**Germantown Municipal School District**

**Occupational Exposure Control Plan**

School employees may potentially become exposed on the job to human immunodeficiency virus (HIV), hepatitis B virus (HBV) and other bloodborne pathogens. The following exposure control plan (ECP) has been created to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with 29 C. F. R. 1910.1030.

The ECP includes:

* Determination of school employees with reasonably anticipated exposure;
* Implementation of various controls such as *Universal Precautions,* work practices and engineering controls, personal protective equipment, and housekeeping;
* Hepatitis B vaccination and proper medical follow-up after a blood exposure;
* Communication of hazards through labels and training;
* Maintenance of training and medical records.

**PROGRAM ADMINISTRATION**

The Coordinated School Health (CSH) Supervisor is responsible for the ECP. The Coordinated School Health Supervisor will maintain, review, and update the program at least annually or whenever a new or modified task is added. The CSH Supervisor will ensure the accessibility of the ECP. The written plan is maintained in the Office of Coordinated School Health and on the system’s website.

Each school will maintain and provide all necessary personal protective equipment (PPE), sharps containers, labels and red bags, and disinfectants where necessary.

Coordinated School Health is responsible to ensure that all medical actions are performed as required and all medical records are maintained.

Coordinated School Health is responsible for training school personnel who have the potential for exposure, and maintaining a record of training of the exposure control plan.

**School Personnel Exposure Determination:**

The following have been identified as having a potential occupational exposure to bloodborne pathogens:

**School Nurses**

**Special Education Teachers and ParaPros-high risk environment**

**Plant Managers**

**Custodians-** Contractor assumes responsibilities for exposure control plan compliance.

**Availability of the Exposure Control Plan**

The Germantown Municipal School District Occupational Exposure Control Plan is available to all employees at any time. The availability of the plan is made known during annual education/training. Copies of the plan are kept in the following areas:

* District office
* Each school library

**Review and Update of the plan**

The plan will be reviewed and updated annually as needed, i.e. new or modified tasks and procedures are implemented which affect occupational exposure; employee jobs are revisited that would include occupational exposure.

1. **Universal Precautions**

All school personnel will use **universal precautions.** Universal precautions is an infection control method that requires employees to assume that all human blood and specified body fluids are infectious for HIV, HBV, HCV, and other bloodborne pathogens. The specified body fluids are referred to as other potentially infectious materials (OPIM). OPIM can be the following human body fluids: semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, and peritoneal fluids, amniotic fluid which surrounds a fetus, any body fluid that is visibly contaminated with blood (like saliva, sweat, tears, vomit, urine, feces, nasal secretions), and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, and any unfixed tissue (severed limbs, fingers, etc.)

1. **Exposure Control Plan**

Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP during the initial training session. It will also be reviewed in the annual refresher training. All employees will have an opportunity to review this plan at any time during their work shifts. This plan can be found on the system’s website. Sections of the plan have been included in the *Employee’s Handbook* which is up-dated annually. A copy of the entire plan can be made available upon request.

1. **Work Practice Controls**
2. Handwashing is required immediately after the removal of gloves or any other tasks where there is potential contact with blood or OPIM. Personnel will wash their hands with soap and water.
3. Contaminated sharps will be handled carefully and personnel will use gloves. Where sharps are found or confiscated (knives, needles, razors, etc.) they will be placed in puncture and leak-proof **sharps containers** or puncture and leak-proof containers. They will be red containers, or labeled with a biohazard symbol and word “biohazard”.
4. Equipment (saws, knives) or work surfaces (desks, floors) that may become contaminated will be cleaned and disinfected as often as needed. Blood spills will cleaned and disinfected using either a hospital disinfectant that is EPA approved and “tuberculocidal” or a solution of bleach mixed fresh daily 1:10-1:100 with water. Neoprene or other plastic utility gloves will be worn when decontaminating environmental surfaces or cleaning contaminated equipment. Anything that cannot be disinfected will be labeled as biohazard so it will be apparent.
5. Designated first aid areas shall not be in any area where food or drink is prepared or present (i.e. kitchen).
6. Intact skin which has been splashed with blood or OPIM will be washed with soap and water immediately.
7. Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in any area where there is a likelihood of exposure involving blood or OPIM.
8. Where needles are used for the medical treatment of students (e.g. insulin injections), a sharps container will be used for the disposal of contaminated needles.
9. **ENGINEERING CONTROLS**
10. For nurses or other employees who use needles, lancets or other medical devices which could result in exposure to bloodborne pathogens, safer medical devices shall be used. Examples of such devices may include sharps with engineered sharps injury protections, needleless systems and self-sheathing needles.
11. Leak-proof, puncture resistant containers will be used to collect sharps (bloody glass, needles, knives, razors, etc.)
12. Red bags with the biohazard symbol will be used for all contaminated protective clothing used by school employees.
13. Regulated waster will be stored and disposed of in red bags.
14. **PERSONAL PROTECTIVE EQUIPMENT (PPE)**
15. PPE kits will be stored at the following locations:
16. School office or clinic.
17. PPE Kits contain:
* BZK antiseptic towellettes
* Disposable gown with full sleeves
* Disposable shoe covers
* Eye shield with ear loop mask
* Fluid control solidifier pack
* Biohazard scoop
* Biohazard bags
* Germicidal wipes
* Clean-up towels
1. All personnel who use PPE must observe the following precautions:
2. Hypoallergenic gloves, powederless gloves, or other similar alternatives shall be readily accessible to school personnel who are allergic to the gloves normally provided.
3. Gloves shall be 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.
4. They shall not be washed or decontaminated for re-use.
5. Pocket mouth-to-mouth resuscitation devices or similar devices designed to isolate first-aid response personnel from direct contact with fluids will be provided and used. They will be examined and maintained, or replaced, on a scheduled basis.
6. Personnel will remove garments, if they are contaminated with blood immediately or as soon as feasible.
7. All personal protective equipment will be removed prior to leaving the work area (e.g. contaminated clothing, personal protective equipment, or other items shall not be taken home).
8. Contaminated protective equipment will be placed in red bags for storing until they can be washed, decontaminated or discarded.
9. **HOUSEKEEPING**

When a blood or body fluid spill occurs, one of the following disinfecting techniques shall be used

A solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water. This solution will have a contact time of ten minutes with the contaminated area. This solution must be prepared daily.

Neoprene or other plastic utility type gloves shall be worn when decontaminating environmental surfaces or cleaning equipment.

If an accident involves the breakage of glassware or other sharp objects, sharp items will not be picked up directly with the hands. Sharp materials which are contaminated will be cleaned up using mechanical means (for example-forceps, tongs, dust pan or shovel and broom).

Sharp objects will be disposed of in sharps containers. Sharps containers will be closable, leak proof, puncture resistant, and are properly labeled with the biohazard symbol. The containers will not be overloaded. They will be closed when moved from one location to another or when they are disposed of as regulated waste.

Regulated waste will be disposed of in red bags. Regulated waste means liquid or semi liquid blood or other potentially infectious materials; contaminated items that you 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 ways containing blood or other potentially infectious materials.

1. **HEPATITIS B VACCINATION**
2. School employees will be offered the hepatitis B vaccine and vaccination series after training is conducted and within the first year of employment. It will be free of charge.
3. The vaccination(s) will be provided by a local health care provider who has made special arrangements with the school system.
4. The recommendations of the U.S. Public Health Service guidelines will be followed..
5. All at risk employees will provide documentation of the hepatitis vaccine series or will have documentation of declination of the vaccination.
6. Records of hepatitis B vaccination are maintained in the employees help file.
7. **POST EXPOSURE EVAULATION AND FOLLOW-UP**
8. In exposure incident is specific eye, mouth, other mucous membrane, non intact skin (cut, rash, etc), parenteral contact (sharps stick) with blood or OPIM which result from the performance of job duties (such as response to an injury or assault).
9. School employees should immediately report exposure incidents to school nurse, then to the supervisor- human resources.
10. Each exposure incident will be evaluated to determine what caused the incident. This will include evaluation of work procedures, used policies, failure of control, and engineering controls.
11. Each exposure incident will initiate a medical evaluation and follow up by a health care professional as well As for timely testing of the source individual’s blood for HIV and HBV. The medical evaluation and follow-up will be performed by a local health care provider. The employee will be provided forms (Health Care Professionals Written Opinion for Post Exposure Evaluation in Bloodborne Pathogen Exposure Evaluation Form) that they will take with them to get the health care professionals written opinion for post exposure evaluation. All reports will be treated in the strictest confidence.
12. At the time of exposure incident, the exposed school employee will be offered evaluation by a health care professional license to perform the evaluation. In Tennessee, physicians and nurse practitioners are licensed to provide these follow ups. They must be provided according to recommendations of the U.S. Public Health Service. The school system will provide the health care professional with:
* A copy of the bloodborne pathogen standard;
* A description of the employee’s job duties as they relate to the incident;
* A report of the specific exposure (accident report), including route of exposure;
* Relevant employee medical records, including hepatitis B vaccination status; And results of the source individual’s blood testing, if available.

See Bloodborne Pathogen Exposure Evaluation Form-the medical evaluation and follow-up record shall contain:

1. documentation of the route(s) of exposure and how the exposure occurred;
2. The identity of the source individual if feasible and not prohibited by law; and
3. An attempt to obtain the consent of the source individual to test their blood as soon as possible to determine if they are infected with HIV or HBV and to document the sources blood test results.

**NOTE:** blood cannot be drawn with intent of specifically testing for HIV or HBV without written consent. If consent is not obtained, the employer must show that the legally required consent could not be obtained. Where consent is not required, the source individual’s blood, if available, should be tested in the results documented.

1. If the source is known to be infectious for HIV or HBV, testing need not be repeated to determine the known infectivity.
2. The exposed employee will be provided with the test results and information about applicable disclosure laws and regulations concerning the source identity and infection status.
3. Following the post exposure evaluation, the health care professional shall provide a written opinion to the employer (see HealthCare Professionals Written Opinion for Post Exposure Evaluation Form). This opinion is limited to a statement that the employee has been informed of the results of the evaluation and told of the need if any for further evaluation or treatment all other findings are confidential. A copy of the completed written opinion will be provided to the employee within fifteen (15) days after it is received from the evaluating physician.
4. **COMMUNICATION OF HAZARDS TO SCHOOL PERSONNEL**
5. All persons with a potential for exposure will be trained on general explanations of the modes of transmission, symptoms, warning signals relating to possible exposure, and procedures to follow if exposure occurs.
6. Training is free of charge and conducted during working hours. Refresher training will be provided at least annually. Additional training will be instituted if existing tasks are modified or new tasks are required which affect any school personnel’s exposure.
7. Training will include:
8. Appropriate methods for recognizing tasks which may involve exposure to blood or other potentially infectious materials (OPIMS);
9. The use and limitations of practices which would reduce exposure;
10. Work practices and personal protective equipment;
11. Information on the use, location, and decontamination and/or disposal of personal protective equipment and clothing;
12. An accessible copy of the standard and an explanation of its text;
13. A general explanation of the epidemiology, transmission, and symptoms of bloodborne diseases;
14. Information on the HPV vaccine;
15. Actions to take in the event of an exposure incident;
16. Proper cleaning procedures; and
17. The labeling system (red bags and containers with a biohazard symbol).
18. All employees in the school will be able to answer five (5) basic questions when asked by a TOSHA inspector. They are:
19. What does “universal precautions” mean?
20. What do you do when there is a blood spill?
* Personal protection
* Clean-up and disposal;
* Disinfection (apply hazard communication standard
1. What do you do with contaminated laundry?
2. Have you been offered the hepatitis vaccination free of charge?
3. Where is the exposure control plan? Has it been explained to you and have you been trained?
4. **RECORDKEEPING**

The school system will keep two (2) types of employee-related records required by the bloodborne pathogen standard:

Medical

1. A confidential medical record for **each employee** with potential for exposure is maintained in the employee’s files. The records are kept according to TOSHA’s rules governing access to employee exposure and medical records, 191 0.20 E.
2. Medical records are kept confidential. Access to medical records will be provided when they request is in writing and the employee releases the records for review.
3. The medical records include the following information:
4. Employee’s name and Social Security number;
5. Employee’s hepatitis vaccination status, including dates of all hepatitis B vaccinations and any medical records related to the employees ability to receive vaccinations;
6. Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures;
7. The employer’s copy of the health care professional’s written opinion; and
8. Information provided from the health care professional.

**OSHA Recordkeeping**

Exposure incident is evaluated to determine if the case meets OSHA’s record keeping requirements (29 CFR 1904). This determination and the recording activities are done by the Coordinated School Health office.

**Sharps Injury Log**

In addition to the 1904 record keeping requirements, all percutaneous injuries from contaminated sharps are also recorded in the *sharp’s injury log* all incidences must include at least:

1. The date of the injury;
2. The type and brand of the device involved;
3. The department or work area where the incident occurred; and
4. An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**Training**

1. The school system will maintain and keep accurate training records for three (3) years and to include the following:
2. Training dates;
3. Content or a summary of the training;
4. Names and qualifications of trainers; and
5. Names and job titles of trainees.
6. Employee training records will be provided upon request to the employee or the employees authorized representative within fifteen (15) working days.