

Administrative Procedure
For
Compliance with OSHA Regulations
Exposure Control Plan for Bloodborne Pathogens

- I. Purpose: To establish a written exposure control plan to eliminate or minimize Muscatine Community School District employee's occupational exposure to bloodborne pathogens.
- II. Scope and Application: Occupational exposure is a situation that may result from the performance of an employee's duties where it might be reasonably anticipated that the employee's duties where it might be reasonably anticipated that the employee would come in contact with skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.
- III. Definitions: OSHA definitions utilized in the Policy/Procedure Guide for Exposure Control Plan for Bloodborne Pathogens.

<u>Term</u>	<u>Definition</u>
Blood	Human blood, human blood components and products made from human blood.
Bloodborne Pathogens	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which is wet with blood or other potentially infectious materials and presents a reasonable likelihood of soak through or leakage from the bag or container; laundry which 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.
Disinfect	To inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial endospores) on inanimate objects.
Engineering Controls	Controls that isolate or remove the hazard from the workplace.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Handwashing Facilities	A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
HBV	Hepatitis B virus.
HIV	Human immunodeficiency virus.
Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This definition excludes incidental exposures that may take place on the job, and are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.
Other Potentially Infectious Materials	(1) The following body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV- or HBV- containing cell or tissue

	<p>cultures, organ cultures, and culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.</p>
Parenteral	<p>Piercing mucous membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.</p>
Personal Protective Equipment (PPE)	<p>Specialized clothing or equipment worn for protection against a hazard.</p>
Regulated Waste (Potentially Infectious)	<p>Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; all contaminated sharps; pathological and microbiological wastes containing blood or other potentially infectious materials; all tissue specimens; isolation wastes associated with highly communicable diseases (see special procedure for wastes related to Creutzfeldt-Jakob Disease).</p>
Source Individual	<p>Any individual, living or dead, whose blood, body fluids, tissues, or organs may be source of exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the mentally retarded; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains prior to embalming; and individuals who donate or sell blood or blood components.</p>
Sterilize	<p>The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.</p>

Universal Precautions A method of 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 bloodborne pathogens.

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

IV. Exposure Determination The following classifications of employees, district wide and by building, who in the performance of their duties, may:

- A. Reasonably anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material such as blood, semen, vaginal secretions, internal body fluids, and body fluids visibly contaminated with blood, and:
- B. Reasonably anticipate contact with all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- C. Classification-District Wide: (general job descriptions)

Category I-Probable Blood Exposure

- A. Elementary teachers
- B. Schedule "C" employee
- C. Bus drivers
- D. Day custodians
- E. Nurses
- F. Elementary building principals
- G. Elementary clerical and aids
- H. Maintenance skill level I & II
- I. Preschool teachers
- J. Special education teachers except L.D.
- K. Secondary PE teachers
- L. Secondary Industrial Arts teachers
- M. Secondary Home Economics teachers
- N. Secondary clerical for nurses station
- O. Bus attendants
- P. First Responders

Category II-Possible But Very Infrequent

- A. Custodians other than day schedules
- B. Secondary teachers with occasional supervisory duties
- C. Maintenance skill level III
- D. Secondary clerical and aids

- E. Secondary administration
- F. Operation dept administration
- G. Bus maintenance

Category III-No Exposure

- A. Food service employees
- B. Central Office employees
- C. Secondary teachers not included in category I & II
- D. By Building/Building Locations

Administration: 2900 Mulberry
Facilities Building: 2705A Cedar Street
Senior High School: 2705 Cedar Street
Central Middle School: 901 Cedar Street
West Middle School: 600 Kindler Avenue
Colorado Elementary: 149 Colorado Street
Franklin Elementary: 210 Taylor Street
Grant Elementary: 705 Barry Avenue
Jefferson Elementary: 403 E. 9th Street
Madison Elementary: 1820 First Avenue
McKinley Elementary: 621 Kindler Avenue
Mulberry Elementary: 3211 Mulberry Avenue

- E. List of Task or Procedures in which Occupational Exposure Occurs (without regard to the use of personal protective equipment)
 - a. Employees administering first aid and care to students with injuries or problems on the playground, buildings, grounds, activities, and buses.
 - b. Employees caring for special needs students with special medical problems that may involve fluids that could contain blood.
 - c. Employees cleaning blood spills or potential infectious wastes.
 - 1. Maintenance
 - a. Cleaning/unplugging sewers
 - b. Doing glass replacement
 - c. Staff personal injury in doing maintenance repairs
 - 2. Bus and Bus repair
 - a. Providing student bus rider first aid
 - b. Cleaning students vomit on buses
 - c. Staff personal injury in doing bus repairs

IV. Methods of Compliance

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

B. Engineering and Work Practice Controls.

1. Engineering and work practice controls are used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment is also used.
2. Engineering controls are examined and maintained or replaced on regular schedule to ensure their effectiveness.
3. The district provides handwashing facilities which are readily accessible to employees.
4. Hand washing procedures. The single most important practice for fighting the transmission of infectious organisms is handwashing. Handwashing should occur often especially after using the toilet; before eating; after changing a diaper; after helping with the potty seat; and before and after any other high-risk situations when the hands may have come in contact with bodily fluids.
5. Contaminated needles used to remove splinters shall be disposed of in appropriately marked containers.
6. Disposable gloves. In any situation when hands come in contact with bodily fluids or body wastes, the use of disposable gloves is essential.
 - a. A supply of disposable gloves of various sizes is in a readily accessible location.

C. Personal Protective Equipment

1. The employer shall provide at no cost to the employee gloves to be worn when caring or cleaning blood or potential infectious fluids containing blood.
2. Appropriate personal protective equipment will be provided to employees when cleaning areas where splashing of potentially infectious fluids could occur.
3. The employer shall clean, launder, and dispose of personal protective equipment at no cost to the employee.
4. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
5. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other

potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces. Hands shall be washed as soon as removing gloves.

- a. Disposable (single use) gloves are replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
- b. Disposable (single use) gloves are not washed or decontaminated for re-use.
- c. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

D. Housekeeping

1. General. The district ensures that the worksite is maintained in a clean and sanitary condition.
2. All equipment and environmental and working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
3. Clean-up Procedures.
Surfaces-floors, walls, counter tops.
 - a. Wear disposable gloves.
 - b. Sprinkle disinfecting absorbent over the spillage and wipe surrounding surfaces with a paper towel. If absorbent is not available, spread paper toweling over spill and allow it to soak up the fluid.
 - c. Dispose of the material in a lined waste container.
 - d. Spray the affected area with a spray cleaner/disinfectant. This can be any hospital-grade tuberculoidal and germicidal product. A 10 percent bleach solution is an acceptable substitute.
 - e. After allowing for adequate contact time, wipe the disinfectant from the affected surface.
 - f. Dispose of paper towels and gloves in a lined waste container.
 - g. Draw the plastic liner out of the waste container. Tie and immediately dispose of the bag, following normal procedures.
 - h. Wash hands thoroughly, following Handwashing Procedures.

Objects

- a. Put on disposable gloves. If gloves are not available, use disposable towels as a barrier when handling the object.
- b. Discard contaminated items that cannot be cleaned. Broken glassware which may be contaminated is not to be picked up directly with the hands. It is cleaned up using mechanical means such as a brush and dust pan.
- c. Wash object using clean, warm water and a general-purpose cleaning agent. Use only mops, sponges, or cloths not used on floors, walls or plumbing fixtures.
- d. Rinse the object thoroughly in clean water.
- e. Disinfect or sanitize the object by spraying, swabbing, or immersion in a germicidal solution. A 10 percent bleach solution or commercially available disinfectant is adequate.

Persons

- a. Put on disposable glove.
- b. Use a paper towel to wipe material from exposed skin, paying particular attention to the face. Allow person to rinse mouth, nose and eyes with running water, if possible. Germicidal towelettes should be used when running water is not available.
- c. Place soiled towels or towelettes in a lined waste container. Urge the person to perform as much of this procedure as possible.
- d. If practical, remove soiled clothing and place in a plastic bag for laundering later.
- e. Assist in cleansing the affected body area.
- f. Put on clean clothing.
- g. Soiled clothing should be laundered separately from the rest of the laundry. Use hot water and a cup of bleach in each load.
- h. Follow procedures for the cleaning of Surfaces and Objects.
- i. Remove and dispose of gloves in a lined waste container.
- j. Pull the liner from the waste container. Tie it and immediately dispose of the bag, following normal procedures.
- k. Wash hands thoroughly, following Handwashing Procedures.

- l. When helping with a running nose, coughing and/or drooling, provide facial tissues and dispose of them in a plastic-lined trash can.
- m. Wash hands after the procedure is completed.

E. Infectious Waste Disposal

1. Contaminated sharps are discarded immediately in containers that are:
 - a. Closable
 - b. Puncture resistant
 - c. Leakproof on sides and bottom
 - d. Labeled or color-coded
2. Other regulated waste is placed in containers which are:
 - a. Closable
 - b. Constructed to contain all contents and prevent leakage during handling
 - c. Labeled or color-coded
 - d. Closed prior to removal to prevent spillage of contents during handling
3. Disposal of all regulated waste is in accordance with the applicable Iowa regulation.

V. Hepatitis B Vaccination Program

A. General

1. The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure at no cost to the employee.
2. The employer shall ensure that all employees who have had an exposure incident shall receive at no cost to the employee post exposure evaluation and follow-up, including prophylaxis vaccination according to U.S. Health Standards.

B. Hepatitis B Vaccination

1. Hepatitis B vaccination shall be made available to all employees at the time of hire and who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
2. The Muscatine Community School District will make vaccine arrangements for all employees.
3. Employees will be required to sign a consent form before receiving vaccine. Those employees who have been offered vaccine but refuse will be required to sign a refusal form.

4. If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

VI. Post-exposure Evaluation and Follow-up

1. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including elements specified in the standard.
2. Employee shall report incident of exposure, route of exposure to non-intact skin or membranes, and circumstances of exposure to immediate supervisor.
3. A copy of the OSHA Bloodborne Pathogen Standard will be provided and followed by a Healthcare Professional for follow-up of employee.
4. The employer shall obtain and provide the employee with a copy of the evaluation healthcare professional's written opinion within 15 days of the completion of the evaluation as specified in the standard.

VII. Communication of Hazards to Employees

- a. Signs and Labels
- b. Information and Training

VIII. Recordkeeping