

PENNSYLVANIA DISTANCE LEARNING CHARTER SCHOOL

Book:	Policy Manual
Section:	Programs
Title:	Bloodborne Pathogens Exposure Control Policy
Reference:	Bloodborne Pathogens Standard (29 CFR 1910.1030 OSHA)
Adopted:	December 6, 2021
Revised:	

PURPOSE: The purpose of this exposure control plan is to:

- a. eliminate or minimize employee occupational exposure to blood or certain other body fluids
- b. comply with the Bloodborne Pathogens Standard, 29 CFR 1910.1030 OSHA.

SCOPE: This policy applies to all students, staff and visitors that may encounter a bloodborne pathogen exposure at PDLCS.

POLICY AUTHORITY: Policy draft is reviewed by the School Nurse, Chief Compliance Officer, and Chief Executive Officer; then (1) sent to the Board of Trustees, and (2) presented at the next formal, public Board Meeting for review, public comments and approval.

DEFINITIONS:

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 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.

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.

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.

Other Potentially Infectious Materials –

1. The following human body fluids: 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 body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be protective equipment.

Regulated Waste - 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; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions - An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, 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., using practices to minimize contact with bloodborne pathogens).

EXPOSURE DETERMINATION

PDLCS is required to perform an exposure determination concerning which employees may be likely to incur occupational exposure to blood or other potentially infectious materials and has determined that the following job classifications may be expected to incur such occupational exposure.

- ALL EMPLOYEES IN JOB CLASSIFICATION:

Job Classification	Task/Procedures
ALL staff (school nurse, teachers, administrators, aides, custodians and ancillary staff)	Responding to accidents or injuries to students with blood flow Tending to students where body fluids, saliva and body waste may be present and contaminated with blood. Responding to accidents or injuries where blood spills may be present. Tending to clean and dispose of bloody or contaminated waste.

METHODS OF COMPLIANCE

- UNIVERSAL PRECAUTIONS

All blood or other potentially infectious material shall be handled as if contaminated by a bloodborne pathogen.

- HAND WASHING

Readily accessible hand washing facilities with warm running water, antiseptic hand cleanser, and paper towels will be available.

Employees must wash their hands with soap and warm water immediately or as soon as feasible after removal of gloves or other protective equipment; and wash or flush exposed mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood.

- CONTAMINATED SUPPLIES

Minimally contaminated items used for minor first aid care (lacerations, nose bleeds, etc.) will be handled with universal precautions as if they were infectious 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.

Items such as gauze bandages, band aids, cotton balls, and sanitary napkins are not required to have special hazard labels, but again must be handled with universal precautions.

Special attention is required to dispose of regulated waste of items that are caked with dried blood or other potentially infectious materials and supplies used to control bleeding wounds or other human body fluid spills when such items are saturated to the point where liquid can be squeezed from the dressing in considerable amount. These items must be placed in a red bag, marked with a biohazard label, or soaked in a disinfectant solution to decontaminate them. They may then be double bagged and included with normal waste disposal.

- WORK PRACTICE

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

- PERSONAL PROTECTIVE EQUIPMENT (PPE)

PDLCS is responsible for ensuring that personal protective equipment is selected and provided without cost to employees. Protective equipment includes but is not limited to gloves and pocket masks for all personnel designated as first aid/CPR responders or otherwise exposed to blood.

- PPE USE/ACCESSIBILITY

PDLCS is responsible for monitoring to ensure equipment is appropriately used and the supply is adequate. The school principal or his/her designee is responsible for day-to-day monitoring to assure staffs are utilizing the equipment supplied.

The principal or his/her designee shall ensure that appropriate PPE is readily accessible at each site or is issued to designated staff and replaced as necessary to maintain its effectiveness.

- PROTECTION FOR HANDS

Gloves shall be worn when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin; when handling or touching contaminated items or surfaces.

Disposable Gloves

- Disposable gloves are available
- Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

- Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
 - Do not wash or decontaminate single-use gloves for re-use.
 - Discard when gloves are cracked, peeling, torn, punctured or show other signs of deterioration (whenever their ability to act as a barrier is compromised).
- **CLEANING**

All contaminated work surfaces will be decontaminated using approved materials after completion of procedures and immediately or as soon as feasible following the occurrence of any blood as well as at the end of the work shift if surfaces have become contaminated since the last cleaning.

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.

PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Employees who experience an exposure incident must immediately report their exposure to the Principal/Supervisor or their designee and the school nurse. When an employee reports an exposure incident the report will include the following information:

1. the date of the incident;
2. documentation of the route of exposure and the circumstances under which the exposure incident occurred;
3. a written description of the employee's duties as they relate to the exposure incident;
4. identification and documentation of the source individual, including consent for blood testing to determine HBV and HIV infectivity. If consent cannot be obtained the principal/designee will document the reason that legally required consent cannot be obtained;
5. when the source individual is already known to be infected with HBV or HIV, testing will not be repeated. This information will be provided by employees healthcare provider, hospital services or the local health department with the written consent of the source individual;

6. all employee health records relevant to the appropriate treatment of the employee, including vaccination status; Medical evaluation of exposure incidents and follow-up will be accomplished by employees healthcare provider, hospital services or the local health department as delineated.

HEPATITIS B VACCINATION POLICY

All employees who have been identified as having exposure to bloodborne pathogens will be offered the hepatitis B vaccination series at no cost to them. In addition, these employees will be offered postexposure evaluation, employee-based counseling if needed, and follow-up at no cost should they experience an exposure incident on the job.

Employees also have the option of refusing the hepatitis B vaccine and vaccination series. They must sign a waiver documenting their refusal and that they understood the significance of their action. The employee may reconsider his or her declination and must then be given the vaccine upon request.

All medical evaluations and procedures including the hepatitis B vaccination series, whether prophylactic or postexposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant or nurse practitioner. Medical care and vaccination series will be according to the most current recommendation of the U.S. Public Health Service. A copy of the bloodborne pathogens standard will be provided to the health care professional responsible for the employee's hepatitis B vaccination. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service at some future date recommends a booster, it will also be made available to exposed employees at no cost

The vaccination will be made available to employees after they have attended training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure. The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

RECORD KEEPING PROCEDURES

Employee Health Records

PD LCS must establish and maintain an employee health record of each employee identified as at risk of occupational exposure. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20. This record includes the following information:

- the name and social security number for the employee;
- a copy of the employee's hepatitis B vaccination status, including dates of all the hepatitis B vaccinations;
- any medical records relative to the employee's ability to receive vaccination;
- documentation of informed consent or refusal of HBV vaccination;
- a copy of examination results, medical testing, and the follow-up procedures as required by the post-exposure evaluation;
- the employer's copy of the health care professional's written opinion; and
- a copy of the information provided to the health care professional, including the exposed employees duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which exposure occurred
- All employee health records must be kept confidential and shall not be disclosed or reported, except with the employee's expressed written consent to any person within or outside the work place, except as required by regulation or law.

EMPLOYEE TRAINING

Employees will be trained regarding bloodborne pathogens annually, including a review of this policy within the training. Additional training will be provided whenever there are changes in task or procedure which affect employee's occupational exposure; this training will be limited to the new exposure situation.

The following content will be included:

- explanation of the bloodborne pathogens standard;
- general explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases;
- explanation of this exposure control plan and how it will be implemented;
- procedures which may expose employees to blood or other potentially infectious materials;
- control methods prevent/reduce the risk of exposure to blood or other potentially infectious materials;
- information on the hepatitis B vaccination
- information on procedures to use in an emergency involving blood or other potentially infectious materials;
- what procedure to follow if an exposure incident occurs;
- a review of UNIVERSAL PRECAUTIONS.

TRAINING RECORDS

Training records shall be maintained by the Human Resource Office for 3 years from the date on which the training occurred. The following information shall be included:

- dates of training sessions;
- contents or a summary of the training sessions;
- names and qualifications of trainer(s); and
- names and job titles of all persons attending.

Training records shall be provided upon request to employees, to employee representatives, and to the accrediting bodies for PDLCS in accordance with 29 CFR 1910.20.