

Newberg School District

Bloodborne Pathogens Exposure Control Plan

Newberg School District has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program in compliance with OR-OSHA Bloodborne Pathogens, 1910.1030, requirements. The District Coordinator of Operations and Safety and the District Nurse have the responsibility to ensure that all elements of the exposure plan are in place. A copy of this plan is available to all employees and is located in the front of the Custodial SDS book at each site and is also available online at the District Web site – www.newberg.k12.or.us.

Purpose

The purpose and goal(s) of this exposure plan is to eliminate or minimize employee occupational exposure to blood or “other potentially infectious materials” (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with OR-OSHA Bloodborne Pathogen standard, 1910.1030.

Exposure Determination

Employees subject to the OR-OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist with an injured person while on the job but are not required to do so.

The **Employees at risk** chart lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials (OPIM). Exposure determinations are made without regard to use of PPE (Personal Protective Equipment).

Employees at Risk

<u>Job Classification</u>	<u>Task or procedure</u>
District Nurse	Cleanse and bandage of cuts, burns, and other open wounds. Emergency treatment of traumatic wounds Cardiopulmonary resuscitation Clean up spilled blood or OPIM Decontamination of work surfaces and reusable equipment. Assist with the use of syringes.

Employees at Risk (continued)

<u>Job Classification</u>	<u>Task or procedure</u>
Supervisors,	Cleanse and bandage of cuts, burns, and other open wounds
Secretaries. (Assigned to provide First-aid assistance as part of Their job duties)	Emergency treatment of traumatic wounds Cardiopulmonary resuscitation Clean-up spilled blood or OPIM Decontamination of work surfaces and reusable equipment. Assisting diabetic students with routine blood monitoring, insulin injections, and emergency glucagon administration. Assist students in giving the injectable drug Aldosterone in the event of adrenal insufficiency crisis.

Employees Who May Be At Risk

<u>Job Classification</u>	<u>Task or procedure</u>
Custodians	Clean up spilled blood or OPIM Empty Biological trash cans Dispose of Sharps containers Render First-aid as needed Decontamination of work surfaces and reusable equipment.
Maintenance/Grounds Employees, Playground Supervisors, Teachers, Principals.	Render First-aid as needed
District Courier	Render First-aid as needed Transport Sharps containers as needed.

Compliance Methods

Universal Precautions

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult – or impossible-to-identify body fluids as potentially infectious.

Engineering and Work Practices

Use the following controls to eliminate or minimize occupational exposure.

Sharps Containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a Sharps container. Replace containers routinely and do not allow overfilling. When moving containers of contaminated Sharps from the area of use, close containers to prevent spillage or protrusion of contents. Sharps containers that have been filled can be placed in the Biohazard Container for proper disposal.

Work Practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels, gauze pads or cloth rags, to soak up the fluids. Clean the area with chemical germicides as provided to the Custodial staff and that are listed in SDS books located at each school. Place absorptive towels, pads and other material used to mop up spills in plastic bags. These should be double bagged and then tagged with a Bio-hazard waste sticker and placed in the Bio-hazard container for proper disposal.

Employees must wash their hands upon removal of gloves and other protection gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic wipes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other bio-hazardous material. Place biohazard labels on refrigerators or freezers used to store bio-hazardous material.

Personal Protective Equipment (PPE)

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

Storage areas for PPE

- The First Aid Center at each site maintains the following inventory of supplies for dealing with blood and other bodily fluids: disposable exam gloves, face shields, Sharps containers (only in schools that need them), absorbent pressure dressings for wounds, and disinfectant. Resuscitation devices are located in the AED storage cabinet.
- The Custodial offices at each site maintain the following inventory of supplies for dealing with blood and other bodily fluids: disposable exam gloves, face shields, large heavy duty plastic bags, biohazard labels, absorbent towels, powder for clean-ups of spilled blood and fluids, disinfectant, and Bio-Hazard Waste Bins.

Take supplies, including PPE, as needed, to the location of the injured person.

PPE Use and Disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable exam grade gloves made of vinyl, latex or Nitrile to clean up spill areas.

Wear face shields or goggles whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used disposable personal protective equipment at the exposure location or as soon as feasible in-order to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag and then double bag and label with bio-hazard tag and dispose of properly. PPE must not be taken from the work site. Reusable PPE must be properly cleaned and disinfected prior to reusing.

Housekeeping

Maintain the first-aid/health rooms in a clean and sanitary condition. Employees who have received bloodborne pathogen training and who have been included under the Exposure Control Plan can clean up spills and work surfaces such as bench tops and counter tops and other areas contaminated by blood or OPIM.

Clean and decontaminate all surfaces and equipment after completion of procedures in which blood or other body fluids were present. Inspect all bio-hazardous waste receptacles and decontaminate immediately upon visible contamination. Most of this cleaning will be done by our trained District custodial staff.

Use of hospital grade disinfectant can be used for disinfection.

Contaminated Laundry

Handle any cleaning rags visibly contaminated with blood using disposable gloves. Minimize the time spent handling contaminated laundry. Bag all laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and /or leakage of fluids to the exterior; place a biohazard label on the bag and place in Bio Hazard Waste Bin.

Regulated Waste

Trilogy Med-Waste (503-331-2211) has been contracted to pick up regulated waste for disposal. Bagged Bio-hazardous waste will be placed in a sealed bin for pick-up by Waste Management. Sites must seal sharps containers prior to pick up and provide replacement sharps containers for their own site.

Labels and Signs

Affix warning labels to laundry bags, containers of regulated waste and trash bags which contain regulated waste or Bio-hazardous waste. Red bags or red containers can be used instead of labels. Labels can be obtained through the site custodian.

Hepatitis B Vaccine

The hepatitis B vaccine is offered, at no cost, to employees who have an occupational risk of exposure, or possible occupational risk of exposure, within 10 working days of initial assignment. Employees who do not wish to be vaccinated must sign a Hepatitis B Declination Statement, but can always choose to be vaccinated at a later date. Employees wishing to go through the vaccination series must coordinate this with the Business Office in-order to have this paid for by the District.

Exposure Incident and Post-Exposure Evaluation and Follow-Up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is our policy to include Good Samaritan acts performed by an employee at the work site.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes, or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post exposure monitoring can take place if recommended by the attending physician. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

Training and Training Records

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. Training is provided at time of hire and refresher courses are required on an annual basis. The training program will include the following topics:

1. An explanation of activities and tasks that may involve exposure to blood and OPIM.
2. How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure.
3. The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures.
4. Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration.
5. Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should and exposure incident occur.

6. An explanation of the signs and hazard labels
7. How to review or obtain a copy of the exposure control plan.

Training is provided to each employee under the direction of their immediate supervisor. This training is now available on-line. Training is repeated every 12 months or sooner when there are new tasks or procedure implemented. Training records are maintained by the Physical Plant and the Human Resources Department.

Record Keeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, Social Security number and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OR-OSHA's access to Employee Exposure and Medical Records standard, 1910.1020. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept at the business office in the employee's medical file:

1. The results of any examination, medical testing, and follow-up procedures.
2. A copy of the treating physician's written opinion to the employer.
3. A copy of all information provided by the employer to the health care professional regarding the exposure incident.

Record any needle stick, mucous membrane, or skin contact with blood or body fluids contaminated with blood or OPIM requiring medical treatment (e.g., gama globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) In addition, record any contaminated sharp injuries, including needle sticks on an employee incident report.

Plan Evaluation and Review

Review the exposure control plan and update at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure. The Coordinator of Operations and Safety and District Nurse are responsible for the annual review. Sign and date this exposure plan when the review has taken place.

Signature: 

Date: 4/15/21

Signature: Ann M Berge RN

Date: 4/16/21

Prepared 2010

Revised 3/9/2016, 3/1/2017, 4/9/2021