

GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT

EXPOSURE CONTROL PLAN

May, 1993

GREENBURGH ELEVEN UFSD

CONTAGIOUS DISEASE POLICY #8123.1

The Greenburgh Eleven Board of Education believes that effective precautions and work practice controls are the best methods for the containment of potentially infectious materials and provide employees, students and others in the school community with the best protection against exposure to contagious diseases.

Consistent with this belief and Federal regulations, the Superintendent of Schools shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure to blood or other potentially infectious materials.

The Exposure Control Plan shall include:

1. A list of job classifications in which occupational exposure to blood or other infectious materials occurs.
2. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.

The District shall ensure that a copy of the Exposure Control Plan is accessible to all employees. The Exposure Control Plan is currently in effect.

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

EXPOSURE CONTROL PLAN

INTRODUCTION

The Occupational Safety and Health Administration (OSHA) has made a determination that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens, including Hepatitis B virus which causes Hepatitis B, a serious liver disease, and human immunodeficiency virus, which causes Acquired Immunodeficiency Syndrome (AIDS). The State Labor Department Public Employee Safety and Health (PESH) has included schools as public employers under "Guidelines for Prevention of Transmission of HIV and HBV to Health-Care and Public Safety Workers" because school staff have a potential risk of blood exposure to HIV and HBV.

Exposure to HIV and HBV should be reduced to the maximum extent feasible through Work Practice Controls and Personal Protective Equipment (PPE) in the environment of the school. Bloodborne transmission of other pathogens not specifically addressed in this document can be interrupted by adherence to the procedures outlined in the guidelines. It is important to note that the implementation of control measures for HIV and HBV does not alleviate the need for continued adherence to general infection control principles and general hygiene measures (e.g., hand washing) for preventing transmission of other infectious diseases to both staff and students.

The principles of infection control and their application to the school setting in this document address the following:

- I. **General Guidelines for Infection Control** - General infection control procedures are applicable in the school setting because staff and students can come in contact with individuals with a variety of infectious agents. Risk of exposures in this environment can be unpredictable; thus, control measures that are simple and uniform across all situations have the greatest likelihood of staff compliance.
- II. **Universal Blood and Body Fluid Precautions to Prevent Occupational HBV and HIV Transmission** - The concept of "universal precautions" stresses that all individuals should be assumed to be infectious for HIV and other bloodborne pathogens when staff caring for those individuals are exposed to blood, or any body fluid visibly contaminated with blood. Since HIV and HBV transmission has not been documented from exposure to other body fluids (feces, nasal, saliva, secretions, sputum, sweat, tears, urine and vomitus) "universal precautions" do not apply to these fluids. To minimize the risk of acquiring HIV and HBV during performance of job duties, school staff should be protected from exposure to blood and other body fluids as circumstances dictate. Protection can be achieved through adherence to work practices designed to minimize or eliminate exposure and thorough use of Personal Protective Equipment (e.g., gloves) which provides a barrier between the staff person and the exposure source.
- III. **Standard Operating Procedures (SOP)**
- IV. **Hepatitis B Vaccination and Post Exposure Evaluation and Follow-Up**
- V. **Communication of Hazards to Employees**

All employees of Greenburgh Eleven UFSD are considered at reasonable risk of contact with blood and other potentially infectious materials (OPIM) and, therefore, must receive comprehensive training on the Exposure Control Plan (ECP) and be offered the Hepatitis B vaccine by the employer.

I. **GENERAL GUIDELINES FOR INFECTION CONTROL**

RATIONALE FOR AN INFECTION CONTROL PROGRAM

The rationale for an infection control program is based on principles of cleanliness and routine procedures of sanitation and hygiene for preventing the transmission of infectious disease. The transmission of infectious disease may be prevented by ALL school staff using standard operating procedures (SOP) specified in this document.

While blood is the most efficient vehicle for the spread of bloodborne pathogens, other substances also have been implicated in the transmission of the Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV) such as semen, vaginal secretions, breast milk (HIV through breast feeding), tissues and internal body fluids. Saliva may be a transmitter of hepatitis B virus.

Other body substances such as feces, urine, nasal secretions, sputum, sweat, tears and vomitus do not transmit bloodborne pathogens. HOWEVER, their potential for being contaminated with other disease-causing organisms should not be minimized. It is therefore recommended to use pre-determined infection control procedures in the handling of all body substances through careful hand washing and the use of appropriate barriers. Fortunately, reasonable precautions used by EACH STAFF MEMBER and STUDENT at ALL TIMES reduces an individual's risk from infectious organisms which can cause illness.

These guidelines and procedures should be followed by ALL STAFF and ALL STUDENTS at ALL TIMES to eliminate and minimize transmission of all infectious disease.

A. **General Conduct of Employees**

1. Eating, drinking, snacking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure.
2. Food and drink are not kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops etc. where blood or other potentially infectious materials are present.

B. **Hand Washing**

1. Hand washing is the single most important procedure for preventing transmission of infectious organisms. Employees MUST wash hands immediately or as soon as feasible, after removal of gloves or other Personal Protective Equipment (PPE).
2. Employees are instructed to wash their hands and any other exposed skin with

soap and water or flush eyes or mucous membranes with water immediately following contact with blood or Other Potentially Infectious Materials (OPIM).

3. The importance of hand washing and flushing of exposed areas as a protective mechanism is included in the training.
4. Proper hand washing procedures to follow:
 - a. Use soap and warm running water. Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Dispenser-style liquid soap is recommended.
 - b. Wet hands thoroughly under warm running water and dispense soap into wet hands.
 - c. Rub and scrub hands together for approximately 15 seconds to work up a lather.
 - d. Scrub knuckles, backs of hands, nails and between fingers.
 - e. Rinse hands under warm running water. Running water is necessary to carry away debris and dirt.
 - f. Use paper towels to thoroughly dry hands.
 - g. After drying hands, use the towel to turn off the faucet.
 - h. Discard paper towels into appropriate plastic-lined waste receptacle.
 - i. Allow sufficient time for hand washing
 - 1) after using the toilet.
 - 2) before meals, snacks and preparing food.
 - 3) after handling soiled garments, menstrual pads, soiled diapers.
 - 4) after blowing nose.
 - 5) after touching potentially contaminated objects, soiled materials, etc.
 - 6) after contact with blood or other body fluids.

C. Additional Ways to Control Infections

1. Cover mouth when coughing or sneezing.
2. Dispose of used tissues in plastic-lined waste receptacle.
3. Keep fingers out of eyes, nose, mouth.
4. Stay home when sick, i.e., fever, diarrhea, vomiting.
5. Refrain from sharing personal care items, i.e., combs, brushes, makeup, razors, toothbrushes.
6. Cover open, draining lesions.
7. Maintain updated immunizations.
8. Refrain from sharing eating utensils, drinking cups, or water bottles.

II. **UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS TO PREVENT OCCUPATIONAL HBV AND HIV TRANSMISSION**

A. **General Procedural Precautions Necessary to Avoid Possible Exposure to Blood and OPIM**

1. All procedures involving blood or other potentially infectious material are performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances. Employees who perform procedures that have the potential for aerosolization or splash of blood or OPIM are trained to perform such procedures in a manner that reduces risk of exposure.
2. Mouth pipetting of blood or other potentially infectious materials is prohibited. Mechanical pipettes are required.

B. **Personal Protective Equipment (PPE)**

1. Where there is potential for occupational exposure, the Greenburgh Eleven UFSD shall provide, at no cost to the employee, appropriate Personal Protective Equipment. Personal Protective Equipment is considered "appropriate" only if it does not permit blood or other potentially infectious material to pass through to or reach the employee's clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and for the duration of time which the protective equipment will be used.
2. Use of Personal Protective Equipment (PPE)
 - a. Employees are to consistently use Personal Protective Equipment.
 - b. Employees will be educated in the use of PPE in training sessions and when new equipment is introduced.
 - c. The school will provide appropriate PPE in the appropriate sizes at the various sites in the school district.
 - d. Personal Protective Equipment will be replenished when used.
 - e. Under rare and extraordinary circumstances, the employee may choose to decline to use PPE when, in the employee's professional judgment, in a specific incident its use would have prevented the delivery of health care services or posed an increased hazard to the safety of the worker or co-worker. Whenever a worker makes this judgment, the circumstances are documented in order to review whether changes need to be instituted after careful study of practices. Reports will be submitted and reviewed by a committee of school administrators and staff.

3. PPE are available to all school staff.
 - a. **Safe Klean Spill Kits** will be stored in the maintenance office and all administrative offices. Maintenance Staff must be called immediately to clean up all spills.
 - 1) Contents:
 - a) One each clean-up absorbent pack
 - b) One pair latex disposable gloves
 - c) One each scoop, waterproof Michelman coated
 - d) One each scraper, waterproof Michelman coated
 - e) One each biohazard red plastic bag with twist tie
 - f) One each quaternary germicidal cloth
 - g) One each disposable towel
 - h) One each antiseptic hand wipe
 - 2) Use instructions:
 - a) Take the cleanup absorbent pack and sprinkle it over the spill)
 - b) Put on the latex disposable gloves.
 - c) Take the scoop and the scraper and scrape up the absorbent.
 - d) Put the above items in the red plastic bag. Do not discard latex disposable gloves.
Use germicidal cloth to wet spill area. Allow to remain wet for 5 minutes.
 - e) Wipe up area with disposable towel.
 - g) Place all items, including latex disposable gloves, into the red plastic bag.
 - h) Use the antiseptic hand wipe to clean your hands and discard into the red plastic bag.
 - i) Tie the red plastic bag securely to prevent leakage.
Dispose according to procedures specified in this document.
 - j) Wash hands with soap and warm running water.
 - b. **Individual First Aid Kits** are located in all classrooms, offices, and the gym.
 - 1) Contents:
 - a) Two pair latex disposable gloves
 - b) Four antiseptic hand wipes
 - c) Eight Band-Aids
 - d) Four gauze pads

- 2) Use Instructions:
 - a) Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
 - b) Any blood-stained first aid supplies should be placed in a sealable plastic bag.
 - c) Follow proper glove removal procedures and place in a sealable plastic bag.
 - d) Wash hands thoroughly with soap and water using hand washing procedures.

c. **Major Spill Kits** are located in the Maintenance Office. They are to be used only by maintenance personnel who are to be notified when a spillage occurs.

- 1) Contents:
 - a) Absorbent material
 - b) Plasticized scoops
 - c) Two pair large latex gloves
 - d) Face Shield
 - e) Red Bio Hazard Bag
 - f) Disposable fluid-proof lab coat

- 2) Use instructions:

Maintenance personnel will handle all spills and will dispose of them according to OSHA regulations. Regulated waste will be brought to nurse's office for disposal in red bags provided for that purpose.

4. Repair/Replacement/Disposal of Personal Protective Equipment (PPE)

- a. The school will repair or replace all PPE as needed to maintain the equipment's effectiveness. It is the responsibility of each staff member to give their immediate supervisor written notice when PPE needs to be replaced or repaired.
- b. When a garment is penetrated by blood or OPIM, it is removed immediately or as soon as feasible.
- c. All PPE is removed prior to leaving the work area.
- d. Disposable protective equipment is removed and disposed of in plastic-lined trash containers. Contaminated disposable equipment is disposed

of in designated red bag lined containers in the maintenance office.

- e. Non-disposable protective equipment is placed in maintenance area or containers for decontamination in the nurse's office at C.V.

5. Gloves:

Gloves are to be worn when it can be reasonably anticipated that the employee will have hand contact with blood, OPIM, mucous membranes and non-intact skin.

- a. Disposable (single use) gloves are 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. It is the responsibility of every staff member to obtain disposable gloves from their immediate supervisor.
- b. Disposable (single use) gloves are not washed or decontaminated for reuse.
- c. Employees must wash hands before (when feasible) and after taking off gloves.

6. Eye and Face Protection:

Eye and face protection shall be worn any time splashes, splatter or droplets of blood or other potentially infectious material may be generated and eye, nose and/or mouth contamination can be reasonably anticipated. This is available in maintenance offices and administrators' offices.

7. Respiratory Equipment - Principal's Office

Mouthpieces and ventilatory equipment are made available from the Principal's secretary so that mouth-to-mouth contact can be avoided.

8. Regulated Waste (Biohazardous Materials)

- a. It is anticipated that the school district will have no regulated waste. The Nurse's Office does have regulated waste and will remove all sharps containers and other infectious waste materials. The Nursing Office will be responsible for any school regulated waste and its disposal.
- b. Disposal of all regulated waste in compliance with all state and federal regulations.

III. STANDARD OPERATING PROCEDURES (SOP)

A. Classrooms and Offices:

1. All school personnel have an Individual First Aid Kit containing disposable latex gloves, Band-Aids, gauze pads, disposable soap or alcohol towelettes (or dispenser soap and water). Plastic bags, disposable towels, and bleach or disinfectant are available from maintenance staff.
2. It is the responsibility of all staff to assure that their Individual First Aid Kit is fully stocked. Additional supplies to the classroom kit can be obtained in the following locations
 - a. Maintenance Office
 - b. Principal's/Supervisor's office

B. Music Class:

1. Mouthpieces or instruments should be thoroughly cleansed by washing with soap and warm water. A small bottle brush or cloth should be used to clean the inside of the mouthpiece. Follow this by soaking mouthpiece in a bleach solution (1 part bleach to 10 parts water) for 20 minutes. Wash, rinse, and dry before reusing. (Caution: make sure that the bleach solution will not harm or stain the instrument finish.) Another option is the following: Sterisol Germicide (E.P.A. Registration No. 2767-5) is a special musical instrument disinfectant. A 30-second exposure to Sterisol will destroy a wide variety of organisms and infections including aerobic and anaerobic organisms, Vincent's Infection (Trench Mouth), Typhoid, Diphtheria, Stretococci, and E. Coli. It can be used to disinfect mouthpieces or poured directly into instruments to sanitize the entire instrument. It will not harm finish on wood or metal instruments.

Sterisol comes in concentrate and is used after mixing 2 oz. of concentrate to 1 qt. of water. Rinsing of instrument or mouthpiece after soaking in Sterisol is required. Rinse until red color of Sterisol disappears. It is manufactured by Person-Hickrill Laboratories Glendal, Arizona, and can be purchased from Lyon, P.O. Box 1003, Elkhart, IN 46514. (219) 294-6602.

2. If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his own wounds, bloody nose, etc. If this is not possible follow standard operating procedure.
 - a. Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
 - b. Any blood-stained first aid supplies should be placed in a sealable plastic bag.
 - c. Follow proper glove removal procedures and place in a sealable plastic bag.
 - d. Wash hands thoroughly with soap and water using hand washing procedure.

C. Industrial Arts/Technology Education

1. If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his own wounds, bloody nose, etc. If this is not possible, follow standard operating procedure:
 - a. Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
 - b. Any blood-stained first aid supplies should be placed in a sealable plastic bag.
 - c. Follow proper glove removal procedures and place in a sealable plastic bag.
 - d. Wash hands thoroughly with soap and water using hand washing procedures.
2. If a student gets blood in the eyes or mouth, flood exposed area with running water at room temperature for one to two minutes. If necessary, take student to eye wash station¹ or to nurse's office. Report the incident to the school principal. The employee will fill out the Exposure Incident Report form located in the Maintenance Office.
3. Clothing soiled by blood/body fluid spill should be removed and placed in a sealable plastic bag. Skin in contact with the contaminated garment should be washed with dispenser-style soap and running water.
4. Call Maintenance Staff immediately if a blood and/or body fluid spill occurs on any equipment (i.e., machinery, tools, etc.). The following procedures will be used by the maintenance staff:
 - a. Wear gloves, use disposable towels to wipe up the spill.
 - b. Vigorously scrub the area with soap and water.
 - c. Wipe the area with a disinfectant and allow to air dry for two to three minutes before reusing the equipment.
 - d. Remove and dispose of gloves and other disposable cleaning materials in a sealable plastic bag.
 - e. Wash hands thoroughly with soap and water using hand washing procedures.

D. Physical Education

1. Use of proper protective equipment and adherence to safety procedures in all athletic activities are appropriate prevention strategies for reducing the risk of blood/body fluid spills.

¹ An eye wash station is located in the Science Lab in the Mary McLeod Bethune School Building and in nurse's office at CV.

2. During all activities, coaches should always have on hand disposable latex gloves, sealable plastic bags, paper towels, sanitary absorbent material, disposable alcohol towelettes, or liquid soap and water. Bleach or disinfectant is available from maintenance staff. An expanded first aid kit must be maintained at all times in addition to the Individual First Aid Kit. It is the responsibility of the Physical Education staff to routinely check that these supplies are fully stocked. Replacement materials should be requested in writing from the Special Areas secretary.
3. If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. If this is not possible, follow standard operating procedure.
 - a. Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
 - b. Any blood-stained first aid supplies should be placed in a sealable plastic bag.
 - c. Follow proper glove removal procedures and place in a sealable plastic bag.
 - d. Wash hands thoroughly with soap and water using hand washing procedures.
 - e. If extensive bleeding is occurring, the individual should be sent to the C. V. nurse.
4. Students with open lesions (i.e., cuts, sores, acne with draining lesions) should not participate in close physical contact sports unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze. Physical Education staff must be prepared to supervise these students during the physical education period.
5. If open lesions or wounds have come in contact with blood from another person, the affected area should be scrubbed with soap and running water. A towelette containing a skin disinfectant (i.e., 70% alcohol, Betadine, Hibiclens) is available in the Individual First Aid Kit and should be applied after washing. Have the individual checked by the nurse.
6. When the skin is bruised or intact, have the player wear gloves and wash his own skin using a disposable towel containing soap and water or with soap under running water. Gloves and towels should be discarded in a plastic bag. Players should wash hands using hand washing procedures.
7. If an individual gets blood in the eyes, flood exposed area with running water at room temperature for one to two minutes, take player to eye wash station². Report incident immediately to the medical office at C.V. and the school principal.

² An eye wash station is located in the Science Lab in the Mary McLeod Bethune School Building and in the nurse's office at CV.

8. If a player gets blood in the mouth, have him rinse with tap water for one to two minutes and spit out. Send student immediately to C.V. nurse.
9. Students are not permitted to share towels, cups, etc.
10. Players should be provided fluids in disposable cups to prevent saliva transfer among players. Drinking bottles shared among players can be a source of infection. Several outbreaks of viral meningitis have been attributed to this practice. It is the responsibility of physical education staff to prevent the sharing of drinking bottles among individuals.

E. Maintenance/Cleaning Staff - Standard Operating Procedures

1. Latex rubber or vinyl gloves must be worn when cleaning restrooms and for other activities where staff may come in contact with blood/body fluids during regular or emergency cleaning tasks. Household rubber gloves can be used. However, they should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
2. Generally, mop water should be changed when the mop is not visible through the solution. Mop water must be changed after it is used to clean blood/body fluid spills. Dirty mop water should be poured carefully down the drain, to prevent splashing or spilling onto clean areas. After use, mops should be soaked in a disinfectant solution for twenty minutes.
3. Floors, toilets, and sinks of all restrooms should be cleaned and disinfected daily with an EPA-approved disinfectant
 - a. Toilet paper, paper towels, and dispenser soap should be restocked on a daily basis.
 - b. Busy restrooms should be checked throughout the day and restocked when necessary.
 - c. Overflowing toilets or blocked drains should be placed "out-of-service" until repaired and cleaned. These repairs should be given high priority.
4. All garbage cans and waste paper baskets should have plastic liners and must be changed daily. Plastic liners should be tied as part of the removal and disposal process. Any plastic liner that contains blood/body fluids waste should be double-bagged and then discarded in the normal trash.
5. An intermediate-level disinfectant which will kill vegetative bacteria, fungi, tubercula bacillus, and virus, and an agent that is registered with the U.S. Environmental Protection Agency (EPA) for use as a disinfectant will be utilized. All products will be utilized according to the manufacturer's directions. One of the following classes of disinfectants will be utilized:
 - a. Sodium hypochlorite (1:10 dilution of household bleach). This solution must be made fresh for each use. It is effective against HIV and

- Hepatitis B.
 - b. Ethyl or isopropyl alcohol (70-90%).
 - c. Quadrennia ammonium germicidal detergent solution (2 percent aqueous solution).
 - d. Iodophor germicidal detergent (500 ppm available iodine).
 - e. Phenolic germicidal detergent solution (1 percent aqueous solution).
6. When responding to an incident resulting in a blood or body fluid spill, follow Standard Operating Procedures for clean-up. Adherence to following all steps in the clean-up procedures is critical for decreasing transmission of infectious diseases in the school environment.
 7. Disinfectant is available in Maintenance Room.
 8. Follow frequent hand washing procedures throughout the day, especially after removing gloves.

F. Bus Drivers - Standard Operating Procedures

1. All bus drivers must have training in basic first aid. Each bus is equipped with an Individual First Aid Kit, an expanded first aid kit, and a Safe Klean Spill Kit, including sanitary absorbent material.
2. If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his own wounds, bloody nose, etc. If this is not possible, follow standard operating procedure:
 - a. Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
 - b. Any blood-stained first aid supplies should be placed in a sealable plastic bag.
 - c. Follow proper glove removal procedures and place in a sealable plastic bag.
 - d. Upon return to school, wash hands thoroughly with soap and water using proper hand washing procedures.
 - e. Call maintenance whenever possible to handle spillage of body fluids.
3. Keep students away from the area where the incident occurred.
4. When absorbent agents are used to clean vomitus, blood, or other body fluids, the dry materials (i.e., absorbent powder or paper towels) should be applied, allowed to absorb, and then picked up. This waste material should be placed in a plastic bag that is tightly closed and tied, and then disposed in a proper receptacle upon return to school.
5. Follow Standard Operating Procedures for soiled, hard washable surfaces as applies to inside of bus upon return to bus garage. Disinfectant is available from the maintenance staff.

G. Home Economics Room - Standard Operating Procedures

1. Maintain a clean area of the kitchen for preparing and serving food. A separate area of the kitchen should be designated for clean-up, if possible.
3. During clean-up, food from soiled dishes should be scraped into a plastic-lined, covered waste receptacle. Disposable dishes and utensils should also be placed in this receptacle. Liquids should be poured into the sink drain. Non-disposable dishes and utensils should be rinsed with warm water before being placed in the dishwasher.
3. Sinks, counter tops, tables, chairs, trays and any other areas where food or liquids have been discarded or spilled should be cleaned.
4. Before removing clean dishes from the dishwasher for storage, proper hand washing procedures should be followed.
5. If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his own wounds, bloody nose, etc. If this is not possible, follow standard operating procedure:
 - a. Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
 - b. Any blood-stained first aid supplies should be placed in a sealable plastic bag.
 - c. Follow proper glove removal procedures and place in a sealable plastic bag.
 - d. Wash hands thoroughly with soap and water using hand washing procedures.
6. If a blood/body fluid spill occurs on any equipment (i.e., appliances, cutlery), the following procedures should be used
 - a. Wear gloves and use disposable towels to wipe up the spill.
 - b. Vigorously scrub the area with soap and water.
 - c. Follow proper glove removal procedures and place in a sealable plastic bag.
 - d. Wash hands thoroughly with soap and water using proper procedures.
7. Plastic gloves must be worn during food preparation and serving tongs, forks, spatulas or other devices must be used when handling ready-to-serve foods.
8. School employees with cold/flu-like symptoms, diarrhea, etc., should not prepare or serve food.
9. Open sores and cuts should be covered with a bandage and gloves should be used throughout the work day. Gloves should be changed frequently.

10. Employees must wash hands prior to preparation and serving of food, after using toilet, after blowing nose, after handling any blood or body fluids. Employees must wash hands frequently.
11. Broken glassware which may be contaminated shall not be picked up directly by hands. It shall be cleaned up using some mechanical means (e.g. tongs, brush and dust pan).

H. Administrative and Clerical Personnel - Standard Operating Procedures

1. The following is available to all school personnel: disposable latex gloves, disposable soap or alcohol towelettes, Band-Aids and gauze pads. Sanitary absorbing agent, bleach or an EPA-approved disinfectant, plastic bags, and disposable towels are available from the maintenance staff.
2. If an accident involving a blood spill occurs, the individual should be encouraged to tend to his own injury. For example: if a student has a bloody nose, hand him the tissues and instruct him to pinch nose. If this is not possible, follow blood/body clean-up procedures.
 - a. Wear disposable latex gloves and use disposable towels/tissues for each injury.
 - b. Any blood-stained first aid supplies should be placed in a sealable plastic bag.
 - c. Clean and disinfect all soiled surfaces immediately utilizing standard operating procedures or contact the maintenance staff or cleaners for clean-up.
 - d. Discard all disposable cleaning materials in a sealable plastic bag.
 - e. Remove gloves following proper procedures.
 - f. Wash hands thoroughly with soap and water using hand washing procedures.
3. Apply sanitary absorbent agent for larger soiled areas. Keep students away from area of blood/body fluid spill until area is cleaned and disinfected. Follow standard operating procedures and call maintenance staff or cleaners for clean-up.
4. Absorbent agent and disinfectant are available in maintenance room.

IV. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. General Requirements

1. Greenburgh Eleven UFSD will provide a series of Hepatitis B vaccinations to all employees and post-exposure evaluation and follow-up to all employees who have an accidental exposure. The District will make arrangements for the vaccine at no cost to the employee, at a reasonable time and place and under the supervision of a licensed healthcare professional according to U.S. Public Health Care Service Guidelines.

2. The Hepatitis B vaccine series and follow-up is offered to all employees at the time of hiring and continues to be available throughout employment at Greenburgh Eleven. There is no cost to employees for the vaccine. If an employee initially declines the Hepatitis B vaccine series, he/she may request it at a later date.
3. Greenburgh Eleven will provide training on bloodborne diseases and the Hepatitis B vaccine program at initial orientation. The vaccine is offered to new employees within ten (10) school days of employment after completion of required training on bloodborne diseases and the Hepatitis B vaccine program.
4. Pre-screening is not a pre-requisite for receiving the Hepatitis B vaccine series.
5. All employees must sign an informed consent form prior to receiving the vaccine under the auspices of the school district. This form becomes part of the employee's record.
6. Employees must sign a declination form if they are declining the vaccine series under the auspices of the School District. This declination form is filed in the employee's record.
7. All Hepatitis B vaccines administered are documented in the employee's record.
8. If the employee previously completed the Hepatitis B vaccine series or testing revealed an immune status or if administration is medically contra-indicated, this information is documented on the declination form which is filed in the employee's record. It is that employee's obligation to provide the District with the documentation.
9. Any future changes by the U.S. Public Health Service will be instituted and made available to the employees at no cost.

B. Post-exposure Evaluation and Follow-up

1. The District provides post-exposure evaluation and follow-up to all employees who report an exposure incident. Incident reports are promptly reviewed and followed up by the administration and Dobbs Ferry Hospital Emergency Room.
2. An incident report includes
 - a. route of exposure (e.g., needlestick, mucous membrane, bite).
 - b. relevant circumstances surrounding the exposure.
 - c. identification of source if possible.
 - d. other relevant information.
3. A School Principal/Supervisor is notified immediately and an incident report is completed the same day.

4. The District shall offer the exposed employee testing for Hepatitis B if immune status is not known, and HIV testing after the necessary HIV counseling (including current literature) and consents for testing are obtained. Testing will be offered within 24 hours of notification of the incident.
5. If at the time of exposure the employee consents to baseline blood collection for Hepatitis B but not HIV testing, the employee is informed that a sample of blood will be preserved for 90 days. If the employee changes his/her mind within the 90 days, consent for testing will be obtained and the blood sample will be sent for testing. This blood collection will be conducted at an approved facility.
6. If the source of exposure is a student, it shall be referred immediately to the nursing staff.
7. The medical staff at Dobbs Ferry Hospital evaluates the employee after the exposure and provides the employee with all the information noted in 29 CFR 1910.20 plus the results of any testing of the source if available. In addition, a copy of the OSHA regulation 1910.1030 is provided for reference. It will be available in the nurse's office.
8. The health care professionals from Dobbs Ferry Hospital are responsible for documenting his/her opinion relating to the occupational exposure after the completion of the evaluation. The evaluation includes
 - a. Findings relating to the exposure if in his/her professional opinion the Hepatitis B vaccine is indicated and if the employee has received such vaccination.
 - b. Documentation that the employee has been informed of the results of the evaluation.
 - c. Record of counseling about any medical condition resulting from the exposure which might require further evaluation or treatment. Other findings or diagnoses remain confidential and are not included in the written report. Records will be maintained under lock and key.
9. The employee receives a written copy of the complete evaluation within fifteen (15) days of the evaluation.

C. Medical Recordkeeping

1. Dobbs Ferry Hospital will maintain an accurate record for each employee with an occupational exposure. The record will include:
 - a. name and social security number of the employee.
 - b. a copy of the employee's Hepatitis B vaccination status including dates of the administration of the vaccine and any records related to the

- c. employee's ability to receive the vaccination.
 - c. a copy of all results of examination and testing and follow-up procedures as specified in Section B, paragraph 8, above.
 - d. a signed copy of the health care professional's written assessment of the exposure.
 - e. a copy of the OSHA standard and all information that has been provided by the health care professional.
- 2. Employee records are kept confidential and the contents of the record are not disclosed or reported to any person within or outside the school without the written consent of the employee.
 - 3. Employee medical records are provided upon request for examination and copying by the employee, or to anyone having written consent of the employee at a reasonable rate.
 - 4. Employee medical records are maintained for the duration of the employee's employment plus 30 years.

D. Training Records

- 1. Each administrator will maintain training records on their staff employees for a minimum of three (3) years.
- 2. Training records are furnished upon request to the Director of NIOSH, the Assistant Secretary of OSHA, employees or employee representatives for examination and copying, at a reasonable rate.
- 3. The Exposure Control Plan is reviewed and revised annually and any time there are recommended changes by the School Administrators and Health Professionals.

V. **COMMUNICATION OF HAZARDS TO EMPLOYEES**

A. Labels

- 1. Warning labels are required to be placed on containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except when using red bags or containers.
- 2. Required labels state: BIOHAZARD. These labels are fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- 3. Required labels are affixed as close to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- 4. Red bags or red containers may be substituted for labels.

5. Exemptions from required labeling
 - a. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use.
 - b. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal.
6. Labels required for contaminated equipment indicate which portion(s) of the equipment are contaminated.
7. In all cases of the above the nurse or school doctor will make all decisions necessary for the health and safety of students and staff.

B. Information and Training

1. Information and training related to all aspects of the Exposure Control Plan are provided to all new and current staff as outlined in this plan.
2. All current school district employees will receive training related to the Exposure Control Plan. At opening day orientation, the Health Teacher will re-acquaint all staff with the Exposure Control Plan.
3. Additional training is provided where there are modifications to tasks or procedures or when new tasks or procedures are introduced that affect employees' occupational exposure.
4. Training is provided by individual(s) knowledgeable in Infection Control and the components of the OSHA regulation 1910.1030.
5. A copy of the OSHA regulation 1910.1030 is accessible to all employees. See your administrator if you'd like to view this document.
6. The Infection Control Manual is located in the Children's Village infirmary.

C. School District hazardous waste will be collected in accordance with OSHA standards

VOCABULARY

AEROBIC

Microorganism that lives only in the presence of oxygen.

ANAEROBIC

Microorganism that can live without the presence of oxygen.

BARRIER EQUIPMENT

Protective equipment such as gloves, protective eyewear or masks worn by employees to avoid the contact of potentially infectious blood/body fluids with the skin or mucous membranes.

BLOOD AND BODY FLUIDS EXPOSURE CATEGORIES

A method of classification of work-related tasks where an employee may be exposed to blood and/or body fluids as a consequence of employment.

BLOODBORNE PATHOGENS

Microorganisms that may be present in human blood and can infect and cause disease. These pathogens include, but are not limited to, human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

CONTAMINATED

Presence of potential disease-producing materials.

CUTANEOUS

Pertains to the skin.

CYTOMEGALOVIRUS

(CMV) Infection and Disease: One of a group of herpes viruses which inhabits the salivary glands of the mouth. It is a non-seasonal virus that infects most persons at some time during their lives. The virus persists quietly and may be reactivated years later, particularly under conditions of immune suppression. Exposure of a susceptible individual during pregnancy could present a risk to the fetus.

DISINFECTANT

A chemical that prevents infection by killing bacteria.

EPIDEMIOLOGY

Scientific study of factors that influence the frequency and distribution of diseases.

EXPOSURE TO BLOOD OR BODY FLUIDS

Contact to the eyes, mouth, nasal passages of non-intact (chapped, abraded or affected with dermatitis) skin with the blood or other significant body fluids of another person.

GERMICIDE

A chemical that destroys microorganisms.

HEMODIALYSIS

Method used to cleanse the blood of patients in whom one or both kidneys are defective or absent.

HEPATITIS

Inflammation of the liver. The most common types of hepatitis are caused by viruses (Appendix C).

INCIDENT OF EXPOSURE

Where an employee, while performing job-related tasks, has a needle-stick, cut or mucous membrane (splash to eye, nasal mucosa or mouth) exposure to the blood/body fluids of another person or a cutaneous exposure when skin is chapped, abraded or otherwise non-intact.

INCONTINENCE

Inability to retain urine, feces, or semen.

INFECTION CONTROL

Formalized plan of measures and procedures to prevent and decrease an individual's exposure to potentially infectious disease.

INFECTIOUS

A condition in which the body, or part of it, is invaded by a disease-causing microorganism that, under favorable conditions, multiplies and produces signs and symptoms causing sickness, illness, etc. and which may be transmitted to another individual.

INFECTIOUS WASTES (MEDICAL)

Blood, blood products, materials contaminated with potentially infectious body fluids, sharps, and pathological and microbiological wastes capable of producing infectious disease.

INOCULATION

To inject microorganisms, serums, or toxic materials into the body.

MICROORGANISM

Minute living body (germ) not visible to the naked eye.

MUCOSAL

Concerning any mucous membrane.

MUCOUS MEMBRANE

Membrane lining passages and cavities of the body that open to the air, i.e., mouth, nose, eyes, vagina.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

A Department of Labor and Department of Health and Human Services regulatory body at the federal level. The New York State Department of Labor - Public Employee Safety and Health (PESH) administer OSHA regulations for public employers.

OPPORTUNISTIC INFECTIONS

An infection caused by organisms that are ordinarily harmless but become disease-causing when the immune system is not functioning properly, mostly viruses, fungi and parasites.

ORAL INOCULATION

Microorganism that gains entry into the mouth from a splash of blood/body fluid or from biting.

PARENTERAL

A route of access into the body through the skin.

PATHOGEN

Microorganism capable of producing disease.

PATHOLOGICAL

Diseased; due to a disease.

PERCUTANEOUS

Through the skin, i.e., cut, injection, abrasion.

PERINATAL PERIOD

Refers to the time periods consisting of the last month of pregnancy, birth and one month following birth.

PUTRESCIBLE

Organic material capable of spoiling/rotting.

POTENTIALLY INFECTIOUS MATERIALS

Body fluids that may or may not contain bloodborne pathogens. They are: blood, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, blood-tinged saliva in dental procedures, and any other body fluid in which blood is visibly present.

Note: Body fluids include drainage from cuts, scabs and skin lesions. No distinction is made between body fluids from persons with a known disease and those from persons with undiagnosed illness or without symptoms. Body fluids of all persons should be considered potentially infectious.

PREGNANCY

The entire gestational period.

PROTOCOLS

Formal agreement, guidelines or procedures.

SANITATION

Measures and procedures to promote and establish conditions favorable to good health; cleanliness.

SHARPS

Needles, lancets, syringes, pipettes, scalpel blades, culture dishes, broken glassware.

STANDARD OPERATING PROCEDURES (SOP)

Refers to established, pre-determined work practices and protective equipment for employees to decrease potential for exposure to bloodborne infections.

UNIVERSAL PRECAUTIONS

The term Universal Precautions is part of a broader program of infection control. "Universal Precautions", as developed by the Centers for Disease Control, assumes that all blood and certain body fluids are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens. Therefore, the intent of "Universal Precautions" is to prevent an individual from parenteral, mucous membrane and non-intact skin exposure to bloodborne pathogens.

VACCINE

A suspension of infectious agents, or some part of them, given for the purpose of establishing resistance to infectious disease.

VACCINATION

The process of inoculation with any vaccine to establish resistance to a specific infectious disease.

VIRUS

A minute organism not visible with ordinary microscopy. Dependent on a specific host cell for its metabolic and reproductive needs.

GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT

WRITTEN ASSESSMENT AND EVALUATION OF OCCUPATIONAL EXPOSURE

Employee

Position/Title

Nurse/Medical Professional

1. Findings relating to the exposure to the hepatitis B
 - a. Has the employee previously received the entire vaccination series?
 Yes If yes, Date:
 No
 - b. Need for vaccine series:
 Yes
 No
 - c. Related comments:
2. Record any counseling and who performed it about medical conditions resulting from the exposure which might require further evaluation or treatment.
3. All findings beyond the form shall remain confidential.
4. A copy of this form must be given to the exposed employee within 15 days of the completed evaluation.
5. Results given to employee - Date:

Nursing/Medical Professional:

Date:

Employee Signature:

Date:

GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT

DECLINATION STATEMENT

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. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination 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 material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Employee Name (printed)

GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT

EXPOSURE INCIDENT REPORT

(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

Date Completed _____

Employee's Name _____ SS# _____

Home Phone _____ Business Phone _____

DOB _____ Job Title _____

Employee Vaccination Status _____

Date of Exposure _____ Time of Exposure _____ AM/PM

Location of Incident (home, street, clinic, etc.) Be specific:

Nature of incident (auto accident, trauma, medical emergency) Be specific:

Were you wearing Personal Protective Equipment (PPE)?

_____ Yes _____ No

Did the PPE fail? _____ Yes _____ No

If yes, explain how:

What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific:

What parts of your body became exposed? Be specific:

Estimate the size of the area of your body that was exposed:

For how long? _____

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body? _____
Yes _____ No

If yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? _____ Yes _____ No

If yes, what fluid? _____ How much? _____

Did you receive medical attention? _____ Yes _____ No

If yes, where? _____ When? _____

By whom? _____

Identification of source individual(s) _____

Name(s) _____

Did you treat the patient directly? _____ Yes _____ No

If yes, what treatment did you provide? Be specific:

Other pertinent information _____

GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT

EMPLOYEE EDUCATION & TRAINING RECORD

EMPLOYEE _____ DATE OF HIRE _____

JOB TITLE _____ DATE ASSIGNED _____

INITIAL TRAINING:

SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE
a. The standard	_____	_____	_____	_____
b. Epidemiology & Symptoms of Bloodborne Diseases	_____	_____	_____	_____
c. Modes of transmission	_____	_____	_____	_____
d. Exposure Control Plan	_____	_____	_____	_____
e. Recognizing Potential Exposure	_____	_____	_____	_____
f. Use & Limitations of Exposure Control Methods	_____	_____	_____	_____
g. Personal Protective Equipment (PPE)	_____	_____	_____	_____
h. Selection of (PPE)	_____	_____	_____	_____
i. HBV Immunization Program	_____	_____	_____	_____
j. Emergencies Involving Blood or Potentially Infectious Materials	_____	_____	_____	_____
k. Exposure Follow-up Procedures	_____	_____	_____	_____
l. Post Exposure Evaluation and Follow-up	_____	_____	_____	_____
m. Signs and Labels	_____	_____	_____	_____

n. Opportunity to Ask
Questions

ADDITIONAL EDUCATION:

SUBJECTS(S)

DATE

LOCATION

TRAINER

EMPLOYEE
SIGNATURE

ANNUAL RETRAINING:

SUBJECTS(S)

DATE

LOCATION

TRAINER

EMPLOYEE
SIGNATURE

Personal Protective Equipment

When there is occupational exposure, the District will provide and require the use of, at no cost to the employee, appropriate personal protective equipment such as gloves, gowns, face shields and masks, and eye protection devices. The District will also clean, dispose of, repair, and replace personal protective equipment at no cost to the employee. All personal protective equipment shall be removed prior to leaving the work area and shall be placed in a designated area or container for storage, washing, decontamination, or disposal.

The following personal practice equipment is available in this facility free of charge:

(Strike if inapplicable)

Disposable gloves, in appropriate sizes, are available for all workers at risk of exposure, for use at their discretion, at the following locations in this facility:

Classrooms

Principals' Offices

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials and non-intact skin.

Face protection is required in this facility.

Type of face protection used: Chin-length face shields

Others: Disposable Aprons and Gowns

Explanation of when used, if applicable, or reasons for lack of use: