EXPOSURE CONTROL PLAN (ECP) For Weld RE-4 School District

WHAT TO DO IF YOU ARE EXPOSED TO BLOOD-BORNE PATHOGENS

Weld RE-4 School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to address Blood-Borne Pathogen Exposures in accordance with OSHA standard 29 CFR 1910.1030, Occupational Exposure to Blood-borne Pathogens.

A copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e). The Exposure Control Plan will be made available with the annual required Universal Precautions Training and a copy will be located in the Employee Services Department and with the Early Childhood Specialist.

Employee Exposure Determination

In the Weld RE-4 School District, classroom teachers, health aides, paraprofessionals, custodians, bus drivers, nutritional staff, registered nurses, and some other school officials provide first aid care as a collateral duty.

The following tasks and procedures may result in occupational exposure of blood-borne pathogens when performed by the designated first aid providers.

- Providing pressure to a wound to stop bleeding, cleaning or bandaging a wound
- Transporting or otherwise assisting an employee who has an open wound or who is bleeding
- Cleaning up spills of blood or other potentially infectious materials (OPIM) which are present
- Administering artificial respiration or CPR
- Skin puncture due to a human bite

STANDARD PRECAUTIONS is an approach to infection control in which ALL human blood and certain human body fluids are treated as if known to be infectious for blood-borne pathogens. All employees will utilize Standard Precautions.

EXPOSURE INCIDENT means a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

Post-Exposure Evaluation and Follow-up.

Weld RE-4 School District’s employees will immediately report any Exposure Incidents to the Employee Services Department. Employee Services will file an incident report with the District Workman’s Compensation Provider, and the exposed employee will be referred to a Designated Healthcare Provider for post-exposure follow up. Employee Services will be responsible for following through on the workman’s compensation claim, overseeing any work restrictions necessary for the exposed employee, and following through with any requests/needs of the Healthcare Provider.

Post-Exposure follow-up with a Healthcare Provider will be made available to all employees who have had an exposure incident. All medical evaluations and procedures; the hepatitis B vaccine and vaccination series; and post-exposure evaluation and follow-up, including prophylaxis, will be made available to the employee through the District Workman’s Compensation Provider.

The Healthcare Provider will offer the Hepatitis B Vaccination following an incident in which an employee was exposed to blood or fluids. The Healthcare Provider will communicate to the employee 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.

After an Exposure Incident, Post-Exposure Prophylaxis may be prescribed by the Healthcare Provider - when medically indicated - as recommended by the U.S Public Health Service. Additionally, baseline blood collection
will be performed after employee consent, counseling provided, and evaluation of reported illnesses.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The staff member who has an Exposure Incident will complete an Exposure Reporting Form - documenting the circumstances surrounding that incident including:

- An evaluation of policies being followed and "failure of controls" at the time of the exposure incident.
- Information as to whether personal protective equipment was readily available and/or used at the time of exposure incident.

The Health Services Department will review the circumstances of all Exposure Incidents in collaboration with the Department Director and RN Consultant as appropriate, to determine:

- Engineering controls in use at the time
- Work practices followed
- Description of the device being used
- Protective equipment used at the time of the exposure incident
- Location of the incident
- What was occurring at the time the incident occurred
- Employee’s training

References:
OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030

Revised 8/2019. If revisions of the ECP are necessary, the Employee Services Department - in collaboration with the Nurse Consultant - will ensure that appropriate changes are made.
Exposure Incident Reporting Form

Employee Name: ________________________  Job Title: ________________________________
Supervisor: ____________________________  Phone number: ____________________________
School: ________________________________  Date and Time of exposure: ____________________

Location of incident (ie: Room Number, Cafeteria, etc): ______________________________________

Describe the Exposure Incident (Were you wearing personal protective equipment such as gloves? What type of infectious material were you exposed to and what were the circumstances of the exposure?):

____________________________________________________________________________________

____________________________________________________________________________________

Actions Taken (Clean-up, Reporting, etc.): ________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Recommendations for Avoiding Repetition: ________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signatures

Report Completed by: ________________________  Date: ______________
Supervisor: ________________________________  Date: ______________
Health Services Staff: ________________________  Date: ______________