RSU	#63

a.	NEPN/NSBA Code:	GBGAA	
b.	Title:	Exposure Control Plan	
c.	Author:		
d.	Replaces Policy:		
e.	Date Approved:	09/23/2024 RSU #63	
f.	Previously Approved:	10/23/2023	
g.	Policy Expiration:	Annual Review Required	
h.	Responsible for Review:	Superintendent, Policy Committee,	
		Facilities Manager, Business Manager	
i.	Date Reviewed:	09/18/2024 Superintendent	
		09/18/2024 Policy Committee	
		09/18/2024 Facilities Manager	
		09/18/2024 Business Manager	
j.	References:	OSHA Standard 29 CFR 1910.1030	
	Occupational Exposure to Bloodborne Pathogens		
	The Hazard Communication Standard (29 CFR 1910.1200)		
	National Institute of Occupational Safety & Health		
(NIOSH)			
	Cross References:		
	Policy EBCF-R – Automated External Defibrillators-		
	Administrative Procedure		
_		Policy EBCA-Comprehensive Emergency Management Plan	
7	Norrativo		

k. Narrative:

RSU #63 (the District) is committed to providing a safe and healthful work environment for our entire staff. This includes protection from the daily potential for injury to students and staff by exposure to contamination from bloodborne pathogens. The Occupational Safety and Health Administration (OSHA) issued a standard to reduce the risk and protect employees from this threat. This District Bloodborne Pathogens Exposure Control Plan is adopted to meet this standard.

I. Purpose:

The Purpose of this Exposure Control Plan is to provide and maintain a safe working environment for all employees by eliminating and/or minimizing occupational exposure to bloodborne pathogens, including, but not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). It is the responsibility of the employer to provide and maintain appropriate engineering controls and personal protective equipment (PPE), and to develop, establish, and promote safe work practices, ongoing training, and education for its employees. It is also expected that employees will practice and follow the guidelines set forth by this plan.

II. Scope:

This plan covers all employees who could be "reasonably anticipated" as a result of the performance of their job duties, to come into contact with blood or other potentially infectious materials. (See **Exposure Determination: Category I** – section IV).

GBGAA - RSU #63 Exposure Control Plan Page 1 of 9 "Good Samaritan" acts, such as assisting a co-worker with a nosebleed, would not be considered an occupational exposure.

III. Background:

The Center for Disease Control (CDC) has recognized the following as linked to the potential transmission of HBV, HIV, and other bloodborne pathogens in the occupational setting:

- A. blood/blood products,
- **B.** semen,
- C. vaginal secretions,
- **D.** amniotic fluid,
- **E.** saliva (in dentistry),
- **F.** any body fluid visibly contaminated with blood,
- G. pleural fluid,
- H. peritoneal fluid,
- I. cerebrospinal fluid,
- **J.** all body fluids in situations where it may be difficult or impossible to differentiate between fluids

These substances shall be collectively referred to as blood or "other potentially infectious material" (OPIM) for the remainder of this document.

IV. Exposure Determination:

- A. Category I: Employees who <u>are likely</u> to have occupational exposure as part of their normal work routine. Identified staff: Bus Driver, Coach, School Nurse, Custodians/Maintenance, Cooks; Pre-Kindergarten and Kindergarten Teachers, Physical Education Teachers, Special Ed Teachers and Ed Techs, Mechanics, and School Secretaries.
- **B.** Category II: Employees who *do not* have occupational exposure as part of their normal work. Identified staff: All other staff.

V. Hepatitis B Vaccine:

All District employees defined as Category I personnel will be offered the vaccine for HBV, which is a life-threatening bloodborne pathogen. Informed consent as per standard medical regulations will be used. (Appendix A)

The vaccination will be done at no cost to the employees and is provided as a precaution for personnel safety. Vaccinations will be provided by a health care provider approved by the District. If an employee chooses not to receive the HBV vaccination, the employee must sign a letter of declination (Appendix A). A copy will be placed in the employee's file.

VI. Universal Precautions, Engineering Controls, and Work Practice Controls: The following procedures will be followed by all staff:

A. Universal precautions (Appendix B) will be followed by all employees at all times. All blood and OPIM will be considered potentially infectious.

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- **B.** Employees are advised to wear gloves and safety glasses when exposed to blood and OPIM.
- **C.** If an employee becomes contaminated, wash the area immediately with soap and water. If running water is not available, employees will be provided an appropriate hand wash substitute, such as antiseptic foam cleanser or towelettes until an appropriate handwashing facility can be utilized.
- **D.** All waste containers will be lined with a plastic bag. Waste containers in the health/school nurse offices will be double bagged and emptied each school day by custodians.
- E. Plastic needle containers will be kept in each School Nurse's office. All needle-like contaminated "sharps" and first aid equipment will be deposited in designated containers. Full "sharps" containers will be taken by the School Nurse to the school physician's office for disposal.
- **F.** If clothing should become contaminated with OPIM, it should be double-bagged and placed in a designated container for proper cleaning.
- **G.** Contaminated surfaces or areas will be decontaminated with an appropriate disinfectant immediately after exposure.
- **H.** When a spill occurs, the building administrator will limit access to areas of potential exposure and notify the custodian immediately.
- I. All work tasks will be performed in a manner that will reduce the risk of exposure. Employees in areas where exposure hazards exist are expected to adhere to the following:
 - 1. Eating, drinking, applying lipstick or balm, and/or handling contact lenses are prohibited in work areas where there is reasonable anticipated exposure.
 - 2. Food and drink will not be kept in refrigerators, shelves, or cabinets where blood or OPIM are stored or present.

VII. Personal Protective Equipment:

- A. Personal Protective Equipment (PPE), including but not limited to gloves and protective eye wear, will be provided by the District and kept in each School Nurse's office and custodial closet.
- **B.** Non-latex gloves and Band-Aids will be provided by the School Nurse to each classroom. School bus supplies will be provided by the Transportation Department at the beginning of the year and replenished as used.
- **C.** Training in the use of the appropriate PPE for the tasks or procedures the employee will perform will be provided by the School Nurse and/or an appropriate course.

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VIII. Training for Exposure Control:

- **A.** Employees in Category I will, upon hire, be initially trained on the precautions, risks, and actions to take if exposure to bloodborne pathogens occur.
- **B.** Employees in Category I who perform tasks which have been determined to have a potential for exposure will be provided training annually.
- C. Training will include explanation and location of 29 CFR 1910.1030, Bloodborne Pathogens Standard and location of this plan.
- **D.** Custodians will be provided annual cleaning procedures for exposure to bloodborne pathogens.
- E. Certification of training will be maintained with copies in the employee's file.

IX. Post-Exposure Procedures and Evaluation:

Employees who come in contact with OPIM in the performance of their job will take steps necessary to safeguard their health. "Contact" will be considered as having said fluids enter one's body through cuts in the skin or splashes of fluids into eyes, mouth, nose, or other mucous membranes. If exposed:

- A. Immediate first aid Employees will wash the exposure site thoroughly with soap or disinfectant and water. Flush eyes and/or mucous membranes with water immediately.
- **B.** Employee will immediately report the injury to his/her immediate supervisor. When school is not in session, the employee is to be referred to a health care provider approved by the District or a hospital Emergency Room. Report the incident to the **Business Manager** within 24 hours.
- C. The School Nurse will arrange for a medical post-exposure evaluation and follow-up. This evaluation and follow-up is to be provided by a health care provider approved by the District or the employee's personal health care provider. If the School Nurse is not available, the Business Manager or Transportation and Facilities Director will arrange for the evaluation.
- **D.** The immediate supervisor will complete a <u>Supervisor's Incident Report</u> (provided by Maine School Management Association [MSMA]), which will include the circumstances under which the incident occurred and documentation of the route of exposure (skin, mucous membrane, etc.) and should be submitted to the Business Manager within 24 hours of the accident. This report will be forwarded along with the <u>Employee's Incident Report</u> (provided by MSMA) to MSMA as required.
- **E.** If the source individual is known, the School Nurse will attempt to obtain consent and assist in making arrangements to have the source individual tested as soon as possible to determine HIV, HBV, and HCV infectivity. Results of the testing will be sent to the employee's medical provider.

- **G.** Flow of forms:
 - 1. Original forms to Business Manager for filing in the Worker's Compensation files.
 - 2. Copies of forms to be kept in the employee's file for further follow-up.

APPENDIX A

RSU #63 INFORMED CONSENT/REFUSAL FOR HEPATITIS B VIRUS VACCINE (Mandatory if employee refuses vaccination)

I, the undersigned employee, have read the portion of this two-page form regarding information about Hepatitis B and the Hepatitis Vaccine. I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection in the workplace. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself.

I further understand the risks involved in making this decision and I agree that RSU #63, its agents and employees, who are required by law or regulation to make the Hepatitis B Vaccine available to me, are not legally responsible or liable for the side effects that may occur as a result of my accepting/not accepting the Hepatitis Vaccine.

I have opted to decline the Hepatitis B Vaccine at this time. I have already had the Hepatitis B Vaccine.

I agree to accept the Hepatitis B Vaccine, given in three (3) doses over the next 6 months. (If you are pregnant or breast feeding, it is advisable that you consult with your doctor before taking the Hepatitis B Vaccine series.)

I have opted to 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 materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Print Name:	Title
Signature:	Date:
School/Location:	_
Witness:	Date:

Reference: Occupational Safety Health Administration Fact Sheet, Hepatitis B Vaccine Protection

RSU 63 HEPATITUS B VIRUS VACCINE

For Your Information – Please Read Carefully

The Disease – Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1% to 2% of patients infected. Most people with Hepatitis B recover completely but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic hepatitis or cirrhosis. Carriers face other problems, too. They run a high risk of developing primary liver cancer and pregnant carriers transmit the HBV through the placenta with some 90% of infected infants becoming carriers.

Simple, Effective Solution – Fortunately, now, there is a simple way to prevent HBV infection. The Center for Disease Control (CDC) recommends vaccination for anyone frequently exposed to blood or other body fluids in the workplace. If you fall into this category, the CDC says that 15% to 25% of these above specified healthcare workers will contract Hepatitis B during their careers. Your individual risk is directly related to how often you are exposed to blood and other body fluids.

The Vaccine – The Hepatitis B Vaccine currently used is a noninfectious vaccine made from bread yeast (Saccharomyces cerevisiae). When injected into the deltoid muscle, the hepatitis vaccine has induced protection levels of antibodies in more than 90% of the healthy individuals who received the recommended three doses of the vaccine. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine; but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six-month period although some persons may not develop immunity even after three months. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with Hepatitis B virus prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Adverse Side Effects – the incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons have experienced:

- **A.** Soreness, swelling, warmth, itching, redness, bruising, and nodule formation at the injection site,
- **B.** Fever + 100 degrees F and malaise,
- C. Tiredness/weakness,
- D. Headache,
- E. Nausea and/or diarrhea,
- F. Sore throat and/or upper respiratory infection,
- G. Dizziness,
- H. Muscle aches, and/or
- I. Joint pain.

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APPENDIX B - RSU 63

Reference: Occupational Safety Health Administration Standard 29 CFR 1910-1030

UNIVERSAL PRECAUTIONS

In order to provide a consistent approach in managing body substances from all students and staff, and reduce the risks of exposure to bloodborne pathogens, the practice of Universal Precautions will be followed by all employees at all times, regardless of the situation. All blood and body fluids will be considered potentially infectious.

Universal Precautions will apply to all blood/blood components and body fluids including semen, vaginal secretions, breast milk, amniotic fluids, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and wound drainage.

Each job classification may be required to formulate and revise as necessary, separate procedures regarding the use of personal protective equipment (PPE) and development of work practices for the protection of employees. Compliance with Universal Precautions will be monitored by the School Nurse and building administrators.

A. Hand Washing

Hand washing continues to be an important means of interrupting disease transmission.

- 1. Wash hands often and thoroughly, with soap and water.
- 2. Wash hands after removing gloves or other PPE.
- 3. Wash hands after contact with blood or other potentially infectious material.
- 4. In the event hand washing facilities are not immediately available, a substitute antiseptic hand cleaner or towelette can be used. Hands will be washed with running water and soap as soon as possible.

B. Gloves

- 1. Gloves will be worn when there is anticipated or potential contact with blood or body fluids.
- 2. Gloves will be worn when the employee has non-intact skin (cuts, abrasions, dermatitis, etc.).
- **3.** Gloves will be worn by the person responsible for the transportation of soiled lines, clothing, or waste materials containing potentially infectious materials.
- 4. Gloves will be worn when cleaning any surfaces soiled with blood or body fluids,
- 5. Gloves will be worn when handling/cleaning rooms and/or areas where there are potentially infectious materials.
- 6. Gloves will be changed when visibly soiled or damaged.

C. Gowns

Remove clothing if saturated with blood and place in a doubled bag for proper cleaning. Personal protective gowns are available in the School Nurse's office if deemed necessary.

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D. Needles/Sharps

- 1. Needles will not routinely be recapped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
- 2. Equipment with sharp edges (art supplies, staplers, etc.) will be properly cleaned if exposed to blood.
- 3. All needles will be disposed of in puncture-proof containers specifically manufactured for this purpose. These containers will be located in the School Nurse's off in each school under the direction of the School Nurse and changed when full.
- 4. Sharps (knife blades, guidewires, etc.): Place the sharp object on a piece of sturdy cardboard and carefully tape the sharp object to the cardboard. Place another piece of cardboard over the taped object and tape the two pieces of cardboard together. Write on both sides of the cardboard "SHARP OBJECT" (blade, etc.).

E. Waste

All waste should be properly packaged to prevent spill or leakage and labeled for disposal by the area generating the waste.

F. Blood or Body Fluid Spills

In the event of a blood or body fluid spill, all visible organic matter must first be removed and then the area decontaminated.

G. Resuscitation Equipment

Automated External Defibrillators (AEDs) will be strategically located to provide personnel with immediate access for emergency situations.

H. Hepatitis B Vaccine Program

All employees who work in job Category I are likely or may have occupational exposure to OPIM, will be offered the Hepatitis B Vaccine at no cost to the employee. These workers will be vaccinated or if they choose, decline. Any employee who initially declines the vaccine may, at any time, request the vaccine at a later date.

I. Exposure Incidents

All exposure incidents and OPIM contacts must be reported to the School Nurse or building administrator within one hour of occurrence.

J. Education

All Employees will receive training in Universal Precautions, pertinent to their job classification and will review the Universal Precautions annually through staff development.