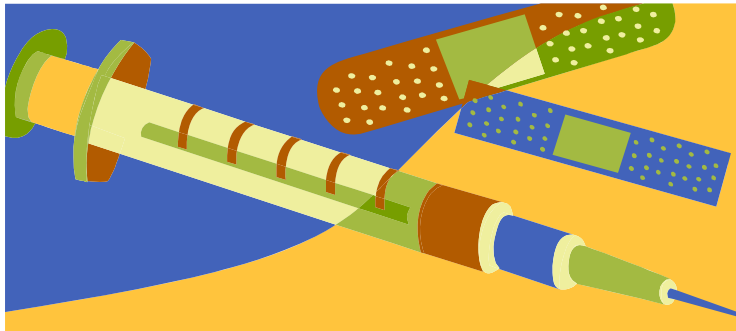


# **EXPOSURE CONTROL BLOODBORNE PATHOGENS**

**2008-09**



**Port Edwards School District**

**2008-09**

**EXPOSURE CONTROL  
BLOODBORNE PATHOGENS**

**CHANGES AT A GLANCE**

Updated “employee information” throughout book

## FORWARD

The Port Edwards Public Schools has developed the following plan to assist in implementation of and compliance with the OSHA-mandated rule, Occupational Exposures to Bloodborne Pathogens, 29 CFR1910.1030. The purpose and basis of this document is to provide guidelines for an effective bloodborne pathogen program. This Plan is a working document which allows for adoption of components of existing bloodborne pathogen policies and procedures within the district.

The bloodborne pathogen law was written for employees having a potential for occupational exposure to blood or other potentially infectious materials which may ultimately result in exposure to bloodborne diseases which as hepatitis B virus or human immunodeficiency virus (HIV), the virus which causes AIDS.

Even though the specific focus of the law was to protect healthier providers, other occupations or activities in school system are also covered. Clearly, school district nurses are covered under the Standard, as well as other employees who may encounter exposure to blood, or who, as part of their written understood job description, are expected to perform first aid or emergency care.

This manual provides a written "Exposure Control Plan", which has been customized to the specific operations of our school district by inclusion of school-specific information. The Plan will help present consistent information in the format required by OSHA for district employees as well as administrative personnel.

## **DISTRICT POLICY**

Port Edwards Public Schools is consistent in developing and implementing policies and procedures to safeguard the health and well-being of district employees and promote a safe work environment. To that end, the school district has developed the following Bloodborne Pathogens Compliance Manual and Exposure Control Plan (ECP) to comply with the intent and the letter of the law regarding the Bloodborne Pathogen Standard. The main objective of this plan is to protect employees from potential workplace hazards by reducing occupational exposure to HBV, HIV, and other bloodborne pathogens.

Bloodborne Pathogen contact person is responsible for the overall management and support of the school district's Bloodborne Pathogen Compliance Program.

Person(s) responsible for implementation and review of Exposure Control Plan:

- ◆ Pat Sullivan - District Administrator/K-4 Principal
- ◆ Gus Mancuso - 5-12 Principal
- ◆ Anna Hahn-Olig - School Nurse

### **Job duties include:**

- ◆ administering/maintaining the ECP, updating as necessary
- ◆ ensuring employees covered in the ECP are properly trained,
- ◆ vaccinated and made aware of the district's ECP are aware
- ◆ of reporting procedures
- ◆ purchasing and distributing PPE, ensuring use and maintaining
- ◆ placement schedules.
- ◆ act as the district liaison to answer questions about and coordinate implementation

### **Review/Update of Plan**

The Exposure Control Plan and accompanying records are public documents and available for public review (except for information protected by the Data Practices Act). Copies will be made available upon request, provided the school system is reimbursed for cost associated with reproduction. Copies of the Plan are kept in the locations listed on the following page. (OSHA recommends that a Plan is made available in each facility).

## Locations of Exposure Control

Building	Location	
Port Edwards High School & Middle School	Principal's Office	
	Nurse's Office	
	Custodian's Office	
Port Edwards Elementary	Principal's Office	
	Nurse's Office	
	Custodian's Office	
	<b>Federal</b>	<b>Wisconsin</b>
Publish Date	Final regulations published by OSHA on 12/6/91	
Effective Date	The regulation went into effect on 3/4/92	The regulation went into effect on 7/1/93
Written Exposure Plan	To be completed by 5/5/92	To Be completed by 9/1/2008
Employee Information, Training & Recordkeeping	To be completed by 9/2/2008	To be completed by 10/1/2008
Engineering/Work Practices Personal Protective Equip. Housekeeping Hepatitis B Vaccination, Post Exposure Evaluation/ Follow-up Program Labeling	To be completed by 9/2/08	To be completed by 11/1/93
Review/Annual Training	Review Annually on or before 10/5	

# OSHA BLOODBORNE PATHOGENS STANDARD

## ***Purpose***

On December 6, 1991, the Occupational Safety & Health Administration (OSHA) published the “Occupational Exposure to Bloodborne Pathogens” Standard. The purpose of this Standard is to limit occupational exposure to blood and other potentially infectious materials since any exposure to blood and other potential infectious materials since any exposure could result in transmission of bloodborne pathogens.

When we speak of exposure, it is important to define the term. Occupational exposure relates to the reasonable anticipation that blood or other infectious body fluids will come in contact with an employee’s mucous membranes (eyes, nose, mouth, skin), or through parenteral contact (skin piercing) while performing job duties. In school districts, blood is the body fluid that will be of greatest concern. However, additional infectious fluids can include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, saliva in dental procedures, any body fluid visibly contaminated with blood (such as bloody stools or urine) and all body fluids in situations where it is difficult or impossible to differentiate between those body fluids.

## ***Scope***

The standard covers all employees who could “reasonably anticipate” exposure to blood or other infectious materials as a result of performing their job duties. The term “reasonably anticipate”, even though not clearly defined in the Standard, implies that employees are designated to provide healthcare or first aid or job description or history in the workplace shows that he/she has had the potential for exposure will be considered covered by the Standard.

Clearly, the healthcare occupations are the primary focus of this regulation—individuals whose primary tasks relate to the daily provision of health and if emergency care, such as clinic or hospital workers, emergency medical technicians, etc., whose routine handling of blood or other body fluids is part of their everyday duties. Since OSHA has not attempted to list all occupations where exposure could occur, it is the responsibility of each employer to specifically evaluate the job classifications, tasks and activities of its employees to determine if there is a potential for exposure to blood or other body fluids. One component of such an evaluation is a specific written or understood part of an employee’s job description defining that the employee will perform healthcare or act as a designated first aid provider.

There are logical exclusions from coverage under this Standard. “Good Samaritan” activities by a non-covered employee, e.g. helping a student with a bloody nose or a co-worker who has cut a finger or hand, are specifically excluded, i.e. cannot be reasonably anticipated. However, appropriate post-exposure procedures for a Good Samaritan act are strongly recommended and available to employees.

## OVERVIEW OF PLAN

The Exposure Control Plan (ECP) is the guiding document our school district will use to comply with the Bloodborne Pathogen Standard (1910.1030)

Our ECP consists of the following sections:

1. **Exposure Determination:** describes what specific tasks are associated with blood and OPIM's which departments (employees) in our schools which perform the tasks above have been determined to have occupational exposure
2. **Methods of Compliance:** Universal Precautions, Engineering and Work Practice Contracts, Personal Protective Equipment, appropriate housekeeping procedures.
3. **Hepatitis B Vaccination:** HBV vaccine made available to all employees,
4. **Post Exposure Evaluation and follow-up:** documentation describing procedures for follow-up to Exposure Incidents, information provided to Healthcare Professionals, Healthcare Professionals written opinions, medical recordkeeping
5. **Information and Training:** material of content covered
6. **Recordkeeping:** medical records, training records, availability, transfer of records

### ***I. EXPOSURE DETERMINATION***

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 (see Appendices A and B), the following exposure control plan has been developed. Pursuant to Statute 101.055. DILHR is required to adopt and enforce health and safety standards equal to those offered private employees as administered by the Occupational Safety and Health Administration (OSHA). Definitions relating to the exposure control plan are found in Appendix C.

#### **Exposure Determination**

OSHA requires the school district to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials in the course of their work. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

These employees, for the purposes of compliance with this Standard, are categorized into the following job classifications:

##### **Classification 1**

Employees whose primary job description is administering first aid, health care, or they have other occupational exposure to bloodborne pathogens. This generally includes nurses, building secretaries, and potentially special needs staff. Employees included in Classification 1 will comply with all components of the Bloodborne Pathogen Standard.

##### **Classification 2**

Employees who provide first aid as a collateral or auxiliary component of their position and, therefore, are exposed to blood or other potentially infectious material (OPIM). This classification may include some coaches, physical education

instructors, custodians, principals or other teachers.

The determination of which employees within these two classifications could be exposed to blood or OPIM has been made by a district committee. Committee members included representatives from administration, nursing, and the county health department.

Specific employees within each classification were assessed to determine the level of occupational exposure to bloodborne pathogens. The results of this determination follow.

**Classification 1**

**Employees whose primary job description is administering first aid, health care or they have other occupational exposure to bloodborne pathogens**

Below are listed the job classifications and the specific employees in the school district where the employee's job description is administering first aid, health care or they have other occupational exposure to bloodborne pathogens. The procedures these employees must follow are delineated in the "Work Activities/Tasks" section of the Exposure Control Plan.

<b>Name of Employee/Job Title</b>	<b>Types of Body Fluids/Blood Encountered</b>	<b>Related Tasks/Procedures</b>
Anna Hahn-Olig, Nurse	Blood & other body fluids contaminated with blood	Sharps - Lancet for glucose; changing of dressings; first aid; resuscitation/CPR
Lori Keena, Secretary	Blood & other body fluids contaminated with blood	Sharps - Lancet for glucose
Becky Taylor, Secretary	Blood & other body fluids contaminated with blood	Sharps - Lancet for glucose
Lisa Miller, Secretary	Blood & other body fluids contaminated with blood	Sharps - Lancet for glucose

**Classification 2**

**Employees who provide first aid as an auxiliary component of their duties and are potentially exposed to Bloodborne Pathogens.**

Below are listed the job classifications and the specific employees in the school district (based on the results of the assessment) where employees provide first aid as an auxiliary component of their duties. The procedures these employees must follow are delineated in the "Work Activities/Tasks" section of the Exposure Control Plan.

Department	Name of Employee	Types of Body Fluids/Blood Encountered	Related Task/Procedures
<b>Administrative</b>	Pat Sullivan	Blood	
	Gus Mancuso	Blood	
<b>Custodial &amp; Maintenance</b>	Baker, Terry	Blood and other body fluids	Cleanup of spills & other body fluids
	Buchholz, John	Blood and other body fluids	Cleanup of spills & other body fluids
	Fuller, Mike	Blood and other body fluids	Cleanup of spills & other body fluids
	Martin, Chris	Blood and other body fluids	Cleanup of spills & other body fluids
	Coates, Paula	Blood and other body fluids	Cleanup of spills & other body fluids
Maintenance Supervisor	Schulz, Roger	Blood and other body fluids	Cleanup of spills & other body fluids
<b>Food Service</b>	Dombrowski, Diane	Blood	Sharps, cutting and preparing foods
	Fellowes, Deann	Blood	Sharps, cutting and preparing foods
	Moen, Lisa	Blood	Sharps, cutting and preparing foods
	Reinert, Diane	Blood	Sharps, cutting and preparing foods
	Weis, Tammie	Blood	Sharps, cutting and preparing foods
<b>Instructional Faculty</b>			
1 <sup>st</sup> Grade	Bord, Carol	Blood	
3 <sup>rd</sup> Grade	Bowe, Natalie	Blood	
Reading Spec.	Isaacson, Karen	Blood	
KG	McGrath, Kathy	Blood	Sharps (lancets for glucose testing)
Phy Ed	McLaughlin, Tina	Blood	First Aid
Title 1	Neve, Ernestine	Blood	
4 <sup>th</sup> Grade	Pickett, Ann	Blood	

2 <sup>nd</sup> Grade	Severson, Denise	Blood	
Music Instructor	Spindler, Jill	Blood	
2 <sup>nd</sup> Grade	Spinger, Liz	Blood	
Art- 5-12	Noonan, Amy	Blood and other body fluids	Sharps (glass, blades)
Art- KG-4	Sucksdorff, Kena	Blood and other body fluids	Sharps (glass, blades)
1 <sup>st</sup> Grade	Weinrauch, Roxane	Blood	
3 <sup>rd</sup> Grade	Willcome, Beth	Blood and other body fluids	
Speech & Language	Willkom, Karen	Blood	
KG	Winters, Kristen	Blood and other body fluids	Sharps (lancets for glucose testing)
4K	Kulinski, Mary	Blood and other body fluids	Sharps (Lancets for glucose testing)
ATS	Bena, James	Blood	
Biology	Brinkman, Matt	Blood	Sharps (glass, blades)
5/6	Borski, Deane	Blood	
Librarian	Flater, Kristin	Blood	
FACE	Folstad, Jessica	Blood	Sharps (glass, blades)
LD	Freeman, Cheryl	Blood	
Math-7-9	Grossman, Tara	Blood	
Science 7-9	Hawk, Kristi	Blood	Sharps (glass, blades)
Soc. Studies 7-9	Hill, James	Blood	
5/6	Holy, Jan	Blood	
Math/Science –HS	Kroening, Tami	Blood	Sharps (glass, blades)
Lang. Arts 7-9	Krueger, Katie	Blood	
LD	Lavey, Kay	Blood	
Math-HS	Martin, Deb	Blood	
Spanish	Martin, Jeremy	Blood	
5/6	Martin, Tim	Blood	
Social Studies-HS	Miller, Tim	Blood	
EBD	Oliver, Melissa	Blood and other body fluids	

Tech Ed	Schmitz, Adam	Blood	First Aid, Sharps (blades, saws, planer, jointer)
Lang. Arts 10-12	Schmitz, Jessica	Blood	
5/6	Shroda, Donna	Blood	
Business Ed	Spencer, Gary	Blood	
Band	Stelchek, Jane	Blood	
Psychologist	Theiler, Ted	Blood	
Phy Ed & Health	Wyngaard, Lee	Blood	First Aid
<b>Counseling</b>	Vruwink, Rauni	Blood	
<b>Support Instructional &amp; Clerical</b>	Bassuener, Paula	Blood	
	Dykstra, Jan	Blood	
	Lau, Sanata	Blood	
	Sawyer, Marcia	Blood	
	Gildenzoph, Mary	Blood	
	Neve, Ernestine	Blood	
	Sorbo, Pam	Blood	
	Jones, Samantha	Blood	
	Bruener, Jeanne	Blood	
	Horn, Blanche	Blood	
	Soto, Bernadette	Blood & Other body fluids	

## **B. Tasks and Procedure**

A list of tasks and procedures performed by employees in the above job classifications in which exposure to Bloodborne Pathogens may occur is required. This exposure determination shall be made without regard to the use of personal protective equipment. (Appendix D is a sample of a Task/Procedure Record that will be used to document this requirement.)

## **II. METHODS OF COMPLIANCE**

In order to effectively eliminate or minimize exposure to bloodborne pathogens in the school district, the following areas are addressed in detail in this Exposure Control Plan:

- . Use of Universal Precautions
  - . Establishing appropriate engineering controls
  - . Implementing appropriate work practice controls
  - . Appropriate housekeeping procedures
- 
- . Using necessary personal protection equipment
    - . Implementing appropriate housekeeping procedures

### **A. Universal Precautions**

Universal Precautions shall be implemented in this district in order to prevent contact with blood or other potentially infectious materials (OPIM). All human blood and certain human body fluids are to be treated as potentially infectious material regardless of the perceived status of the source individual. Although exposure to body fluids other than blood is unlikely in school, the following body fluids are also to be treated as being infectious:

- . blood
- . semen
- . vaginal secretions
- . cerebrospinal fluid
- . synovial fluid
- . pleural fluid
- . pericardial fluid
- . peritoneal fluid
- . amniotic fluid
- . saliva (dental practice only)
- . blood-contaminated body fluids

- . all body fluids where it is difficult or impossible to differentiate

Any employee encountering blood or other body fluids listed above is to treat them as being infectious, and is to use necessary personal protection and work practice controls as listed in this section.

Universal Precautions are practices and procedures that assist in the prevention of contact with blood and other body fluids. They are the best protection against HIV, the virus that causes AIDS, hepatitis B and other infectious agents.

Safe work practice will minimize exposure to blood and other body fluids. These practices include the following:

- . Avoid skin exposure to infected fluids.
- . Use a barrier (cloth, paper towel, etc.) to keep fluids from contact with your skin.
- . Be careful with sharps and dispose of sharps such as needles or lancets or contaminated broken glass in a puncture resistant container. Use tongs or other equipment to pick up broken glass contaminated with blood or OPIM.
- . Use disposable equipment whenever possible.
- . Dispose of items soiled with potentially infected fluids in leak proof bags or containers.
- . Wash hands thoroughly 15-20 seconds, minimum, with soap and water.
- . Clean up spills of potentially infected fluids with soap and water and disinfect spill area with a bleach-water solution, diluted 1 part bleach to 10 parts water or other appropriate disinfectant.

## **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 needle sticks.**

An exposure incident investigation form shall be completed each time an exposure incident occurs. (See Appendix E for a sample form; the information contained on this form shall be included if using a different format.)

1. Hand washing

- a. This district shall provide hand washing facilities which are readily accessible to employees, or when provision for hand washing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with 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.
- d. Proper hand washing procedures include the use of running water. Hands should be wetted with soap applied to hands and wrists to reach any organisms that may have traveled above the hand. Be sure to scrub between fingers and fingernails. You need to scrub a minimum of 15 seconds. Air drying or a single-use towel should be used to dry the hands.

2. Handling Contaminated Sharps

- a. Mechanical devices such as tongs or dust pan and broom will be available to pick up contaminated sharps such as blood-covered broken glass, etc. to avoid any direct contact. Contaminated glass will not be picked up by hand.
- b. Appropriate gloves as provided by the district should be used when handling any contaminated sharps.
- c. Needles and other contaminated sharps should not be bent, recapped or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
- d. Sharps will not be removed or recapped unless it is demonstrated that an alternative is not feasible and approval from the Bloodborne Pathogen contact person is obtained.

3. Sharps container

- a. Sharps containers will be located in the nursing office or as close as feasible to the area where sharps are used. If needed, a biohazard disposal container may also be located in the nurse's office or custodial area.
- b. Container will be puncture-resistant, labeled or color-coded and leak proof on sides and bottom, and be able to be closed after each use. Containers should be maintained in an upright position.
- c. If outside contamination of container occurs, the primary container shall be placed within a secondary container which is puncture resistant, leak proof and labeled or color-coded. Outside contamination may be brought about by accidental spillage or other contact with blood or OPIM.
- d. The employee shall notify the head custodian when sharps containers become 3/4 full so they can be disposed of properly.

4. Blood/OPIM Spill Cleanup

- a. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately.

In this district, there shall be a marked red biohazard container in the custodial area for the containment of all individual biohazard designated bags. Appropriate disposal of the contents of this container is as follows: it will be placed in custodial areas and then transported to Edgewater Haven Nursing Home for disposal.

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.

- b. A main blood or OPIM incident is one in which there will be biohazardous material for disposal. Biohazardous waste shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be

wrung out of the item. This also includes items such as sharps, broken glass or plastic on which there is fresh blood.

The district has an agreement with Edgewater Haven Nursing Home for disposal of biohazardous waste.

- c. Use Gloves. Do not reuse disposable gloves. If utility gloves are used, decontaminate after use with soap and water and appropriate disinfectant.
  - d. Use disposable (paper) towels and other absorbent materials to absorb spill.
  - e. Clean spill area with soap and water.
  - f. Utilize proper disinfectant and follow procedures (example: bleach 1:10).
  - g. Wash hands thoroughly with warm water and soap.
  - h. Supervisor or Exposure Control Officer should be contacted and the spill evaluated.
5. Cleanup of Objects Contaminated with Blood or OPIM (i.e. athletic equipment)
- a. Use gloves. Do not reuse disposable gloves. Utility gloves should be properly decontaminated after use.
  - b. Discard contaminated items that cannot be cleaned into a lined container.
  - c. Wash objects using water and general purpose cleaner.
  - d. Disinfect the object using approved disinfectant solution or a 1:10 bleach solution.
  - e. Rinse clear after disinfecting if object is to be placed in mouth, e.g. mouth guard for football players, or follow appropriate decontamination procedures.

- f. Dispose of contaminated cleaning material in a lined container.
- g. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. It 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 and transported in bags or containers that are biohazard-labeled or colored yellow. In this district, contaminated laundry shall be placed in a 1:10 bleach solution for 10 minutes or other disinfectant which is tuberculocidal. In this district, laundry shall be washed at school after it has been decontaminated at school.
- h. Notify supervisor or Exposure Control Officer if exposure potential exists.

6. Self-Management

Wherever possible and appropriate, employees should practice self-management of injuries and should teach students the same. The principle of self-management is that the person whose blood or other body fluids are exposed should themselves, if possible, manage, treat, clean and dispose of contaminated materials, thereby avoiding contact by a second party.

7. First Aid/Health care

- a. Use gloves or other personal protective equipment (PPE).
- b. Use paper toweling to wipe injury and, if appropriate, allow person to rinse injury with running water.
- c. Place soiled materials into a lined waste container and direct person to perform as much of these procedures as possible.
- d. Soiled clothing should be removed and placed into a plastic bag for laundering if feasible.
- e. Assist in cleaning affected area; use cotton swabs to apply medicine if appropriate.

- f. Follow other procedures for care in minimizing direct contact with blood or body fluids.
- g. Wash hands thoroughly.

**Note:** If you do not have access to PPE or exposure control kits, help the injured person to care for him/herself. Demonstrate how to do this, i.e. holding paper towels over bloody nose and applying pressure. Instruct person in cleanup of any blood spills. Place a barrier (e.g. paper toweling) between yourself and the injury if you need to provide assistance.

#### 8. Eating, Drinking, Other

Eating, drinking, applying cosmetics or lip balm and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink should not be stored in close proximity to where blood or potentially infectious materials are present.

#### 9. Mouth Pipetting/Suctioning

Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited. (This would be unlikely to happen in a school setting.)

The district shall monitor procedures to ensure Universal Precautions, engineering controls and work practices are implemented and utilized appropriately to reduce/eliminate exposure.

### C. **Personal Protective Equipment**

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available in this district are gloves, gowns, masks, and eye guards. The district will provide personal protective equipment as appropriate to employees at no cost. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

#### 1. Personal Protective Equipment

- 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 as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for reuse (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. 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.
  - d. 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.
  - e. Resuscitation bags may be used to avoid direct contact during resuscitation.
  - f. Pocket masks may be used to protect the mouth/nose area from exposure and potential contamination when there is potential for blood splashing when administering first aid.
2. This 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 at locations listed at the end of this section. Personal protective equipment shall be given to: any employee who has a reasonably anticipated exposure to blood or OPIM.
- a. This district shall clean and dispose of personal protective equipment, at no cost to the employee.
  - b. This 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 possible.
5. This district shall ensure 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. (Appendix F)
6. The employee shall use appropriate personal protective equipment as determined by the employee's professional judgment that in a specific instance its use would have prevented the delivery of health care or public services or would have imposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

**Personal Protective Equipment Location (s)**

Type of Personal Protective Equip.	Location(s)	Last Inspected
Kits *	Nurse's Office Elementary & High School	September 2008
Kit *	Principal's Office Elementary & High School	September 2008
Kit *	Administration Office High School	September 2008
Kit **	Maintenance Areas Elementary, High School	Elementary: September 2008 High School: September 2008
Kit *	Physical Education Gym Elementary, High School Art Room Shop	Elementary: September 2008  High School: September 2008

2 Kits	Each Classroom	Elementary : September 2008
	Elementary, High School	High School: September 2008

- \* Kit includes: 1 pr. gloves, towel, antiseptic towelettes, and zip lock bag.
- \*\* Cleanup Kit includes: 1 pr. gloves, towel, antiseptic towelettes, scoop, pan, decontaminate bag.

D. Housekeeping

1. All contaminated equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Decontamination will involve the cleanup of all material by absorption using paper toweling or other absorbent material, water and soap, and final disinfection with an EPA-approved disinfectant. A one to ten part bleach and water solution may be used. The solution will be made freshly prior to use and discarded weekly.
  
2. Broken glassware which may be contaminated will not be picked up directly with the hands. Tongs, forceps or a brush and dust pan should be used and the material disposed of in a sharps container. This equipment should be cleaned and disinfected after contact with blood. Cleaning and disinfecting procedures described in Paragraph 1 above should be used.
  
3. Most waste can be disposed of in the regular waste stream; however, other regulated waste (example: blood-soaked rags):
  - a. Should be placed in containers which are closeable, leak proof, labeled or color-coded and closed prior to removal.
  
  - b. If outside contamination occurs, the container will be placed in a second container that is closeable, leak proof, biohazard labeled or color-coded (red) and closed prior to removal.
  
  - c. Disposal will be in accordance with federal and other applicable local/state regulations.
  
4. In the event that clothing and/or other washable materials are contaminated with blood or other potentially infectious material, the following conditions are applicable:

- a. Contaminated laundry should be handled as little as possible and gloves utilized.
- b. Contaminated laundry should be bagged in the location where it was used, but not sorted or rinsed at that time. When contaminated laundry is cleaned/laundered, it should be done separately unless Universal Precautions are utilized and all laundry is considered soiled and handled as such. All soiled laundry will be put in identified bags and employees instructed that those bags contain contaminated laundry.
- c. If contaminated laundry is to leave the district, it should be transported in color-coded or labeled bags or containers unless the facility to which it is transported uses Universal Precautions for all laundry. When contaminated laundry is wet, it should be transported in bags which prevent soak-through and/or leakage of fluids to exterior.
- d. The school district will ensure that employees who have access to contaminated laundry wear appropriate personal protective equipment (PPE).

### **Cleaning Schedule**

The following is a written schedule for cleaning which identifies areas of concern and the method of decontamination to be used. This would apply to school districts which use equipment for examinations (rectal, vaginal, oral, etc.) or frequent first aid/other areas. If you do not have frequent blood cleanup, it is sufficient to follow appropriate cleanup procedures after a blood spill.

<b>Area</b>	<b>Scheduled Day &amp; Time of Cleaning</b>	<b>Cleaners &amp; Disinfectants Used</b>	<b>Special Instructions</b>
Nursing Office	Daily & evenings as needed	Bleach 1:10 solution or tuberculocidal solution	Sinks, bathroom - elementary
Bathrooms	Daily & evenings as needed	Bleach 1:10 solution or tuberculocidal solution	Sinks, urinals
Showers	Daily - evenings	Bleach 1:10 solution or tuberculocidal solution	
5-6 Area	Daily - evenings	Bleach 1:10 solution or tuberculocidal solution	countertops

### **New/Transferred Employee**

When a new employee joins the school district, or an employee changes jobs within the facility, the following process will take place to ensure that they are assessed and, if necessary, trained in the appropriate work practice controls:

1. The employee's job classification and the tasks and procedures he/she will perform are evaluated by classifications and task lists which we have identified in our Exposure Control Plan as those in which occupational exposure occurs.
2. If the employee is transferring from one job to another within the facility, the job classifications and tasks/procedures pertaining to the previous position are also checked against these lists.
3. Based on this cross-checking, the job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified and documented. The employee will then be trained by the facility training coordinator or another instructor regarding any work practice controls with which the employee is not experienced. In addition, a complete bloodborne pathogen training and all other components of the regulation will be implemented.

### **Control Equipment**

Engineering control equipment, such as sharps containers, hand washing equipment, etc., should be placed in the nurses' offices and in areas with personnel that fit into job Classification 1 and possibly Classification 2.

The following are areas that are to have engineering control equipment to eliminate or minimize employee exposure to bloodborne pathogens. If equipment is needed but not yet installed, "none" is indicated in the Control Equipment column.

<b>Department/Location</b>	<b>Control Equipment</b>	<b>Last Inspected</b>
Nurse's Office	Sharps Container , red bags, laundry bags,	Elementary: September 2008 High School: September 2008
High School Office	Sharps Container	September 2008

Maintenance Areas	Sharps Container Red Bags	Elementary: September 2008 High School: September 2008
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### III. HEPATITIS B VACCINATION & POST EXPOSURE EVALUATION POLICY

#### A. Hepatitis B Vaccination Policy

The hepatitis B vaccination (see Appendix B) is being provided for all employees who have occupational exposure to blood or other potentially infectious material.

The school district will make the hepatitis B vaccine available to all employees who have occupational exposure. It will be:

- . made available to employee at a reasonable time and place.
- . performed by a licensed physician or licensed health care professional following appropriate health care professional procedures. The district will provide the health care professional responsible for the employee's vaccination with a copy of the regulation.
- . contracted through the Wood County Public Health Dept. to provide the vaccine at no cost to the employee. If an employee wishes to go to their own private physician for the vaccines, the District will reimburse at the cost with which the Wood County Public Health Dept. offers the vaccine. The employee will be responsible for the difference.

The hepatitis B vaccination will be made available after employee receives required training and within 10 days of initial assignment to all employees who have occupational exposure.

1. Exemptions would include:
  - a. employee who has received vaccine series previously
  - b. antibody testing has revealed that employee is immune
  - c. medical reasons

2. The school district shall not require a prescreening program as a prerequisite for receiving the HBV vaccination.
  3. An employee may decline the HBV vaccination, in which case the employee needs to sign a declination statement (see Appendix F). The employee may, at a later date, request the vaccine; the school district shall grant the request at that time.
  4. 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.
  5. Records regarding HBV vaccinations or declinations are to be kept by: the school nurse.
- 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. This district shall provide the hepatitis B vaccine to all employees.
  2. All first aid incidents with significant exposure involving the presence of blood or OPIM shall be reported to this school district's designee: School Nurse (primary)/Building Secretary (secondary) on a daily log **by the end of the work day on which the incident occurred.**
  3. The district's exposure incident investigation form (see Appendix E) 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 (see Appendix G).
  4. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxes and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard. (see Appendix G)
  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 (see Appendix F). 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.

C. Post Exposure Evaluation & Follow-up Protocol

The district is responsible to evaluate an exposure incident (i.e. blood contact with mucous membranes, non-intact skin, or piercing the skin or mucous membrane by needle stick, cut, bite, etc.).

Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination and follow-up (see Appendix G).

In the event of an exposure incident, it is imperative that the employee and district follow the appropriate protocol. Time is important in providing the most comprehensive and protective treatment.

Any school district employee who has an exposure incident should follow the post-exposure protocol. The school district will be responsible for providing a confidential medical evaluation and follow-up after an exposure incident has been reported. The following protocol will be followed:

Exposed Employee Should:

1. Immediately wash exposed area or flush mucous membrane with running water, and
2. Contact the Supervisor/Exposure Control Officer

Bloodborne Pathogen contact person will:

1. Document the exposure incident along with routes of entry and circumstances of exposure (Exposure Incident Report Form BBP-006).
2. Identify and document source individual (unless prohibited by law). This is done to determine HBV or HIV status of the source.
3. The source individual's blood shall be tested as soon as feasible after

consent is obtained. If consent is not obtained, document as such. When consent is not required by law, the source individual's blood shall be tested (if available) and results documented.

4. If source individual is already known to be infected, status testing will not be repeated.
5. After consent is obtained, results of the source individual's testing will be made available to the exposed employee by the health care professional; employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
6. The exposed employee's blood will be collected within 24 hours or as soon as feasible and tested after consent is obtained.
7. If employee consents to baseline blood collection, but does not give consent for HIV Serological testing, samples will be held for 90 days. In this time period, the employee may decide to have blood sample tested.
8. Make available the post-exposure evaluation/ treatment provided by health care professional, including counseling and evaluation of reported illness by health care professional.
9. For post-exposure prophylaxis, follow recommendations established by the U.S. Public Health Service (see Appendix B and G).

This 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.

Information provided to the health care professional who evaluates the employee shall include (see Appendix G):

1. A copy of the DILHR Health and Safety Standard, Wisconsin Statute 101.055, (Appendix A);
2. A copy of the exposure incident report;
3. A description of the employee's duties as they relate to the exposure incident;

4. Documentation of the route of exposure and circumstances under which exposure occurred;
5. Testing Consent/Declination of source. If consent is obtained, results will be transmitted by the health care professional directly to the exposed employee.
6. Testing Consent/Declination of exposed employee. Results will be transmitted directly to the employee.
7. All medical records relevant to the appropriate treatment of employee, including vaccination status, which are the district's responsibility to maintain.

This district shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

1. The health care 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 health care 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 the 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.

If an exposure takes place and the employee refuses to have a medical examination, then a refusal slip shall be signed with date and 2 witnesses (see Appendix I).

#### IV. COMMUNICATION OF HAZARDS

Labels and signs are required for identifying contaminated materials. Outside of sharps containers, regulated waste is typically not generated in a school setting; however, this must be evaluated for each facility.

- A. Warning labels will be affixed to containers of regulated waste if any is generated, or contaminated equipment that is transported and cannot be completely decontaminated on site.
- B. Labels shall:
  - 1. include the biohazard legend.
  - 2. be fluorescent orange or orange-red with contrasting lettering or symbols
  - 3. be affixed as close as feasible to container by string, wire, adhesive or other method that prevents their loss or unintentional removal.

The district has the option of substituting red bags or red containers for labels.

## V. INFORMATION AND TRAINING

This district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.

- 1. Training will be provided:
  - a. at the time of initial assignment to tasks when occupational exposure may take place,
  - b. within 90 days after effective date of the Standard,
  - c. annually.
- 2. Additional training will be provided when changes such as modification or addition of tasks or procedures affect employee's occupational exposure.
- 3. Material covered will apply to educational level, literacy and language of employees being addressed.
- 4. The contents of the training program will include:
  - a. Copy of 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule.

- b. Explanation of the epidemiology and symptoms of bloodborne diseases.
  - c. Explanation of the modes of transmission of bloodborne pathogens.
  - d. Explanation of school district's Exposure Control Plan, its location, and means by which an employee may obtain a copy.
  - e. Assessment of tasks that may involve exposure.
  - f. Methods of preventing or reducing exposure (engineering controls and work practices).
  - g. Information on types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment (PPE).
  - h. Explanation of selection of PPE.
  - i. Information on the HBV vaccine, including efficacy, safety, administration, and benefits as well as the location and procedure for receiving the cost-free vaccination.
  - j. Information on appropriate action to take and persons to contact in emergencies involving exposure.
  - k. Explanation of procedures to follow when an exposure incident occurs, including reporting methods and medical follow-up.
  - l. Information on the post-exposure evaluation and follow-up which the school district is required to supply following an exposure incident.
  - m. Explanation of signs, labels and color coding system.
  - n. Opportunity for a question and answer period.
5. The person conducting the training will be knowledgeable in the material covered during the training course as it relates to the workplace.
6. Training records will be maintained for a period of three (3) years and will include name, occupation, name of person doing training (with qualifications) and a brief overview of contents--an agenda.

7. Training curriculum--The school district will be using a videotape to conduct the training. There will be a time allotted for a questions and answer period after the employee views the tape. The video will be maintained by the District and made available for review by employees or OSHA.

## **VI. RECORDKEEPING**

### **A. Medical Records**

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (see Appendix G):
  - 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 examinations, medical testing, and follow-up procedures;
  - d. If exposure incident(s) have occurred, district's copy of the health care professional's written opinion;
  - e. If exposure incident(s) have occurred, district's copy of information provided to the health care professional: i.e., exposure incident investigation form and results of the source individual's blood testing, if available and consent has been obtained for release.
2. This 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 (See Appendix H)**

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

2. This 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. This district shall comply with the requirements involving the transfer of records set forth in this standard.