

OAK PARK SCHOOL DISTRICT

13900 Granzon • Oak Park, MI 48237
www.oakparkschools.org

Bloodborne Pathogens Exposure Control Plan

Oak Park School District (“OPSD”) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Michigan Occupational Safety and Health Act (MIOSHA) Part 554 Bloodborne Infectious Diseases, of the Michigan Administrative Code.

The ECP is a key document to assist our organization in implementing and ensuring compliance with the MIOSHA Rules, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

GCA (facility operations) is responsible for implementation of this ECP. GCA and the Business Office will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

GCA will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required. GCA will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number:

GCA (facility operations)
Fred Wright, Facilities Manager
248.336.7603

The Business Office will be responsible for ensuring that all medical actions required by the ECP are performed and that appropriate employee health and MIOSHA records are maintained. Contact location/phone number:

Pat Greer
Executive Secretary, Business & Finance
248.248.336.7715

OPSD will be responsible for training, documentation of training, and making the written ECP available to employees and MIOSHA representatives, if requested.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of positions at OPSD that perform procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve likelihood for spills or splashes of blood or other potentially infectious material. These are designated as Category A employees.

Position

AM/PM Security
Custodian
Facility Manager
First Responder team member
Maintenance/Custodial
School Nurse

RESPONSIBILITIES

Supervisors are responsible for advising employees of the hazards of occupational exposure to bloodborne pathogens that may be associated with their position.

Employees with occupational exposure to bloodborne pathogens are responsible for reviewing this plan. Employees with occupational exposure must comply with all requirements regarding the use of personal protective equipment and should seek additional information, when needed, concerning personal protective equipment and safety procedures.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees must utilize universal precautions by treating all human blood and other potentially infectious material as capable of transmitting bloodborne pathogens.

Exposure Control Plan

Employees covered by the bloodborne pathogens rules will receive an explanation of this ECP during their initial orientation. It will also be reviewed in their annual online refresher training. All employees can review this plan at any time during their work shift by contacting the Business Office, or their building office. If requested, OPSD will provide a written copy of the ECP free of charge and within 15 days of the request.

Engineering Controls and Work Practices

Engineering controls and work practices must be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practices used are listed below:

Sharps disposal containers are inspected and maintained or replaced by GCA every month or whenever necessary to prevent overfilling.

OPSD identifies the need for changes in engineering controls and work practices through inspections, feedback from an incident, and updating for best practices.

OPSD evaluates new procedures and products regularly through inspections, feedback from an incident, and updating for best practices.

Personal Protective Equipment

Appropriate personal protective equipment (PPE) is provided to OPSD employees at no cost. Training in the use of the appropriate PPE for specific tasks or procedures is provided by GCA.

The types of PPE available to employees are as follows:

- Packets of absorbent powder
- Protective gloves
- Protective face shields
- Shoe covers
- Aprons
- Isolation masks
- Absorbent towels
- Antiseptic towelettes
- Disposable red biohazard bags
- Spray disinfectant

PPE is located in Blood and Bodily Fluid Clean-up Kits at:

Administration Building:
First Aid Stations
Maintenance/Custodial Offices

All employees using PPE must observe the following precautions:

- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Wash hands immediately or as soon as feasible after removing gloves or other PPE.

- Remove PPE after it becomes contaminated and before leaving the work area.
- Place visibly contaminated PPE in appropriately designated container for disposal or decontamination.
- Do not wash or decontaminate disposable gloves. Replace as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Housekeeping

Items contaminated with blood or OPIM must be disposed of in containers which are closeable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps must be discarded immediately or as soon as possible in containers that are closeable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately.

Bins and pails must be cleaned and decontaminated as soon as possible after visible contamination.

Broken glass which may be contaminated must be picked up using mechanical means, such as a brush and dust pan.

Regulated Waste Disposal

All bins, pails, cans, and similar receptacles for regulated waste disposal must be appropriately colored or labeled as containing biohazards and must be inspected, emptied and decontaminated on a regularly scheduled basis. Disposal of feminine hygiene products and bandages or tissues used in self-administered first aid (bloody nose, small cut) are not considered regulated waste and will be disposed of in the normal waste stream.

HEPATITIS B VACCINE

All employees who have been classified as Category A employees must be offered the hepatitis B vaccine, at no cost to the employee. The vaccine must be offered within 10 working days of the employee's initial assignment to work involving the potential for occupational exposure to blood or OPIM. If the employee chooses to decline vaccination, the employee must sign a copy of the hepatitis B vaccine declination form (see Appendix B). Employees who initially decline may request and obtain the vaccination at a later date at no cost. Documentation of declination of the vaccine must be maintained in the Human Resources Department.

Vaccinations will be provided by the Oakland County Health Division.

Vaccination Option for First Responders

OPSD has provided first aid training on a voluntary basis to employees who are part of a First Responder Team. In accordance with MIOSHA Standards, an employer may elect to postpone the administration of the hepatitis B vaccine if the following conditions exist:

- The primary job assignment of such designated first aid providers is not the rendering of first aid.
- Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
- Full training and PPE must be provided to these employees.
- All first aid incidents involving the presence of blood or OPIM must be reported to Human Resources before the end of the work shift during which the first aid incident occurred.
- The report must include the names of all first aid providers who rendered assistance, regardless of whether PPE was used. The report must describe the first aid incident, including the date, time and location.
- Provision for the hepatitis B vaccine must be made as soon as possible but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific “exposure incident”, as defined by the Standards, has occurred.

In the event of an exposure incident, the section of the standard relating to post-exposure evaluation and follow-up shall apply.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

When an employee is involved in an exposure incident, the incident must be reported to Human Resources.

All employees who are involved in an exposure incident must be offered a post-exposure confidential medical evaluation and follow-up by a licensed physician or other licensed health care professional in accordance with the MIOSHA Standard. Human Resources shall ensure that such health care professional is provided with a copy of these MIOSHA Standards.

In the event of an exposure incident, the medical evaluation and post-exposure follow-up must include the following activities:

- Document the route(s) of exposure and how the exposure occurred.
- Identify and document the source individual unless it can be established that identification is infeasible or prohibited by state or local law.
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Document that the source individual’s test results were conveyed to the employee’s health care provider.
- If the source individual is already known to be infected with HBV, HCV or HIV, testing need not be performed.
- Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the

- identity and infectious state of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV or HIV serological status.
 - If the employee does not give consent for HBV or HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Human Resources shall ensure that the health care professional who evaluates an employee after an exposure incident is provided with all of the following:

- A description of the exposed employee's duties as they relate to the exposure incident;
- Route(s) of exposure;
- Circumstances under which the exposure occurred;
- Results of the source individual's blood testing, if available;
- Relevant employee medical records, including vaccination status.

Human Resources shall provide the exposed employee with a copy of the health care professional's written opinion within 15 working days after completion of the evaluation. The written opinion shall be limited to the following information:

- The health care professional's recommended limitations upon the employee's use of PPE.
- Whether hepatitis B vaccination is indicated for an employee and if the employee has received the vaccination.
- A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions which have resulted from exposure to blood or OPIM and which require further evaluation or treatment. The written opinion shall not reveal specific findings or diagnoses that are unrelated to the employee's ability to use PPE or receive vaccinations. Such findings and diagnoses shall remain confidential.

INVESTIGATION OF EXPOSURE INCIDENTS

Fred Wright, GCA Manager, shall review the circumstances of all exposure incidents to determine the following:

- Engineering controls in use at the time of the incident;
- Work practices followed at the time of the incident;
- Description of any PPE that was used at the time of the incident (gloves, eye shields, etc.);
- Location of the incident;
- Procedure/task being performed at the time of the incident;
- Training provided to the employee.

If it is determined that revisions need to be made, Fred Wright shall ensure that appropriate revisions are made. Revisions may include such things as, but are not limited to, evaluating engineering controls and work practices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All Category A employees shall receive training on the epidemiology, symptoms, and transmission of bloodborne infectious diseases. The training shall cover, at a minimum, the following:

- A copy and explanation of the MIOSHA Bloodborne Infectious Diseases Standards.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the OPSP Exposure Control Plan and how to obtain a copy of it;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or OPIM.
- An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices, and PPE.
- Information on all of the following with respect to PPE:
 - Types.
 - Proper use.
 - Limitations.
 - Location.
 - Removal.
 - Handling.
 - Decontamination.
 - Disposal.
- An explanation of the basis for selecting PPE.
- Information on the hepatitis B vaccine and post-exposure prophylaxis, including all of the following information:
 - Availability.
 - Efficacy.
 - Safety.
 - The benefits of being vaccinated.
 - Method of administration.
 - That vaccination is free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow-up and counseling that will be made available.
- An explanation of the signs and labels or color coding required by the MIOSHA Standards.
- An opportunity for discussion and the answering of questions by a knowledgeable trainer.
- Opportunities for supervised practice with PPE which is designed to reduce the likelihood for exposure and which will be used in the employee's work

RECORDKEEPING

Human Resources shall establish and maintain medical records for each Category A employee in accordance with MIOSHA Standards. Medical records for Category A employees shall contain, at a minimum, the following information:

- Name and social security number of the employee.

- Copy of the employee's hepatitis B vaccination status, including the dates administered and the medical records relating to the employee's ability to receive the vaccination.
- Copy of the medical history and all results of physical examinations, medical testing, and follow-up procedures as they relate to either of the following:
 - The employee's ability to wear/use PPE and receive vaccination.
 - Post-exposure evaluation after an occupational exposure incident.
- OPSD' copy of the health care professional's written opinion.
- A copy of the information provided to the health care professional as required by MIOSHA Standards.

Human Resources shall ensure that employee medical records required by MIOSHA Standards are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by MIOSHA Standards or as may be required or permitted by law.

Human Resources shall maintain these medical records for not less than the duration of employment plus 30 years.

Human Resources shall develop and maintain training records for each Category A employee. Training records shall be maintained for 3 years beyond the date that the training occurred.

Training records shall include all of the following information:

- The dates of the training sessions.
- The contents or summary of the training sessions.
- The names and qualifications of person(s) conducting the training.
- The names and job titles of all persons attending the training sessions.

All records that are required to be maintained by these MIOSHA Standards shall be made available, upon request, to representatives of the Michigan Department of Labor & Economic Growth for examination and copying.

Employee training records shall be provided, upon request, for examination and copying to employees, employee representatives, and the Director of the Michigan Department of Labor & Economic Growth within 15 working days of the request. Such requests should be addressed to Human Resources.

APPENDIX A

DEFINITIONS

- a. **“Blood”** means human blood, human blood components, and products made from human blood.
- b. **“Bloodborne pathogens”** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- c. **“Contaminated”** means the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
- d. **“Contaminated sharps”** means any contaminated object that can penetrate the skin, including any of the following:
 - i. Needles.
 - ii. Broken glass.
- f. **“Decontamination”** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- g. **“Department”** means the department of labor and economic growth.
- h. **“Director”** means the director of the department or his or her designee.
- i. **“Disinfect”** means to inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms, on inanimate objects.
- j. **“Engineering controls”** means controls, for example, sharps disposal containers, that isolate or remove the bloodborne pathogen hazard from the workplace.
- k. **“Exposure”** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties. “Exposure” does not include incidental exposures which may take place on the job, which are neither reasonably nor routinely expected, and which the worker is not required to incur in the normal course of employment.
- l. **“Exposure incident”** means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee’s duties.
- m. **“Handwashing facilities”** means facilities that provide an adequate supply of running, potable water, soap, and single-use towels or a hot-air drying machine.
- n. **“Licensed health care professional”** means a person whose legally permitted scope of practice allows him or her to independently perform the activities required for hepatitis B vaccination and post-exposure evaluation and follow-up.
- o. **“Other potentially infectious material”** means any of the following:
 - i. Semen.
 - ii. Vaginal secretions.
 - iii. Amniotic fluid.
 - iv. Cerebrospinal fluid.
 - v. Peritoneal fluid.
 - vi. Pleural fluid.
 - vii. Pericardial fluid.
 - viii. Synovial fluid.

- ix. Any body fluid that is visibly contaminated with blood.
- x. All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- p. **“Parenteral”** means exposure occurring as a result of piercing mucous membrane or the skin barrier, such as exposure through intramuscular, intravenous, or arterial routes resulting from human bites, cuts, and abrasions.
- q. **“Personal protective equipment “or “PPE”** means specialized clothing or equipment that is worn by an employee to protect him or her from a hazard. General work clothes such as uniforms, pants, shirts, or blouses, that are not intended to function as protection against a hazard are not considered to be personal protective equipment.
- r. **“Regulated waste”** means any of the following:
 - i. Liquid or semiliquid blood or other potentially infectious material.
 - ii. Contaminated items that would release blood or other potentially infectious material in a liquid or semiliquid state if compressed.
 - iii. Items which are caked with dried blood or other potentially infectious material and which are capable of releasing these materials during handling.
 - iv. Contaminated sharps.
- s. **“Source individual”** means any living or dead individual whose blood or other potentially infectious material may be a source of occupational exposure to an employee.
- t. **“Standard operating procedures (SOPs)”** means any of the following that address the performance of work activities so as to reduce the risk of exposure to blood and other potentially infectious material:
 - i. Written policies.
 - ii. Written procedures.
 - iii. Written directives.
 - iv. Written standards of practice.
 - v. Written protocols.
 - vi. Written systems of practice.
 - vii. Elements of an infection control program.
- u. **“Sterilize”** means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
- v. **“Universal precautions”** means a method of infection control that treats all human blood and other potentially infectious material as capable of transmitting HIV, HBV, and other bloodborne pathogens.
- w. **“Work practices”** means controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed.

**APPENDIX B
HEPATITIS B VACCINATION DECLINATION FORM**

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 materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (print): _____

Employee Signature: _____

Date: _____

DRAFT

APPENDIX C

STANDARD OPERATING PROCEDURES FOR BLOODBORNE INFECTIOUS DISEASES CONTROL MEASURES

Purpose

To insure that body fluids contaminated with blood or other potentially infectious material are handled properly.

Equipment

Soap

Water

Paper Towels

Antiseptic Towelettes

Disposable Gloves

Utility Gloves

Mops

Buckets

Dust Pans

Disinfectants (one of the following classes):

- Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol)
- Sodium hypochlorite solution (household bleach), one (1) part bleach to 10 parts water. (Example 1 ½ cups bleach to one (1) gallon of water, prepared each time used.)
- Quaternary ammonium germicidal detergent in 2% aqueous solution (e.g., Tri-quat, Mytar or Sage)
- Iodophor germicidal detergent with 500 ppm available iodine (e.g., Wescodyne)
- Sanitary absorbing agent (e.g., ChloraSorb, X-O Odor Away)

Procedures

General:

- Wear disposable gloves before coming in contact with body fluids during all cleaning and first aid procedures.
- Discard disposable gloves after each use.
- Wash hands after handling fluids and contaminated items, whether or not gloves are worn.
- Discard disposable items including feminine sanitary products and used bandages in plastic-lined trash container with lid. Close bag and discard daily.
- Do not reuse plastic bags.
- Use disposable items to handle body fluids whenever possible.
- Use paper towels to clean up and dispose of any solid waste materials such as vomitus or feces.

Handwashing:

- Use soap and running water.
- Rub hands together for at least 15-20 seconds to work up a lather.
- Scrub between fingers, knuckles, back of hands, and nails.

- Rinse hands under warm running water.
- Use paper towels to thoroughly dry hands. Discard paper towels after use.
- Hands may be dried using a hot-air dryer where available.
- If soap and running water are not immediately available use antiseptic towelettes. Wash hands with soap and water as soon as possible.

Cleaning Washable Surfaces:

- For tables, desks, etc., use Lysol or household bleach solution of one (1) part bleach to 10 parts water, mixed fresh.
- Rinse with water if so directed on disinfectant container label.
- Allow to air dry.
- When bleach solution is used, handle with care. Gloves should be worn when using bleach. Avoid applying on metal since bleach is corrosive.

Cleaning Floors:

- Use bleach solution of one (1) part bleach to one (1) gallon water, mixed fresh.
- Use two buckets – one to wash the soiled surface and one to rinse as follows:
 - In bucket #1, dip, wring, mop up soiled surface.
 - Dip, wring, mop once more.
 - Dip, wring out mop in bucket #1.
 - Put mop in bucket #2 which is filled with clean disinfectant (e.g., Lysol, bleach solution)
 - Mop or rinse area.
 - Return mop to bucket #1 to wring out. This keeps the rinse bucket clean for a second spill in the area.
 - Soak mop in the disinfectant after use.
- Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate.
- Rinse non-disposable cleaning equipment (dustpans, buckets) in disinfectant.
- Dispose disinfectant solution down a drain pipe.
- Remove disposable gloves, if worn, and discard in appropriate receptacle.
- Wash hands as described under **Handwashing**.

Nonwashable Surfaces (e.g. rugs, upholstery, etc.):

- Apply sanitary absorbing agent, let dry, vacuum.
- If necessary, use broom and dustpan to remove solid materials.
- Apply rug or upholstery shampoo as directed. Re-vacuum according to directions on shampoo
- If a sanitizing carpet cleaner water extraction method is used, follow directions on the label.
- Clean dustpan and broom, if used. Rinse in disinfectant solution.
- Air dry.
- Wash hands as described under **Handwashing**.

Soiled Washable Materials (e.g. clothing, towels, etc.):

- Rinse item under running water using gloved hands, if available and appropriate.

- Place item in plastic bag and seal. Plastic bags containing soiled, washable material must be clearly identified if outside laundry service is used.
- Wash hands as described under **Handwashing**.
- Wipe sink with paper towels. Discard paper towels.
- Wash soiled items separately.
- If material is bleach-safe, add ½ cup bleach to the wash cycle. Otherwise, add ½ cup non-chlorine bleach (Clorox II, Borateem) to the wash cycle.
- Discard plastic bag.
- Wash hands as described under **Handwashing**.

DRAFT