

BLOODBORNE PATHOGEN PROTECTION PROGRAM

Exposure Control Plan of the Monroe 1 BOCES

Monroe 1 BOCES is concerned about the safety and welfare of all of its employees and, in particular, it is concerned with protecting its employees who have occupational exposure to blood and other potentially infectious materials. In furtherance of this goal, Monroe 1 BOCES has developed this Exposure Control Plan. A copy of the plan will be available to all employees designated in Category I. The plan will be reviewed at least annually.

1. Exposure Categories

- a. Category I: (Employees who have occupational exposure to blood and other potentially infectious materials.)
 - i. Teachers, paraprofessionals, and related service providers in day care, preschool, and programs providing for the education of the developmentally disabled. Developmentally disabled means a student who, because of a disability, cannot control their bodily functions in an age appropriate manner;
 - ii. School nurse's and nurse's aides
 - iii. Maintenance mechanics, Custodial engineers, assistant custodians, custodial assistants, and cleaners;
 - iii. Physical education teachers, lifeguards, coaches, and assistant coaches;
 - iv. Home/hospital teachers; and
 - v. School sentries and security staff.
- b. Category II: All other employees of the Monroe 1 BOCES. (No occupational exposure)

2. General Guidelines for Infection Control

This policy adopts and incorporates by reference into this Exposure Control Plan, the General Guidelines contained in Appendix "A."

3. Standard Operating Procedures

This policy adopts and incorporates by reference, the Standard Operating Procedures for Blood/Body Fluid Clean-Up (Appendix "B-1"), for athletics and physical education (Appendix "B-2"), for special education classrooms, day care,

and early childhood (Appendix “B-3”), and for custodian/maintenance (Appendix “B-4”).

4. Employee Protective Devices and Immunization

The Monroe 1 BOCES will provide its employees with protective devices consistent with the requirements of the standard operating procedures listed in Section 3 above.

In addition, if they so wish Category I employees will be provided, without charge, the Hepatitis B vaccine. Category I employees who decline the Hepatitis B vaccine will be required to sign a written waiver. Employees who sign the waiver may elect to receive the vaccine at a later date (Appendix “C”).

5. Training

The Monroe 1 BOCES will provide initial training for Category I staff, provide training for new Category I employees, and provide an annual update for Category I staff. The goal of such training will be to assist staff to recognize the importance of routine use of appropriate infection control practices and protective equipment/materials in protecting against the contraction of infectious diseases. The training will include at a minimum, the following elements:

- a. An explanation of the infection control plan covering general and universal precautions to prevent transmission of all infectious diseases.
- b. An overview of potentially infectious diseases.
- c. An explanation of Bloodborne diseases, specifically HBV/HIV, their modes of transmission, and signs/symptoms.
- d. A hands-on explanation of protective measures, equipment, and materials and how to use them. Staff should also know where equipment and materials will be stored and how to clean or dispose of contaminated materials.
- e. A review of standard operating procedures that will ensure that all staff is prepared to take corrective action when the potential for exposure to Bloodborne pathogens or other infectious agents exist.
- f. Information on the Hepatitis B vaccine to ensure that staff are aware of its efficiency and safety as well as its benefits, when applicable (Appendix “D”).
- g. Information about exposure incidents, the appropriate reporting procedures, and the medical monitoring recommended in cases of suspected parenteral exposure.
- h. Available resources and services.

A record of the training sessions shall be maintained, including the dates, summary of content, names and qualifications of persons conducting them, and names of job titles of all staff in attendance. Records will be maintained for three (3) years (Appendix "E").

6. Post exposure Procedures

Following a report of an exposure incident to any Category I or Category II employee, the Monroe 1 BOCES shall make available to the affected employee the Hepatitis B vaccine, if not already provided, and confidential medical evaluation and follow-up. A "Blood and Body Fluid Incident" form should also be completed by the principal or the principal's designee if the employee is located in a school building. If the employee is not located in a school building, the form must be completed by the employee's supervisor (Appendix "F").

APPENDIX

APPENDIX A

GENERAL GUIDELINES FOR INFECTION CONTROL

These guidelines and procedures should be followed by **ALL STAFF** and **ALL STUDENTS** at **ALL TIMES** to eliminate and minimize transmission of all infectious disease.

Hand washing: Hand washing is the single most important procedure for preventing transmission of infectious organisms. Proper hand washing procedures follow:

1. Use soap and warm running water. Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Dispenser-style liquid soap is recommended.
2. Wet hands thoroughly under warm running water and dispense soap into wet hands.
3. Rub and scrub hands together for approximately 15 seconds to work up a lather.
4. Scrub knuckles, back of hands, nails, and between fingers.
5. Rinse hands under warm running water. Running water is necessary to carry away debris and dirt.
6. Use paper towels to thoroughly dry hands.
7. After drying hands, use the towel to turn off the faucet.
8. Discard paper towels into appropriate plastic-lined waste receptacle.
9. Allow sufficient time for hand washing:
 - a. after using the toilet.
 - b. before meals, snacks, and preparing food.
 - c. after handling soiled garments, menstrual pads, and soiled diapers.
 - d. after blowing nose.
 - e. after touching potentially contaminated objects, soiled materials, etc.
 - f. after removing disposable gloves.
 - g. after contact with blood or other body fluids.

Schools **must** assure convenient and accessible hand washing facilities for all staff and students. Hand washing materials should always be available: dispenser-style liquid soap, paper towels, and plastic-lined baskets for disposal.

APPENDIX A *(continued)*

When hand washing facilities are not available, a waterless antiseptic hand cleaner should be used. The manufacturer's recommendations for the product should be followed. Then follow up with complete hand washing as soon as possible.

Additional ways to control infections follow:

1. Cover mouth when coughing or sneezing.
2. Dispose of used tissues in plastic-lined waste receptacle.
3. Keep fingers out of eyes, nose, and mouth.
4. Stay home when sick, i.e., fever, diarrhea, vomiting, excessive sneezing, coughing.
5. Dry feet after taking a shower.
6. Refrain from sharing personal care items, i.e., combs, brushes, makeup, razors, toothbrushes.
7. Cover open, draining lesions.
8. Maintain updated immunizations.
9. Refrain from sharing eating utensils, drinking cups, or water bottles.

GENERAL STAFF EDUCATION/TRAINING FOR INFECTION CONTROL

It is recommended that all school districts provide initial training for all staff, training for new employees, and an annual update for all staff. Such training programs should strive to help individuals recognize the importance of routine use of appropriate infection control practices and the use of barrier materials.

The training would include, but not be limited to:

1. an explanation of the infection control plan covering general and universal precautions to prevent transmission of all infectious diseases.
2. an explanation of the OSHA exposure control plan and its implementation in the school district.

APPENDIX A (continued)

3. an overview of potentially infectious diseases, transmission, and prevention in the school setting to include HBV and HIV.
 - a. review the public health model, The Chain of Infection, to increase employee/student awareness of how disease-causing microorganisms are transmitted and what each individual can do to minimize/eliminate transmission in the school setting.
 - b. review elements of effective infection control practice to include handwashing.
4. a review of standard operating procedures that will ensure that all staff is prepared to take preventative and corrective action when the potential for exposure to infectious microorganisms exist.
 - a. assisting an individual to help him/herself.
 - b. creates a barrier between self and individual (e.g., clean materials or use of gloves).
5. a demonstration of protective equipment: creating a barrier between one's self and another's blood/body fluid (e.g., clean materials or gloves).
6. review of the information about exposure incidents, the appropriate reporting procedures, and the medical monitoring recommended in cases of suspected occupational exposure.
7. a review of management of waste materials.
8. a review of other safety, health, and legal issues (i.e., confidentiality re: HIV).
9. a review of available resources and services.

APPENDIX B-1

GENERAL INFORMATION RE: BLOOD/BODY FLUID INCIDENT

Staff should always direct or help an individual involved with a blood/body fluid incident to care for him/herself with minimal contact to the staff member. However, there are situations when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. In most instances, the staff member should not be expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff should be called for cleanup.

When a staff member needs to intervene and implement “universal precautions,” they do so from an informed, voluntary response under the “Good Samaritan Act” and use of prudent public health protective procedure.

1. All school personnel should have dispenser soap, water, paper towels, and access to disposable latex or vinyl gloves.
2. Wear disposable latex gloves whenever faced with a situation involving blood/body fluid. When disposable latex gloves are not available or unanticipated contact occurs, hands and all other affected areas should be washed with dispenser soap and water immediately after contact.
3. If blood or body fluids are spilled on another person, use the following procedures:
 - a. When the skin is intact, have the person wash using a disposable soap or alcohol towelette or dispenser soap under running water. Towels should be discarded in a sealable plastic bag. The person must wash hands using proper procedures.
 - b. If open lesions or wounds have come in contact with blood from another person, scrub with soap and running water. A skin disinfectant (i.e., 70% alcohol, Betadine, Hibiclens) should be applied after washing.
 - c. If an individual gets blood in the eyes, flood exposed area with running water at room temperature for two to three minutes. Take individual to eye wash station if one is available. If blood gets in the mouth, rinse with water for two to three minutes and spit out.
 - d. In the absence of soap and running water, wipe contaminated skin with soap towelette, alcohol wipe, or spray skin with diluted bleach (1:10) solution and wipe off. Dispose of all cleaning items in plastic bag which can be sealed.

APPENDIX B-1 (continued)

4. Personal clothing soaked with blood/body fluids should be placed in a sealable plastic bag using gloves and sent home for laundering. Other nondisposable items (i.e., sheets, towels, etc.) soaked with blood/body fluids should be placed in a sealable plastic bag. Then wash in the hottest water available (160°F) with laundry soap; bleach may be added if water doesn't reach 160°F. Dry in hot dryer. Blood-soaked materials may be disposed of as medical waste. The skin in contact with the contaminated garment should be washed as indicated in 3a or b.

No one should continue their daily activities wearing blood contaminated clothing.

5. Remove disposable gloves and discard in a sealable plastic bag. Avoid touching skin with soiled gloves.
6. Wash hands thoroughly with soap and water using handwashing procedures.
7. Store all disinfectants in safe areas inaccessible to students.
8. Dumpsters should be located in a safe area away from the playground or other areas used by students.
9. All staff/students should take precautions to prevent injuries by needles, razor blades, broken glass, and any other sharp instruments or devices that have potential for penetrating the skin.

To prevent needle stick injuries, needles should not be recapped, purposely bent, or broken by hand. After use, disposable syringes, needles, razor blades, and other sharp instruments should be placed in a puncture-resistant, closeable, leak-proof container within close proximity for eventual disposal and labeled as **BIOHAZARD** or color coded. This label or color coding communicates special handling (regulated waste).

NOTE: Students must be cautioned not to touch any discarded needles, syringes, or other sharp instruments found on school property, but instead to report the incident to the school office immediately. The school nurse or other staff person should remove the item and appropriately dispose of it in a puncture-proof "Medical Waste" container. A tool such as pliers, forceps, or tweezers should be used to pick up sharp items.

APPENDIX B-1 *(continued)*

STANDARD OPERATING PROCEDURES FOR BLOOD/BODY FLUID INCIDENT

Blood/body fluid cleanup materials should be readily accessible to any employee who is identified at risk for occupational exposure to Bloodborne pathogens and covered by the 1910.1030 BBP standard and, therefore, may be faced with a situation that would involve responding to aid an individual that involves blood or the cleanup of a blood/body fluid incident. These materials may be packaged in a readily accessible container (i.e., self-sealing plastic bag).

Blood/Body Fluid Response Kit materials are:

1. Disposable latex gloves -- 2 pair (Appendix L)
2. Disposable paper towels -- 3
3. Sanitary absorbent material (optional)
4. Plastic bags with twist seals -- 1
5. Liquid soap packet or alcohol towelette
6. Gauze pads -- 5
7. Band-Aids -- assorted sizes

Instructions for use:

1. Wear disposable gloves before handling blood/body fluids.
2. Provide first aid treatment.
3. Soak up spilled blood/body fluid with disposable towels or sanitary absorbent material.
4. Vigorously clean with soap and water.
5. Disinfect with EPA-approved disinfectant (Appendix M).
6. Place all soiled materials in a plastic bag.
7. Remove gloves, turning inside out during removal, and place in plastic bag of soiled materials. Avoid touching skin with soiled gloves. Seal and dispose of plastic bag properly.
8. Wash hands thoroughly with soap and water using handwashing procedures.
9. Cleanup of blood/body fluid spills may be referred to appropriate personnel (designated custodial staff); keep students/staff away from the incident area.

APPENDIX B-1 *(continued)*

10. For those employees identified as at risk for occupational exposure to blood and OPIM, safety glasses, goggles, and face mask should be worn prior to any situation where splashes of blood/body fluids may occur. Examples of such situations include:
 - a. extreme medical emergencies.
 - b. occupational/technical programs, i.e., dental assistant.

APPENDIX B-2

STANDARD OPERATING PROCEDURE FOR ATHLETICS AND PHYSICAL EDUCATION

Staff should always direct or help an individual involved with a blood/body fluid incident to care for him/herself with minimal contact to the staff member. However, there are situations when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. In most instances, the staff member should not be expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff should be called for cleanup.

When a staff member needs to intervene and implement “universal precautions,” they do so from an informed, voluntary response under the “Good Samaritan Act” and use of prudent public health protective procedure.

1. All school personnel should have dispenser soap, water, paper towels, and access to disposable latex/vinyl gloves.
2. If an accident involving a blood spill occurs, the individual should be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, provide assistance using a barrier between yourself and the individual.
 - a. Wear disposable gloves and use disposable towels/tissues for each injury.
 - b. Any bloodstained materials should be placed in a sealable plastic bag.
 - c. Remove gloves following proper procedures.
 - d. Wash hands thoroughly with soap and water using handwashing procedures.
3. Keep students away from area of blood/body fluid spill and cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for cleanup (designated custodial staff).
4. Use of proper protective equipment and adherence to safety procedures in all athletic activities are appropriate prevention strategies for reducing the risk of blood/body fluid spills.
5. Students with open lesions (i.e., cuts, acne with draining lesions) should not participate in close physical contact sports unless the lesions are dry, scabbed over, or can be effectively and securely dressed with a bandage or gauze.

APPENDIX B-2 *(continued)*

6. During practices and competitions, coaches identified at risk for occupational exposure to BBP should always have on hand disposable latex gloves, sealable plastic bags, paper towels, sanitary absorbent material, disposable alcohol towelettes, liquid soap and water, alcohol, and bleach or another disinfectant.
7. If open lesions or wounds have come in contact with blood from another person, the affected area should be scrubbed with soap and running water. A skin disinfectant (i.e., 70% alcohol, Betadine, Hibiclens) should be applied after washing. Report incident to appropriate personnel (i.e., school nurse).
8. When the skin is intact, have the player wear gloves and wash his/her own skin using a disposable towel containing soap and water or with soap under running water. Gloves and towels should be discarded in a plastic bag. Player should wash hands using handwashing procedures.
9. If a player gets blood in the eyes, flood exposed area with running water at room temperature for two to three minutes. Take player to eye wash station if one is available. Report incident to appropriate personnel (i.e., school nurse).
10. If a player gets blood in the mouth, rinse with tap water for two to three minutes and spit out. Report incident to appropriate personnel (i.e., school nurse).
11. Do not permit students to share razors.
12. Fluids provided for players should be dispensed in individual, single-use disposable cups to prevent saliva transfer among players. Drinking bottles shared among players can be a source of infection. Several outbreaks of viral meningitis have been attributed to this practice.

APPENDIX B-3

STANDARD OPERATING PROCEDURE FOR SPECIAL EDUCATION CLASSROOM, DAY CARE, AND EARLY CHILDHOOD

The special classroom may pose some increased risk of infection for both the staff and students. Students who have special needs should have a written procedure to follow to meet their special health care needs. It is essential that routine procedures be followed by staff and students to maintain a clean and safe environment for all and to avoid cross-contamination.

Teachers and instructional aides in facilities where instruction is provided for the developmentally disabled are at increased risk due to children's vulnerability to injury, special medical needs, sometimes aggressive behavior, and dependence on adults for personal care.

Among developmentally disabled children, there may be some who are carriers of HBV. Between 25% and 50% of children infected before age 5 become carriers. Over 98% of developmentally disabled students were instructed in public facilities during the 1986-87 academic year. A pregnant staff person who may become infected has a 90% chance of infecting their newborn. Therefore, some or all staff working with the developmentally disabled may be covered under the OSHA Bloodborne Pathogen Standard.

Everyone should practice proper handwashing techniques before and after assisting children with feedings, running noses, diapering, etc. Wearing a clean smock over street clothes is also advisable. Spills need to be promptly removed; play areas and articles routinely cleaned. Waste receptacle with disposable plastic bags need to be accessible and emptied daily.

1. All school personnel at risk for occupational exposure to BBP should have on hand disposable latex gloves, plastic bags, disposable towels, disposable soap or alcohol towelettes (or dispenser soap and water), sanitary absorbent agent, and bleach (1:10) or an EPA-approved disinfectant.

Staff should always direct or help an individual involved with a blood/body fluid incident to care for him/herself with minimal contact to the staff member. However, there are situations when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. In most instances, the staff member should not be expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff should be called for cleanup.

When a staff member needs to intervene and implement “universal precautions,” they do so from an informed, voluntary response under the “Good Samaritan Act” and use of prudent public health protective procedure.

APPENDIX B-3 (continued)

2. If an accident involving a blood/body fluid spill occurs, the individual should be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If the individual needs assistance, first aid, and cleanup, it should be initiated by the individual identified under the exposure control plan.
 - a. Wear disposable gloves and use disposable towels/tissues for each injury.
 - b. Any bloodstained materials should be placed in a sealable plastic bag.
 - c. Clean and disinfect all soiled surfaces immediately; follow standard operating procedures or contact the appropriate personnel for cleanup.
 - d. Discard all disposable cleaning materials in a sealable plastic bag.
 - c. Remove gloves following proper procedures.
 - d. Wash hands thoroughly with soap and water using handwashing procedures.
3. Apply sanitary absorbent agent for larger soiled areas. Keep students away from area of blood/body fluid spill until area is cleaned and disinfected. Follow standard operating procedures or call appropriate personnel for cleanup (designated custodial staff).
4. Assisting with the change of a menstrual pad:

Equipment needs:

- ◆ Disposable latex gloves
- ◆ Disposable towels
- ◆ Readily accessible handwashing facility, including dispenser-style liquid soap
- ◆ Plastic bag for disposal
- ◆ Clean pad (and belt if needed)
- ◆ Clean clothes

Procedure:

- ◆ Wear disposable gloves when assisting a student with limited physical or mental abilities in changing menstrual pads.
- ◆ Prepare disposable towel with soap and water.
- ◆ Wearing gloves, remove clothing, soiled pad, and place in separate plastic bags. Send clothing home to parent in plastic bag.
- ◆ Clean any blood from student's skin with soap, water, and disposable towel. Place in disposable bag with soiled pad.

APPENDIX B-3 (continued)

- ◆ Wash gloved hands.
- ◆ Put clean pad and clothes on student.
- ◆ Encourage student to wash her own hands if hands become soiled or if she participates in the procedure.
- ◆ Still wearing gloves, clean up minor blood spills on toilet seat or floor per standard operating procedure. For major blood spills, contact school custodian.
- ◆ Remove gloves and place in disposable plastic bag with soiled pad.
- ◆ Wash hands thoroughly with soap and water using handwashing procedures.

5. Diapering:

Equipment needs:

- ◆ Changing table: student's own bed, cot, mat, or safe, firm nonporous surface (clean and sanitized)
- ◆ Readily accessible handwashing facility, including hot and cold running water, liquid soap, and disposable paper towels
- ◆ Supplies for cleaning student's skin, disposable baby wipes, soap, water, cotton balls or soft tissue, and clean disposable diaper
- ◆ Plastic bags for student's soiled clothing

6. Guidelines for classroom cleanliness:

Equipment needs:

- ◆ Lab coat or smock (large blouse or shirt to cover street clothes)
- ◆ Covered waste receptacles with disposable plastic bags
- ◆ Plastic bags that can be labeled and sealed for individual's soiled laundry
- ◆ Disposable plastic gloves
- ◆ Disinfectant
- ◆ Handwashing facility, including hot and cold running water, liquid soap, and disposable paper towels

APPENDIX B-3 (continued)

Procedure:

- ◆ Wash hands.
 - ◆ If a lab coat or smock is worn:
 - Use a clean garment each day.
 - Always hang the garment right side out when leaving the work area for breaks or lunch.
 - ◆ If there are open cuts, abrasions, or weeping lesions on hands, wear disposable plastic gloves.
 - Use a new pair of gloves in each situation in which handwashing is indicated.
 - Discard used gloves in plastic bag in covered waste receptacle.
 - ◆ Store and handle clean clothing and linens separately from soiled clothing and linens.
 - Immediately place each student's soiled clothing and linens in an individually labeled plastic bag, which is to be sealed and sent home at the end of the day.
 - Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily.
7. The following are techniques for storing, cleaning, and disposing of classroom equipment, supplies, and other items.
- ◆ Use only washable toys and educational tools with diapered and/or drooling children. Provide equipment for each child group so that items are not shared between groups.
 - ◆ Hard-surfaced toys should be washed daily; stuffed toys should be washed weekly, more often when heavily soiled. Whenever possible, a toy that is mouthed should be washed before other children handle it.
 - ◆ Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.
 - ◆ Store each student's grooming items (combs, brushes, toothbrushes) separately.

APPENDIX B-3 (continued)

- ◆ In handling disposable diapers, at least once a day seal and discard the disposable plastic bag used to line the covered receptacle.
8. When laundry facilities are available at school, launder diapers, sheets, or other cloth items soiled in the school setting daily.
- ◆ Launder diapers or other items soaked with body fluids separately.
 - ◆ Presoak heavily soiled items.
 - ◆ Follow the manufacturer's directions on the label to determine the amount of detergent to be added.
 - ◆ If the material is bleachable, add $\frac{1}{2}$ cup of household bleach to the wash cycle.
 - ◆ If the material is not colorfast, add $\frac{1}{2}$ cup nonchlorine bleach (e.g., Clorox II, Borateam, etc.) to the wash cycle.
 - ◆ Use hot cycle on washer and dryer.
 - ◆ Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.
9. Establish a routine cleaning and disinfecting schedule.
- ◆ Clean protective floor pads, bolsters, wedges, and so forth after each nonambulatory student has been removed and at the end of each day.
 - ◆ Wash all toys with soap and water and rinse thoroughly as needed and at the end of each day.
 - ◆ Clean all equipment at the end of each day.
 - ◆ If a rug or carpet becomes soiled, clean it immediately according to procedures.
 - ◆ Clean changing surface, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.
 - ◆ Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.

APPENDIX B-4

STANDARD OPERATING PROCEDURE FOR CUSTODIAN/MAINTENANCE

Staff should always direct or help an individual involved with a blood/body fluid incident to care for him/herself with minimal contact to the staff member. However, there are situations when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. In most instances, the staff member should not be expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff should be called for cleanup.

When a staff member needs to intervene and implement “universal precautions,” they do so from an informed, voluntary response under the “Good Samaritan Act” and use of prudent public health protective procedure.

Some custodial maintenance staff will come under the BBP standard. For those individuals identified in the Exposure Control Plan, the following procedure should be established.

1. Gloves. Latex rubber or vinyl gloves must be worn when cleaning restrooms and for other activities where custodians may come in contact with blood/body fluids during regular or emergency cleaning tasks. Household rubber gloves can be used. However, they should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
2. Mop Water. Generally, mop water should be changed when the mop is not visible through the solution. Mop water must be changed after it is used to clean blood/body fluid spills. Dirty mop water should be carefully poured down the drain to prevent splashing or spilling on to clean areas. After use, mops should be soaked in a disinfectant solution for 20 minutes.
3. Restroom Cleaning. Floors, toilets, and sinks of all restrooms should be cleaned and disinfected daily with an EPA-approved disinfectant:
 - a. Toilet paper, paper towels, and dispenser soap should be restocked on a daily basis.
 - b. Busy restrooms should be checked throughout the day and restocked when necessary.
 - c. Overflowing toilets or blocked drains should be placed “out-of-service” until repaired and cleaned. These repairs should be given high priority.
 - d. A covered, leak resistant container should be easily accessible to dispose of sanitary napkins/tampons in all the female restrooms.

APPENDIX B-4 (continued)

4. Garbage and waste receptacle. All garbage cans and wastepaper baskets should have plastic liners and must be changed daily. Plastic liners should be tied as part of the removal and disposal process. Any plastic liner that contains nondripping or caked blood/body fluid waste should be double bagged and then discarded in the normal trash.
5. Disinfectant. Select an intermediate-level disinfectant which will kill vegetative bacteria, fungi, tubercle bacillus, and virus. Select an agent that is registered with the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in schools. Use all products according to the manufacturer's instructions. Agents should belong to one of the following classes of disinfectants:
 - a. Sodium hypochlorite (1:10 or 1:100 dilution of household bleach). This solution must be made fresh for each use. It is effective against HIV and Hepatitis B.
 - b. Ethyl or isopropyl alcohol (70-90%)
 - c. Quaternary ammonium germicidal detergent solution (2% aqueous solution)
 - d. Iodophor germicidal detergent (500 ppm available iodine)
 - e. Phenolic germicidal detergent solution (1% aqueous solution)
6. Clean and disinfect all soiled, washable surfaces (i.e., tables, chairs, floors) immediately, removing soil before applying a disinfectant.
 - a. Use paper towels or tissues to wipe up small soiled areas. After the spill is removed, use clean paper towels and soap and water to clean the area.
 - b. Apply a sanitary absorbent agent for larger soiled areas. After the spill is absorbed, sweep up material. Discard material in a sealable plastic bag.
 - c. Disinfect area with an EPA-approved disinfectant according to manufacturer's instructions.
7. Clean and disinfect soiled rugs, carpets, and upholstered furniture immediately.
 - a. Apply sanitary absorbent agent, let dry, and vacuum. Discard material in a sealable plastic bag.
 - b. Apply a sanitary shampoo with a brush or an extractor and revacuum. Discard material in a sealable plastic bag.
 - c. Spray with an EPA-approved disinfectant according to manufacturer's instructions.
8. Clean equipment and dispose of all disposable materials.
 - a. bag or sweep into a plastic bag, seal, and dispose of according to procedure.
 - b. Rinse broom and dustpan in disinfectant solution after removing debris.

APPENDIX B-4 *(continued)*

- c. Soak mop in disinfectant solution for a minimum of 20 minutes and rinse thoroughly.
 - d. Used disinfectant solution should be promptly poured down a drain.
9. The health office should be considered as a high priority for cleaning on a daily basis. These rooms must be cleaned and disinfected. Special attention should be given to all work surfaces. All trash should be double bagged and discarded each day. The health office may contain regulated medical waste that requires special handling. Refer to “Regulated Medical Waste Disposal” section.
 10. When responding to an incident resulting in a blood or body fluid spill, follow Standard Operating Procedure for Cleanup. Adherence to following all the steps in the cleanup procedure is critical for decreasing transmission of infectious diseases in the school environment.
 11. Follow frequent handwashing procedures throughout the day, especially after removing gloves.

REGULATED MEDICAL WASTE DISPOSAL

Under New York State law, some medical wastes have become regulated and, therefore, require special handling for their disposal. It is important for schools to understand how their activities may produce medical waste, both regulated and unregulated, so they can comply with these standards accordingly.

The Medical Waste Tracking Act defines medical waste as any solid waste which is generated in the diagnosis, treatment (i.e., provision of medical services), or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biological materials.

Unregulated medical waste is material that has come in contact with body fluids that can normally be disposed of in a sanitary sewer system and/or by a local waste hauler. Examples of unregulated medical waste are: disposable towels; gowns and paper sheeting; bloodstained bandages, gauze, and cotton; cotton swabs; and tongue depressors. For definition of medical waste, see Appendix N.

Regulated medical wastes applicable to schools are materials that belong in the following categories:

1. Items that are saturated and/or dripping with human blood or have been caked with dried human blood.
2. Sharps or needles, syringes, used blades, broken or unbroken glass and plastic ware.

APPENDIX B-4 (continued)

3. Any additional waste material that has come in contact with infectious material that the school believes may pose a risk.

The procedures for disposal of regulated medical wastes are as follows:

1. All sharps must be placed in a special, puncture-proof container. Mark clearly as “Infectious Medical Waste” or “Regulated Medical Waste.”
2. Place all other materials except sharps, such as materials saturated and dripping or dried and caked with human blood into a “Red Bag” and mark as “Regulated” or “Infectious Medical Waste.” The bag shall be impervious to moisture and have a strength sufficient to resist ripping, tearing, or bursting under normal conditions of usage and handling. The bags shall be secured so as to prevent leakage during storage, handling, or transport. Tag or mark with indelible ink the generator’s (school) name and address.
3. Both 1 and 2 are then placed into a secondary container (i.e., rigid cardboard box) for proper disposal. The box should then be labeled containing the following information:
 - ◆ School name
 - ◆ School address
 - ◆ Date shipped
 - ◆ Transporter’s name and permit number
 - ◆ Identification of contents as “Medical Waste”
4. Once materials are determined as “Infectious” or “Regulated Medical Waste,” the school cannot remove them from their containers. From this point the school is considered a generator of medical waste and must comply with proper disposal procedures.

Schools can avoid becoming a medical waste generator by the following means:

- a. If an accident occurs involving a large bleeding wound, local emergency services are generally called. In this case, the emergency or ambulance service can remove all blood-soaked material and dispose of these as per their procedure.
- b. If a student or school employee uses injectable equipment for self-treatment while at school, the individual may retain the needle/syringe for disposal in the home. **Caution:** Each case should be evaluated on an individual basis. Thus, the school avoids becoming a regulated medical waste generator. However, if

APPENDIX B-4 (continued)

the student or school employee requires assistance with injectable treatment; the equipment is considered regulated medical waste.

5. Before it is transported from the generator's facility, regulated medical waste contained in disposable containers shall be placed for storage or handling in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leakproof, have tight-fitting covers, and be kept clean and in good repair. The containers may be of any color and shall be conspicuously labeled with the word "Infectious" or the words "Regulated Medical Waste."
6. Each school building should then have a written agreement with the local hospital or licensed medical waste service agency about potentially hazardous regulated medical wastes they would need to transport for disposal.
7. The school should contact/discuss with the waste hauler and disposal site what medical waste will be transported to their site for disposal. If the school staff hauls the waste, they must have a written agreement with the disposal site (incinerator) (Regulated Medical Waste Generator Registration Form [Appendix O]).

Note: The hauler and landfill have the right to refuse any bloody materials (gauze, Band-Aid, etc.) and/or gloves.

8. Under state laws, regulated medical waste is managed depending upon the amount produced and shipped off site in each calendar month:
 - a. Less than 50 pounds per month: If your facility produces and ships off site for disposal less than 50 pounds of regulated medical waste in a calendar month (see Transporting Waste Section), your facility is a "small quantity operator." Each school building in a district is considered a generator. Therefore, each school building has the potential for being considered a small generator.
 - b. More than 50 pounds per month: If you are responsible for a hospital, professional practice, clinic, infirmary, laboratory, or other facility that produces and ships off site for disposal more than 50 pounds of regulated medical waste in a calendar month, your facility is a "large quantity generator" (probably will not be applicable to individual school buildings) and must follow rules as a medical waste handler.
 - c. If you are a small quantity generator but transport or offer for transport more than 50 pounds in any one shipment, you come under the regulation for a large quantity generator.

APPENDIX B-4 (continued)

- d. Whether your facility is a small or large quantity generator, if your regulated medical wastes are not disposed of in a state-licensed incinerator or in a sanitary sewer on-site, you are responsible for documenting the delivery of your regulated medical wastes to a licensed disposal facility.
 - e. School building sites may store regulated medical waste as long as they dispose of it to the accepting disposal site before waste is 50 pounds. However, if regulated medical waste has potential for becoming putrescible (spoiling), it must be refrigerated.
9. The required forms for disposal which must be filed annually and maintained for three (3) years are included (Appendix O).
 - ◆ Regulated Medical Waste Generator Registration Form
 - ◆ Medical Waste Tracking Form
 - ◆ Regulated Medical Waste Generator Annual Report
 10. Disposal of regulated medical waste requires appropriate labeling and packaging (Appendix P).

APPENDIX C-1

STATEMENT OF EMPLOYEE'S DECISION NOT TO RECEIVE HEPATITIS B VACCINATION

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.

Last Name First Middle

Social Security Number

Street Address City

County State Zip

Signature Date

Witness Date

APPENDIX C-2

STATEMENT OF EMPLOYEE'S DECISION TO RECEIVE HEPATITIS B VACCINATION

I have read and/or have had explained to me the information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge. I have had an opportunity to ask questions and all my questions have been answered to my satisfaction.

I understand that participation in this program is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts.

I believe that I have adequate knowledge upon which to base an informed consent.

The vaccination will consist of three (3) intramuscular doses of vaccine in the arm over a six-month period of time. There is no guarantee that I will not experience adverse side effects from the vaccine.

Last Name	First	Middle
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Social Security Number

Street Address	City
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County	State	Zip
--------	-------	-----

Signature	Date
-----------	------

Witness	Date
---------	------

APPENDIX D

HEPATITIS VACCINE

Immune Globulins: Formerly called *immune serum globulin, ISG, or gamma globulin*; contains antibodies against Hepatitis A.

Hepatitis B immune globulin (HBIG) contains antibodies against Hepatitis B. This is an effective vaccine for preventing infection and disease before or after exposure to hepatitis viruses. Hepatitis B vaccine is also indicated for immunization against infection caused by all known subtypes of Hepatitis B virus. HBIG preferably should be given within 24 hours of exposure and not more than seven (7) days after exposure for best short-term protection.

Hepatitis B Vaccine

1. Recombinant (Recombivax-HB Engerix B) is a vaccine developed by biochemical engineering using common bakers yeast and inactivated particles of the HBV antigen (virus). It does not contain any blood or blood products.

2. **Immunization Regime:**

Recommended immunization schedule consists of three doses given in the deltoid muscle of the upper arm at specified time intervals as follows:

- ◆ First dose: at elected date (or as soon as possible after exposure, preferably within 24 hours and not more than seven days after exposure)
- ◆ Second dose: one month later
- ◆ Third dose: six months after the first dose

It is imperative that all three doses be given in correct time sequence to induce maximum immune response providing long-term protective effects. Duration of protective effect is not specifically known at this time. At present, research has not defined the need for booster doses. Between 30-50% of persons who develop adequate antibody after three doses of vaccine will lose detectable antibody within seven years; however, protection from infection and disease appears to persist. Blood tests are available that detect the presence of antibodies.

3. **Side Effects/Adverse Reactions:**

Hepatitis vaccine is generally well tolerated. The most commonly reported reactions have been injection site soreness, redness, swelling, or warmth, usually subsiding within 48 hours. There have been occasional reports of fever, fatigue, headache, nausea, dizziness, myalgia, and rash. **Report any unusual reactions immediately to physician or health office. Use the emergency room for any serious reactions.**

APPENDIX E (Example)

MONROE #1 BOCES HEALTH AND SAFETY ANNUAL TRAINING LOG

On an annual basis each employee of the Monroe #1 BOCES is required to participate in both Right-to-Know and Bloodborne Pathogen Training. The notes below and the attached Annual Training log will be used to record employee participation.

NOTES:

1. This training log needs to be completed by each program on an annual basis
2. At the beginning of each school year all programs/departments will fill in the Employee Name and the Employee Title columns and use this working document to record employee attendance at the training sessions
3. New employees hired during the school year will receive this training at orientation and will Complete a document that will be used for recordkeeping purposes
4. Each November, January and March program supervisors or his/her designee should review this document to determine which staff have not completed the annual training
5. By March 15th of each year the program supervisors shall send to the Assistant to the District Superintendent a list of those staff members who have not participated.
6. The Assistant to the District Superintendent shall work with the GV BOCES Health, Safety, Risk Management Office to set up two or three sessions to accommodate those staff who have not yet participated
7. The Assistant to the Superintendent shall notify those staff who have yet to participate that this training will be conducted on the dates that are established in #6 above directing them that their attendance is mandatory.

APPENDIX E-1

**MONROE #1 BOCES
41 O'CONNOR ROAD
FAIRPORT, NEW YORK 14450
INITIAL HEALTH AND SAFETY TRAINING LOG**

NAME OF TRAINING: _____

NAME OF TRAINER: _____

DATE OF TRAINING: _____

EMPLOYEE NAME: _____

**EMPLOYEE ID # OR
SOCIAL SECURITY #:** _____

**PROGRAM/
BUILDING:** _____

POSITION: _____

APPENDIX E-2

**MONROE #1 BOCES
41 O'CONNOR ROAD
FAIRPORT, NEW YORK 14450
ANNUAL HEALTH AND SAFETY TRAINING LOG**

NAME OF TRAINING: _____

NAME OF TRAINER: _____

DATE OF TRAINING: _____

EMPLOYEE NAME: _____

**EMPLOYEE ID # OR
SOCIAL SECURITY #:** _____

**PROGRAM/
BUILDING:** _____
NAME OF TRAINING: _____

Employee Name	Employee Signature	Employee Title	Employee # or Social Security #
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Please note – the Assistant to the District Superintendent has an blank electronic excel spreadsheet that they will distribute to each program/department on an annual basis

APPENDIX F

DOCUMENTATION OF AN INCIDENT OF EXPOSURE

Documentation is extremely important as a follow-up to any blood/body fluid exposure incident. Having a written record of what occurred protects both the employee and the employer. It can also aid in identifying unsafe conditions and practices.

Documentation of a blood/body fluid exposure incident should include:

1. completion of "Blood/Body Fluids Incident Form."
2. the extent that appropriate work practices were followed and protective equipment was used.
3. the counseling the individual received concerning the potential for infection from the incident.
4. referral for medical evaluation by a health professional:
 - a. identifying and testing the source individual, if feasible and not prohibited by State or local law. In regard to HIV testing and associated elements adherence to the NYS Department of Health Confidentiality Law, Article 27 is critical.
 - b. testing the exposed employee's blood if he/she consents.
 - c. post-exposure prophylaxis.
 - d. counseling and evaluation of reported illnesses. The employer shall obtain and provide the employee with a copy of the health professional's written opinion within 15 days of the completion of the evaluation. The written opinion will indicate that the employee has been informed of the testing results, of any medical conditions, and recommendations for follow-up. All other findings or diagnoses shall remain CONFIDENTIAL and shall not be included in the written report.

In addition to these records, make an appropriate entry on Form DOSH (Federal OSHA DOSH 200) 900 (New York State Department of Labor) - Accident/Illness and Injury Log following all incidents of exposure. Documentation should be kept for the length of the individual's employment plus 30 years.

When this form is annually displayed, **DO NOT** post the names.

APPENDIX F (Example)

BLOOD AND BODY FLUIDS INCIDENT OF EXPOSURE FORM

Employee Name _____ Employee SS# _____

Home Address _____ Home Phone _____

School _____ School Code _____

Position _____ Supervisor/School Nurse

DESCRIPTION OF INCIDENT

A. Briefly describe what happened: _____ Date of incident: _____

(use back if necessary)

B. Complete the following section:

1. Wounds

- a. Did the incident involve a wound? yes no
b. Did the wound result in visible bleeding? yes no
c. Was the wound caused by: needle human bite other sharp instrument

(specify) _____
 other (specify) _____

- d. Was the object causing the wound covered with blood/body fluids? yes no

2. Blood/body fluid exposure to mucous membranes

- a. Did the individual's blood/body fluid come in contact with your body? yes no
b. What was the substance to which you were exposed?
 N/A: I was not exposed blood feces urine emesis (vomit)

sputum other fluid

- c. If the substance was anything other than blood, was there any blood visible in the fluid?
 N/A yes no unknown
d. What part of your body was exposed to the substance? (check all that apply)
 mouth eyes nose ears skin (specify location) none
 other (specify) _____

C. How long was your body part in contact with the substance? _____

1. If the exposure was to your skin, was your skin bruised in any way? yes no
2. What was the nature of your skin abrasion? acne dermatitis cracks due to dry skin
 unhealed cuts or scratches no skin abrasion other (specify) _____

D. Which of the following procedures were being used at the time of the incident? (check all that apply)
 cuts/open wounds covered with bandages mask (vinyl/latex) gloves pocket ventilator/ambu bag
 goggles/glasses other (specify) _____

E. First line intervention: After exposure, what did you do? washed hands/exposed area changed clothes
 flushed eyes/rinsed mouth showered other (specify) _____

F. The supervisor/school nurse was notified as followed: Date: _____
Time: _____

- G. Medical intervention: In the event of contact with blood and/or body fluid, it is suggested that you discuss with school nurse:
 - 1. HBV antibody or previous vaccination status for HBV
 - 2. the need for HBV/HIV antibody testing
 - 3. notifying your physician or health care provider of the exposure to blood or body fluids immediately; need for post exposure vaccination (HBV)
- H. Return this completed form to supervisor/school nurse.
- I. In case of incident or injury to the school nurse/health professional:
 - 1. Report incident to supervisor
 - 2. Complete form

_____	_____	_____
Signature of Employee	Date	Time
_____	_____	_____
Signature of Supervisor/School Nurse	Date	Time

Maintain for duration of employment plus 30 years.