

BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

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Rusk Independent School District

Date of Preparation: September 10, 2009

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 but are not all-inclusive.

- a) Nursing staff
- b) Office staff/Principal
- c) Special Education staff
- d) Coaching staff
- e) Campus custodians

Annual exposure determinations will be made. See attached employee list (Appendix C).

2. IMPLEMENTATION SCHEDULE AND METHODOLOGY

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, sharp containers, needle less systems, sharps with engineered sharps injury protection for employees, etc.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. It is required that these facilities be readily accessible after incurring exposure.

If hand washing 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.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. This plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-hand technique.

Contaminated sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof, 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; maintained upright throughout use; are not allowed to overfilled; and replaced routinely.

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, lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Collection of Specimens

Not applicable for Rusk Independent School District personnel.

Personal Protective Equipment

All personal protective equipment use 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, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle.

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

Disposable gloves are not to 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.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, 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, glasses with solid side shield, or chin length face shields, 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 reasonably be anticipated.

Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

Housekeeping

Employers shall ensure the worksite is maintained in a clean and sanitary condition. A Bloodborne Pathogens protection and clean-up kit will be located at each clinic site and field house.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

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

Regulated Waste Disposal

Schools are not viewed by TDH as being generators of “regulated medical waste” and are therefore not required to use these types of signs and labels. The school nurse may dispose of waste in the regular dumpster.

All contaminated sharps are discarded as soon as feasible in sharps containers located close to the point of use as feasible in each work area. Sharps containers will be disposed of by the local health department.

Laundry Procedures

Although soiled linens may be contaminated with pathogenic microorganisms, risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to students, personnel, and environments. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended.

Laundry is cleaned at campus or activity level.

Hepatitis B Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered 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 10 working days 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 but whom 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 the school nurse or designee.

- All employees who incur an exposure incident are offered a confidential medical evaluation.
- Documentation of the route(s) of exposure and the circumstances related to the incident.
- The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
- Brandi Franks, R.N. is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.
- Information concerning each contaminated sharps injury shall be recorded in the sharps injury log:
 - (1) name and address of facility where injury occurred;
 - (2) name and phone number of chief administrative or reporting officer;
 - (3) date and time of the injury;
 - (4) age and sex of the injured employee;
 - (5) type and brand of sharp involved;
 - (6) original intended use of the sharp;
 - (7) whether the injury occurred before, during, or after the sharp was used for its original intended purpose;
 - (8) whether the exposure was during or after the sharp was used;
 - (9) whether the injured person was wearing gloves at the time of the injury;
 - (10) whether the injured person had completed a hepatitis B vaccination series;
 - (11) whether a sharps container was readily available for disposal of the sharp;
 - (12) whether the injured person received training on the exposure control plan during the 12 months prior to the incident;
 - (13) the involved body part
 - (14) the job classification
 - (15) the employment status of the injured person;
 - (16) the location/facility/agency and the work area where the sharps injury occurred

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of this facility or organization after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

- 1) a copy of the Rusk Independent School District exposure control plan.
- 2) A description of the exposed employee's duties as they relate to the exposure incident;
- 3) Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
- 4) Medical records relevant to the appropriate treatment of the employee (e.g., hepatitis B serology confirmation)

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

- 1) when the employee is sent to obtain the hepatitis B vaccine, or
- 2) whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

- 1) whether the hepatitis B vaccine is indicated;
- 2) whether the employee has received the vaccine;
- 3) the evaluation following an exposure incident;
- 4) whether the employee has been informed of the results of the evaluation;
- 5) whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report); and
- 6) whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

Use of Biohazard Labels

Red, biohazard labeled sharps containers will be located on each campus in the clinic area.

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

- 1) Chapter 96. Bloodborne Pathogen Control.
- 2) OSHA Bloodborne Pathogen Final Rule
- 3) Epidemiology and symptomatology of bloodborne diseases;
- 4) Modes of transmission of bloodborne pathogens;
- 5) The Rusk Independent School District's exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access the plan, etc.)
- 6) Procedures which might cause exposure to blood or other potentially infectious materials at 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;
- 9) Hepatitis B vaccine program at the facility;
- 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.

Record Keeping

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

FORMS/TRAINING

Annual Review

Date Reviewed _____ By Whom _____

Date Reviewed _____ By Whom _____

Date Reviewed _____ By Whom _____

Date Reviewed _____ By Whom _____

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APPENDIX A
HEPATITIS B VACCINE DECLINATION STATEMENT

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.

Signature _____ Date _____

**APPENDIX B
ASSESSMENT TOOL**

	YES	NO
1. The exposure control plan is located in the clinic of each campus as well as the field house and alternative education (AEP) campus.		
2. Employees at occupational risk for blood borne pathogens exposure are identified.		
3. Employees comply with universal precautions when performing duties.		
4. Employees appropriately use engineering controls in the work center.		
5. Employees employ safe work practices in performance of duties.		
6. Hand washing facilities are readily accessible in the work area.		
7. Employees regularly wash their hands, especially after glove removal.		
8. Employees deposit contaminated sharps in biohazard containers immediately after use.		
9. Employees change filled biohazard containers when full.		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area.		
11. Food or beverages are not kept in close proximity to blood or bodily fluids.		
12. Employees wear the designated fluid resistant personal protective equipment/attire for the task at hand.		
13. Employees place the contaminated personal protective equipment in the appropriate receptacles.		
14. Employees maintain a clean environment at all times. Employees maintain a clean environment at all times.		
15. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
16. Employees know the safe procedure for contaminated, broken glass clean up.		
17. Employees place wet laundry in leak resistant bags or containers.		
18. Each employee knows his documented hepatitis B vaccine status.		
19. Employees know where and to whom to report exposure incidents.		
20. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service.		
21. Employees are oriented and receive annual training to the exposure control plan.		
22. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard.		

23. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard



APPENDIX C

School Year 2009-2010

It has been determined that the following employees **may** be at increased risk of occupational exposure to Bloodborne Pathogens and are required to participate in exposure control training.

Brandi Franks, R.N.
Joan Robbins, serology

High School

Scott Schwartz- Principal
Shelly Hughes- Secretary/att.
Maria Wofford-HS Custodian
Ted Patton- Athletic Director
Ashley McElroy-Christian- Girls Coach

Junior High

John Burkhalter- Principal
Kathy Guidry- Asst. Principal
Carrie Dillard- Secretary/att.
Joy Cook- Custodian
Donna Carroll- English Teacher
Sherry Day- Special Education
Debbie Daniel-Math Teacher
Betty Christopher-Aide
Stephen Cudd-Aide
Aaron Warren- P.E. & English Teacher/Coach
Cheryl Parsley- P.E. & Volleyball Coach

Intermediate

Carlene Clayton- Principal
Becky Brown – Secretary/att.
John Cook- Custodian
Christy Clark- Special Ed. Teacher
Kristi Walley- Special Ed. Aide
Lisa Bixler- P.E. Aide
Marks Lanham- P.E. Teacher

Elementary

Jan Evans- Principal
Karen Parsons- Secretary/att.
Lula Mae Session- Custodian
Sue Bowling-Special Ed/Resource
Juanita Mason- Spec. Ed. Aide
Kathy Daughy- Special Ed. Teacher
Dolores McNair- Special Ed. Aide
John Alexander- P.E. Teacher/ I.S.S.

Primary

Sandra Lenard- Principal
Sue Nation- Secretary/att.
Johnny Avant- Custodian
Kathy Hamilton-Special Ed. Teacher
Dana Tinsley- Special Ed. Teacher
Sandy Wood- Special Ed. Aide
Shauna Goff- Special Ed. Aide
Bart Clayton- P.E. Teacher