

Personnel - Certified/Non-Certified

Occupational Exposure to Blood-borne Pathogens

The CREC Council is committed to promoting a safe and healthy work environment for its employees. The Council recognizes that certain employees have a potential for occupational exposure to blood or other potentially infectious materials. Therefore, employees within the district will comply with the OSHA Blood-borne Pathogens Standard, 29 CFR 1910-103. The most recent CREC Exposure Control Plan will be followed to ensure compliance with the standard.

Legal Reference: 29 CFR Part 1910.1030 *Occupational Exposure to Bloodborne Pathogens*;
Final Rule.

Connecticut State Agencies Regulations Section 31-372-101-1910.1030.

Connecticut General Statutes 31-372 Adoption of federal and state standards.
Variance.

Policy adopted: October 30, 1992
Policy readopted: September 17, 2003
Policy revised: June 15, 2016

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In accordance with CREC policy and the OSHA Blood-borne Pathogens Standard, 29 CFR 1910.1030, an Exposure Control Plan has been developed. This plan will be revised on an as-needed basis and reviewed each June at the close of the school year.

Exposure Control Plan

1. Exposure Determination

- a. The following tasks are reasonably anticipated to involve exposure to blood, body fluids or other potentially infectious materials:
 - Assisting students with personal care and hygiene tasks such as toileting, changing diapers, teeth brushing and feeding.
 - Providing nursing services.
 - Doing backup first aid and CPR when nurses are not available.
 - Working with students who are chronic biters.
 - Working with students who are known carriers of Hepatitis B.
 - Cleaning up and disposing of blood, body fluids or other potentially infectious materials.

- b. The following job positions in CREC are reasonably anticipated to involve exposure to blood, body fluids or other potentially infectious substances in the performance of their duties:
 - 1) Job classification where all are at risk:
 - a) nurses
 - b) designated first aid providers
 - 2) Job classifications where some are at risk:
 - a) administrators who perform any of the tasks anticipated to involve exposure.
 - b) teachers who perform any of the tasks anticipated to involve exposure.
 - c) clinicians/therapists who perform any of the tasks anticipated to involve exposure.

- d) behavior analysts who perform any of the tasks anticipated to involve exposure.
- e) child care workers who perform any of the tasks anticipated to involve exposure.
- f) paraprofessionals who perform any of the tasks anticipated to involve exposure.
- g) non-certified professionals and support staff who perform any of the tasks anticipated to involve exposure.
- h) custodians who perform any of the tasks anticipated to involve exposure.

CREC employees who are occupationally exposed to blood or other potentially infectious materials will be directed to follow the Guidelines for Handling Body Fluids in CREC Programs. The guidelines are located in the CREC Compliance Policy and Procedures Manual, and a copy will be attached to this policy, which will be available in every CREC program with occupationally exposed employees.

As required by the guidelines, personal protection from potentially infectious diseases will be insured by the provision of disposable gloves for occupationally exposed employees handling body fluids.

2. Training of Employees

CREC employees who are occupationally at risk will receive a training program which will include:

- An accessible copy of the OSHA Regulations and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of blood-borne diseases.
- An explanation of the modes of transmission of blood-borne pathogens.
- An explanation of CREC's Exposure Control Plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccine including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, that the vaccination will be offered free of charge and that employees who decline initially may request a free vaccination at a later date.

- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 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 CREC is required to provide following an exposure incident.
- An explanation of the signs and labels and/or color coding required for biohazard materials and disposal of regulated medical waste.
- Information on Universal Precautions and Guidelines for Handling Body Fluids in CREC Programs.

Summer school employees occupationally at risk will receive the above training in June/July and returning employees will receive it in late August or early September. New employees will receive initial training at the time of their assignment to tasks where occupational exposure may occur. Infection control refresher training will be done as needed but at least annually.

Written training records will be maintained for a period of three years after the date on which the training occurs. These records will include:

- The dates of the training sessions.
- Contents or summary of training conducted.
- Names and qualifications of persons conducting the training.
- Names and job titles of all persons attending the training sessions.

Training records will be kept in the program where the training occurs and a copy will be sent to the Director of Program Services who will maintain a central file of CREC training activities.

3. Immunizations

All occupationally exposed employees will be offered immunizations against the Hepatitis B Virus (HBV) within 10 working days of their initial assignment. Employees may refuse immunizations or may submit proof of previous immunization. When employees decline, they must sign the refusal form mandated by this standard (see attached). However, employees who initially refuse may later receive immunizations upon request, and at no cost to the employee.

4. Post Exposure Evaluation and Follow-up

Employees will immediately report a possible exposure incident to the school nurse where available or to the in-charge administrator and will make out an incident report. The nurse or administrator will contact the school medical advisor or the Assistant Director of Health Services to determine if an incident has occurred.

When an incident is confirmed, CREC will arrange for a confidential medical evaluation and follow-up including:

- a. Documentation of the route of exposure and the circumstances related to the incident.
- b. Identification and documentation of the source individual if feasible.
 - 1). Source individual's blood will be tested as soon as feasible after consent is obtained, for HIV/HBV/HCV infectivity, unless source is a known carrier.
 - 2). Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.
- c. Blood Collection
 - 1). The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - 2). If the employee consents to collection but does not give consent for HIV serological testing, the sample shall be preserved for at least 90 days. If within the 90 days, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
- d. Post exposure prophylaxis, when medically indicated, as recommended by the employee physician.
- e. Appropriate counseling concerning precautions to take during the period after the exposure incident.
- f. Information for the employee on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

5. Information for Health Care Professionals

CREC will insure that the health care professional evaluating an employee after an exposure incident is provided the following information:

- A copy of the regulations.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.

- All medical records relevant to the appropriate treatment of the employee, including vaccination status which is CREC's responsibility to maintain.

6. Health Care Professional's Written Opinion

Written reports will be requested when an employee goes for Hepatitis B vaccination or following an exposure incident. If the latter occurs, CREC will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. Written opinion will be limited to:

- Is Hepatitis B vaccine indicated and has it been given to the employee?
- Has the employee been informed of the results of the evaluation?
- Has the employee been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment?

All other findings or diagnosis shall remain confidential and shall not be included in the written report.

7. Medical Records

The CREC Personnel Department will establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.20. This record will include:

- The name and social security number of the employee.
- Hepatitis B Vaccine Declination.
- A copy of the employee's Hepatitis B vaccination status including the dates of all of the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing and follow-up procedures required by these guidelines.
- The employer's copy of the health care professional's written opinion as required by these guidelines.
- A copy of the information provided to the health care professional as required in these guidelines.

8. Confidentiality

CREC will ensure that the above medical records are:

- Kept confidential.
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this standard or as may be required by law.
- Kept separate from the personnel record.
- Provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee or to OSHA designees.
- Maintained for at least the duration of employment plus 30 years.

9. Guidelines

The following procedures/precautions should be used routinely throughout CREC to minimize the risks to transmission of communicable diseases. These guidelines provide simple and effective precautions for all persons, including pregnant women, potentially exposed to the body fluids and/or blood of any student. They will be updated as new information/recommendations is/are available from the State Department of Health.

Definition of "Body Fluids"

"Body fluids" apply to drainage from scrapes and cuts, feces, urine, semen, vomitus, saliva and drainage from any orifice or skin surface (i.e., nose, ears, skin surface).

Standard Procedure for Handling Body Fluids and/or Blood In School

Principle 1: Direct skin contact with body fluids and/or blood of others should be avoided when possible.

Procedures:

- a. Gloves should be worn routinely when direct hand contact with blood is anticipated; and can be worn when direct hand contact with body fluids is anticipated: treating bloody noses, changing diapers, handling clothes soiled by incontinence or vomit, cleaning small spills by hand, etc.
- b. Gloves and other materials used for this purpose should be put in a plastic bag or lined trash can. Plastic bags should be changed daily and disposed of routinely. Double-bagging can be used when leaking or indicated (known high-risk contamination).

- c. Gloves should be kept in all areas of high-risk, e.g., health room, maintenance areas, and any classroom where risk of contact with body fluids and/or blood is particularly high.
- d. Students should be taught to handle their own "body fluids" as appropriate (age, state of health, etc.). When feasible, students should dispose of their own Kleenex after blowing nose, apply pressure to nose and dispose of Kleenex/paper towels used for bloody nose, wash own scrapes/cuts, etc.
- e. Students and staff should be taught good hand washing techniques and encouraged to use it routinely before eating, after toileting, after vomiting, etc.
- f. Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds. Thorough drying of hands after washing is necessary.

Principle 2: When direct skin contact or contamination of materials occurs from unanticipated skin contact with body fluids and/or blood (helping a child in the bathroom, applying pressure to a bloody nose, unexpected vomiting, etc.), proper cleaning techniques should be followed.

Procedures:

- a. Hands and other affected skin areas of exposed persons should be washed routinely with soap and water as described above after contact. Liquid soap or dry soap chips/powder dispensed from a wall dispenser is preferable to bar soap, especially bar soap which sits in a pool of water. It is recommended that medicated soap be placed in dispensers at all stations where hand washing occurs.
- b. Clothing items that are soaked with body fluids and/or blood should be removed, placed in a plastic bag and sent home for laundering. Items laundered for school use, or in school, should be washed separately from other clothes with laundry soap in a hot water cycle (160 degrees F) before re-use. One half-cup (minimum) household bleach added to the wash cycle is recommended if the material is colorfast. If material is not colorfast, add ½ cup non-clorox bleach (e.g., Clorox II or Borateem) to wash cycle.
- c. Contaminated disposable items (tissues, paper towels, diapers) should be handled as with disposable gloves.

Principle 3: Spilled body fluids and/or blood should be removed from the environment by proper cleaning techniques.

Procedures:

- a. Disinfectants: An intermediate level disinfectant should be used to clean surfaces

contaminated with body fluids and/or blood. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection, Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

CREC follows regulations found in The Green Cleaning law Public Act No. 09-81: AN ACT CONCERNING GREEN CLEANING PRODUCTS IN SCHOOLS

- b. **Disinfection of Hard Surfaces and Care of Equipment:** After removing the soil, a disinfectant is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dust pans, buckets) should be rinsed thoroughly in the disinfectant. The disinfectant solution should be disposed of promptly down a drain pipe. Remove gloves and discard in appropriate receptacles.
- c. **Disinfection of Rugs:** Apply sanitary absorbent agent (ZGOOP, Parsen Mfg. Co., Philadelphia, PA); let dry and vacuum. If necessary, mechanically remove with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum or sweep. Dispose of non-re-usable cleaning equipment as noted above (i.e., gloves, paper towels, etc.). The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.
- d. Maintenance responsibilities should include daily cleaning with bleach/disinfectant of all areas of high risk for contact with body fluids, such as the health room, health room toilet(s), sink(s), student and staff lavatories, etc. Plastic bags in wastebaskets should also be changed daily and disposed of routinely. Disposable gloves should be worn by maintenance staff if skin contact is anticipated.

*Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.

Principle 4: The clothing of persons at high risk for frequent contact with body fluids should be washable and laundered on a daily basis.

Principle 5: Regulated waste

Sharps containers should be available in every nurse's office. Any used needles should be placed in these containers. The containers should be marked with biohazard symbols and disposed of as medical waste.

Regulation adopted: March 16, 2016

CAPITOL REGION EDUCATION COUNCIL
Hartford, Connecticut

Transmission Concerns in the School Setting

Body Fluid and/or Blood Source of Infectious Agents

Body Fluid-Source	Organism of Concern	Transmission Concern
Blood - cuts/abrasions -HIV/AIDS - nosebleeds - menses - contaminated needle	Hepatitis B virus, Hepatitis C virus, through cuts and abrasions Cytomegalovirus	Blood stream inoculation on hands Direct blood inoculation
Feces - incontinence	Salmonella bacteria Shigella bacteria Rotovirus Hepatitis A virus Giardia	Oral inoculation from contaminated hands
Urine - incontinence	Cytomegalovirus	Bloodstream and oral inoculation From contaminated hands
Respiratory Secretions - saliva - nasal discharge	Mononucleosis virus Common cold virus Influenza virus	Oral inoculation From contaminated hands
*Vomit	Gastrointestinal Viruses (e.g., Norwalk agent Rotovirus)	Oral inoculation From contaminated hands
Semen	Hepatitis B virus HIV/AIDS Gonorrhea	Sexual contact (intercourse)