapers that contain urine or feces, as long as there is no visible or expected blood in the diaper or among the urine or feces; and
  - d. Tissues, paper towels, towels, linens or clothing that contain mucous secretions, urine or feces, as long as there is no visible blood.
- Special instructions for handling sanitary napkin waste containers:
  - a. Custodians must wear disposable impermeable gloves or utility gloves when cleaning restrooms and when emptying sanitary napkin waste containers;
  - b. Custodians must fully remove the impermeable liner in the sanitary napkin waste container without touching or handling the items inside the plastic liner;
  - c. The plastic liner may be deposited into any waste container as long as there is no evidence of blood, liquid blood or dried-caked blood on the outside of the plastic liner, and the waste container is lined with a plastic bag;
  - d. Leave sanitary napkins in restroom waste cans and dispose with normal trash as indicated above for sanitary waste containers. Do not handle or transfer them to a biohazard regulated waste container; and
  - e. Waste bags containing sanitary napkins should be double-bagged as a precaution, and discarded as you would other regular waste.
  - f. OSHA does not include discarded feminine hygiene products, used to absorb menstrual flow, within the definition of regulated waste. OSHA has stated that "the function of these products is to absorb and contain blood, and their material, under normal circumstances, prevents the release of liquid or semi-liquid blood or the flaking of dried blood."
- Employees must follow these additional safe work practices when handling all regulated waste.
  - a. Employees must discard all items that fall into OSHA's definition of regulated waste in the District's approved regulated waste containers. The District's regulated waste containers are puncture-resistant and marked with the biohazard symbol.
  - b. Approved regulated waste containers should be located as close as possible to the regulated waste sources. Regulated waste containers must be available in nurse's offices and P.E offices. They should also be available at other locations or at athletic events where bloodborne exposure is anticipated.



- c. Employees must replace visibly contaminated regulated waste containers. Email [MSDWarehouse@matsuk12.us](mailto:MSDWarehouse@matsuk12.us) for pickup and replacement.
  - d. If the regulated container contains an item that could puncture the container, this container must be placed within a second or subsequent regulated waste containers.
  - e. Regulated waste containers must be maintained upright and not overfilled.
  - f. All regulated waste containers should be closed before removal from any area to prevent spillage of contents during handling, transport, or shipping.
  - g. Red liners with small amounts of regulated waste may be consolidated into a single, larger regulated waste container.
  - h. All regulated waste containers must be closed during storage, transport, or shipping. Follow these directions to ensure that regulated waste containers are properly secured for transport:
    - i. Box bottoms must be folded with the opposing sides in, and then taped securely. You may use heavy-duty duct or strapping tape.
      - o All red bags inside regulated waste containers must be tied off.
      - o All box tops must be both folded in and secured.
      - o There must be no visible damage to the regulated waste box.
    - j. The Warehouse picks up accumulated regulated waste as requested and transports it to a proper disposal facility.
4. Decontaminating Equipment
- An item is considered contaminated by OSHA if it has the presence or reasonably anticipated presence of blood or OPIM on it.
  - Decontamination is defined by OSHA as the use of physical or chemical means to remove, inactivate, or destroy BBP 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.
  - The item is considered decontaminated when all visible blood is removed and the item is disinfected with one of the following:
    - a. A disinfectant registered by the EPA as a tuberculocide; or
    - b. A disinfectant registered by the EPA as effective against both HIV and HBV.
      - o A list of approved and authorized disinfectant solutions is maintained by Facilities.
      - o If an employee suspects that a piece of equipment cannot be decontaminated, then the employee must:
        - c. Notify a supervisor for specific instruction;
        - d. Attach an appropriate biohazard warning label to the contaminated equipment, identifying the contaminated portions; and
        - e. Provide information regarding the contamination to all affected employees, the equipment manufacturer, and the equipment service representative prior to handling, servicing, or shipping.
5. Housekeeping and Disinfecting of Surfaces
- General Housekeeping Guidelines
    - a. The Principal/Building Administrator is responsible for maintaining his/her school in a clean and sanitary condition. The District has an established schedule and guidelines



- for cleaning and decontaminating our sites. Principals/Building Administrators and custodians should customize this schedule to fit their particular facility usage needs.
- Specific Decontamination Guidelines
    - a. Employees must clean and decontaminate equipment and surfaces with appropriate disinfectant:
      - Immediately or as soon as feasible after surfaces are overtly contaminated;
      - After any spill of blood or OPMI; and
      - At the end of the work shift if the surface may have been contaminated during that shift.
    - b. Appropriate disinfectants for the clean-up of surfaces include:
      - A disinfectant registered by the EPA as a tuberculocide; or
      - A disinfectant registered by the EPA as effective against both HIV and HBV.
6. Handling Contaminated Laundry
- Contaminated laundry in a school setting includes:
    - a. Sheets, pillowcases, blankets, and towels in school nurses' offices that are visibly marked by blood;
    - b. Student athletic uniforms or other clothing that is visibly marked by blood;
    - c. Towels used in sports and athletic programs that are visibly marked by blood; or
    - d. Nurse's clothing that is visibly marked by blood.
  - Employees are to follow these guidelines when handling contaminated laundry:
    - a. Contaminated laundry should be handled as little as possible;
    - b. Student's contaminated laundry should be removed only by a nurse, parent or other medical provider, and then bagged in a clear plastic bag and marked with a label indicating contaminated clothing. The bag should be returned to the student's parent for laundering at home;
    - c. Contaminated towels and other school owned student athletic uniforms may be laundered separately in a District washer or dryer;
    - d. Contaminated laundry should be laundered within eight hours to prevent staining or within 48 hours to limit any cross contamination; and
    - e. If the laundry is grossly contaminated by blood, and presents the possibility of soaking through or leakage, the laundry should be disposed of in an approved regulated waste container.
  - Employees who handle contaminated laundry should wear disposable and/or fluid barrier style utility gloves. Utility gloves should always be decontaminated after use.
  - If the contaminated clothing is the employee's, the employee should remove the clothing and should launder it as soon as it is feasible, separately at the school.
7. Personal Protective Equipment (PPE)
- OSHA requires employers to provide appropriate PPE where there is the possibility of an occupational exposure to BBP.
  - PPE is considered appropriate by OSHA only if it does not permit blood or other potentially infectious materials to pass through the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or nose under normal conditions of use and for the duration of time which the PPE will be used.



- The District provides gloves, shields, eye protection and pocket masks for giving CPR. The District may also specify other specialized PPE depending on the task or activity involved and the potential for occupational exposure to BBP.
- The District provides PPE at no cost to employees. The Principal/Building Administrator at each site is responsible for making sure the PPE is readily available and repaired or replaced as needed.
- PPE will be laundered and disposed of at no cost to the employee. Employees may not take contaminated PPE to their homes for laundering.
- Employees are responsible for inspecting their own PPE and reporting to the Principal/Building Administrator if it needs to be repaired or replaced.
- Reusable PPE must be cleaned and decontaminated after each use. Single use PPE should be disposed of in appropriate regulated waste containers.
- Employees must remove any garments penetrated by blood or other infectious materials immediately or as soon as feasible.

#### 8. Hand Protection

- Employees must wear gloves whenever they anticipate hand contact with blood, OPMI, mucous membranes, and the non-intact skin of another person.
- Gloves approved by the FDA for protection against BBP are:
  - a. Single use, non-latex material, disposable gloves for medical use such as injections, first-aid, CPR, direct patient care, and minor blood clean up.
  - b. Reusable vinyl or non-latex utility gloves, typically used for housekeeping where the potential for occupational exposure to BBP occurs.
- Employees must follow these safe practices when using gloves:
  - a. Remove and dispose of single-use disposable gloves as soon as practical after contamination, or if they are torn, punctured, or otherwise lose their ability to function as an effective barrier.
  - b. Single-use disposable gloves must not be re-used.
  - c. Single-use disposable gloves must be changed between patient contacts.
  - d. Utility gloves may be decontaminated and reused, unless they are cracked, peeling, torn, punctured, or if they exhibit other signs of deterioration and lose their ability to function as an effective barrier.
  - e. All gloves should be carefully removed to avoid transferring BBP from the glove to the hand. Employees must wash their hands thoroughly after each glove removal.
  - f. Latex allergies: The District has prohibited purchasing latex gloves since January 1, 2007.

#### D. Hepatitis B (HBV) Vaccinations

1. The District provides HBV vaccinations for employees whom the District has determined to have an occupational exposure to BBP. The HBV vaccination is offered at no cost to the employee.
2. The vaccination is offered to an employee with a risk of occupational exposure, as defined by their job class, within 10 working days or as soon as feasible:
  - After the employee's assignment to a job classification or to a job task with occupational exposure to BBP, and
  - Following the employee's participation in the District's BBP training.



- The HBV vaccination program consists of three inoculations given over a six month period. District nurses may administer the HBV vaccinations under the standing order of the District Medical Consultant or employees will be directed to the District's designated provider. All HBV vaccinations are given in the dosage and according to the current recommendations of the U.S. Public Health Service and Centers for Disease Control and Prevention (CDC).
3. The District is not required to administer the HBV vaccination series to employees;
    - If the employee has already received the complete HBV vaccination series;
    - If the employee's physician feels that the HBV vaccine is contraindicated for medical reasons; or
    - If the employee declines to accept the HBV vaccination.
      - a. If an employee declines the vaccination, the employee must sign and date the HBV Vaccination Declination Form. Employees who initially decline the vaccination will be given the opportunity to receive the vaccination at a later date if the employee is still covered based on their position.

#### E. Exposure Incidents

1. The District recognizes that even with the implementation of strong exposure controls in our schools, exposures to BBP can still occur. As a result, the District has developed specific investigation and follow-up procedures for all reported BBP exposure incidents.
2. An exposure incident is defined by OSHA as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM.
3. Exposure Reporting Process:
  - Step 1: Decontamination
    - a. The employee should decontaminate by washing the exposed bodily area with an antiseptic soap and water or showering and changing clothes if necessary. The area should be thoroughly decontaminated by the school nurse, custodian, or other persons, using the proper methods and PPE if visible blood is present on surfaces.
  - Step 2: Report the Exposure
    - a. The employee should immediately clean themselves and then report the incident to the school Nurse. The school Nurse is the most qualified individual to determine if a reportable exposure has occurred. The Principal, Building Administrator, or Nurse should then immediately report the exposure to the District Exposure Control Officer or Risk Management.
    - b. The employee must then complete the following forms and fax them to Risk Management within 24 hours of the exposure;
      - The Exposure Incident Report; and
      - The Employee Report of Occupational Injury or Illness.
    - c. The District will maintain a Sharp Injury Log to record all percutaneous injuries from contaminated sharps that occur. The Sharp Injury Log will be completed by the school nurse or designee and be submitted to [riskmanagement@matsuk12.us](mailto:riskmanagement@matsuk12.us) by January 5th of the following year or upon request.
  - Step 3: Medical Exam and Testing of Employee
    - a. The District will immediately direct the employee to the nearest medical clinic or emergency room or to the employee's own medical provider and will pay the cost of



- medical exams and lab tests. An accredited laboratory must conduct all lab tests. Medical follow up should occur within 24 hours of the exposure.
- b. The employee may refuse the post-exposure medical examination, blood testing, or vaccination.
  - c. The medical exam and treatment should include, as deemed necessary by the medical provider, the following:
    - o Collection of the employee's blood;
    - o Baseline testing of the employee's blood for HBV and HIV serological status and other related conditions such as HCV as recommended by the physician;
    - o Administration of post-exposure prophylaxis, such as hepatitis B immune globulin (HBLG), as recommended by the CDC;
    - o Administration of tetanus diphtheria (TD) shot if exposed to a human bite.
    - o Counseling of the employee regarding the exposure incident including recommended safe practices during the first 12 months after the exposure incident, including safe protected sex and safe contact with family members, fellow employees and students;
    - o Evaluation of the employee's current health status; and
    - o Additional tests or treatment if recommended by the treating physician.
  - d. Employees may initially decline HIV testing. An employee has 90 days following the initial baseline blood collection to decide if they wish to have their blood tested for HIV. During that time, the blood should be preserved. If, after 90 days, the employee still declines to have HIV testing done, then the blood sample may be discarded.
  - e. The District will provide the physician with the following to assist in consulting with District employees following an exposure incident:
    - o The Directive to Physicians for Bloodborne Pathogens Exposure Evaluation and Follow-up document;
    - o A copy of the District's ECP and the OSHA BBP (HBV-HIV) Standard if needed;
    - o A copy of the employee's Exposure Incident Form;
    - o A copy of the employee's Hepatitis B vaccination record if available; and
    - o The name of the physician who evaluated the source individual's blood test if they were completed.
  - f. The employee will provide the physician with any other relevant medical records.
- Step 4: Investigation
    - a. The Exposure Control Officer or designee will begin an investigation of the exposure incident as soon as notification of the exposure incident and the employee's completed Exposure Incident Report is received. The Post-Exposure Evaluation Checklist will be used to ensure that all required follow-up is completed.
    - b. The purpose of the investigation is not to find fault, but to find out what caused the exposure and to implement corrective actions to prevent future exposure incidents.
  - Step 5: Document Source Individual
    - a. If possible, the school Nurse will attempt to identify the source individual and request that the source individual undergo blood tests to verify HIV/HBV status. The identity of the source individual will be kept confidential. If the source individual is a student, parent permission is required to have the student tested and the parent must





transport the student to a physician for the blood tests. If parents/individuals have questions regarding blood-borne pathogens they can reach out to their primary physician. The exposed employee does not have the right to pressure the source individual and/or parent to be tested.

- b. The following procedure is to be followed if the source individual and/or parent consent to testing:
  - o A physician of the source individual's choice will test the source individual's blood for HBV and HIV;
  - o The physician evaluating the source individual will communicate the results of these blood tests to the physician treating the exposed employee;
  - o The physician treating the exposed employee will communicate to the exposed employee whether there is a risk of transmission of HBV or HIV from the exposure incident.
- c. To protect the medical privacy rights of both the employee and the source individual, the blood test results, and medical status of both individuals will remain confidential to their treating physicians. The District will not be provided with information about the HIV or HBV status of either the employee or the source individual unless the employee contracts HIV or HBV and it is determined by the physician that the disease transmission occurred as a result of the documented exposure incident.
- Step 6: Physician's Written Opinion
  - a. Within 15 days of the initial consultation with the employee, the physician will provide the District's Exposure Control Officer and the employee with a written opinion evaluating the employee's health situation.
  - b. To maintain confidentiality, the physician's written opinion will only contain the following information:
    - o If the Hepatitis B vaccination is recommended for the employee;
    - o If the employee has already begun receiving the Hepatitis B vaccination;
    - o Confirmation that the employee has been informed of the results of the medical exam, blood tests, and evaluation; and
    - o Confirmation that the employee has been advised of medical conditions that may or may not result from the exposure incident which require further evaluation or treatment.
- Step 7: Medical Follow-Up
  - a. Additional treatment will be provided to the employee, as recommended by their treating physician and/or the CDC.

#### F. Communication of Hazards to Employees

1. The District uses a variety of methods to communicate the hazard of occupational exposure to BBP to our employees. These include:
  - The Exposure Control Plan;
  - Biohazard labels, signs and colors;
  - Employee training for BBP; and
  - The District website.
2. Exposure Control Plan (ECP)





- The Risk Management Department will provide a copy of the ECP upon request. The ECP is available on the District's TeamDynamix Knowledge Base and a copy can also be requested from:
  - a. Principal or Building Administrator;
  - b. District Nursing Services Coordinator;
  - c. School Nurse
  - d. Risk Management
    - The ECP is reviewed and updated annually or more frequently as needed.
- 3. Biohazard Labels, Signs and Colors
  - The District uses the universal biohazard symbol. The label will be fluorescent orange and orange-red with contrasting colored lettering and symbols to alert employees to locations and situations that present a potential exposure to BBP or other potentially infectious materials. Employees will see the biohazard symbol on:
    - a. Sharp collection containers; and
    - b. Regulated waste containers.
  - In addition to the biohazard symbol, the District uses red colored plastic waste can liners to designate the contents as regulated waste.
- 4. Employee Information and Training Program
  - The District provides information and training to employees determined to have occupational exposure to BBP. Training provided includes:
    - Initial Online Training- Initial BBP training is provided to all District employees with an exposure to BBP. The comprehensive training is provided before an employee's assignment to job classifications or tasks where occupational exposure may occur. Annual training will occur within one year of the initial training.
    - Annual Online Training- All employees are required to complete annual BBP training. Additional training may also be required when there is a change in task or activities that may present an occupational exposure to BBP.
    - Training Content- The District's BBP training includes the following elements:
      - a. The general epidemiology and symptoms of Hepatitis B, C, and HIV;
      - b. The modes of transmission of BBP;
      - c. How to recognize work tasks and activities that involve potential exposure to BBP;
      - d. The use and limitations of control methods that can reduce exposure to BBP including: engineering controls, work practice controls, and PPE;
      - e. The types, proper use, location, removal, handling, decontamination and proper disposal of PPE;
      - f. The Hepatitis B vaccine (HBV), its efficacy, safety and benefits;
      - g. That the HBV is offered free of charge to eligible employees as outlined in the ECP;
      - h. The procedure for reporting an exposure to BBP or OPIM and what medical follow-up will be made available to the employee after an exposure incident at no cost to the employee;
      - i. Biohazard labeling and color coding used by the District for regulated waste containers and storage; and
      - j. The employee's right to refuse HBV vaccination and subsequent right to the HBV vaccination at a later date.



- k. An accessible copy and explanation of the contents of OSHA's Bloodborne Pathogens Standard and the District's ECP is available upon request.
  - Any employee who has questions about the District's ECP or BBP training, or any Principal/Building Administrator or School Nurse who needs assistance in training should contact the Risk Management Department. Employees will be referred to the appropriate source depending on the nature of the inquiry.
  - Training is available to all employees on the District website through the SafeSchools portal. Employees may repeat the training as many times as they wish.
5. Exposure Prevention Information
- District employees may face an unexpected exposure to BBP or other potentially infectious materials in the event of a student injury. School Nurses will provide employees with site specific information about universal precautions and protection against BBP and OPIM when responding to an injured student or coworker. All exposures to BBP or OPIM should be reported immediately so appropriate medical follow-up can be provided.
- G. Recordkeeping
1. The OSHA Bloodborne Pathogens Standard requires that employers maintain specific medical and training records that relate to occupational exposure to BBP.
  2. Medical Records
    - The Risk Management Department is responsible for maintaining accurate records for each employee with an occupational exposure. The records must include:
      - a. Information related to an employee's exposure to BBP;
      - b. The name of the employee;
      - c. A copy of the employee's Hepatitis B vaccination status, dates of HBV vaccinations, and records relating to an employee's ability to receive a vaccination;
      - d. A copy of the results, medical testing and follow-up procedures;
      - e. A copy of the healthcare professionals written opinion; and
      - f. A copy of the information provided to the healthcare professional.
    - Risk Management will maintain accurate records for each employee with an occupational exposure for duration of employment plus 30 years with the assistance of Human Resources.
    - As with all employee medical records, the medical information mentioned above is confidential. The District will not disclose or report this information to anyone without the employee's written consent unless required by law.
  3. Training Records
    - Human Resources will keep all training records for the District. This assures that continuity and all employees have received all necessary training. Training records include:
      - a. Dates and times of training;
      - b. Contents of the training;
      - c. Names and job titles of employees attending the training sessions. These training sessions are available for examination by OSHA and employees and their respective representatives, for a period of three years from the date the training occurred.
      - d. Record of training completion.

## DEFINITIONS

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

**Bloodborne Pathogens (BBP):** Pathogenic microorganisms that are present in human blood or other potentially infectious materials (OPIM) and could infect and cause disease in persons who are exposed to blood containing pathogens. These pathogenic microorganisms can cause disease such as Hepatitis B virus (HBV), human immunodeficiency virus (HIV), Hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, aeroviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma caused by HTLV-1 associated myelopathy, disease associated with HTLV-II, and viral hemorrhagic fever.

**Body Fluids:** Body fluids to which Universal Precautions apply include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Center for Disease Control (CDC):** Federal health agency that is a branch of the U.S. Department of Health and Human Services. The CDC provides national health and safety guidelines and statistical data on AIDS and other diseases.

**Contaminated:** The presence, or reasonably anticipated presence, of blood or other potentially infectious materials. An item is considered contaminated by OSHA if the item or its surface has the presence, or the reasonably anticipated presence, of blood or other potentially infectious material on it.

**Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, and exposed ends of dental wires.

**Decontamination:** A physical or chemical means of removing, inactivating, or destroying BBP on a surface or item to the point where they are no longer capable of transmitting infectious particles where the surface or item is rendered safe for handling, use or disposal.

**District:** The Matanuska-Susitna Borough School District.

**Engineering Controls:** Mechanical processes that isolate or remove the BBP hazard from the workplace.

**Exposure Incident:** An incident that occurs in the performance of an employee's job duties, where the blood or other potentially infectious material of one human individual contacts the eye, nose, mouth, mucous membranes or non-intact skin of another human individual.

**Hepatitis B (HBV):** A viral infection that affects the liver. The effects of the liver can range from mild to severe or fatal.

**Hepatitis B Immune Globulin (HBIG):** HBIG provides some temporary protection following exposure to HBV if given within 7 days after exposure but within 24 hours of exposure is preferred.

**HIV:** Human immunodeficiency virus.



**Mucous Membrane:** Moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus and urethra.

**Non-intact Skin:** Includes skin that is chapped, abraded, weeping or that has rashes or eruptions, and hangnails, cuts or dermatitis conditions.

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other OPIM that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM):** OPIM include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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. Any unfixed tissue or organ (other than intact skin) from a human, living or dead.

**Parenteral:** Piercing of the mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

**Pathogen:** Microorganisms that are present in human blood.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn for protection against a hazard. PPE is considered appropriate by OSHA against BBP only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or nose under normal conditions of use and for the duration of time during which the protective equipment will be used.

**Prophylaxis:** Any substance or steps taken to prevent something from happening.

**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 waste containing blood or OPIM.

**Regulated Waste Containers:** Puncture-resistant, leak-proof, red-colored plastic liners or bags, and/or heavy-duty cardboard boxes marked with the biohazard label, that are designed and/or designated for the disposal and containment of regulated waste.

**Sharps:** Any potentially contaminated object that can penetrate the skin including hypodermic needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Sharps Containers:** Containers designed for the safe disposal of sharps or hypodermic needles. They must be closeable; puncture-resistant, red in color or labeled with biohazard warning label; and leak-proof on the sides and bottoms.

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

**Sterilize:** Physical or chemical procedures to destroy all microbial life, including highly resistant bacterial endospores.



**Universal Precautions:** An approach to infection control, in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other BBP.

**Vaccine:** Substances that produce or increase immunity against a particular disease.

**Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## RECORD OF CHANGES AND REVIEW

| <b>Change Date</b> | <b>Pages</b> | <b>Change Summary</b>  | <b>Signature</b> |
|--------------------|--------------|--|------------------|
| 01/1/2007          | n/a          | Plan reviewed, approved and adopted by District.                               |                  |
| 01/02/2008         | All          | Plan reviewed, updated, reformatted, and completed context changes throughout. | R. Scott Simmons |
| 09/25/2008         | All          | Plan reviewed, updated and adopted by District.                                | Susan Taylor     |
| 02/28/2017         | All          | Plan reviewed, revised and updated.  | Ashley Bjornson  |
| 5/31/2018          | ALL          | Plan reviewed. Minor revisions made.   | Ashley Bjornson  |
| 2/3/2020           | ALL          | Plan reviewed. Minor revisions made.   | Nicole Lundstrom |
| 1/28/21            | Page 16      | Plan reviewed. Sharps Injury Log created and added to plan                     | Nicole Lundstrom |
| 11/14/22           | All          | Plan reviewed, revised and updated.  | Nicole Lundstrom |
|                    |              |  |                  |
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## RELATED FORMS

- A. Consent to Receive Hepatitis B Vaccination
- B. Declination to Receive Hepatitis B Vaccination
- C. Employee Report of Occupational Injury or Illness to Employer
- D. Exposure Incident Report Form
- E. Physician's Written Opinion Following Bloodborne Pathogens Exposure
- F. Post-Exposure Evaluation Checklist
- G. Sharps Injury Log
- H. Site-Specific Exposure Information