



North Collins Central School District

# **EXPOSURE CONTROL PLAN**

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# EXPOSURE CONTROL PLAN (ECP)

## A. POLICY OVERVIEW

The North Collins CSD is committed to providing a safe and healthful work environment for staff and students. The purpose of the plan is to eliminate or minimize occupational exposure to Bloodborne Pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030. Employees who have the potential for occupational exposure to blood or other potentially infectious materials (OPIM) must follow the procedures and work practices outlined in this plan.

Employees may review this plan at any time during their work shifts. A copy will be provided, free of charge, to an employee within 15 days of a request.

The ECP is a key document to assist the North Collins CSD in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

1. [PROGRAM ADMINISTRATION](#)
2. [EXPOSURE DETERMINATION](#)
3. [EXPOSURE CONTROL METHODS AND PROCEDURES](#)
4. [HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP](#)

## B. PROGRAM ADMINISTRATION

1. The **Superintendent/Designee** is responsible for the implementation of the ECP. The **District Safety Committee/Infection Control Officer**, will maintain and update the written ECP whenever necessary to include new or modified tasks and procedures.
2. Employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.

## C. EXPOSURE DETERMINATION

1. Exposure determination involves tasks having a likelihood of occupational exposure to blood or other potentially infectious materials (OPIM) as determined without regard to use of personal protective equipment.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material resulting from the performance of an employee's duties. Excluded are incidental exposures that may take place on the job, are neither reasonable nor routinely expected and that the worker is not required to incur in the normal course of employment.

2. The superintendent or designee shall review positions and job titles to determine the likelihood of occupational exposure. The following employee exposure categories have been determined appropriate at this time, but it is further recognized that since this is a task oriented categorization and that any employee may perform tasks from a higher category the categorization is not intended to preclude an employee, based on the nature of their work, from being placed in a higher risk category.

**Category I:** The normal work routine involves procedures or other job-related tasks with an inherent potential for mucous membrane or skin contact with blood or body fluids:

- Nurses (including substitute nurses)
- Teachers and/or other staff involved in personal care-giving, i.e. toileting (including catheterization), tube or hand feeding, diabetic glucose monitoring, etc.
- Coaches (competitive, intermural and/or intramural)
- Custodial and/or Maintenance Staff
- Bus Drivers
- Secretaries/Teacher Aide (in buildings with students, who provide health office coverage)

**Category II:** The normal work routine involves no exposure to blood or body fluids, but employment may require performing unplanned Category I tasks:

- Physical Education Teachers
- Technology Teachers

**Category III:** The normal work routine involves no exposure to blood or body fluids, and Category I tasks are not a condition of employment:

- All remaining Teachers and Staff

## D. EXPOSURE CONTROL METHODS AND PROCEDURES

### 1. OBSERVE UNIVERSAL PRECAUTIONS

- Treat all human blood, body fluids and other infectious materials as if you know that they are contaminated.
- Wear appropriate Personal Protective Equipment to prevent skin or mucous membrane contact with blood, body fluids or other potentially infectious materials.
- Follow proper handwashing procedures. Wash other skin surfaces immediately and thoroughly if soiled with blood, body fluids or potentially infectious materials, and after gloves are removed.
- Handle all needles, scalpels, and sharp instruments carefully to prevent injuries.
- Use resuscitation or other ventilation devices to eliminate mouth-to-mouth contact during emergency resuscitation.
- If you have a draining sore, cut, lesion, or dermatitis avoid direct individual contact and avoid handling equipment through the use of PPE.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where a likelihood of occupational exposure exists.
- If pregnant, be especially familiar with procedures to minimize disease transmission and follow precautions at all times.
- Place infectious waste destined for disposal in the proper leak proof container or bag.
- Sharps, needles and scalpels will be disposed of in the proper container located in the health office in each building.
- Dispose of waste in accordance with applicable regulations and policies.

### 2. ENGINEERING CONTROLS TO ISOLATE OR REMOVE HAZARDS

- Examine engineering controls regularly.
- Contact maintenance supervisor if maintenance or replacement is necessary to ensure effectiveness.
- Thoroughly clean and disinfect equipment according to manufacturer's instructions.
- Regulated medical waste disposal: See [Appendix A](#).

### **3. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- a. PPE is provided and is required to be used.
- b. Use appropriate PPE to prevent skin and mucous membrane exposure when contact with blood or other body fluid is expected.
- c. Ask your supervisor which PPE to use or how to use it, if you are unsure.
- d. Clean, launder and/or dispose of PPE as necessary.
- e. Repair or replace PPE as needed to maintain effectiveness.
- f. Remove and replace damaged PPE as soon as safety permits.
- g. Remove all PPE as soon as you leave the work area, put PPE in a plastic bag, seal the bag, and put the bag in the designated area for storage, cleaning and disinfection, or disposal. Dispose of used PPE in a plastic lined trash receptacle.
- h. Protective gloves should be worn for touching blood, other potentially infectious materials, mucous membrane, non-intact skin, or when handling anything soiled with blood or other potentially infectious material.
  - 1. Non-latex gloves are available.
  - 2. Use gloves for personal care procedures involving contact with mucous membrane or body fluids.
  - 3. DO NOT wash, disinfect, or reuse single use latex or non-latex gloves.
- i. Single use non-latex gloves should be removed and replaced after contact with each individual and/or when visibly soiled, torn or punctured.
  - 1. Use general purpose utility gloves for housekeeping chores involving potential blood/body fluid contact and for cleaning and disinfection.
  - 2. Clean and disinfect utility gloves for reuse only if they are not cracked, peeling, discolored, torn, punctured or deteriorated.
- j. Wear a mask and goggles whenever blood or other potentially infectious materials may splash, spray or splatter in your eyes, nose or mouth.
- k. First Aid/Clean up kits are available in all classrooms. It is the employee's responsibility to go to the health office to replace any items used from the kit.
- l. Face masks, goggles, CPR masks, and red biohazard bags are available in each health office.
- m. First aid kits for coaching staff will include CPR masks.

### **4. STANDARD OPERATING PROCEDURES**

- a. Minimize splash, splatter and spray.
- b. WASH HANDS.  
Handwashing is the single most important procedure for preventing infectious disease transmission. The following procedures should be followed by all staff, and all students, at all times:
  - 1) Hands should be washed:
    - a) After using toilet.
    - b) Before meals, snacks, and meal preparation.
    - c) After contact with blood or other body fluids.
    - d) After handling soiled items - tissues, menstrual pads, diapers, etc.
    - e) After blowing nose.
    - f) After removing Personal Protective Equipment (PPE) or soiled clothing.
  - 2) Use soap and warm running water.
  - 3) Rub and scrub hands for at least 15 seconds to work up lather.
  - 4) Scrub knuckles, back of hands, nails and between fingers.
  - 5) Rinse hands under warm running water.
  - 6) Use paper towels to thoroughly dry hands.
  - 7) Turn water faucet off using paper towel.
  - 8) Discard paper towels in appropriate waste receptacle for disposal.
- c. Handling sharps:
  - 1) Handle needles, scalpels, and other sharp instruments carefully to prevent needle sticks, cuts or tears to PPE.
  - 2) Do not re-cap, bend, break, or manipulate used needles or other sharp instruments.
  - 3) Do not remove used needles from disposable syringes.
  - 4) Dispose of syringes, needles, scalpel blades and other sharp items in sharps containers located in each school health office.

- 5) If you receive a needle stick or other injury involving a sharp instrument, contact the school nurse office immediately.
- d. Blood/body fluid spill clean-up materials are available in each building.
- e. Place infectious wastes destined for disposal in proper containers and bags.
  - 1) Wear PPE when you handle any infectious waste.
  - 2) Wear PPE when you handle any container or bag which has infectious waste or you suspect may contain infectious materials.
  - 3) Place bag or container with infectious waste in the designated location in each district building.
- f. In the event that a large blood or body fluid spill occurs, red plastic bags are available in all health offices. Red bags will be transported to an approved disposal site. If possible blood and body fluids should be removed by attending ambulance personnel at the time of the incident.
- g. General and job specific Global Compliance Network (GCN) training is available to all staff at the beginning of each school year.

## 5. GENERAL CLEANING

- a. Cleaning schedules and methods vary by type of surface and the amount and type of soil present. Walls, floors and other similar surfaces are not associated with transmission of infections. Cleaning will be done routinely, but extraordinary attempts to disinfect or sterilize these surfaces are not necessary. Tables, hard surfaced flooring, walls, blinds, and curtains will be cleaned regularly, and when soiling or spills occur.
- b. Removal of microorganisms by scrubbing is as important as any antimicrobial effect of the cleaning agent used. Disinfectant-detergent formulations registered by EPA can be used for cleaning environmental surfaces. When using commercially available EPA registered agents follow manufacturer's instructions.
- c. EPA registered household bleach (sodium hypochlorite 5.25%) at a 1:10 dilution can be used for disinfection if prepared daily.
- d. Custodial and maintenance staff do not use bleach for routine disinfection. Several other EPA approved disinfectants are available.
- e. Protective Measures:
  - 1) Wear PPE when you handle any infectious material.
  - 2) Wear PPE if you suspect that a container or bag may contain blood, body fluids, potentially infectious materials, or contaminated items.
  - 3) Clean and disinfect all equipment and work surfaces immediately after a spill of blood or other infectious material.
  - 4) Clean up spills as soon as possible with detergent and water.
  - 5) If you find a needle, syringe, or scalpel:
    - a) DO NOT TOUCH IT!
    - b) Contact main office, school nurse or maintenance office.
    - c) A designated staff member, wearing appropriate PPE, will retrieve it and place it in a sharps container.
  - 6) Place infectious wastes destined for disposal in closable, leak-proof containers and bags as provided.
  - 7) Infectious waste shall be disposed of in accordance with applicable federal, state and local regulations (See [Appendix A - Medical Waste Disposal](#)).

## E. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP

- 1. Hepatitis B vaccination shall be made available at no cost to all employees with potential and/or actual occupational exposure ([Refer to Category I list](#)).
  - a. At the time of initial employment and at least annually thereafter, employees will be provided information concerning Hepatitis A and B (GCN Training).
  - b. When Category 1 employees are offered the Hepatitis B vaccination, they may decline to receive the vaccine at that time. They may decide to receive the vaccine at a later date or after an exposure incident.

- c. Category 1 employees must sign the Hepatitis B Vaccination Consent/Waiver Form. The form must be completed whether or not the employee receives or declines the vaccination. The signed form will be kept in the District office.
2. Post-exposure follow-up will be made available to all employees with an occupational exposure incident.
    - a. Post-exposure follow-up will be provided at the District's Medical Director's office. Contact should be made within 2 hours of exposure. The school nurse may assist with the initial Health Department contact if desired. Follow-up appointments and procedures will be the responsibility of the employee.
    - b. If the healthcare provider recommends the Hepatitis B (HBV) vaccination, it will be provided within 2 hours after the exposure, if the employee sought treatment within that time period.
    - c. Upon report of an exposure incident a confidential medical evaluation and follow-up shall be made available to the affected employee as required by the OSHA Bloodborne Pathogens Standard. A statement of medical follow-up will be placed in the personnel folder post-exposure.
    - d. Medical evaluations and procedures shall be performed by or under the supervision of a licensed physician and laboratory tests shall be conducted by a certified laboratory.
    - e. Evaluations, procedures, vaccinations and post exposure management are provided at a reasonable time and place according to standard medical practice recommendations.
    - f. The evaluating physician shall be provided with a copy of the OSHA Bloodborne Pathogens Standard ([29 CFR 1910.1030](#)) and its appendices and a description of the employee's duties as they relate to the employee's occupational exposure.
    - g. The evaluating physician's written opinion will be obtained by the district within 15 days of the completion of the evaluation and shall be limited to the following:
      - 1) Physician's recommendation of the employee's ability to receive the vaccine.
      - 2) A statement that the employee has been informed of the results of the medical evaluation and has been told about any medical conditions resulting from exposure which require further evaluation or treatment.
      - 3) All records and findings remain confidential.
  3. Maintenance of medical records ([See Section G](#))

## F. EMPLOYEE TRAINING AND EDUCATION

1. All employees are required to participate in an exposure control training program. Training shall be provided at the time of initial employment and at least annually thereafter (Global Compliance Network training).
2. Training programs shall be coordinated by the Superintendent/Designee.
3. The training program shall include but not be limited to:
  - a. North Collins Central School District's Exposure Control Program.
  - b. The epidemiology and symptoms of HBV and HIV.
  - c. The modes of transmission of HBV and HIV.
  - d. The use and limitations of universal precautions, engineering controls, standard operating procedures, and personal protective equipment.
  - e. HBV vaccination including efficacy, safety, and benefits.
  - f. Procedures to follow if an exposure incident occurs, reporting the incident, and available medical follow-up.
  - g. Signs, labels and tags identifying potentially infectious materials.
  - h. Confidentiality.
  - i. Responsibility for substitute staff, parent volunteers, and student teachers.
4. The ECP is available to contract service providers at [www.northcollins.com](http://www.northcollins.com).

## G. RECORD KEEPING

1. Medical Records shall be maintained for each employee covered under this Infection Control Plan, and shall include:
  - a. Employee's name.
  - b. Employee's Hepatitis B Vaccination Record including:
    - 1) Medical records relative to employee's ability to receive the vaccine.

- 2) Circumstances of an exposure incident (see [Appendix C – Exposure Incident Report](#)).
  - 3) Employer's copy of the signed HBV consent form.
- c. Copy of all results of a physician's examination, medical testing, and follow-up procedures as they relate to employee's ability to receive the vaccination or to post-exposure evaluation following an exposure incident. Complete Employee Exposure Follow-Up Record (see [Appendix D – Employee Exposure Follow-Up Record](#)).
2. A copy of [OSHA standard 29 CFR 1910.1030](#) Blood Borne Pathogens shall be maintained by the district in the Health Office.
3. Medical records shall be confidential and shall not be disclosed or reported to any person within or outside the workplace except as required by this section or as may be required by law.
4. Exposure incident records shall be maintained by the District Office for at least the duration of employment plus 30 years in accordance with [29 CFR 1910.1020](#).
5. Training Records:
  - a. Training records shall include:
    - 1) Dates of training sessions.
    - 2) Contents or a summary of training sessions.
    - 3) Names of persons conducting training.
    - 4) Names of all persons attending training.
  - b. Training records shall be maintained for five (5) years.
  - c. Training records shall be kept and maintained by the District Office.
6. Employee medical and training records shall be provided upon (written) request for examination and copying to the employee, or to anyone having written consent of the employee, from the Superintendent's office in accordance with [29 CFR 1910.1020](#).



## APPENDIX A – REGULATED MEDICAL WASTE DISPOSAL

Under New York State law, some medical wastes have become regulated and therefore require special handling for their disposal.

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 biologicals.

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, blood-stained bandages, gauze, and cotton, cotton swabs and tongue depressors.

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.
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 that is clearly labelled as “Infectious Medical Waste”, “Regulated Medical Waste”, “Biohazardous”, etc.
2. 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. Each case should be evaluated on an individual basis. Thus the school avoids becoming a regulated medical waste generator. However, if the student or school employee requires assistance with injectable treatment, the equipment is considered regulated medical waste.
3. Sharps containers will be transported to an appropriate facility for proper disposal at the end of each school year, or more often if the container is full. Containers may only be transported by the designated district employee transporter(s).
4. In the event of a major blood or body fluid spill, place all materials (except sharps) that are saturated and dripping, or dried and caked with human blood into a Red Bag and label as “Infectious Medical Waste.” The bag must 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. The red bag will be removed from the school by the ambulance service and transported to an appropriate facility for proper disposal.

## APPENDIX B – REGULATED MEDICAL WASTE DEFINITIONS

Medical waste covered under New York State and federal regulations are as follows:

Cultures and Stocks: cultures and stocks of infectious agents and associated biologicals including: cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate and mix cultures.

Pathological Waste: human pathological wastes including tissues, organs, body parts, and body fluids that are removed during surgery or autopsy, or other medical procedures and specimens of body fluids and their containers.

Human Blood and Blood Products: liquid waste human blood; products of human blood; items saturated and/or dripping with human blood, or items that were saturated and/or dripping with human blood that are now caked with dried human blood, including serum, plasma and other blood components, and their containers, which were used or intended for use in either patient care, testing and laboratory analysis or the development of pharmaceuticals. Intravenous bags are also included in this category.

Sharps: sharps that have been used in animal or human patient care or treatment or in medical, research, or industrial laboratories, including hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, scalpel blades, blood vials, needles with attached tubing and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.

Animal Waste: contaminated animal carcasses, body parts and bedding of animals that were known to have been exposed to infectious agents during research (including research in veterinary hospitals), production of biologicals, or testing of pharmaceuticals.

Contract Waste: wastes from surgery or autopsy that were in contact with infectious agents, including soiled dressings, sponges, drapes, lavage tubes, drainage sets, underpads and surgical gloves.

Laboratory Waste: laboratory wastes from medical, pathological, pharmaceutical or other research, commercial, or industrial laboratories that were in contact with infectious agents, including slides and cover slips, disposable gloves, laboratory coats and aprons.

## APPENDIX C – EXPOSURE INCIDENT REPORT

EXPOSURE INCIDENT REPORT – PAGE 1 OF 2 (ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT) <i>Please Print</i>				
Date Completed				
Employee's Name		S.S.#		
Home Phone		Business Phone		
DOB		Job Title		
Employee Vaccination Status				
Date of Exposure	Time of Exposure	A.M.	P.M.	
Location of Incident (Home, Street, Clinic, Etc.)-Be Specific:				
Nature of Incident (Auto Accident, Trauma, Medical Emergency) -Be Specific:				
Describe what task(s) you were performing when the exposure occurred -Be Specific:				
Were you wearing Personal Protective Equipment (PPE)?	YES		NO	
Did the PPE Fail?	YES		NO	
If YES, Explain how:				
Were you using Engineering Controls?	YES		NO	
Did the Engineering Controls fail?	YES		NO	
If YES, Explain how:				
What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific:				

## EXPOSURE INCIDENT REPORT – PAGE 2 OF 2

What part of your body became exposed? Be specific:

Estimate the size of the area of your body that was exposed:

For how long?

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?

Yes

No

If Yes, what was the object?

Where did it penetrate your body?

Was any fluid injected into your body?

Yes

No

If Yes, what fluid?

How much?

Did you receive medical attention?

Yes

No

If Yes, where?

When?

By Whom?

Identification of Source Individual(s)

Name(s)

Did you treat the patient directly?

Yes

No

If yes, what treatment did you provide - Be Specific:

Other pertinent information:

## APPENDIX D – EMPLOYEE EXPOSURE FOLLOW-UP RECORD

<i>CONFIDENTIAL</i>	
EMPLOYEE EXPOSURE FOLLOW-UP RECORD	
Employee's Name:	Job Title:
Occurrence Date:	Reported Date:
Occurrence Time:	

### SOURCE INDIVIDUAL FOLLOW-UP:

Request Made To:	
Date:	Time:
Sampling completed or refused	Date

### EMPLOYEE FOLLOW-UP:

Employee's Health File Reviewed By:	Date	
Information given on source individual's blood test results.	Yes	Not Obtained
Referred to healthcare professional with required information:		
Name of healthcare professional:		
By Whom:	Date:	
Blood Sampling/Testing Offered:		
By Whom:	Date:	
Vaccination Offered/Recommended:		
By Whom:	Date:	
Counseling Offered:		
By Whom:	Date:	
Employee Advised of need for further evaluation of medical condition:		
By Whom:	Date:	