



Brevard Public Schools:

Bloodborne Pathogens, Hazard Exposure Control, and Biomedical Waste Plan

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| Facility Name: | |
| Date of Preparation: | |

1. Purpose Statement: It is the policy of the Brevard County School Board (BCSB) to provide safe environments for it’s employees. This document sets forth the requirements necessary to minimize exposure to bloodborne pathogens, and to protect employees from the threat of disease from such exposures.

2. Exposure Determination: The exposure determination procedure used by BCSB to identify which employees may incur occupational exposure to blood or other potentially infectious materials has been made without regard for use of Personal Protective Equipment (PPE). In other words, employees are considered to be exposed even if they wear PPE. School staff job descriptions and responsibilities/tasks determine who are at risk of occupational exposure.

| Job Description: | Responsibilities / Tasks: |
|------------------|---------------------------|
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3. Implementation Methodology & Schedules: Regulations require that this plan include schedules and methods of implementing the various requirements of the *OSHA Bloodborne Pathogens Standard*. The following paragraphs comply with these regulations.

4. Universal Precautions: Universal Precautions will be observed at this facility in order to prevent contact with blood, or other potentially infectious materials. “*Universal Precautions*” means all blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

5. Hand Washing / Water Flushing: Hand washing facilities are available, and readily accessible to employees who incur exposure to blood or other potentially infectious materials. At this facility hand washing facilities are located as follows:

| Building # | Room # | Functional Space Description |
|------------|--------|------------------------------|
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In the event that hand washing facilities are not available, antiseptic cleansers and clean cloth / paper towels or antiseptic towelettes are provided as an alternative. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. At this facility, alternatives to hand washing facilities are located at:

| Building # | Room # | Functional Space Description |
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The availability of these alternatives to hand washing facilities will be verified and maintained on a regular schedule. The schedule for verification and maintenance is WEEKLY. The person responsible for verification and maintenance of the hand washing alternatives at this facility is:

| Name | Job Description |
|------|-----------------|
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After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately, or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water as appropriate as soon as feasible.

6. Needles / Other Sharps: Contaminated needles will not be bent, recapped, removed, sheared, or purposely broken.

ALL contaminated sharps (hypodermic needles, broken glass, etc...) are to be placed immediately into a Florida Department of Health (FDOH) approved appropriate sharps container at the point of origin. At this facility the sharps containers are puncture resistant, labeled, and leak proof.

Sharps containers will be labeled or color coded in accordance with applicable regulations.

Any broken glassware that may be contaminated WILL NOT be picked up directly with the hands. The following procedure will be used: A FOX TAIL BRUSH AND DUST PAN.

Sharps containers at this facility are placed in the following location(s):

| Building # | Room # | Functional Space Description |
|------------|--------|------------------------------|
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7. Work Area Restrictions: In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are NOT to eat, drink, apply cosmetics or lip balm, or handle contact lenses. Food and beverages are NOT to be kept in freezers, refrigerators, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

8. Contaminated Equipment: Equipment that has become contaminated with blood or other potentially infectious materials shall be decontaminated prior to reuse. Decontamination procedures are posted, and materials for decontamination are stored in the following locations at this facility:

| Building # | Room # | Functional Space Description |
|------------|--------|------------------------------|
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The availability of these materials will be reviewed for replenishment on a regular schedule. The schedule for this review is WEEKLY. The person responsible for review at this facility is:

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| Name: | Job Description: |
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9. Personal Protective Equipment (PPE): All PPE used at this facility will be provided from the school operating budget. PPE will be chosen based on all the anticipated exposure to blood, or other potentially infectious materials. The PPE 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 other mucous membranes under normal conditions of use, and for the duration of time that the PPE will be used.

The following PPE (if checked) will be available at this facility:

| | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Face Shield |
| <input type="checkbox"/> | Gloves (Disposable) |
| <input type="checkbox"/> | Gloves (Utility) |
| <input type="checkbox"/> | Protective Eye Wear (Goggles) |
| <input type="checkbox"/> | Lab Coat |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

PPE shall be worn where it is reasonably anticipated that employees will have contact with blood, other potentially Infectious materials, non-contact skin, and mucous membranes. PPE in this campus / facility is available in the following location(s):

| Building # | Room # | Functional Space Description |
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The availability of PPE at this facility will be assessed, and additional stocks provided on a regular schedule. The schedule for assessment and stock replenishment is WEEKLY. The person responsible for PPE inventory assessment and re-stocking at this facility is:

| Name: | Job Description: |
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Disposable gloves at this facility are NOT to be washed or decontaminated for reuse. ALL contaminated disposable gloves or other PPE must be placed into a FDOH approved container, and transported from the school/site within 30 day by a licensed biomedical waste transport company. Utility gloves can be washed and reused if they are not cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised. Masks, in combination with eye protection devices such as goggles or glasses with solid side shield, or chin length face shield are required to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably be anticipated. Situations at this facility that would require such protection are as follows:

10. Decontamination Procedures: Manual Decontamination, with the use of PPE, will be accomplished by using the following means and methods:

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All contaminated work surfaces will be decontaminated after completion of procedures immediately, or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if surfaces may have become contaminated since the last cleaning. All bins, pails, cans, and similar receptacles SHALL be inspected and decontaminated on a regularly scheduled basis. The schedule for inspection and decontamination is WEEKLY. The person responsible for such inspection and decontamination at this facility is:

| Name: | Job Description: |
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11. Regulated Waste Disposal: All contaminated PPE will be cleaned or disposed of at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees. All PPE will be removed BEFORE leaving the proximate work area. ALL contaminated sharps (to include broken glass) shall be discarded at the point of origin, by use of FDOH approved sharps containers kept at the following locations:

| Building # | Room # | Functional Space Description: |
|------------|--------|-------------------------------|
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Regulated waste other than sharps, including all contaminated disposable PPE, shall be placed in FDOH approved red bag containers, kept at the following locations:

| Building # | Room # | Functional Space Description: |
|------------|--------|-------------------------------|
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12. Hepatitis B Vaccine: All employees who have been identified as having exposure to blood, or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential or occupational exposure to blood or other potentially infectious materials unless they have previously had the vaccine, or they wish to submit to antibody testing that shows the employee to have sufficient immunity. Employees who decline the hepatitis vaccine will sign a waiver that uses the wording in Appendix A of the OSHA standard. Employees who initially decline the vaccine, but who later wish to have it while still covered under the standard may then have the vaccine at no cost.

The school's site-based administrator responsible for assuring the vaccine is offered, and the waivers signed at this facility is:

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| Name: | Job Description: |
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Vaccine will be administered by a licensed health care provider, usually the Florida Department of Health unit designated for the school facility.



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13. Post-Exposure Evaluation and Follow-Up: The school’s site-based administrator responsible for maintaining records of exposure is:

| Name: | Job Description: |
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When an employee incurs an exposure incident, it should be reported to the person specified above.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with OSHA standard. The follow-up will include the following

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infections.
- Results of the testing of the source individual will be made available to the exposed employee, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infection of the source individual.
- The employee will be offered the option of having his/her blood collected for testing of the employee’s HIV/HBV serological status. The blood sample will be preserved up to ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However; if the employee decides before that time that testing will or will not be conducted, then the appropriate action can be taken, and the blood sample discarded.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period of the exposure incident.

The following school site-based administrator(s) has/have been designated to assure that the policy outlined herein is effectively carried out, as well as to maintain records related to this policy:

| Name: | Job Description: |
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14. Interaction with Health Care Professionals: A written opinion shall be obtained from the public health care professional who evaluates employees of this facility. Written opinions will be obtained in the following circumstances:

- When the employee obtains Hepatitis B vaccine.
- Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- Whether the Hepatitis B vaccine is indicated, and if the employee has received the vaccine, or evaluation following an incident.
- The employee has been informed of the results of the evaluation.
- That the employee has been told about any medical conditions resulting from exposure to blood, or other potentially infectious materials. NOTE: the written opinion of the employer is not to reference any personal medical information). Medical records shall be maintained for thirty (30) years.

15. Training: Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur. Training for employees will include an explanation of the following:

- The OSHA standard for Bloodborne Pathogens & the State Requirements for handling Biomedical Waste.
- Epidemiology and symptomology of bloodborne disease.
- Modes of transmission of bloodborne pathogens.
- The Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc...
- Procedures that might cause exposure to blood or other potentially infectious materials at this school / facility.
- Control methods to be used at this school / facility to control exposure to blood or other potentially infectious materials. This includes proper containerizing, labeling, and storage of biomedical waste.
- PPE available at this facility, and who should be notified concerning exposure to blood or other potentially infectious materials.
- Post-exposure evaluation and follow-up.
- Signs and labels used at this facility.
- Hepatitis B Vaccine program at this facility

Training will be conducted using videotapes, written materials, district trainers and resource personnel as required.

The school's site-based administrator responsible for conducting training at this facility is:

| Name | Job Description |
|------|-----------------|
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The outline for the training material is located at:

| Building # | Room # | Functional Space Description |
|------------|--------|------------------------------|
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16. Biomedical Waste Containerizing, Transport, & Disposal Service: Insert the name and ID # of the registered business providing this service.

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|----------------------------------|----------------|
| Company / Service Provider Name: | Registration # |
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It is the school/site employees' responsibility as well as any/all contracted school nurses / employees for proper containerizing of biomedical waste as required by Florida Administrative Rule 64E-16 (Biomedical Waste) administered by FDOH. DO NOT compact biomedical waste over twenty two (22) pounds per cubic foot. Additionally, make sure that the biomedical waste remains secure, and restricted from direct access by the general public.

17. Cardio-Pulmonary Resuscitation & First Aid: List the employees with this certification and responsibility.

| Name | Job Title |
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18. AED Device Inspections: List the name of the person(s) responsible for performing a weekly service inspection of Automated External Defibrillator (AED) Devices.

| Name | Job Title |
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19: AED Location Listing: List the location (Building, Room #, and Function Space description) for all AED Devices.

| Building/Room # | Function Space Description |
|-----------------|----------------------------|
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20. Record Keeping: The school’s site-based administrator is responsible for maintaining ALL site specific records required by the OSHA standard and the FDOH (i.e. Control Plan, Training Affidavits, Waste Shipment / Disposal Records). This includes the prior two (2) school years, in addition to the current set of records. (**CURRENT YEAR TO BE KEPT AS A HARD COPY. PRIOR YEARS TO BE RETAINED IN DIGITAL FORMAT!**)

21. Reference: For assistance or questions, please contact:

Brevard Public Schools Environmental Health & Safety Department

Rockledge Maintenance Compound
1254 S. Florida Avenue
Rockledge, FL 32955
Telephone: 321-633-3580 x 13012

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| | |
| Prepared By: (Name & Title) | Date: |