
**Blood-Borne Pathogens Exposure Control Plan (BBPECP)
Effective August 1, 2021**

Purpose

This Blood-borne Pathogen Exposure Control Program is intended to ensure compliance with applicable Occupational Safety and Health Administration requirements found at 29 CFR 1910.1030 and to provide a safe and healthy work environment for all employees of the Sanilac Intermediate School District.

This Exposure Control Program (ECP) is a key document to assist the Sanilac Intermediate School District in implementing and ensuring compliance with the Standard and thereby protecting its employees.

This Exposure Control Program includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Work practices
 - Universal precautions
 - Hand washing
 - Personal Protective Equipment (PPE)
 - Contaminated sharps
 - Housekeeping
 - Laundry
 - Compliance Monitoring
 - Labels
- 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 of the standard are outlined in the subsequent pages of this ECP.

Program Administration

- The Superintendent or designee is responsible for implementation of the ECP. The Superintendent or designee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: 810-648-4700
- All employees who are determined to have risk of occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures & work practices outlined in this ECP.
- The Superintendent or designee will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Superintendent or designee will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: 810-648-4700.

- The Superintendent or designee will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number 810-648-4700.
- The Superintendent or designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: 810-648-4700.

Employee Exposure Determination

The work environment must be evaluated to determine the actual and potential hazards, including biological hazards for blood-borne pathogens. The Sanilac Intermediate School District has identified all job classifications in which there is or may be occupational exposure to blood-borne pathogens. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure may occur has been completed. Tasks are identified and examined with recommendations made on how to reduce the potential of exposure to blood or OPIM through workplace controls, protective equipment or other methods. Exposure status will be determined by the Superintendent or designee, and the Health Occupations Instructor or a Registered Nurse from the Sanilac County Health Department. Exposure determination will be made without regard to the use of PPE.

The following is a list of job classifications in which employees may have reasonably anticipated occupational exposure:

- All School Administrators or Personnel Assigned to Break Up Fights
- Custodial/Maintenance staff
- Health Occupation Instructors/Health Occupations Support Staff
- School Administrative Personnel who provide first aid to students
- Teacher and Instructional Support Staff Working with Developmentally Disabled Students
- Teacher and Instructional Support Staff of Career Technical Education programs
- Teachers/Support staff working with preschool classes

	Job Classifications at Risk	Tasks Causing Risks	Protective Barrier
A	Occupational exposure occurs, blood-borne pathogens DOES apply to these type of job classifications	Ongoing exposure	Universal Precautions Work Practice Control
	Personnel designated to administer first aid	Care of wounds, contact with emesis or other body fluids	Latex gloves, training, and hand washing
	Teachers/Support staff working with preschool classes Teacher/ Instructional Support Staff Working with Developmentally Disabled Students	Contact with body fluids /spills Care of accidental injuries Contact with body fluids /spills	Latex gloves, other PPE, training, and hand washing
	Health Occupation Teachers/Instructional Support staff	1. Direct patient care when teaching students in the clinical setting 2. Administering first aid <ul style="list-style-type: none"> • Care of wounds, contact with emesis or other body fluids 	Latex gloves, training, Hand washing, other PPE: Dependent on type of anticipated exposure, work practice contacts.
B	Exposure occurs in some employee job types in the following groups (areas):		
	School Administrators or personnel assigned to Break up fights Teacher and Instructional Support Staff of Career Technical Education programs	Care of accidental injuries	Latex gloves, other PPE, training, and hand washing
	Maintenance/Custodian	Mopping up blood and body fluid spills	Latex gloves, other PPE, training, hand washing, and work practice controls.

Methods of Implementation and Control

A. Exposure Control Plan

All employees can review this plan at any time by accessing it in the Administrative Offices and from our website at www.sanilac.k12.mi.us, click on the “SISD Employee” tab, scroll down to Blood-borne Pathogens Exposure Control Plan.)

The Superintendent or designee is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. If revisions to this ECP are necessary the Superintendent or designee will ensure that appropriate changes are made. [Note: changes may include an evaluation of safer devices, etc.]

Methods of Compliance

A. Safe Work Practices

Universal precautions, as outlined by the Centers for Disease Control, shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

1. Hand washing:

Hands must be thoroughly washed between all direct student contacts and after handling soiled or contaminated equipment.

Hands or other skin surfaces must be washed immediately or as soon as feasible if contaminated with blood or OPIM.

Hands must be washed immediately after gloves (or other Personal Protective Equipment) is removed.

Flush mucous membranes with water immediately or as soon as feasible following contact with blood or body fluids. Although hand washing stations are available in all classrooms, when hand washing facilities are not feasible, employees will use alcohol based hand cleansers. When alcohol hand sanitizers are used, employees will wash their hands with soap and water as soon as feasible.

Alcohol based hand cleansers are available in each classroom and in the housekeeping closets, in the event of water supply shutdown or when water may not be readily available.

2. Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is provided to our employees at no cost to them. Training in the use of appropriate PPE for specific tasks or procedures is provided by the Superintendent or designee.

The types of PPE available to employees are as follows: Latex or non-latex gloves, eye protection, CPR breathing mask/shields, gowns, masks.

Gloves are located in each classroom, in any work area where there is the potential for injury, and in offices where first aid is administered.

Face Shields are available in each classroom/work area First Aid kit and offices where first aid is administered.

Gowns, surgical masks, goggles, and red biohazard bags are available in the Health Occupations Lab, Custodial closets/rooms and in any classroom/work area where there is a reasonably anticipated occupational exposure.

All employees using PPE must observe the following precautions:

- 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.
- Used PPE may be disposed of in appropriate waste containers for storage, decontamination, and/or disposal.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or body fluids, 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.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or body fluids pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or body fluid, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

Used PPE must be disposed of in a plastic bag lined, garbage can. As long as there is less than 20 cc of blood (approx) on this PPE, the plastic bag may be tied shut and taken to the dumpster. If this PPE is soaked (approx more than 20 cc) with blood or body fluids, housekeeping must be notified. Housekeeping will don appropriate PPE and then place the plastic bag in a red Biohazard bag (which may be located in the Health Occupations Lab). This red bag will be labeled as “biohazardous” and will be taken to the TriCity Landfill for disposal.

3. Contaminated Needles and Other Contaminated Sharps

The Sanilac Intermediate School District does not routinely administer medications to students which are delivered with a needle.

Emergency Epinephrine, in the form of “Epi Pens”, is available in the administrative offices. In the event that this medication (which is administered intramuscularly) is used, the entire syringe, with needle intact (and capped) will be placed in a labeled, puncture resistant container with a lid and sent with the student to the emergency room, as directed by the “Epi Pen” manufacturer. All staff have been instructed on the use, and methods needed to administer this emergency medication, and proper disposal of the syringe and needle, as outlined in this section of the ECP.

In the event that a staff member would come in contact with contaminated needles and/or other contaminated sharps, the following rules shall be followed:

- Needles shall not be bent, recapped, sheared or broken, with the following exception; the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure; and/or such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

- Immediately or as soon as possible after use, contaminated sharps shall be placed in labeled, puncture resistant containers for disposal. These containers shall be: (a) puncture resistant (b) labeled or color-coded in accordance with this policy and (c) leak proof on the sides and bottom.
- Warning labels shall be affixed to containers of regulated waste and containers used to store or transport sharps or other items which may be contaminated with blood or OPIM. Labels shall include the following symbol:



4. Housekeeping/Environmental Services (Disinfection/Sterilization)

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

- Any container that encloses and contains regulated waste will be processed thru the Custodial/Maintenance department and removed by the appropriate personnel.
- All contaminated equipment, environmental and work surfaces must be cleaned and decontaminated by the Custodial/Maintenance department after contact with blood or OPIM.
- Reusable trash containers must be cleaned by the Custodial/Maintenance department after contamination.
- Gloves must always be worn for cleaning spills of blood or other potentially infectious materials.
- Custodial/Maintenance staff should be notified as soon as possible to clean up all spills of blood or OPIM.
 - A fresh mixture of bleach and water (10%) in a 10:1 ratio (one part bleach and nine parts water) is adequate to sterilize or disinfect items contaminated with blood or potentially infectious materials. This solution should be discarded after 24 hours. Bleach will be available in the custodial/maintenance closets.
- Germicides and disinfectants that are registered with United States Environmental Protection Agency may be used for disinfection.

- Contaminated broken glass (and any broken glass) will be cleaned using a mechanical means (e.g. brush and pan, tongs) and discarded in a closable, puncture resistant container.
- A biohazard labeled, puncture resistant container is available in each classroom and work area in the Sanilac Intermediate School District. The custodial staff should be notified when these containers need to be discarded (when 2/3 full). They will seal them with duct tape, label them as biohazardous and transport them to the Tri-City Landfill.

5. Laundry

- Contaminated laundry shall be handled as little as possible and with minimum agitation.
- Soiled linen must not be stored or rinsed in student areas.
- All linen will be handled as contaminated laundry and all employees will recognize the laundry bags as requiring compliance with Universal Precautions.
- Personal clothing contaminated with body fluids will be cleaned by the employer through a professional cleaner.
- Contaminated laundry that is wet and presents a reasonable likelihood of soak through or leakage from the bag shall be placed in a red, biohazard bag which prevents soak-through.

6. Compliance Monitoring:

OSHA requires that employers comply with the required protective measures. Compliances will be monitored and evaluated by the Superintendent or designee in the following ways:

- Following up on problems identified through informal reports or complaints from staff
- Safety Reports/Employee Incident Reports and minutes from Committees
- Comments received during evaluations of education and training programs
- Direct observation of individual employee performance during specific procedures
- Walking rounds
- Indirect observation

Non-compliance with recommended practices will be documented by Supervisors and reported to the Superintendent.

Follow-up for non-compliance will be done by identifying needs, assuring adequate and appropriate supplies or equipment and providing additional education and training.

If monitoring reveals repeated failures to follow recommended practices after additional supplies, education and/or retraining and counseling have been provided, disciplinary action may be necessary.

7. Labels

The following labeling methods are used in this facility:

Insert label here:



The Superintendent or designee is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is in the facility. Employees are to notify the Superintendent or designee if they discover regulated waste containers, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination

The Superintendent or designee will provide training to employees on hepatitis B vaccination, addressing safety, benefits, risks, efficacy, methods of administration, and availability. This training will also include post-exposure evaluation and follow-up to all employees who have had actual exposure

The hepatitis B vaccination series is available, at no cost, to all employees who have occupational exposure risk.

Vaccination is encouraged (within 10 working days of the employee's initial assignment) unless:

- 1) Documentation exists that the employee has previously received the series;
- 2) Antibody testing reveals that the employee is immune; or
- 3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in Administrative office.

Persons who are contracted to perform services within the school district will be responsible for their own immunization program.

Vaccination will be provided by Sanilac County Health Department at the expense of the Sanilac Career Center.

Hepatitis B Vaccine Form

Date: _____

TO: _____
(Employee Name)

From: Sanilac Intermediate School District

FORM ACKNOWLEDGING VACCINATION:

_____ I have received the Hepatitis B Vaccine (If possible, please include documentation.)

FORM FOR DECLINING HEPATITIS B VACCINE:

_____ 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 the 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.

CONSENT FORM FOR HEPATITIS B VACCINE:

_____ I have received information about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination. I understand that I must have three doses of the vaccine to develop full immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me, and understand that the Sanilac Intermediate School District will be charged directly with any costs associated with this vaccine series.

Employee Name (Please Print)

Date

Employee Signature

Date

Post-exposure Evaluation and Follow-up

Should an exposure incident occur (the employee comes in contact with potentially contaminated blood or body fluids), contact your immediate supervisor or the administrative office at 810-648-4700.

An immediately available confidential medical evaluation and follow-up will be conducted by your immediate supervisor and/or the Administrative office personnel.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

The Superintendent or designee will review the exposure incident details with the Infection Control Professional or designee at McKenzie Health Systems. If it is determined by this Professional that any potentially significant exposure has occurred, the employee will be sent immediately to McKenzie's Emergency Room for a confidential medical evaluation and follow-up (as recommended by the Centers for Disease Control, which may include the following elements:

1. **Collection and testing of the exposed employee's blood** for HBV and HIV serological status.
2. **Collection and testing of the source individual's blood** for HBV and HIV serological status (unless the employer can establish that identification is infeasible or prohibited by state or local law)
3. The Superintendent or designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:
 - a description of the employee's job duties relevant to the exposure incident
 - route(s) of exposure
 - circumstances of exposure
 - relevant employee medical records, including vaccination status
4. **Post-exposure prophylaxis**, when medically indicated, will be made available as well as counseling and follow-up evaluation, as required by **Communicable Disease Rule [15ANCAC .0203 (b)(3)]**, "**Treatment When Source is Found to Be...**"

The Superintendent or designee provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation. The employee will be informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Administration of Post-exposure Evaluation and Follow-up

Evaluation of Exposure Incidents

The Superintendent or designee will review the circumstances of all exposure incidents to determine:

- controls in use at the time
- work practices followed
- a description of the device being used, if applicable. (including type and brand)
- protective equipment that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (classroom, hallway, etc.)
- procedure being performed when the incident occurred
- employee's training

The Superintendent or designee will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

Employee Training

All employees who have a reasonably anticipated occupational exposure to blood-borne pathogens will receive annual online training. Online training materials are available for Sanilac Career Center from Safe Schools.

All employees who have a reasonably anticipated occupational exposure to blood-borne pathogens will receive training on the epidemiology, symptoms, and transmission of blood-borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA blood-borne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and other body fluids, including what constitutes an exposure incident
- an explanation of the use and limitations of controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or other body fluids
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility

Recordkeeping

Training Records are completed for each employee upon completion of training. These documents will be maintained by the Superintendent or designee for at least three years.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." The Superintendent or designee is responsible for maintenance of the required medical records. These confidential records are kept in the Administrative office for the duration of employment plus 10 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to: Administrator's office

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by the Superintendent or designee.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.