

**DIOCESE OF ALLENTOWN
BLOODBORNE PATHOGEN AND INFECTIOUS DISEASE
EXPOSURE CONTROL PLAN POLICY**

The Schools of the Diocese of Allentown are committed to providing a safe and healthful work environment for all school employees. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood borne Pathogens."

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

- * Determination of employee exposure
- * Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- * Hepatitis B vaccination
- * Post-exposure evaluation and follow-up
- * Communication of hazards to employees and training
- * Recordkeeping
- * Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

* The Principal of each diocesan school is responsible for the implementation of the ECP. Each Principal will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact location/phone number: _____

* Those employees who may have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

_____ will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The _____ will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Contact location/phone number: _____

* The Principal of each diocesan school is responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

Contact location/phone number: _____

* The Principal of each diocesan school is responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Contact location/phone number: _____

EMPLOYEE EXPOSURE DETERMINATION

Some teachers, administrative personnel, coaches, and maintenance staff may have risk of exposure to blood borne pathogens. Part-time, temporary, contract and per diem employees are covered by the standard.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time by contacting the school Principal. If requested, a copy of the ECP will be provided to an employee at no charge and within 15 days of the request.

The Principal of each diocesan school is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Best practices will be used to prevent or minimize exposure to blood borne pathogens. In a school setting, sharps containers, labels, and red bags will be provided as required for safe disposal of contaminated items. Administrative policies will be reviewed annually to identify and eliminate any additional potential exposures.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided annually by Diocesan Employees trained in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: gloves, goggles, masks, zip lock bags and a bleach solution or commercial disinfecting agent. PPE is located (List location:)_____ and may be obtained by contacting the

All employees using PPE must observe the following precautions:

- * Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- * Remove PPE after it becomes contaminated, and before leaving the work area.
- * Used PPE may be disposed of in _____. (List appropriate containers or storage, laundering, decontamination, or disposal)
- * Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as barrier is compromised.
- * Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- * Never wash or decontaminate disposable gloves for reuse.
- * Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- * Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Procedure for handling used PPE

Gloves and face masks must be disposed of in accordance with OSHA guidelines. Contaminated equipment must be placed in a closeable leak-proof bag or container. If there is a significant amount of fluid or other contaminants, a labeled and/or color-coded bag or container must be used.

Plastic eye protection may be decontaminated with proper chemical disinfectant.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at _____ (must be easily accessible and as close as feasible to the immediate area where sharps are used).

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry

The following laundering requirements must be met:

- * handle contaminated laundry as little as possible, with minimal agitation
- * place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.

Use (red bags or bags marked with biohazard symbol) for this purpose.

- * wear the following PPE when handling and/or sorting contaminated laundry:
 - a. Gloves
 - b. Eye protection
 - c. Protective outerwear (based on suspected contaminant)

Labels

will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the

blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

The Principal of each diocesan school will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training to any employee who requests it.

Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series,
- 2) antibody testing reveals that the employee is immune, or
- 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the

_____ cian if not covered under the diocesan plan, in which case the invoice should be presented to the school for payment/reimbursement.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An immediately available confidential medical evaluation and follow-up will be

Compensation List of Designated Health Care Providers.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- * Document the routes of exposure and how the exposure occurred.
- * Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- * Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- * If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- * Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- * After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- * If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

care professional
evaluating an employee after an exposure incident receives the following:

- * a description of the employee's job duties relevant to the exposure incident
- * route(s) of exposure
- * circumstances of exposure
- * if possible, results of the source individual's blood test

* relevant employee medical records, including vaccination status
The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

will review the circumstances of all exposure incidents to determine:

- * engineering controls in use at the time
- * work practices followed
- * a description of the device being used (including type and brand)
- * protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- * location of the incident (O.R., E.R., patient room, etc.)
- * procedure being performed when the incident occurred

will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to appropriate changes are made to this ECP.

EMPLOYEE TRAINING

All employees who may have occupational exposure to bloodborne pathogens will receive training conducted by Diocesan Employees who have received training through

Community College.

The training program covers, at a minimum, the following elements:

- * a copy and explanation of the standard
- * an explanation of our ECP and how to obtain a copy
- * an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- * an explanation of the use and limitations of engineering controls, work practices, and PPE
- * an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- * an explanation of the basis for PPE selection
- * information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- * information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM

- * an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- * information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- * an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- * an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for diocesan schools is available at the Temporal Affairs Office.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** file.

Training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

authorized representative within fifteen (15) working days. Such requests should be addressed to the School Principal.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical

medical records. These **confidential**

at least the **duration of employment plus 30 years**. Employee medical records are provided upon request of the employee or to anyone having written consent of the
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OSHA Recordkeeping

Requirements (29 CFR 1904). Please contact the Diocese of AI Department regarding this.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION

I understand that due to my possible 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.

Signed: _____

Print Name _____

Date: _____