

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

MSAD #56

In accordance with the OSHA Bloodborne Pathogen standard, 29 CFR 1910. 1030, the following exposure control plan has been developed.

1. EXPOSURE DETERMINATION

Although the risk is minimal, there is potential exposure for any employee within the school setting. The following job categories and classifications have been identified as having occupational exposure:

Category I Classification	Tasks
School Nurse	1. Glucose monitoring via glucometer 2. Nursing procedures involving exposure to blood and O.P.I.M.* 3. First aid
Category II Job Classification	Tasks
First Aid designees	First aid involving exposure to blood and involving exposure to O.P.I.M.*
Personnel involved with bloodletting	Glucose monitoring via glucometer
Speech language pathologist	Oral motor work that involves placing hands in mouth

* O.P.I.M. - Other potentially infectious material

2. COMPLIANCE METHODS

Standard precautions, formerly called universal precautions, will be practiced by all employees of MSAD #56. The school nurse will review these precautions annually. Instruction will be provided to all new employees. All employees will be offered latex gloves. Personnel allergic to latex shall inform the school nurse and will receive hypo-allergenic gloves. Location of personal protective packs, "spill" kits, first aid kits, and hand washing facilities are listed in each school's Bloodborne Pathogen's Manual.

3. PERSONAL PROTECTIVE

Gloves shall be worn for any anticipated exposure to body fluids. The school shall be cleaned daily with an EPA Registered Germicide, i.e., A-33. Spill kits containing an EPA and CDC approved germicide, i.e., Dispatch, shall be used for cleanup of body fluids. Personal protective packs are in the nurse's office and the high school office. The waste bins in the

bathrooms and nurse's office shall be double bagged and decontaminated whenever contaminated with body fluids. All broken glassware will be picked up via brush and dust pan. Personal protective equipment for maintenance and transportation personnel is the responsibility of their supervisor. All equipment for other employees is the responsibility of the school nurse.

4. REGULATED WASTE

Sharps are not available in the school with the exception of those used with glucometers. Students will take these home for disposal. Menstrual items, bandages and other items with blood that are generated in a school are not considered regulated waste by OSHA. However, these items should be double bagged prior to disposal.

5. HEPATITIS B VACCINE

This vaccine is an option for personnel listed in the job classifications under "exposure determination". There will be no cost to the employee. A waiver will be signed by those who decline this option. Employees who are not designated in categories I and II above and who have an inadvertent exposure to blood or O.P.I.M. may receive vaccine after the exposure incident.

6. POST-EXPOSURE EVALUATION AND FOLLOW-UP

1. An exposure incident means a mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.
2. All exposure incidents will be reported to the school nurse within 24 hours and the appropriate forms filled out by employee and nurse. All exposure incident records will be maintained in a confidential file by the school nurse and saved for the duration of employment and for thirty years after.
3. Any employee who incurs an exposure incident will be evaluated by the school nurse and referred for follow-up care if necessary. The employee can be referred to their own physician or to Coastal Medical. The follow-up will include:
 - A. If possible, the identification of the source individual and, if possible, the status of the source individual. If the source agrees to testing, a consent must be signed.
 - B. Offering post exposure vaccine (HBIG) within 24 hours in accordance with the current recommendations of the U.S. Public Health Service.
 - C. Offering Hepatitis B vaccine within seven (7) days.
 - D. Offering the option of having his/her blood tested for HBV/HIV. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status. However, if the employee decides prior to that time that testing will or will not occur, then the appropriate action can be taken and the blood sample discarded. If HBV antibodies are present and the vaccine has not been given, a medical work-up is advised to ensure that the person is not a carrier.
 - E. The employee will be given the appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also

be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

7. INTERACTION WITH HEALTH CARE PROFESSIONALS

When an employee who is exposed at school is referred to a physician, the school shall receive the following from the doctor in writing:

1. Whether the HBV vaccine was indicated and if it was given.
2. Whether post exposure vaccine(HBIG) was indicated and if it was given.
3. That the employee has been told about any potential medical problem that could result from the exposure incident. No reference shall be made about personal medical information.

8. TRAINING

Training will be conducted annually and as needed by the school nurse. The content of the training shall include the 10 areas designated by OSHA. A notebook with current bloodborne pathogen information will be available in each school. All records required by the OSHA standard will be maintained by the school nurse and the superintendent. Records of training should be kept for three (3) years on the premises.

ADOPTED: March 16, 1993
REVISED: January 10, 1995
November 12, 1996
March 20, 2001