OSHA Bloodborne Pathogens Exposure Control Plan (ECP)

For Maggie L. Walker Governor's School, Effective Date August 2026

Plan Administrator: Alisa Shapiro, School Nurse

Review Date: Annually or whenever necessary to reflect on new or modified tasks/procedures

This Exposure Control Plan (ECP) is established in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030. It is designed to eliminate or minimize employee occupational exposure to blood and other potentially infectious materials (OPIM) in the school setting.

1. Purpose

The purpose of this ECP is to protect school employees from occupational exposure to bloodborne pathogens (including but not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV)) and to outline procedures for exposure determination, methods of compliance, vaccination, post-exposure evaluation, training, and recordkeeping.

2. Scope

This plan applies to all employees of Maggie L. Walker Governor's School who have occupational exposure to blood or OPIM as part of their job duties. This includes, but is not limited to:

- School nurses and health office staff
- Custodial and maintenance staff
- Teachers, coaches, and athletic trainers who may respond to injuries
- Bus drivers and transportation staff
- Administrators and designated first-aid responders

3. Exposure Determination

The school has determined that the following job classifications have occupational exposure:

Job Classification	Tasks/Procedures Involving Potential Exposure
School Nurse / Health Aide	First aid, wound care, medication administration involving blood, cleaning contaminated surfaces
Custodians / Maintenance	Cleaning blood or OPIM spills, handling regulated waste, laundry contaminated with blood

Coaches / PE Teachers / Athletic Trainers	Response to sports injuries, first aid
Designated First-Aid Responders	Rendering first aid or CPR
Bus Drivers	Handling student injuries or medical emergencies on the bus

Note: Part-time, temporary, and contract employees in these roles are also covered. Exposure determination is made without regard to the use of personal protective equipment (PPE).

4. Methods of Compliance

A. Universal Precautions

All employees shall treat all human blood and OPIM as if known to be infectious for bloodborne pathogens. Universal Precautions shall be observed at all times.

B. Engineering and Work Practice Controls

- Handwashing facilities (or antiseptic hand cleansers and towels/antiseptic towelettes when handwashing is not feasible) are readily available.
- Employees must wash hands immediately after removing gloves or other PPE, and after contact with blood or OPIM.
- Needles and other sharps shall not be bent, recapped, or removed unless no alternative is feasible. Recapping, if required, must use a mechanical device or one-handed technique. Sharps containers shall be puncture-resistant, labeled or color-coded, leakproof, and located as close as feasible to the point of use.
- Contaminated broken glassware shall not be picked up by hand; use mechanical means (brush and dustpan, tongs, or forceps).
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or OPIM are present.
- Specimens of blood or OPIM shall be placed in containers that prevent leakage during collection, handling, processing, storage, transport, or shipping.
- Equipment that may become contaminated shall be examined prior to servicing or shipping and decontaminated as necessary.

C. Personal Protective Equipment (PPE)

The school provides appropriate PPE at no cost to employees. PPE includes (but is not limited to) disposable gloves, utility gloves, gowns, face shields/masks, eye protection, and resuscitation devices (e.g., CPR masks or bag-valve masks).

- PPE shall be used when there is reasonable anticipation of contact with blood or OPIM.

- Gloves shall be worn when contact with blood, OPIM, mucous membranes, or non-intact skin is anticipated, and when handling contaminated items.
- Disposable gloves shall be replaced as soon as practical when contaminated or if their ability to function as a barrier is compromised. They shall not be washed or decontaminated for reuse.
- Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised.
- Face and eye protection shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated.
- PPE shall be removed prior to leaving the work area and placed in designated containers for disposal or decontamination.
- Contaminated PPE shall be disposed of as regulated waste or properly decontaminated.

D. Housekeeping

- All equipment, environmental surfaces, and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.
- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant (EPA-registered tuberculocidal or hospital-grade disinfectant effective against HBV/HIV, or a bleach solution of 1:10) immediately after completion of procedures, when surfaces are overtly contaminated, after any spill, and at the end of the work shift if contamination may have occurred.
- Protective coverings (e.g., plastic wrap, aluminum foil) shall be removed and replaced as soon as feasible when contaminated.
- Regulated waste (liquid or semi-liquid blood or OPIM; contaminated items that would release blood/OPIM if compressed; items caked with dried blood/OPIM; contaminated sharps; pathological/microbiological wastes containing blood/OPIM) shall be placed in containers that are closable, constructed to contain contents and prevent leakage, labeled or color-coded, and closed prior to removal.
- Contaminated laundry shall be handled as little as possible, bagged or containerized at the location where it was used, and not sorted or rinsed in the location of use. It shall be placed in labeled or color-coded bags/containers.

5. Hepatitis B Vaccination

- The Hepatitis B vaccination series is offered free of charge to all employees who have occupational exposure, within 10 working days of initial assignment, after training, and after the employee has had the opportunity to decline.
- Employees who decline must sign a declination statement. They may request the vaccine at a later date if they continue to have occupational exposure.

- Post-vaccination testing for antibody to HBsAg shall be provided 1–2 months after completion of the series for employees at risk of exposure.
- Booster doses shall be provided if recommended by the U.S. Public Health Service.

6. Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident (specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM resulting from performance of duties):

1. The employee shall immediately wash the exposed area with soap and water (or flush mucous membranes with water) and report the incident to the Plan Administrator or designee.
2. The school shall immediately make available a confidential medical evaluation and follow-up, including:
    - Documentation of the route(s) of exposure and circumstances.
    - Identification and documentation of the source individual (if feasible and permitted by law), testing of source individual's blood for HBV/HCV/HIV (with consent), and results provided to the exposed employee.
    - Collection and testing of the exposed employee's blood for HBV/HCV/HIV serological status (baseline and follow-up as recommended).
    - Post-exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service.
    - Counseling and evaluation of reported illnesses.

3. The healthcare professional evaluating the employee shall be provided with a copy of the OSHA standard, description of the employee's duties, documentation of the exposure, results of source individual's testing (if available), and relevant medical records.
4. The school shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. The written opinion shall be limited to whether HBV vaccination is indicated and if the employee received it, and that the employee has been informed of the results and any medical conditions resulting from exposure that require further evaluation or treatment.

All other findings or diagnoses shall remain confidential.

7. Communication of Hazards to Employees

Labels and Signs

Warning labels (fluorescent orange or orange-red with the biohazard symbol) or red bags/containers shall be used for regulated waste, contaminated equipment, and refrigerators/freezers containing blood or OPIM. Labels are not required if red bags or containers are used and employees are trained to recognize them.

Information and Training

All employees with occupational exposure shall receive training at the time of initial assignment and at least annually thereafter. Training shall be provided during working hours at no cost and shall include:

- An accessible copy of the OSHA Bloodborne Pathogens Standard and an explanation of its contents
- Explanation of the epidemiology, symptoms, and modes of transmission of bloodborne diseases
- Explanation of this ECP and how to obtain a copy
- Recognition of tasks that may involve exposure
- Use and limitations of methods to prevent or reduce exposure (engineering controls, work practices, PPE)
- Information on types, use, location, removal, handling, decontamination, and disposal of PPE
- Information on the Hepatitis B vaccine (efficacy, safety, method of administration, benefits, free offer)
- Appropriate actions and persons to contact in an emergency involving blood or OPIM
- Procedure to follow if an exposure incident occurs, including reporting and medical follow-up
- Post-exposure evaluation and follow-up
- Explanation of signs, labels, and color-coding
- Opportunity for interactive questions and answers with the trainer

Training records shall be maintained for 3 years and include dates, contents/summary, names and qualifications of trainers, and names and job titles of attendees.

8. Recordkeeping

- Medical Records: Confidential employee medical records related to this standard (including HBV vaccination status, examination results, medical testing, follow-up procedures, and healthcare professional's written opinions) shall be maintained for the duration of employment plus 30 years. Access is limited as required by 29 CFR 1910.1020.
- Training Records: Maintained for 3 years from the date of training.
- Sharps Injury Log: A log of percutaneous injuries from contaminated sharps shall be maintained (for employers required to maintain OSHA 300 logs). The log shall be recorded and maintained in a manner that protects confidentiality and include type/brand of device, department/work area, and explanation of how the incident occurred.

- Exposure incidents shall be evaluated and the ECP updated as needed to reflect safer medical devices and work practices.

9. Plan Review and Update

This ECP shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure, or new/revised employee positions with occupational exposure. Input from non-managerial employees responsible for direct patient care (or equivalent duties in the school setting) shall be solicited in the identification, evaluation, and selection of effective engineering and work practice controls.

Copies of this plan are available upon request from the Plan Administrator and are maintained in an electronic shared drive, aka Google Drive: Staff Resources>Staff Handbook> Under Section Seven-Health and on the school website under Policies>Section 2000.