
8.15 Bloodborne Pathogen Exposure Control Plan

Purpose

The purpose of this exposure control plan is to minimize employee occupational exposure to blood and body fluids and to recommend appropriate follow-up procedures.

Scope

Covers all employees who could “reasonably anticipate” coming in contact with blood/bodily fluids as a result of performing their duties.

Definitions

Bloodborne pathogens are microorganisms in the blood or other body fluids that can cause illness and disease in people. These microorganisms can be transmitted through contact with blood/body fluids of infected people. Body fluids include:

- Blood
- Semen/vaginal fluids
- Amnionic fluid (fluid around the unborn baby)
- Pericardial fluid (fluid around the heart)
- Peritoneal fluid (fluid around the abdomen)
- Synovial fluid (fluid in the joints)
- Cerebrospinal fluid (fluid surrounding the brain and spinal cord)
- Breast milk – has been shown to transmit only HIV
- Saliva – is known to transmit only hepatitis B
- Any body fluid with visible blood

Route of Entry is the path by which a bloodborne virus may enter the human body via:

1. Open cuts or skin abrasions/scrapes
2. mucous membrane
3. sexual contact
4. Indirect transmission (a person touches dried or caked blood and then touches the eyes, mouth, nose or open cut) (HBV only)
5. Sharps

Sharps are a restricted waste and must not be disposed of in regular garbage, but must be put into a sharps container. The term includes those instruments used to puncture, cut, or scrape body parts and that, as waste, can cause punctures or cuts to solid waste handlers or the public. The sharps definition includes, but is not limited to, the following items:

- needles
- syringes
- IV tubing with needles attached
- lancets
- scalpel blades
- glass pasteur pipettes
- razor blades
- other sharp, metal lab waste
- broken glass

Universal precautions (a.k.a Routine Practices) is the term used to describe a prevention strategy in which all blood/body fluids are considered and treated as infectious.

Exposure Control Plan

To limit occupational exposure to blood and/or blood products, an exposure plan includes the following:

1. Engineering and Work Practice Controls

Universal precautions will be observed by all employees of the Tri County Regional School Board in order to prevent contact with blood or other potentially infectious materials. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall be utilized in situations where exposure may occur.

Engineering and work practice controls will be utilized to eliminate or minimize

exposure to all employees and students.

1. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident.
2. Employees must wash their hands immediately after removal of gloves or other personal protective equipment. Non-latex gloves will be provided to those who experience latex allergies. Employees shall familiarize themselves with the nearest hand washing facilities in the building.
3. Gloves shall be removed to prevent skin contact with contaminated areas. The procedure is as follows:
 - 1) Grasp the cuff of one glove.
 - 2) Pull the cuff towards the fingers, turning the glove inside out.
 - 3) As the glove comes off, hold it in the palm of the other hand.
 - 4) Slide your fingers under the cuff of the other glove.
 - 5) Pull the cuff towards the fingers over the first glove.
 - 6) Wash hands with soap and running water as soon as possible. Lather with soap for 10-15 seconds and use paper towel to shut off taps.
4. Employees who encounter improperly disposed of needles shall notify the Principal and the teacher immediately of the location of the needle(s). Needles shall be disposed of in labeled sharps containers. A sharps container is available at the nearest drug store.
5. Needles should never be re-capped.
6. Needles and syringes may only be disposed of by using a mechanical device or tool (forceps, pliers, broom or dust pan).
7. Breaking or shearing of needles is prohibited.
8. Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

9. No eating, drinking, or handling contact lenses are allowed in a work area where there is a reasonable likelihood of occupational exposure.

2. Housekeeping

1. All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials with disposable toweling before applying a disinfectant. The disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
2. Wipe area with water soaked paper towel. Do not splash. Dispose of paper towel in regular garbage and dispose.
3. Wash hands thoroughly after glove removal.
4. Equipment, which may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before further servicing or use.
5. Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
6. Known or suspected contaminated sharps shall be discarded immediately in a sharps container.
7. When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, or transport.
8. Use appropriate personal protective equipment (PPE)

3. Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

All First Aid kits shall contain gloves and disposable face shields and be inventoried

according to the Nova Scotia First Aid regulation N.S. Reg. 104/2001.

All personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use. The duration of the time for which the protective equipment will be used must also be considered.

Employees must:

1. Utilize protective equipment in occupational exposure situations.
2. Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as possible.
3. Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.
4. Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
5. Remove all personal protective equipment before leaving the workplace.
6. Wash hands following glove removal.

Post-Exposure Evaluation and Follow-Up

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported immediately to their supervisor.

Following a report of the exposure incident, the exposed employee shall go to their family doctor or to Outpatients, as soon as possible, for a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure
2. A description of the circumstances under which the exposure occurred.

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3. The identification and documentation of the source individual.
 4. The collection and testing of the source and exposed individuals blood for HBV, HCV and HIV serological status.
 5. Evaluation of any reported illness by the attending physician.

Modes of Transmission

In most work or laboratory situations, transmission is most likely to occur because of accidental puncture from contaminated needles, broken glass, or other sharps; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. Anytime there is blood-to-blood contact with infected blood or body fluids, there is a potential for transmission.

Unbroken skin forms an impervious barrier against bloodborne pathogens. However, blood can enter your skin through:

- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin

Bloodborne pathogens may also be transmitted through mucous membranes of the

- Eyes
- Nose
- Mouth

Hepatitis B Vaccines

Employees who have routine exposure to blood/body fluids shall see their family physician to obtain the Hepatitis B vaccine.