Bloodborne Pathogens Exposure Control Plan

1.0 INTRODUCTION

Wheatland Union High School District is fully committed to the health and safety of all faculty, staff, students, and visitors. The district believes that occupant safety and a healthy environment are important factors in the functioning of the total educational program, making the district schools a better place to learn and work, creating positive relationships with the district customers and stakeholders, and preparing students to be responsible citizens and to work safely in the community.

To help meet this commitment, the district has developed this Bloodborne Pathogens Exposure Control Plan. This program is intended to eliminate or minimize employee occupational exposure to blood or other infectious body fluids, thereby preventing the transmission of bloodborne diseases to employees in the workplace. This program also serves to meet the requirements of Occupational Safety and Health Administration (OSHA) regulation 29 CFR 1910.1030.
2.0 Definitions

*Bloodborne Pathogens*  
Microorganisms and viruses in infected human blood that can cause diseases such as Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

*Sharps*  
Any sharp object that can penetrate the skin.

*Universal Precautions*  
Taking appropriate protective measures to prevent exposure to bloodborne pathogens, assuming all blood and bodily fluids to be potentially infectious.

*Work Practice Controls*  
Methods in which tasks are performed that reduce the likelihood of exposure to blood, body fluids or other potentially infectious materials.

3.0 Responsibilities

3.1 District Program Manager

The Program Manager is responsible for the implementation and management of the district Bloodborne Pathogens Program. This includes coordination of: a) necessary supplies such as personal protective equipment, b) hepatitis B vaccinations, and c) training.

3.2 Principals, Supervisors & Leads

The school principals are responsible for implementing, maintaining, and enforcing all aspects of the district safety programs within the schools. Managers and supervisors are responsible for the safety of all personnel under their direction and control, and ensuring they comply with the provisions of this program.

3.3 All Employees

All employees of the school district are expected to familiarize themselves with and abide by the precautions and provisions of this Bloodborne Pathogens Program.

3.4 Outside Volunteers, Contractors and Other Third Parties Working in the District

Outside volunteers, contractors and other third parties will be notified of the district Bloodborne Pathogens Program to ensure that they work safely within district property and do not affect the safety of district employees.

4.0 Details and Procedures

4.1 Jobs with Higher Risk of Exposure

The district has identified job classifications of district employees which have a high risk of occupational exposure to other people’s blood and/or bodily fluids. These employees are identified as belonging to the following Group 1.
Group 1

- School administrators
- Nurses and health aides
- Physical therapists and assistants, occupational therapists and assistants, and speech pathologists
- Teachers
- Paraprofessionals, instructional aides and educational aides
- Instructors in Health Occupations programs
- Clerical, front-office staff and office aides
- Delegated caregivers
- Athletic coaches, trainers and locker-room attendants
- Bus drivers
- Custodians
- School security personnel
- Maintenance personnel

Group 2

This group includes all other school district job classifications not listed in Group 1. These employees may have occupational exposure, however, these job types are determined not to be at high risk.

4.2 Universal Precautions

Universal precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious, even if it is difficult or impossible to differentiate among body fluid types, and regardless of the perceived status of the source individual.

Employees must adhere to the following standard practices.

4.3 Safety Procedures (Work Practice Controls)

Standard Practices

- Wash hands or other exposed skin with soap and running water as soon as possible after any possible contact with blood or body fluids from an injured person.
- Wear latex or vinyl gloves when anticipating contact with blood, body fluids, mucous membranes, and/or contaminated surfaces.
- Wash hands immediately after removal of gloves or other personal protective equipment. (Note, because most district buildings are public access, they will have available hand washing facilities in public restrooms and custodial closets.)
- Wear a mask, eye protection, or a gown if fluid splattering is likely to occur when caring for an injured person.
- Handle sharp objects carefully.
- Needles or other sharps should not be bent, recapped or moved.
- All sharps will be disposed of in a red sharps containers.
- Broken glassware that may be contaminated is not picked up directly with the hands but is picked up using appropriate hand protection and tools.
**Athletic Safety Practices**

- Cover any open wounds before practicing or competing.
- Athletes should render first aid to themselves and cover their own wounds whenever possible.
- When rendering first aid to others, wear protective gloves any time blood, open wounds, or mucous membranes are involved. Dispose of the gloves and use clean gloves for each person.
- Wash hands after removing gloves.
- If you get someone else’s blood on yourself, wear protective gloves and wipe it off with a disposable towel using an antibacterial soap and water.
- If blood is present during practice or competition, play should be stopped to allow any contaminated surface to be cleaned with the appropriate disinfectant by someone using protective gloves.
- If clothes are contaminated with blood or other potentially infectious materials, they must be changed before resuming athletic involvement.
- As soon as possible after each practice and competition, take a shower using liberal amounts of soap and water.
- Do not use common towels to clean blood off any contaminated surface. The use of common towels at any time during athletics should be discouraged.
- In general, use good hygienic practices. Avoid the sharing of towels, cups, and water bottles.

**Cleaning and Disinfecting**

- All spills, contamination, and surfaces exposed to blood, body fluids or other potentially infectious materials must be immediately contained and cleaned by employees trained and equipped to work with potentially infectious materials.
- All surfaces exposed to blood, body fluids or other potentially infectious materials shall be wiped clean and appropriately disinfected using a 1:10 bleach solution or other EPA registered disinfectants.
- Cleanup kits shall be used to clean items or equipment and surfaces that are exposed to blood, body fluids or other potentially infectious materials.

**4.4 Personal Protective Equipment**

The district will provide appropriate personal protective equipment (PPE) to employees, including gloves, eye protection, disposable and non-disposable masks, face shields, and gowns, at no cost to employees. Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to reach the employee’s clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics will depend on the task, location, and degree of exposure anticipated.

**Gloves**

- Gloves shall be worn when it is anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin as well as when handling or touching contaminated items or work surfaces.
- Disposable gloves shall be replaced as soon as possible when they are contaminated, torn, punctured, or are not adequate as a barrier.
• Disposable gloves shall not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the gloves is not compromised. They must be discarded if they are cracked, torn, peeling, punctured, or show other signs of deterioration.
• Hypo-allergenic gloves, glove liners, powderless gloves, or similar alternatives shall be available for employees requiring them.

Masks & Eye Protection
Masks, in combination with eye protection devices such as goggles or glasses with solid side-shields, shall be worn whenever splashes, sprays or droplets of blood or other potentially infections materials are present and eye, nose, or mouth contamination may be anticipated. An example of this situation would be cleaning a clogged toilet.

Garments
• Appropriate protective clothing includes gowns, aprons, lab coats, or similar outer garments that are worn in occupational exposure situations. The type and characteristics of such protective clothing must be appropriate to the task and degree of exposure anticipated.
• Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
• Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.

If an employee declines to use PPE because in his or her judgment in a particular situation it would pose an increased hazard to the employee or others, the district shall investigate and document the circumstances to determine whether changes need to be instituted to prevent such occurrences in the future.

4.5 Housekeeping
The district will work to ensure that:
• Work sites are maintained in a clean and sanitary condition.
• All equipment, environmental areas and working surfaces are cleaned and decontaminated by trained staff after contact with blood, body fluids or other potentially infectious materials.
• All contaminated surfaces are decontaminated with an appropriate disinfectant.

4.6 Hepatitis B Vaccine
Pre-Exposure Vaccination
School district employees whose job classifications are outlined in Group 1 will be offered the hepatitis B vaccine. The vaccine will be offered within ten (10) working days of the initial job assignment, unless the employee has previously had the vaccine or wishes to submit results of antibody testing verifying sufficient immunity. Employees who agree to receive the hepatitis B vaccine will sign a hepatitis B vaccine consent form. Employees who decline the vaccine will be requested to sign a waiver. Such employees may change their mind at any future time and request immunization (which will be given at no cost to the employee) by completing the Hepatitis B Vaccination Request Form.
Any employee in Group 2 may request immunization due to unique circumstances of their individual job duties by completing the Hepatitis B Vaccination Request Form.
Post-Exposure Vaccination
School district employees who have had an exposure incident will receive the hepatitis B vaccine, if recommended by the assigned health care provider.

4.7 Post-Exposure Procedures
All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported immediately (see Employee Responsibilities below).

Employee Responsibilities
Following an exposure incident, the employee shall:
- Report the incident by completing the district online “Employee Accident/Exposure Incident Report.”
- Go to an assigned health care provider for a confidential medical evaluation and follow-up.

Employer Responsibilities
The employer shall make available, to all employees who incur an occupational exposure, a confidential post-exposure medical evaluation and follow-up at no cost to the employee.

The district must ensure the following information is given to the health care professional:
1. A copy of the district Bloodborne Pathogens Exposure Control Plan.
3. A copy of the completed Employee Accident/Exposure Report.
4. A copy of the results of the source individual's blood testing (if available).
5. A copy of all medical records applicable to treatment of the employee, including vaccination status.

Health Care Provider Responsibilities
During the medical evaluation, the health care professional will:
- Review and confirm the documented route(s) of exposure.
- Review and confirm the description of the circumstances under which the exposure occurred.
- Identify and document the source individual, if possible.
- Collect and test the source individual’s blood for HBV and HIV serological status, if possible.
- Collect and test the exposed employee’s blood for HBV and HIV serological status, after the employee consents.
- Discuss and provide post-exposure treatment, which could include post-exposure prophylaxis.
- Provide medical counseling and evaluate any reported illness.

Follow Up
The employee will receive a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation, in accordance with 29 CFR 1910.1030(f)(5).
The health care professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
- Confirmation that the employee was informed of the results of the evaluation.
- Confirmation that the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.
The health care professional's written opinion for the Hepatitis B vaccination is limited to the following:

- Whether the employee needs the Hepatitis B vaccination.
- Whether the employee has received such a vaccination.

All other findings or diagnoses will remain confidential and will not be in the written report. All medical evaluations must be made by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee.

5.0 Training

5.1 Training Frequency

All employees will participate in a training program about the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. Training will occur when the employee is first hired and at least annually thereafter.

5.2 Training Content

The training program will include at least the following elements:

- An explanation of and access to the bloodborne pathogens standard.
- A general explanation of bloodborne diseases and associated symptoms.
- An explanation of the modes of transmission of bloodborne pathogens.
- A list of job classifications and activities that may involve exposure.
- An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate universal precautions, work practices, and personal protective equipment.
- A description of how to properly choose, handle and dispose of personal protective equipment, as well as an explanation of biohazard signs and labels.
- An explanation of the hepatitis B vaccine, its benefits and how an employee can request it free-of-charge.
- An explanation of what to do and who to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including how to report the incident and the medical follow-up that will be made available.
- An explanation of the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the employer's exposure control plan and how the employee can obtain a copy of the written plan.

6.0 Recordkeeping

6.1 Training Records

Records of all employee training will be maintained electronically. These records will include the name of the employee, the subject of the training, and the date and time the training was completed. These training records will be retained by the district for at least 3 years. Upon request, training records will be provided for examination and copying to employees, to employee representatives, to the Director, and to the Secretary to the Superintendent.
6.2 Exposure Records

Medical records following the occurrence of an exposure incident will be maintained for each affected employee, in accordance with 29 CFR 1910.1020(h)(1)(iv). The school district is responsible for maintaining these confidential medical records for at least the duration of the affected worker’s employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee.

The school district will evaluate each exposure incident to determine if the case meets the recordkeeping requirements of OSHA found in 29 CFR 1904.