

# Saranac Community Schools

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## **Blood-Borne Pathogens Exposure Control Plan (BBPECP)**

**Effective January 1<sup>st</sup>, 2014**

### **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 Saranac Community Schools.

This Exposure Control Program (ECP) is a key document to assist Saranac Community Schools 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:
  - Universal precautions
  - Work practices
  - Personal Protective Equipment (PPE)
  - 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 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: 616-642-1400
- All 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.
- 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: 616-642-1400
- 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 616-642-1400.

- 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: 616-642-1400.

## **Employee Exposure Determination**

All employees have the potential of exposure.

## **Methods of Implementation and Control**

### Exposure Control Plan

All employees can review this plan at any time by accessing it from our website at [www.saranac.k12.mi.us](http://www.saranac.k12.mi.us), click on the "District" tab, scroll down to "Staff Resources," and click on the 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.

## **Work Practices**

Work practices will be monitored to prevent or minimize exposure to blood-borne pathogens. The specific work practices used are listed below:

This school district identifies the need for changes in work practices through direction and evaluation of all actions and programs by the Superintendent or designee which may include risk management specialists, health and safety specialists, and facility engineers.

We evaluate new procedures and new products regularly by reviewing OSHA information, incident reports and summaries, and administrative recommendations.

The Superintendent or designee is responsible for ensuring that these recommendations are implemented.

## **Personal Protective Equipment (PPE)**

Personal Protective Equipment (PPE) is provided to our employees at no cost to them. Training in the use of the 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 shields, cleanup solution.

PPE is located in all first aid kits, all building offices, and may be obtained from the Director of Custodial Services.

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 containers for storage, decontamination, and/or disposal.
- 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.
- 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 OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, 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 proper Bio Hazard containers as supplied by the Superintendent or designee.

### Housekeeping

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.

The procedure for handling sharps disposal containers is:

Any container that encloses and contains regulated waste will be processed thru the custodial director's office and removed by the appropriate personnel.

The procedure for handling other regulated waste is:

Any container that encloses and contains regulated waste will be processed thru the Director of Custodial services office and removed by the appropriate personnel.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in the office areas of each building.

Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### Labels

The following labeling methods are used in this facility:

<b>Equipment to be Labeled</b>	<b>Label Type (size, color)</b>
As required	[red bag, biohazard label]

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 vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost to all employees.

Vaccination is encouraged 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 central office.

Vaccination will be provided by Ionia County Health Department.

### **Post-exposure Evaluation and Follow-up**

Should an exposure incident occur, contact your immediate supervisor or central office at 616-642-1400.

An immediately available confidential medical evaluation and follow-up will be conducted by your immediate supervisor and/or central 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).

### **Administration of Post-exposure Evaluation and Follow-up**

The Superintendent or designee ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood-borne pathogens standard.

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

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.

### **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 or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (classroom, hallway, gym, cafeteria, 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.

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, adding employees to the exposure determination list, etc.]

## **Employee Training**

All employees who have occupational exposure to blood-borne pathogens will receive annual online training.

All employees who have occupational exposure to blood-borne pathogens 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 OPIM, 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 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 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

Online training materials are available for Saranac Community Schools from Safe Schools.

## **Recordkeeping**

Training Records are completed for each employee upon completion of training. These documents will be kept in the employee's personnel file.

The training records include a certification of completion.

## **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 central 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:  
Central 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 five 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.

# Hepatitis B Vaccine Form

Date: \_\_\_\_\_

TO: \_\_\_\_\_

From: \_\_\_\_\_  
(Employee Name)

## 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 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 company will be charged directly with any costs associated with this vaccine series.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_