

# BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

**FACILITY NAME:** LINDSAY INDEPENDENT SCHOOL DISTRICT

**DATE OF PREPARATION:** NOVEMBER 22, 2005

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:

## 1. EXPOSURE DETERMINATION

The Texas Department of Health Bloodborne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following job classifications apply:

- |                                       |  |
|---------------------------------------|--|
| a) Nurses/Aides                       | d) Coaches/PE Teachers                       |
| b) Teacher/Aides of Severe & Profound | e) Life Science/Biology/Agriculture Teachers |
| c) Trainers                           | f) LISD Housekeeping                         |
|                                       | g) Special Ed Bus Drivers                    |

The job descriptions for the above employees encompass the potential occupational exposure risks to bloodborne pathogens.

## 2. IMPLEMENTATION SCHEDULE AND METHODOLOGY

The plan outlines a schedule and method of implementation for the various elements of the exposure control plan.

### COMPLIANCE METHODS

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used. Examples include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees.

Handwashing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. The district's plan requires that these facilities be readily accessible after incurring exposure.

If handwashing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees 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, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

## **NEEDLES**

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The school district's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure such as with diabetic students who may recap needles if not in the immediate area of a sharps container. Diabetic students may self manage or, be assisted by an adult who is trained in diabetes care, at anytime or place during the school day or at any school related function. Care will be taken as to not put other students in danger of blood and body fluids and universal precautions and infection control procedures are to be followed. Sharps to be disposed of as soon as feasible in proper biohazard labeled sharps containers.

## **CONTAMINATED SHARPS DISCARDING AND CONTAINMENT**

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and biohazard labeled or color-coded.

During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., clinic); maintained upright throughout use; are not allowed to overfill; and replaced routinely.

## **PERSONAL PROTECTIVE EQUIPMENT**

All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is 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 the time which the protective equipment is used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, shields, and masks. All personal protective equipment is fluid resistant.

Gloves are worn where it is reasonable anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. (Latex sensitive employees are provided with suitable alternative personal protective equipment.)

Disposable gloves are not be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

## **HOUSEKEEPING**

Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

All contaminated work surfaces are decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials.

Any broken glassware, which may be contaminated is not picked up directly with the hands.

## **REGULATED WASTE DISPOSAL**

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

## **LAUNDRY PROCEDURES**

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that

avoids transfer of microorganisms to personnel, and environments. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended.

## **HEPATITIS B VACCINE**

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 2 months of their initial assignment to work, unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.

Employees who decline the Hepatitis B vaccine sign a declination statement (See Appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

## **POST EXPOSURE EVALUATION AND FOLLOW UP**

\*When the employee incurs an exposure incident, the employee reports to nurse on campus. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred are to be recorded. All employees who incur an exposure incident are offered the opportunity to see a physician and follow up as follows:

\*The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status at which time employee is given any information requested. **Testing must occur within 10 days of possible exposure.** *Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HVB and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.*

\*The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service which includes: counseling and evaluation of reported illnesses.

The following persons Superintendent and campus principals are designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

## **INTERACTION WITH HEALTHCARE PROFESSIONALS**

Written opinions are obtained from the healthcare professional in the following instances:

- 1) Whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

- 1) The evaluation/action following an exposure incident;
- 2) Whether the employee has been informed of the results of the evaluation

## **TRAINING**

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted a person knowledgeable in the subject matter and includes an explanation of the following:

- 1) Bloodborne Pathogen Control
- 2) OSHA Bloodborne Pathogen Final Rule;
- 3) Epidemiology and symptomatology of bloodborne diseases;
- 4) Modes of transmission of bloodborne pathogens;
- 5) Lindsay ISD exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
- 6) Procedures which might cause exposure to blood or other potentially infectious materials in this facility;
- 7) Control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
- 8) Personal protective equipment available at this facility (types, use, location, etc.);
- 9) Hepatitis B vaccine program in the district
- 10) Procedures to follow in an emergency involving blood or other potentially infectious materials;
- 11) Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
- 12) Post exposure evaluation and follow up;
- 13) Signs and labels used at the facility; and,
- 14) An opportunity to ask questions with the individual conducting the training.

## **RECORDKEEPING**

According to OSHA's Bloodborne Pathogens Standard, immunization records are maintained by: school nurse.

According to OSHA's Bloodborne Pathogens Standard, training records are maintained by: school nurse.

## HEPATITIS B VACCINE DECLINATION STATEMENT

### APPENDIX A

I understand that due to my 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 myself.

\_\_\_\_\_  
Printed Name

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name

Date

Witness \_\_\_\_\_

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Witness \_\_\_\_\_

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