

Clarksville-Montgomery County School System BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

OSHA Standard – [29 CFR 1910.1030](#)

Adopted: September 28, 1993

Reviewed and Revised: March 15, 2010

1.0 **POLICY STATEMENT**

The policy of Clarksville-Montgomery County School System (CMCSS) is to develop those programs necessary to protect the health of its employees against on-the-job hazards which may cause sickness or injury now or in the future. The Bloodborne Pathogens Exposure Control Program is one of those programs.

Each employee will read these procedures, and the supervisor(s) or a designated person will ensure that they understand them. The employee will indicate his understanding of the procedures by his signature and the date on the form provided.

Employees and supervisors will comply with this policy and are subject to disciplinary action in those cases determined to indicate willful violation.

2.0 **SUBJECT**

In December 1991, the Occupational Safety and Health Administration published the rules governing the occupational exposure to Bloodborne Pathogens for inclusion as a part of 29 CFR Part 1910.1030. These rules provide guidance to reduce significant risk of infection of employees who may be exposed to infected body fluids or tissue from infected persons. These guidelines are to prevent exposure to and transmission of diseases such as Human Immunodeficiency Syndrome (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B virus (HBV), and other diseases which may be spread from unprotected exposure to blood, certain body fluids or tissues.

3.0 **PURPOSE**

To establish routine procedures to be followed to prevent exposure or transmission of bloodborne diseases. To outline policies to protect employees and evaluate those involved in incidents where exposure may have occurred. This program addresses the following:

- A designation of the classification of risk for first aid type task which can be associated with exposure.
- Methods for Scheduling and Implementing:
 1. Universal Precautions
 2. Personal Protective Equipment
 3. Housekeeping and Equipment Cleaning
 4. Signs and Labels
 5. Hazardous Waste Handling and Disposal
 6. Training
 7. Hepatitis B Vaccinations
 8. Post-Exposure Reporting and Follow-up
 9. Responsibilities
 10. Standard Operation Procedures

4.0 **SCOPE**

This plan applies to all employees of CMCSS. The program is designed to meet the guidelines of 29 CFR 1910.1030.

5.0 **GENERAL**

The OSHA Bloodborne Pathogen Program rules apply to work practice controls, procedures, equipment and policies related to staff training, information dissemination, preventative and post-incident medical interventions. The program outlines the objectives to minimize risk of exposure or, if necessary, to effectively treat employees involved in an incident where there is a significant possibility of exposure.

6.0 **DEFINITIONS**

- **Administrative Controls-** Methods and procedures used to prevent contact with workplace hazards when engineering controls are not feasible.
- **Bloodborne Pathogens-** Disease organisms which cannot be seen that are present in human blood, body fluid or tissue that can infect and cause disease in persons who are exposed to such liquids or tissue.
- **Contaminated-** The presence or potential presence of blood, body fluid, or tissue on an item or surface.
- **Contaminated Laundry-** Laundry which has been soiled with blood, body fluid, or tissue or may contain contaminated sharps.
- **Contaminated Sharps-** Any object contaminated with blood, body fluid, or tissue that is capable of penetrating the skin.
- **Decontamination-** The act of removing, inactivating or destroying Bloodborne Pathogens on a surface or item by use of a chemical or physical means.
- **Engineering Controls-** Physical controls that isolate, minimize or remove a hazard from the workplace.
- **Hand Washing Facilities-** A fixture or facility providing an adequate supply of running water, soap and single-use towels.
- **Hazardous (Regulated) Waste-** Liquid or semi-liquid blood, body fluid or tissue. Items or equipment which are contaminated; includes liquid, semi-liquid, caked or dried material.
- **Hepatitis-** Means "inflammation of the liver."
- **Human Immunodeficiency Virus-** The HIV virus attacks the body's immune system causing the disease known as AIDS, or Acquired Immune Deficiency Syndrome.
- **Job Classifications-** The classification of jobs according to their potential for mucous membrane or skin contact with blood, body fluids, tissues or potential spills or splashes in the normal course of their duties.
- **Occupational Exposure-** Contact with blood, body fluid, or tissue by the skin, eyes, mucous membrane or by penetration that results from the performance of an employee's duties.

- **OSHA-** The Occupational Safety and Health Administration.
- **Personal Protective Equipment (PPE)** - Specialized clothing or equipment worn by an individual to protect him or her from a hazard.
- **Risk Reduction-** Those procedures or actions taken to reduce the potential for exposure to blood, tissue, or body fluids which may contain infectious organisms.
- **Source Individual-** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- **TOSHA-** Tennessee Occupational Safety & Health Administration.
- **Universal Precaution-** A method of infection control in which all human blood, body fluids, and tissues 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.

7.0 **UNIVERSAL PRECAUTIONS**

All Employees will treat all human blood, body fluids and tissue as if it is known to be infected with HIV, HBV or other Bloodborne Pathogens.

8.0 **PERSONAL PROTECTIVE EQUIPMENT**

Those initially on the scene of the injury will protect themselves by use of personal protective equipment at all times while the potential for exposure to materials or equipment which may be contaminated exists.

Personal Protective Equipment will be provided at no cost to all personnel who may provide aid.

Specific examples of Personal Protective Equipment and tasks include, but are not limited to:

- **Gloves**
 - Gloves will be worn at all times while performing first aid activities. These gloves will be disposable in type, such as surgical gloves or examination gloves and will be replaced as soon as practical when contaminated, or as soon as feasible if they are punctured, or when their ability to provide an effective barrier is lost. These gloves shall not be washed or decontaminated for reuse.
 - Gloves shall not be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
 - If hands are contaminated, the gloves will be removed and the hands will be washed with soapy water immediately.
- **Mouth-Mask**
 - A Pocket Mouth-Mask will be used when performing mouth-to-mouth resuscitation. The mouth-mask can be found in the Emergency Go-Kit, located in the school nurse clinic and another location in each school.

- Upon completion, the mask will be washed and scrubbed in warm, soapy water; rinsed in clean water; submerged for 10 minutes in a 1:64 household bleach solution; rinsed again and allowed to dry.
- If exposed to blood, body fluids, or tissues, Personal Protective Devices should be discarded and replaced.
- In cases where clothing is contaminated with blood, body fluid or tissue, the clothing will be removed and replaced.
- All materials which are used and contaminated will be disposed of as outlined under Paragraph 11, Hazardous Waste Handling and Disposal.
- **Face Mask**
 - A Face Mask will be used when the potential for splash contamination with blood, body fluid, or tissue exists.
 - If exposed to blood, body fluids, or tissues, Personal Protective Devices should be discarded and replaced.
 - All materials which are used and contaminated will be disposed of as outlined under Paragraph 11, Hazardous Waste Handling and Disposal.

9.0 HOUSEKEEPING AND EQUIPMENT CLEANING

- The school nurse clinic must be maintained in a clean and sanitary condition. All equipment and working surfaces must be cleaned and disinfected after contact with blood or other potentially infectious materials.
- All housekeeping and cleaning of equipment will be performed using Universal Precautions as outlined under Paragraph 7.
- The school nurse clinic and equipment will be cleaned on at least a weekly basis and after any provision of first aid where blood, body fluids or tissue may have contaminated the area.
- Equipment and surfaces will be cleaned using a hospital-type disinfectant to be provided or bleach and water mixed fresh daily 1:10.
- Mechanical means, such as a brush and dust pan, tongs, or forceps, will be used to pick up potentially contaminated broken glassware. After use, these items should also be cleaned with a hospital-type disinfectant to be provided or bleach and water mixed fresh daily 1:10.

10.0 SIGNS AND LABELS

- The school will acquire and maintain the necessary signs and labels to be placed in the first aid area in accordance with the provisions of 29 CFR 1910.145.
- Assigned personnel will report if these signs or labels need replacing because of legibility, etc.

11.0 HAZARDOUS WASTE HANDLING AND DISPOSAL

- **Sharps-** Contaminated sharps, which are items that may penetrate the skin if handled, must be discarded in containers that can be closed, are puncture-resistant, are leak proof on sides and bottom, and are labeled or color-coded (red) which bear the biological hazard symbol.
- **Waste Materials-** Contaminated materials will be placed in color-coded bags (red) which bear the biological hazard symbol.
- **Laundry-** Contaminated laundry must be handled as little as possible. The laundry will be placed in color-coded bags (red) and properly disposed of.
- **Storage-** Hazardous waste materials will be placed in appropriate containers in the first aid area and removed by custodial personnel on an immediate basis. When containers are filled and ready for disposal, the custodial personnel will be notified.

12.0 **TRAINING**

- Training will be conducted on an annual basis during return to school orientation for all employees.
- Records of training will be maintained by the Principal's office and a copy provided to the Clarksville-Montgomery County School System (CMCSS) Risk Management/Safety Department.

13.0 **HEPATITIS B VACCINATIONS**

The Hepatitis B vaccination is available to all CMCSS employees each year unless the employee has previously had the complete Hepatitis B Vaccination Series.

If the employee refuses the vaccination, the employee will be required to sign a Hepatitis B Vaccine Declination Form (ref. [SAF-F004](#)). The employee is only required to complete the declination form once, not each year. Such statements are available on-line and will be maintained by the CMCSS Risk Management/Safety Department. The employee may later, at any time, decide to accept the vaccination, at which point the employee would attend the scheduled vaccination dates to receive the series of vaccinations.

Currently, the Centers for Disease Control does not recommend a booster for this vaccination. Therefore, this vaccination is considered good for life. If the U.S. Public Health Service recommends booster vaccinations, covered employees shall be provided with the recommended boosters at no cost and at a reasonable time and place.

14.0 **POST-EXPOSURE REPORTING AND FOLLOW UP**

- An employee who may have been exposed to materials which may contain Bloodborne Pathogens will report the incident to the Building Administrator immediately.
- The OJI Building Representative will report any potential exposure incident immediately to the CMCSS Risk Manager/Safety Coordinator. Phone number: 920-7836 or 216-1971
- Any potential exposure incident will be investigated by the Risk Manager/Safety Coordinator or other designated person.
- The Risk Manager/Safety Coordinator will meet with or contact exposed employee to discuss options for course of action and will begin investigation of the incident.

- Incident Investigation – Within 24 hours of the time of the incident, the exposed individual and the Risk Management/Safety Department shall investigate and document the circumstances under which the potential exposure occurred and shall include:
 1. The nature of the exposure
 2. Personal Protective Equipment being used
 3. Work Practices being used
 4. Post-Exposure actions taken
 5. Name of the source person and/or materials
 6. Actions which could reduce risk of exposure in similar situations
- The exposed employee is provided with, or provided access to, a copy of the CMCSS Bloodborne Pathogen Exposure Control Program and a copy of the Tennessee Occupational Safety and Health Administration's (TOSHA) Bloodborne Pathogen Standard – 29 CFR 1910.1030.
- The exposed employee chooses from three options for course of action:
 1. Employee has the right to be tested for HIV and Hepatitis B
 2. Employee has the right to request that the source of the exposure (student/employee/other individual) be tested.
 3. Employee has the right to decline both.
- A Bloodborne Pathogen Exposure form will be completed by the exposed employee. This form should be faxed to the Risk Manager/Safety Coordinator once completed. Fax number: 920-9817. (ref. [SAF-F006](#))
- If the employee requests to be tested or requests the source of the exposure (student/employee/other individual) be tested, the Risk Management/Safety Department will make the arrangements.
- **Source Evaluation** – The Risk Management/Safety Department in collaboration with the evaluating practitioner and the CMCSS Attorney will determine feasibility and/or action to take in obtaining consent to acquire blood samples from the source individual from whom exposure has occurred. If sampling is conducted and positive results are found, the supporting practitioner in his or her professional judgment will use the guidelines set by the Centers for Disease Control and generally accepted medical practice to evaluate the exposed person for HBV and HIV.

15.0 **RESPONSIBILITIES**

- **Risk Manager/Safety Coordinator:** The Risk Manager/Safety Coordinator will:
 1. Review, approve, and enforce this program.
 2. Appoint administrative responsibilities.
 3. Insure compliance with the provisions of this plan.
- **Principals:** School Principals are responsible to:
 1. Ensure, in collaboration with the Risk Manager/Safety Coordinator, all employees receive initial and annual training as outlined in Paragraph 12.

2. Ensure that the school nurse clinic and equipment are cleaned as outlined by this plan.
 3. Ensure that proper materials and personal protective equipment are in the school nurse clinic for conduction of the requirements of this plan.
 4. Ensure proper disposal of hazardous material and containers.
 5. Ensure proper handling and disposal of laundry which is contaminated as outlined in this plan.
 6. Ensure that hazardous markings and labels are placed and retained in the school nurse clinic.
- **Risk Management:** The Risk Management/Safety Department has the responsibility to:
 1. Ensure that this plan is revised annually and as needed to guarantee its completeness.
 2. Ensure that employees are offered Hepatitis B vaccinations.
 3. Maintain Hepatitis B Vaccine Declination forms in those cases where an employee declines the Hepatitis B vaccination.
 4. Ensure medical evaluation and follow-up by a practitioner if exposed employee chooses to request testing.
 5. Perform an incident investigation, to include actions to reduce risk in the future, as outlined in Paragraph 14.
 6. Report any potential exposure incident immediately to the Risk Manager/Safety Coordinator.
 - **OJI Building Representative:** The OJI Building Representative is responsible for:
 1. Report any potential exposure incident immediately to the Risk Manager/Safety Coordinator.
 2. Ensure the employee completes the OJI Employee Injury Statement (ref. [OJI-F003](#)) and faxes the completed form to the Risk Management/Safety Department.

16.0 **STANDARD OPERATING PROCEDURES**

These standard operating procedures include specific guidelines to prevent the exposure of CMCSS personnel to blood and other body fluids which may be contaminated with disease producing organisms.

These standard operating procedures are to be followed by CMCSS personnel at all times when there is the potential for contact with blood or other body fluids that may be contaminated with disease producing organisms as set forth in this Exposure Control Plan.

Universal Precautions:

- Universal precautions require that any and all blood or body fluid be approached as if it were known to be contaminated with disease producing organisms.
- Universal precautions will be followed at all times when there is blood or body fluids involved in an injury or illness of a student or another CMCSS employee.
- The minimum precautions to be followed by all CMCSS personnel include:
 1. Washing hands with soap and water immediately after contact with any person where blood or body fluids are present or has occurred.
 2. Wearing gloves when anticipating contact with injured person's blood, body fluid, tissues, mucous membranes or contaminated surfaces, or an existing break in the skin.
 3. Wearing a mask if there is to be contact with an infectious disease spread by splatter droplets such as sneezing or coughing.
 4. Wearing impervious gown or apron if splattering of clothing may occur.
 5. Wearing eye protection if splattering of blood or fluids may occur.
 6. Using protective mouth pieces if cardio-pulmonary resuscitation is performed.
 7. Handling sharp objects such as scissors or pins very carefully.
 8. Disposing of all spilled materials that contain or may contain biological contaminants in accordance with the prescribed policies of this Exposure Control Plan.

Hand Washing:

- Proper hand washing is the most important method of preventing the spread of infection.
- Immediately wash hands or any other exposed skin with soap and water.
- Immediately flush any exposed mucous membranes such as the eyes, mouth or nose with water.
- Proper hand washing includes :
 1. Use soap and water to wash hands and other skin.
 2. After washing, rinse hands under running water.
 3. Use paper towels to thoroughly dry hands.
 4. Turn off manual faucets using paper towels.
 5. Do not touch faucets with bare hands.
 6. If soap and water are not available, use an alcohol based hand sanitizer.

Sharp Materials or Equipment:

- Handle sharp objects carefully as follows:
 1. Never cut, bend, or break sharp materials, objects, or equipment.

2. Discard sharp objects or materials intact, into a proper puncture proof container.

Ingestion of Bloodborne Pathogens:

- It is essential to avoid any action that may result in ingesting contaminated materials. Prevention of this includes proper hand washing and proper handling of contaminated objects, materials, or equipment.

Contaminated Equipment, Floors or Furniture:

- Employees will always use universal precautions when handling or cleaning potentially contaminated equipment.
 1. Employees responsible for cleaning equipment, furniture, or areas where blood or body fluids are present will use personal protective equipment to protect mucous membranes and skin.
 2. Equipment and furniture will be cleaned using a germicidal detergent, while avoiding splatter or dripping. If dripping may occur, drop cloths may be needed.
 3. All cleaning materials and personal protective equipment shall be disposed of as infectious waste.
 4. Employees will wash hands with soap and water after personal protective equipment such as gloves are removed.
 5. If equipment or furniture cannot be decontaminated or washed immediately, the object will be tagged with a biohazard label or sign and will not be used until decontamination procedures can be accomplished. The CMCSS Risk Management/Safety Department will be immediately notified.
 6. Broken glassware that may be contaminated shall not be picked up directly with the hands. Removal must be by mechanical means such as a brush and dust pan, tongs, or forceps.
 7. Spills of blood or other body fluid will be cleaned up using 5.25% Sodium Hypochlorite (Bleach), 1 part to 10 parts water, or other appropriate specific solution.

Waste Handling and Disposal:

- Employees will wear gloves at all times when gathering, containerizing, transporting or destroying waste that is contaminated with blood, other human fluids or tissue.
- Containers will not be overfilled so that they cannot be easily and tightly closed without stretching the container.
- Containers will be tightly closed and immediately moved to a designated storage area.
- If a container shows evidence that it has been punctured or is damp from leakage, the container will be placed inside another container for infectious waste. The person handling the damaged container must wear gloves. Another person will assist in the double containment procedure as follows:

1. The second person will wear gloves and any other necessary personal protective equipment and will cuff the clean bag over the hands and open the container widely.
2. The first person who is handling the damaged container will also wear personal protective equipment and will carefully place the container into the clean container.

Associated Documents - [29 CFR 1910.145](#) Specification for Signs or Symbols
 [OJI-F003](#) OJI Employee Injury Statement
 [RSK-A002](#) RSK-A002 Employee Safety Training
 [SAF-P004](#) Bloodborne Pathogen Procedure
 [SAF-F004](#) Hepatitis B Vaccine Declination
 [SAF-F006](#) Bloodborne Pathogen Exposure