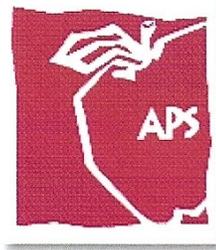


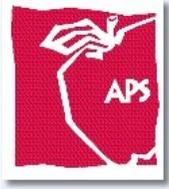
ALBUQUERQUE PUBLIC SCHOOLS



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Risk Management Department

August, 2008



ALBUQUERQUE PUBLIC SCHOOLS
RISK MANAGEMENT DEPARTMENT

BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

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ALBUQUERQUE PUBLIC SCHOOLS

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. PURPOSE AND POLICY

In December of 1991, Occupational Safety and Health Administration (OSHA) published the Occupational Exposure to Bloodborne Pathogens Final Rule (Standard 29 CFR 1910.1030). This Rule provides guidelines for employers to reduce significant risk of infection for employees exposed to infected body fluids or tissue from infected persons.

The Rule addresses definitions, work practices, procedures, equipment, and policies related to employee training, information dissemination, preventative and post-incident medical interventions. The objective is to minimize the exposure risk or, if necessary, to effectively treat employees involved in an incident where there is a possibility of exposure.

The Albuquerque Public Schools **Bloodborne Pathogens Exposure Control Plan** will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. Contractors shall be expected to have their own Exposure Control Plan as required by OSHA for their job functions.

A. Covered Diseases

Among the more common bloodborne diseases that you could be exposed to on the job are hepatitis and human immunodeficiency virus (HIV).

1. HBV:

Hepatitis means "inflammation of the liver." If you become infected with Hepatitis B, you may suffer from flu-like symptoms so severe that you may require hospitalization; or you may feel no symptoms at all. Your blood, saliva, and other body fluids may be infectious and you might spread the virus to sexual partners, family members, and even unborn infants. There is a vaccine available to reduce or eliminate risk of infection.

2. HCV:

Hepatitis C is a liver disease that is caused by the hepatitis C virus (HCV). Unfortunately, in the majority of cases (85%), the infection becomes chronic and slowly damages the liver over many years. Over time, this liver damage can lead to cirrhosis (or scarring) of the liver, end-stage liver disease, and liver cancer. Each year, there are about 35,000 cases of acute hepatitis C.

3. HIV:

The human immunodeficiency virus attacks the body's immune system causing the disease known as AIDS, or Acquired Immune Deficiency Syndrome. Currently there is no vaccine to prevent this infection. An individual infected with HIV may carry the virus for several years without developing symptoms but will eventually develop AIDS. An infected person may suffer from flu-like symptoms, fever, diarrhea, and fatigue; and eventually, AIDS-related illnesses, including neurological problems, cancer, and other opportunistic infections easily contracted as the

body's ability to fight off illness decreases. Although HIV can be transmitted through contact with blood and some body fluids, it is not transmitted by touching, feeding, or working around individuals who carry the disease.

B. How Bloodborne Pathogens are Transmitted

The pathogens, which can transmit these diseases, may be present in the blood and other body fluids such as saliva, semen, and vaginal secretions. Pathogens can also be present in cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic, and any other fluids contaminated with blood.

These pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, dermatitis, or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, broken glass, exposed ends of dental wires, or any other object that can puncture or cut skin. Infection can also gain access to the body through mucous membranes of the eyes, nose, and mouth when these areas are touched with contaminated hands or implements. The HBV virus is particularly dangerous since it can survive on dried surfaces at room temperature for at least one (1) week. This means that a surface can be dangerously contaminated without any visible signs if the work areas are not thoroughly cleaned immediately after being contaminated with infectious material.

C. Risk Reduction

The Albuquerque Public Schools Bloodborne Pathogens Exposure Control Plan contains a summary of the OSHA Rule designed to protect employees from exposure to these serious diseases while performing services for individuals. The Plan provides guidelines but will not offer protection unless all employees work faithfully to adhere to and improve on the policies, engineering, and work procedures used when there is an exposure risk. Know the policies and be alert to protect yourself and your co-workers.

II. DEFINITIONS

Biological Waste - Biological waste consists of blood, excretions, exudates, secretions, suctionings, and disposable medical supplies, which have come in contact with these substances, including but not limited to:

1. Medical waste - catheters, bandages, and any disposable items used in the treatment of students or employees.
2. Laboratory waste – cultures, specimens, slides, blood, and tissue samples.
3. Potentially hazardous non-biological waste or trash - includes garbage waste from the preparation, cooking, and serving of food in any area where biological waste may contaminate otherwise non-biological garbage or trash. Also included in this category is combustible (*e.g., plastic, wood, or paper*) and non-combustible (*e.g., metal or glass*) materials discarded from or in an area contaminated by contact with biological waste.

Blood - Blood means human blood, human blood components, and products made from human blood.

Bloodborne pathogens - Pathogenic microorganisms that are present in human blood that can infect and cause disease in persons who are exposed to blood containing these pathogens.

Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an object or surface.

Contaminated sharps - Any object that is capable of penetrating the skin, which has been contaminated with blood or other potentially infectious material.

Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or object to the point at which they are no longer capable of transmitting infectious particles.

Engineering controls - Controls that isolate, minimize, or remove a workplace hazard.

Exposure incident - A specific exposure to the eye, mouth, other mucous membrane, non-intact skin, or parenteral exposure to blood or other potentially infectious materials that results from the performance of an employee's work duties.

Handwashing facilities - A facility providing an adequate supply of running water, soap, and single-use towels.

HBV - The hepatitis B virus.

HCV - The hepatitis C virus.

HIV - Human immunodeficiency virus.

Occupational exposure - 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 work duties.

Parenteral - The piercing of the skin barrier (including mucous membranes), through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment - Specialized clothing or equipment worn by an individual to protect from a hazard. General work clothes not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated waste - Any one of the following:

- Liquid or semi-liquid blood or other potentially infectious materials.
- Contaminated items that would release with blood or other potentially infectious materials in a liquid or semi liquid state, if compressed.
- Objects caked with dried blood or other potentially infectious materials, which are capable of releasing these materials during handling.
- Contaminated sharps.
- Pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal precautions- A method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work-practice controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

II. EXPOSURE DETERMINATION

Employers are required to identify job categories that have a greater risk of exposure to Bloodborne Pathogens in the scope of their duties. The district has conducted an analysis of job categories and has determined that certain positions are at greatest risk of occupational exposure. Subsequently, the requirements of this program apply specifically to these job categories. These job categories are provided Hepatitis B vaccinations at no cost to the employee:

- Athletic Trainers
- School Nurses
- Health Assistants
- Employees Assigned to the Juvenile Detention Center
- Employees Assigned to the Adult Detention Center
- School Police Officers and Campus Security Assistants
- Special Education Educational Assistants in District Programs (for Severe Disabilities)
- Special Education Teachers in District Programs (for Severe Disabilities)

Hepatitis B vaccination shall be made available for these *employees after the employee has received the required training* and within 10 working days of initial assignment (unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.)

If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

Post-exposure consultation and medical care applies to **all** APS employees. This involves appropriate medical follow-up consultation and care for an exposure incident as a workplace accident. The most obvious exposure incident is a needle stick, however, any specific eye, mouth, other mucous membrane, non-intact skin or internal contact with blood or other potentially infectious materials should be reported and treated. Any employee who believes they have been exposed to Bloodborne Pathogens in the course of their duties should submit a *Notice of Accident* form to their immediate supervisor and contact the APS Occupational Health Clinic for medical evaluation.

III. METHODS OF COMPLIANCE

A. General

1. *All body fluids shall be considered potentially infectious materials!*
2. Universal precautions can control the spread of disease by preventing contact with blood or other potentially infectious materials.

B. Engineering and Work Practice Controls

1. Handwashing

All employees will wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Handwashing facilities will be readily accessible to all employees in appropriate work areas. (In locations where sinks are not practical, antiseptic towelettes, cleanser, and paper or cloth towels should be available along with appropriate closable disposal containers for depositing used cleaning materials. These are intermediate measures, which do not eliminate the need to wash hands at a sink.) All employees are required to wash hands as soon as feasible after exposure using antiseptic cleanser and towel alternatives.

Procedure:

- a. Handwashing is the single most important means of preventing the spread of infection. The principle of good handwashing is that of using friction to mechanically remove microorganisms.
- b. After contact with blood or other potentially infectious materials:
 - i. Wash hands with soap and running water.
 - ii. Rinse hands with running water.
 - iii. Dry hands well with paper towel.
 - iv. Use paper towel to turn off faucet. All manually controlled faucets should be considered contaminated.
 - v. Dispose of single use or linen towels in appropriately marked containers.
- c. Use lotion to prevent skin irritation, breakdown, and subsequent infection.
- d. Post handwashing signs in all bathrooms.

2. Workpractice Controls

- a. All personal protective equipment shall be removed immediately upon leaving the work area or as soon as possible if contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- b. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood for occupational exposure.
- c. Food and drinks shall not be kept in refrigerators, freezers, shelves, cabinets or on counters or bench tops where blood or other potentially infectious materials are present.
- d. Equipment which may become contaminated with blood or other potentially infectious material shall be decontaminated as necessary unless decontamination is not feasible.

C. Personal Protective Equipment

1. Gloves shall be worn when it can reasonably be anticipated for the hands to have contact with blood, other potentially infectious materials, mucous

membranes, non-intact skin and when touching or handling contaminated items or surfaces.

- a. Disposable (single use) gloves, such as surgical or examination gloves, shall be replaced as soon as possible when contaminated, torn, punctured or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or disinfected for re-use.
 - b. Re-usable gloves may be decontaminated for re-use, however they must be discarded if they are cracked, peeling, torn, punctured or exhibit if the ability to function as a barrier is compromised.
2. Face protection should be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
 3. Appropriate protective clothing should be worn in occupational exposure situations - The type and characteristics will depend upon the task and degrees of exposure anticipated.

D. Housekeeping

The work site is to be maintained in a clean and sanitary condition.

1. All equipment and environmental working surfaces shall be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - a. Work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; when surfaces are excessively contaminated; immediately or as soon as feasible after any spill of blood or other potentially infectious materials; and at the end of the work shift if contaminated since the last cleaning. These surfaces include but are not limited to changing tables, toilets, and tables.
 - b. Protective coverings such as plastic wrap, aluminum foil or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced at the end of the work shift or when they become excessively contaminated.
 - c. All bins, cans and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.
 - d. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and a dustpan, tongs or forceps.

E. Handling Needles and Sharps

1. Guidelines
 - a. Handle sharp objects carefully!
 - b. Do not cut, bend, break, or routinely reinsert used needles into original sheath. Bending, recapping, or removing used needles is only allowed if no alternative is feasible or if that action is required by a specific medical procedure, and only if the bending, recapping, or removing is accomplished through the use of a mechanical device or a one-handed technique.

- c. Discard sharp objects intact, immediately or as soon as possible after use into an OSHA-approved sharps disposal container.
 - d. Sharps containers will be easily accessible to employees and maintained upright throughout use.
 - e. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
2. Replacing sharps disposal containers.
- a. Sharps disposal containers will be sealed and replaced when they are seventy-five percent (75%) full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container. Sharps containers should not be allowed to overfill.
 - b. Sharps disposal containers will be placed in a secondary, closable container if leakage is possible.
 - c. The secondary container shall be labeled or color-coded, and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.
 - d. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - e. Sharps disposal containers are to be transported to the Occupational Health Clinic for disposal by the district's Occupational Health service provider.

F. Regulated Waste

Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- 1. Regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. Container shall be labeled with biohazard symbol, color coded.
- 2. If outside contamination of the regulated waste container should occur, it shall be placed in a second container with biohazard, color-coded.
- 3. Regulated waste shall be disposed of by contacting the Risk Management Office.

V. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and Signs

- 1. Warning labels shall be affixed to containers of contaminated sharps and regulated waste.
- 2. Labels shall include the following legend:



3. Labels shall be color coded with fluorescent orange or orange red with lettering or symbols in a contrasting color.
4. Labels shall be affixed as close as possible to the container by string, wire, adhesive or other method to prevent their loss or unintentional removal.
5. Red bags or red containers may be substituted for labels.

B. Employee Information and Training

1. Employees will be trained at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter.
2. Additional training may occur when changes such as modification of tasks or procedures or when new tasks or procedures may affect employees occupational exposure.
3. A record of the training required by this standard will be documented on the Training Sign-up Sheet and submitted to Risk Management.

APPENDIX B - HEPATITIS B VACCINE DECLINATION



ALBUQUERQUE PUBLIC SCHOOLS

Risk Management Department

Occupational Health Clinic

725 University Boulevard, SE

P.O. Box 25704

Albuquerque, New Mexico 87125-0704

Employee Name: _____ Job Title: _____

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.

Signed: _____

Date: _____