



North Salem Central School District  
EXPOSURE CONTROL PLAN

## Table of Contents

Policy	4
Program Administration:	4
Exposure Determinations	5
Engineering and Work Practice Controls	5
Universal Precautions	5
Hand Washing	6
Food and Drink	6
Personal Protective Equipment	6
Gloves	6
Sharps/Bio hazardous Waste	7
Housekeeping	7
Post Exposure Evaluation	8
EXPOSED EMPLOYEE	8
NURSE	8
SUPERVISOR	8
Vaccination Program	9
Employee Training	9
Record Keeping	9
Medical Records	9
Training Records	10
Availability of Records	10
Appendix I-Definitions	11
Appendix II - At Risk Individuals	13
Appendix III - Consent Waiver Form Hepatitis B Vaccine	14
Appendix IV – Exposure Incident Report	15
Appendix V – Source Individual Documentation	17
Appendix VI – Request For Source Individual Evaluation	18
APPENDIX VII- Employee Exposure Follow Up Record	19

Appendix VIII – Regulated Medical Waste

20

Appendix IX –Reportable Communicable Diseases

21

## Policy

The North Salem Central School District is committed to providing a safe and healthy work environment for all our students and staff. High levels of occupational exposure to bloodborne pathogens are not normally expected in school settings. In implementing this policy, each school/department shall comply, in a prudent manner, with all occupational safety and health regulations. Each school/department will institute programs to comply with the Occupational Exposure to Bloodborne Pathogens Rule (29 CFR 1910.1030). School Nurses are required to report certain diseases to the health department under Section 10 NYCRR 2.12 (see appendix IX). This policy will be monitored and revised as needed by the District's Safety Committee.

## Program Administration:

The **Director of Facilities, Buildings, Grounds and Transportation (Infection Control Officer)** shall act as the **Exposure Control Officer** for the North Salem Central School District. It will be his/her responsibility to:

- Ensure the review of the Exposure Control Plan on an annual basis to determine its appropriateness to the specific tasks that are performed within the district
- Respond to and supervise the cleanup of large spills of blood, body fluids or any quantity of regulated medical waste
- Assist in the investigation of exposure incidents
- Provide technical assistance in the purchase and use of PPE
- Dispose of regulated medical waste
- Provide written housekeeping protocols and will ensure that effective disinfectants are purchased and available
- Complete all appropriate paperwork for the disposal of regulated medical waste

The **Director Facilities, Buildings, Grounds and Transportation** in collaboration with the **Director of Instruction and Human Resources** will:

- Coordinate and provide training to employees
- Maintain training, and documentation, and provide the written Exposure Control Plan upon request
- Coordinate counseling for employees involved in an exposure incident

The **Director of Facilities, Buildings, Grounds and Transportation** in collaboration with the **Director of Pupil Personnel Services**

- Supervise and coordinate the HBV Vaccination program
- Investigate and completely document all exposure incidents that require follow-up and/or post exposure prophylaxis/treatment
- Budget for and provide all necessary personal protective equipment (PPE), engineering controls (sharps containers), labels, red bags, and Hepatitis B vaccine

The **Principal** of each school

- Ensure that adequate supplies of PPE, and other engineering controls, labels, red bags, and Hepatitis B vaccine are available. Requests for supplies will be made to the **Director of Facilities, Buildings and Grounds and Transportation**.

The **Employee** will:

- Attend all required training sessions
- Comply with the Regulations and Exposure Control Plan
- Properly use personal protective equipment
- Make certain that all contaminated materials that are regulated medical waste are disposed of in proper containers

## Exposure Determinations

The North Salem Central School District has made the following exposure determinations.

Job classifications in which **all employees** have occupational exposure:

- School Nurses
- Faculty and Staff who are involved in assisting students with personal hygiene
- Custodians
- Coaches

Job classifications in which **some employees** have occupational exposure:

- Teachers, teachers' aides/assistants
- Professional and Administrative staff members

- maintenance mechanics and bus drivers

Tasks and procedures in which occupational exposure occurs:

- Cleaning up spills of contaminated body fluids
- Caring for the personal hygiene of students
- Administering of first aid

## Engineering and Work Practice Controls

### Universal Precautions

Universal Precautions is an approach to infection control, in which all human blood and body fluids, except sweat, are treated as if they are in fact contaminated with blood borne pathogens. Potentially infectious materials include blood, all body fluids except sweat, non-intact skin, and mucous membranes. Universal precautions refer to the use of barriers or protective measures when dealing with blood or other potentially infectious materials.

### Hand Washing

All persons who may have exposure are to wash their hands by using a proper technique immediately or as soon as possible after contact with blood or other infectious material or after removing gloves. Hand washing facilities are located throughout the various district buildings. Whenever possible, warm running water and soap are to be used for a minimum of 20 seconds, if there are no hand washing facilities available, the use of waterless antiseptic such as Purell may be used. Hands should still be washed as soon as feasible.

### Food and Drink

Eating, drinking, applying cosmetics, lip balm or handling contact lenses should not be allowed in areas, such as nurses' offices, where there may be an increased risk of exposure to blood or other potentially infectious materials. Employees are encouraged to wash hands thoroughly before performing any of these actions.

### Personal Protective Equipment

When there is occupational exposure, this school district shall provide, at no cost to the employee, and make readily available appropriate personal protective equipment such as: gloves, laboratory coats, masks and eye protection, and mouthpieces. Hypoallergenic versions of products will be made available to employees who have allergies to such things as latex and powders.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The district shall clean, launder, repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

The employee is responsible to remove a garment as soon as feasible if it is penetrated by blood or other potentially infectious materials.

The employee shall remove all personal protective equipment prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

### Gloves

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for reuse.

Failure on the part of an employee to use the provided personal protective equipment except as outlined above will result in disciplinary actions as outlined by the District's policies and procedures.

### Sharps/Bio hazardous Waste

The determination of whether materials are regulated medical waste shall only be determined by a North Salem School District Nurse.

All designated medical waste will be segregated and picked up for disposal by a licensed Bio hazardous Waste Disposal Contractor.

Sharps will be put into appropriate sharps containers immediately or as soon as feasible after use. Sharps containers will be located in each school nurses' office and will conform to NYS 29 CFR 1910.1030.

### Housekeeping

**Nurses** and are required to comply with the following:

- Contaminated work surfaces shall be decontaminated with appropriate disinfectant after completion of procedures
- All equipment and working surfaces shall be cleaned and disinfected after contact with blood or other infectious materials
- Broken glassware shall not be picked up directly with the hands; it shall be cleaned up using a broom and dust pan or tongs
- All sharps shall be handled and disposed in the sharps containers purchased for this task. The containers shall meet regulatory mandates

**Custodial and Maintenance Staff** shall take the following precautions when cleaning up areas that can contain blood or potentially infectious materials:

- Careful procedures for cleanup and decontamination must be followed
- All employees performing cleanup and decontamination **SHALL** wear all appropriate personal protective equipment
- Soak up the blood/body fluid with appropriate materials (i.e. paper towels, absorbents etc.)
- Thoroughly clean the area with soap and water

- Disinfect the area with a District supplied disinfectant – follow instructions as to appropriate leave time
- Place all materials in a plastic bag
- Remove all personal protective equipment using proper techniques to avoid spread of contamination and dispose of disposable item and decontaminate reusable items
- Seal and dispose of plastic bag in accordance with appropriate regulations
- Wash thoroughly with soap and water using proper hand washing techniques

*For large spills of blood/body fluids the infection control officer should be contacted for guidance and all personnel should be kept out of the area.*

Disinfectants are to be of the following types:

- Bleach- 1 part bleach to 9 parts water- this solution needs to be freshly prepared to be effective.
- Isopropyl alcohol (70%)

## Post Exposure Evaluation

### EXPOSED EMPLOYEE

- Notify a nurse’s office immediately:

Rita Driscoll	669-5414 ext 2017	Middle School/High School
Danielle Zaetz	669-5414 ext 2017	Middle School/High School
Donna Demeo	669-5317 ext 3043	Pequenakonck
Danielle Zaetz	669-5317 ext 3043	Pequenakonck

- Fill out Exposure Incident Report (Appendix IV of this plan)

### NURSE

- Provide employee with an Exposure Incident Report Form. Check for completeness
- Report incident to the Infection Control Officer, Director of Building, Grounds, and Transportation, Gary Green 669-5414 ext. 1037

### INFECTION CONTROL OFFICER

- Prepare the cover letter for transmittal to hospital or doctor treating the source individual
- Complete Documentation and Identification of Source Individual Form (Appendix V of this plan)
- Arrange for employee to be seen by a physician immediately by contacting the Director of Pupil Personnel Services and informing the Director of Instruction and Human Resources
- Complete Employee Exposure Follow-Up Record (Appendix VII of this plan)

## Vaccination Program

The North Salem Central School District will make available, at no cost, Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The North Salem Central School District will also provide, at no cost, post exposure evaluation and follow up to all employees who may have had an exposure incident.

All vaccination and medical evaluation procedures will meet all requirements set forth in the regulation.

Vaccination will be made available to exposed employees after they have received the required training and within 10 working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons. Antibody testing will not be conducted by North Salem Central School District as a screening process prior to Hepatitis B vaccination unless medically indicated. Participation in a prescreening program is not a prerequisite for receiving Hepatitis B vaccination.

If an employee exercises his right to decline Hepatitis B vaccination, he/she must sign a waiver to that effect. See the form in Appendix III of this document.

## Employee Training

All employees that are covered by this standard shall partake in the Global Compliance Network (GCN) on-line training session dealing with the hazards associated with and the methods of protection available from the occupational exposure to bloodborne pathogens. The training contains the following items:

- Epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- Use and limitations of engineering controls, work practices, and personal protective equipment
- PPE - selection and use
- 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
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- After reviewing the GCN compliance video, please direct any questions to the Director of Instruction and Human Resources
- North Salem's Exposure Control Plan is posted on the District's website under the employee resources section

## Record Keeping

### Medical Records

North Salem Central School District will establish and maintain accurate medical records for each **exposed** employee in accordance with 29 CFR 1910.1020 and requirements as set forth in 29 CFR 1910.1030.

Confidential medical records are kept for all employees with occupational exposure for at least 30 years after the person leaves employment. They include:

- Employee's name and employee identification number
- Hepatitis B vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine and signed declination form, where applicable)
- All information given to the evaluating health care professional in the event of an exposure incident
- A copy of the evaluator's written opinion

### Training Records

Training records must be retained for a minimum of 3 years from date of training and should contain the information listed below:

Dates of training sessions

- Contents or a summary of training session
- Names and qualifications of trainer(s)
- Names and job titles of persons attending the training sessions.

### Availability of Records

North Salem Central School District will make all records required under this regulation available, upon request, to the Assistant Secretary of Labor for Occupational Safety and Health and the Director of NIOSH or their representatives for examination and copying. All other records will be made available to the proper individuals and representatives as provided by this regulation, a copy of which is attached to this plan as Appendix "R".

Written permission from the employee is required for access to medical records.

**Medical records** are kept in the personnel office of the Administration Building.

**Training records** are recorded electronically by the Director of Instruction and Human Resources.

## Appendix I-Definitions

1. **Blood** human blood, human blood components, and products made from human blood.
2. **Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
3. **Clinical Laboratory** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
4. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
5. **Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
6. **Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
7. **Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
8. **Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
9. **Exposure Incident** means a specific eye, mouth, other mucous membrane, nonimpact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
10. **Hand washing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
11. **Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post exposure Evaluation and Follow-up.
12. **HBV** means hepatitis B virus.
13. **HIV** means human immunodeficiency virus.
14. **Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
15. **The following qualify as Other Potentially Infectious Materials:**
16. Human body fluids including: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
17. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
18. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

19. **Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
20. **Personal Protective Equipment** means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
21. **Regulated Waste** means liquid or semi liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
22. **Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
23. **Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
24. **Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
25. **Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

## Appendix II - At Risk Individuals

Listed below are those employees who are considered at risk for exposure to blood borne pathogens

- School Nurses
- Faculty and Staff who are involved in assisting students with personal hygiene
- Coaches
- Custodians

## Appendix III - Consent Waiver Form Hepatitis B Vaccine

### CONSENT/WAIVER FORM FOR HEPATITIS B VACCINATION

I understand the benefits and risks of a hepatitis B vaccination.

I understand that I must receive at least 3 intramuscular doses of vaccine in the arm over a 6-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

Hepatitis B vaccine will be made available at no charge to employees having blood exposure.

I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent.

I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts. In addition, I can withdraw from the vaccination regime at any time.

	I grant permission for to administer the three (3) doses of hepatitis B vaccine.
	I decline to be immunized at this time. In the event of an accidental exposure, I will report the incident immediately to the Health Office and consult with my health care provider regarding post-exposure prophylaxis.
DATE	Signature
Certification	I certify that I have explained the reasonable risks and benefits of hepatitis B vaccine to  in a manner which permits the patient to make a knowledgeable decision.
DATE	Signature

## Appendix IV – Exposure Incident Report

(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

*Please Print*

Date Completed			
Employee's Name		Job Title	DOB_
Home Phone		Business Phone	
Employee Vaccination Status			
Date of Exposure	Time of Exposure	AM	PM_
Location of Incident (Home, Street, Clinic, etc.-Be Specific):			
Nature of Incident (Auto Accident, Trauma, or 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
If yes, List			
Did the PPE Fail?		YES	NO
If yes, explain how:			

What Body Fluid(s) Were You Exposed To (Blood or Other Potentially Infectious Material)? Be Specific:		
What Parts 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 V – Source Individual Documentation

*CONFIDENTIAL*

### DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of Exposed Employee \_\_\_\_\_

Contact: District Medical Provider:

#### INCIDENT INFORMATION

Date:	Name/Medical Record Number of the Individual Who is the Source of the Exposure:
-------	---

#### NATURE OF THE INCIDENT

	Contaminated Needle stick Injury
	Blood or Body fluid Splash onto Mucus Membrane or Non-Intact Skin
	Other (specify)

#### REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart Reviewed By		Date:
Source Individual Unknown-Researched By		Date:
Testing Source Individual's Blood	Consent Obtained	Refused
CHECK ONE		
	Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.	
	Evaluation of the source individual reflected no known exposure to Bloodborne Pathogens.	
	Evaluation of the source individual reflected possible exposure to Bloodborne Pathogens and medical follow-up is recommended.	
Person completing report:		Date:

**Report the results of the source individual's blood tests to the District's medical provider, Dr. Barsh who will inform the exposed employee. Do not report blood test findings to the school district, or the employer.**

**HIV-related information cannot be released without the written consent of the source individual.**

## Appendix VI – Request For Source Individual Evaluation

Attach a copy of Appendix V and deliver to appropriate person at Hospital Emergency Room.)

Copy the letter below onto District Letterhead

Dear (Emergency Room Medical Director, Infection Control Practitioner):

One of our employees was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event, please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is a “Documentation and identification of source individual” form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medial provider.

The evaluation form has been developed to provide confidentiality assurance for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that the disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

## APPENDIX VII- Employee Exposure Follow Up Record

**CONFIDENTIAL**

### EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Employee's Name		Job Title	
Occurrence Date	Occurrence Time		Reported Date

### SOURCE INDIVIDUAL FOLLOW-UP:

Request Made to	
Date	Time

### 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	

## Appendix VIII – Regulated Medical Waste

The determination of whether materials are regulated medical waste shall only be made by a School District Nurse.

ALL DESIGNATED MEDICAL WASTE WILL BE TRANSPORTED FOR DISPOSAL BY AUTHORIZED DISTRICT EMPLOYEES TO:

Contact the Director of Facilities at 669-5414 ext 1037 to arrange for disposal.

NYS DEC Licenses waste disposal contractors. Call NYSDEC @ 256-3000.

## Appendix IX –Reportable Communicable Diseases

See attached from the NYS Department of Health

Contact Information:

**Putnam County Health Department**

**Communicable Disease Nurse**

**One Geneva Road**

**Brewster NY 10509**

***845-808-1390*** to report a public health emergency, communicable disease, and/or animal bite

To obtain reporting forms (DOH-389), call (518) 474-0548.

**Westchester County Health Department**

**Communicable Disease Nurse**

**145 Huguenot St.,**

**New Rochelle, N.Y. 10801**

***914 813-5159***