

Bloodborne Pathogens Exposure Control Plan (C-12)

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed. Definitions relating to the exposure control plan are attached as Appendix A.

I. EXPOSURE DETERMINATION

A. Job Classifications

The following job classifications are identified as those in which employees of the district could be exposed to bloodborne pathogens in the course of fulfilling their job requirements: art, shop, and early childhood teachers; elementary principals; school offices' secretaries; elementary special education aides; coaches of contact sports; custodians; and any other employees believing they are so exposed.

B. Tasks and Procedures

Tasks and procedures performed by employees in the above job classifications may include, but not be limited to, the following examples:

1. Care of minor injuries which occur within a school setting, i.e., bloody nose, scrape, minor cut;
2. Initial care of injuries which require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;
3. Care of students with medical needs, i.e., tracheostomy, colostomy, injections;
4. Care of students who need assistance in daily living skills, i.e., toileting, dressing, handwashing, feeding and menstrual needs;
5. Care of students who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;
6. Care of an injured person in laboratory setting, shop setting, or art class;
7. Care of injured person during a sport activity;
8. Cleaning tasks associated with body fluids.

II. METHOD OF COMPLIANCE

A. Universal Precautions

Universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering/and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in this district and at least annually.

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needlesticks.

An exposure incident investigation form (Appendix B) shall be completed each time an exposure incident occurs.

1. Handwashing
 - a. The district shall provide handwashing facilities which are readily accessible to employees, or, when provision for handwashing facilities is not feasible, the district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
 - b. Employees shall wash hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
 - c. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Do not reuse gloves.
2. Housekeeping and Waste Procedures
 - a. The district shall ensure that the worksite is maintained in a clean and sanitary condition. The director of buildings and grounds shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facilities, type of surface to be cleaned, type of soil present, and tasks or procedures being performed.
 - b. All equipment, materials, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - (1) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/therapy, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the school day if the surface may have become contaminated since the last cleaning.
 - (2) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.
 - c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
 - d. Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. Bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color and shall be located in each school office and in each custodial room.
 - e. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately.

- f. There shall be a marked biohazard container in the custodial area for the containment of all individual biohazard designated bags. Such bags shall be collected monthly by a contractor licensed to dispose of biohazardous material.
- g. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.
- h. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up by a custodian using mechanical means, such as a brush and dust pan, tongs, or forceps. Broken glass shall be placed in an appropriate and separate container.
- i. Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers. The sharps containers shall be closable, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, i.e., art department, classrooms where dissections occur, nurses station. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.
 - (1) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
 - (2) Employees shall notify the head custodian when sharp containers become 3/4 full so that they can be disposed of properly.
 - (3) Contaminated needles shall not be bent, recapped, removed, sheared or purposely broken.
- j. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the state of Wisconsin and the Department of Natural Resources.
- k. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or benchtops where blood or other potentially infectious materials are present.
- l. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited; e.g., sucking out snake bites.
- m. Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or be colored red.

- n. Equipment which may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.
- o. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed in bags or containers that are biohazard-labeled or colored red.

C. Personal Protective Equipment

- 1. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available are gloves and face and eye shields.
 - a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
 - b. Disposable gloves shall be replaced immediately when contaminated, torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use. Contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.
 - c. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
 - d. Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated, i.e. custodian cleaning a clogged toilet, nurses or aides who are performing suctioning.
 - e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
- 2. The district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to the employees. Personal protective equipment is available from head custodian.
 - a. The district shall clean, launder and/or dispose of personal protective equipment, at no cost to the employee.
 - b. The district shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.
5. The district requires that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed an increased hazard to the employee or others, this district shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

III. HEPATITIS B VACCINATION

- A. Hepatitis B vaccine is available for employees whose designated job assignment includes the rendering of first aid or who have occupational exposure to blood or OPIM as defined in I.A. above.
 1. The district shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated. The vaccine and vaccinations shall be offered free of charge.
 2. The district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure.
 3. The hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, and performed by or under the supervision of the St. Francis City Health Department.
 4. The district shall not make participation in a preemployment screening program a prerequisite for receiving the hepatitis B vaccine.
 5. If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, the district shall make available the hepatitis B vaccine at that time.
 6. The district shall assure that employees who decline to accept the hepatitis B vaccine offered by this district sign the declination statement established under the standard. (Appendix C).
 7. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no charge to the employee.
 8. Records regarding HBV vaccinations or declinations are to be kept by the district office.
- B. Hepatitis B vaccine is available for employees who render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
 1. The district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ONLY in the case that they render assistance in any situation involving the presence of blood or OPIM.
 2. ALL first aid incidents involving the presence of blood or OPIM shall be reported to the school office by the end of the work day on which the incident occurred.

3. The district's exposure incident investigation form (Appendix B) must be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred.
4. This determination is necessary in order to ensure that the property post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard.
5. The full hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident", as defined by the standard, has occurred.
6. The hepatitis B vaccination record or declination statement shall be completed. All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.
7. This investigation form shall be recorded on a list of such first aid incidents. It shall be readily available to all employees.
8. This reporting procedure shall be included in the training program.

IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination and follow-up, including at least the following elements:
 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 2. Identification and documentation of the source individual, if possible, or unless this district can establish that identification is infeasible or prohibited by state or local law;
 - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained.
 - b. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;
 4. For post-exposure prophylaxis, follow recommendations established by the U.S. Public Health Service;
 5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis;
 6. There shall be an evaluation of reported illnesses.

- B. The district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost, and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by or under the supervision of a licensed physician and laboratory tests shall be conducted in accredited laboratories.
- C. Information provided to the healthcare professional who evaluates the employee shall include:
 - 1. A copy of the DILHR Health and Safety Standard, Wisconsin Statute 101.055;
 - 2. A description of the employee's duties as they relate to the exposure incident;
 - 3. Documentation of the route of exposure and circumstances under which exposure occurred;
 - 4. Results of the source individual's blood testing, if consent was given and results are available;
 - 5. All medical records relevant to the appropriate treatment of the employee, including vaccination status which are this district responsibility to maintain.
- D. This district shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
 - 1. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 - 2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. This employee has been informed of the results of evaluation; and
 - b. This employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and or treatment.
 - 3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

V. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

- A. Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Exception: Red bags or red containers may be substituted for labels.
 - 1. Labels required by this section shall include the following legend:
 - 2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
 - 3. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
 - 4. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.
- B. Information and Training
 - 1. The district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.
 - 2. Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.

- a. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were not included need be provided.
- b. Annual training for all employees with potential for occupational exposure shall be provided within one year of their previous training.
3. The district shall provide additional training when changes such as modifications of tasks or procedures affect the employees potential for occupational exposure. The additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace.

VI. RECORDKEEPING

A. Medical Records

1. The district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
 - a. Name and social security number of employee;
 - b. Copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B;
 - c. If exposure incident(s) have occurred, a copy of all results of examination, medical testing, and follow-up procedures;
 - d. If exposure incident(s) have occurred, district's copy of the healthcare professional's written opinion;
 - e. If exposure incident(s) have occurred, district's copy of information provided to the healthcare professional: i.e., exposure incident investigation form and results of the source individual's blood testing, if available consent has been obtained for release.
2. The district shall ensure that the employee's medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.
3. These medical records shall be maintained for the duration of employment plus 30 years.

B. TRAINING RECORDS

1. Training records shall include:
 - a. The date of the training session;
 - b. The contents or a summary of the training sessions;
 - c. The names and qualifications of persons conducting the training;
 - d. The name and job titles of all persons attending the training session.
2. Training records shall be maintained for three years from the date the training occurred.

C. Availability of Records

1. The district shall ensure:
 - a. All records required to be maintained by this standard shall be made available upon request to the Department of Industry, Labor and Human Relations (or designee) for examination and copying.
 - b. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Industry, Labor and Human Relations (or designee).
 - c. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee and to the Department of Industry, Labor and Human Relations.
2. The district shall comply with the requirements involving the transfer of records set forth in this standard.

Adopted: December 16, 1993

***ST. FRANCIS SCHOOL DISTRICT
POLICY C-12
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN***