

## **BLOODBORNE PATHOGEN CONTROL PLAN**

This Bloodborne Pathogen Exposure Control Plan is designed to minimize employee exposure then, in the course of their work, employees could be reasonably expected to come into contact with human blood or other potentially infectious material (OPIM). This plan is consistent with the guidelines as forth by the U.S. Department of Labor Occupational Safety and Health Administration (OSHA). The intent of this plan is to pro-actively address the issue of blood borne pathogens and it demonstrates an effort to effectively respond to health concerns while respecting the rights of all students, employees, and contractors, including those who are so infected.

The OSHA standard defines Bloodborne Pathogens as pathogenic microorganisms that are present in human blood and can infect and cause disease in persons who are exposed to blood containing pathogens include, but are not limited to, the hepatitis B virus (HBV), the human immunodeficiency virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS).

This plan is consistent with the Universal Precautions guidelines issued by the Centers for Disease Control (CDC) which are mandated by the Texas Health and Safety Code, chapter 85, Subchapter 1, S85.203(a) (which specifically applies to health care workers), that is, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other blood borne pathogens.

### **Basic Infection Control Principles**

All AISD employees should minimize direct contact with blood or body fluids through:

1. Good Handwashing
2. Adhering to Universal Precautions to prevent occupational exposure to bloodborne pathogens
3. Utilizing appropriate barrier precautions (personal protective equipment IPPE).

Occupational exposure to bloodborne pathogens may occur through:

- Non-intact skin
- Mucous membranes
- Puncture or penetration of the skin (parenteral) .
- Inhalation

## **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

**Facility Name: Argyle Independent School District**

Date of Preparation: June 2004

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

### **EXPOSURE DETERMINATION**

The Texas Department of Health Bloodborne Pathogens 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 required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following job classifications apply:

- a) Nurse
- b) Special Ed and Kindergarten Teachers
- c) Bus Drivers and Bus Assistants
- d) Coaches and Athletic Trainers
- e) Custodial and Maintenance Personnel
- f) Classroom teachers
- g) Campus Administrative Staff

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

## 1. IMPLEMENTATION AND METHODOLOGY

The District's 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 of 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 glasses, sharps containers, gloves, and protective coverings when needed.

Handwashing facilities are also 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 an exposure.

If handwashing is not possible, the employer is required to provide either an antiseptic cleanser with 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 possible. After removal of personal protective gloves, employees should wash their hands and any other potentially contaminated skin area immediately or as soon as possible with soap and water. If an employee incurs exposure to his skin or mucous membranes, then those areas are to be washed with copious amounts of soap and water, or flushed with water as soon as possible following contact.

### **NEEDLES/Contaminated Sharps**

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. Sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leakproof and biohazard labeled or color-coded. During use,

containers are easily accessible to personnel; located close to the area where sharps are being used, and replaced routinely.

### **Decontamination**

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on the surface of an item to the point where it is no longer capable of transmitting infectious particles and that surface is rendered safe for handling, use, or disposal. Spills or contaminated surfaces will be decontaminated by using a disinfectant solution such as one part household bleach to nine parts water (1:9 solution). Other disinfectants may be utilized; however, they must be effective against HIV and HBV. In addition, the disinfectant must be tuberculocidal. The type of surface will dictate the cleaning method.

### **Exposure Determination**

The risk of contracting HIV/HBV through occupational exposure is minimal. Nevertheless, there are some actions LEISD will take to ensure the protection of those workers whose job description might place them at "reasonably anticipated" risk of exposure to blood (potential for exposure as well as actual exposure). All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. When contact with blood or other body fluid is anticipated, (e.g., delivery of First Aid, collection of bathroom or First Aid refuse), gloves shall be worn. Custodial clean-up of emesis or blood contamination of surfaces and/or floors would also require gloves.

### **Job Classifications**

All AISD employees who are exposed to blood and/or body fluids are considered at risk for exposure to bloodborne pathogens and are placed in Category I or Category II.

**Category I:** Tasks that routinely involve exposure to blood, body fluids, tissues, or other contaminated materials. The following job classifications are considered Category I:

Nurses

Coaches and Athletic Trainers

Special Education Teachers and Aides who are identified as at-risk.

Criteria includes classrooms with students requiring invasive procedures, such as catheterizations, tube feeding; those who cannot control body secretions.

**Category II:** Tasks that routinely involve no exposure to blood, body fluids, tissues, or other contaminated materials, but employment may require performing unplanned Category I tasks. These are identified as Category II:

Custodians and Maintenance Personnel

Bus Drivers and Bus Assistants

Classroom Teachers

Campus Administrative Staff

## **Personal Protective Equipment**

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 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 time for which the protection is needed. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, and aprons. All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. Protective equipment is removed before leaving the work area and placed in a designated receptacle.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, infectious materials, non-intact skin, or mucous membranes. Latex sensitive employees are provided with a suitable alternative. 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 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 shields, 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 be reasonably anticipated.

## **Housekeeping**

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and decontamination based upon the location within the facility, the type of surface to be cleaned, type of contamination present, and procedures being performed in the area.

Any broken glassware which may be contaminated, is not picked up directly with the hands, but by using mechanical means such as a brush and dust pan, tongs, or forceps.

The school employee should wear disposable gloves when cleaning up vomitus, urine, feces, or other body fluid spills. A dry absorbent material (e.g., VoBan) is applied to the area, left for a few minutes to absorb the fluid, and then swept up. The sweeping should be disposed of in a double plastic trash bag. The broom and dust pan should be rinsed in a disinfectant.

All surfaces contaminated with body fluids should be cleaned with a disinfectant such as (1) ethyl or isopropyl alcohol 70%, or (2) household bleach diluted 1 part bleach to 9 parts water. All equipment and working surfaces must be cleaned and disinfected after known contact with blood or other potentially infectious materials. All bins, pails, and trash receptacles intended for reuse must be inspected and decontaminated immediately if there is visible contamination. Restrooms and clinics will also be cleaned and decontaminated on a regularly scheduled basis.

The trash generated in routine Clinic care (band-aids, cotton balls, and gloves) may be disposed of in a lined trash can without any additional treatment. However, Clinic waste in all buildings should be double-bagged.

Blood or body fluid spills are treated differently depending on the size and amount of fluid. A small spill is less than 100 cc and can be cleaned up with absorbent material such as paper towels or pads, without dripping of the absorbent material. It must be contained in such a way so as not to cause pooling, puddling, or dripping. The person doing the cleaning will wear gloves and other appropriate PPE, as necessary for the procedure. Used paper towels or other absorbent material can be placed in a regular trash bag or enclosed within discarded gloves without contaminating the environment. The area will be immediately cleaned of all traces of blood or body fluid with an approved disinfectant. If these conditions cannot be met, the spill will be treated as follows.

A large spill consists of 100 cc or more of blood or OPIM, cannot be cleaned completely with paper towels or absorbent pads, and causes pooling, puddling or dripping. A custodian will be called to the scene to perform the clean-up procedure. The area will be kept clear of personnel and steps will be taken to prevent further contamination of the environment. PPE will be worn as needed to protect the individual during the clean up process. Any used mops or similar cleaning utensils will be disinfected. All material and disposable PPE should be placed in a red trash bag which will identify this as a biohazard trash bag.

### **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 others. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended. Guidelines will be given with each inservice training and all who are responsible for this task will be expected to follow district policy. Laundry will be cleaned at each individual campus.

### **HEPATITIS B VACCINATION**

The Hepatitis B vaccine (HBV) and vaccination series is available to all employees. The vaccine is available after the employee has received the required training and within thirty days of the initial assignment, unless the employee has previously received the complete series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. If an employee initially declines the vaccination, but at later date decides to accept, it will be made available. When an employee declines the vaccination, he/she will be required to sign a statement to that effect.

### **Interaction with Healthcare Professionals**

A written opinion is obtained from the healthcare professional who evaluates employees after an exposure incident. In order for the physician/practitioner to adequately evaluate the employee, he/she is provided with:

1. A copy of the district's exposure control plan;
2. A description of the employee's duties as they relate to the exposure incident;
3. Results of the source individual's blood tests (if available); and
4. Documentation of the route(s) of exposure and circumstances under which it occurred;
5. Medical records relevant to the appropriate treatment of the employee.

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. When the employee is sent to a professional for bloodwork and evaluation following an exposure incident.

Healthcare professionals are asked to limit their written opinions to:

1. Whether the Hepatitis B vaccine is indicated;
2. Whether the employee 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 advised about medical conditions which may result from the exposure, and which may require further evaluations and/or treatment.

(All other findings or diagnosis shall remain confidential and shall not be included in the written report).

### **Training**

Training for employees is conducted on an annual basis for all Category I and Category II job descriptions. All others will receive refresher training every two years. New employees to the district will receive Bloodborne Pathogen Inservice training during the inservice week before duties are assigned.

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

1. Epidemiology and symptomatology of bloodborne diseases;
2. Modes of transmission of bloodborne pathogens;
3. Argyle ISD's district exposure plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, where to access the plan, etc.)
4. Procedures which might lead to exposure to blood or other potentially infectious materials in this settings;

5. Methods used to control exposure to blood or other potentially infectious materials;
6. Hepatitis B vaccine program in this district;
7. Procedures to follow in an emergency involving blood or other infectious material; post-exposure guidelines to follow should a true exposure exist; and
8. Post-exposure evaluation and follow-up.

An opportunity to ask questions of the individual conducting the training will be given at the conclusion.

**APPENDIX A .**  
**HEPATITIS B VCCINE 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 \_\_\_\_\_

Bloodborne Pathogen Report

Documentation to be filled out at the time of exposure:

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Time of Occurrence: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Location of Accident: \_\_\_\_\_  
Person in Attendance: \_\_\_\_\_

Nature of Incident

Abrasion            Head Injury  
Bruise/Bump        Laceration  
Cut                    Puncture

Part of Body Iniured

Abdomen    Eye    Head    Ankle  
Face            Knee    Arm    Finger  
Leg            Back    Foot    Teeth  
Chest            Hand    Wrist    Elbow  
Other \_\_\_\_\_

How did it happen? \_\_\_\_\_

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Treatment and disposition: \_\_\_\_\_

Did a true exposure exist? \_\_\_\_\_ Was blood testing done? \_\_\_\_\_

Follow-up: \_\_\_\_\_

Signature: \_\_\_\_\_

Principal, Nurse, Assistant Principal

Ten day test results: \_\_\_\_\_

\*(Initial testing to determine negative HIV status)

HBV vaccine? \_\_\_\_\_ If Yes Give all three dates: \_\_\_\_\_

\* Follow-up test dates: \_\_\_\_\_

3 mos.

6 mos.

Clinic or Physician responsible for testing: \_\_\_\_\_

Phone# \_\_\_\_\_ \*\* Attach copy of test results.

As an employee in good standing with Argyle School District, I agree to cooperate with the Administration in the event of a Bloodborne Pathogen exposure. I will follow the protocol outlined in the employee directives and will provide all information and conclusive lab results required to reach a definitive conclusion regarding post-exposure follow-up and treatment.

I agree to have the examining physician disclose to at least one person who represents the school district, the results of initial and follow-up testing which shall designate HIV/HBV immune status. I recognize that this information is needed to facilitate medical treatment.

Employee Signature \_\_\_\_\_

Witness \_\_\_\_\_