

**BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN**  
**Odem-Edroy ISD**

**Date of Implementation:** January 31, 2001 - Updated May 2013 by Liz Buckley RN, MS

In accordance with the Health and Safety Code, Chapter 81, Subchapter House Bill 2085, and Analogous to OSHA Bloodborne Pathogens Standard 29 CFR-1910.30, Subpart Z, the following exposure plan exits.

Copies of the plan will be located in: Superintendent Office, Principals office, School Nurse’s office, Maintenance Director, and Athletic Directors’ office

**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 material (OPIM). The exposure determination is required to list all job classifications in which employees have occupational exposures regardless of frequency. The following job classifications apply:

**Classification I Job Listing**

The following is a list of job classifications in which employees at Odem-Edroy ISD job performance involves occupation exposure to mucous membranes, skin contact with blood, body fluids, tissues or potential spills or splashes. The uses of appropriate measures are required for every employee in these jobs:

JOB TITLE	BLOOD ENCOUNTERED TYPES OF BODY FLUID	RELATED TASKS/PROCEDURES
RN Health Aides	Blood and other body fluids contaminated with blood	Wounds, scratches, changing dressings, CPR/First Aid
Special Educators Special Education Assistant, Aides PPCD	Blood, contaminated vomit, urine, feces, saliva	Suctioning, changing dressings, diapering,G-tube, tube feedings Clean up blood spills/other other fluids, CPR/First Aid
Athletic Coaches (Special areas), PE Teachers & aides, Lifeguards	Blood & Blood contaminated body fluids	CPR/First Aid, working with injuries
Day custodians	Blood, Blood contaminated Vomit or urine	Clean up blood spills/other body fluids
Principals & Assistant Principals	Blood, contaminated blood or body fluids	CPR/First Aid, scratches, wounds, injuries

## Classification II Job Listing

The following is a list of job classifications in which required tasks normally do not involve exposure to blood, body fluids, or tissues, but may require performing unplanned Classification I tasks. In these jobs the normal work routine involves no exposure to blood, body fluids tissues, but exposure or potential exposure to blood borne pathogens may occur. In the event of exposure, the employees will be provided post exposure treatment.

Name of Employee Job Title	Types of Body Fluids Blood Encountered	Related Tasks/ Procedures
Classroom Teachers Counselors'/Hero's	Blood/vomit	Providing Medical Assistance
Secretaries	Blood/vomit	Providing Medical Assistance

Part time, temporary, contract or per diem employees are covered by standard.

### **IMPLEMENTATION SCHEDULE AND METHODOLOGY**

In order to be effectively eliminated or minimize exposure to blood borne pathogens in the school district, the following outlines a schedule and method of implementation for the various elements of the exposure control plan.

#### **Compliance Methods**

**Universal Precautions** will be observed by all employees to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are infectious regardless of the perceived status of the source individual.

**Engineering and work practice** will be used to eliminate or minimize exposure to employees. Where occupational exposure remains after institutions of these controls personal protective equipment is used. The specific engineering controls and work practices used are listed below:

- Sharps container
- Appropriate containers with biohazard symbol used for disposing of regulated waste
- CPR/First Aid training for employees
- Safety design devices
- Use a barrier (cloth, paper towel, glove) to keep fluids from contact with skin
- Wash hands frequently

The district will identify the need to change engineering controls and work practices through annual in-service and employee recommendations. Supervisors and workers will examine and maintain engineering controls with the work area on a regular basis.

**Hand-washing** facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. The department's plan requires that these facilities be readily accessible after incurring exposure. Hand washing facilities are located in the following areas:

- Nurse's office
- PE areas (gym, restrooms)
- Employee restrooms
- Students classrooms
- Custodian closet

If hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towel, antiseptic towels 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 person protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membrane, then those areas are washed with soap and water or flushed with water as appropriate or as soon as possible following contact.

**Eyewash is located in the following areas:**

- Health Clinic
- Maintenance
- Science Lab/ Shop

### **Needles**

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared or purposely broken. The 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, and then the recapping or removal of the needles must be done by the use of the device or a one-handed technique. **Sharp containers are located in the school nurse's office.**

### **Contaminated Sharps Discarding and Containment**

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closed, puncture resistant, leak proof on sides and bottoms, and biohazards labeled and colored. 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 overfilling; 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 or 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.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. **The district does not employ these procedures.**

### **Collection of Specimens**

Specimens of blood or other potentially infectious materials are placed in a container which prevents leakage during the collection, handling, processing, storage, transport, or shipping of specimens. The container used for this purpose is labeled with a biohazard label or color coded unless universal precautions are used throughout the procedure and the specimens and containers remain within the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting, labeling of these specimens should be done according to the agency's specimen collection procedure. This procedure should address placing the transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and /or universal precautions are not used throughout the procedure, a biohazard or color code label should be affixed to the outside of the container.

If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport or shipping of the specimen. The secondary container is labeled with a biohazard label or color coded.

- **The district does not collect specimens.**

### **Contaminated Equipment**

Equipment, which may become contaminated with blood or other potentially infectious material, is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Employers place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturers as appropriate.

### **Personal Protective Equipment (PPE)**

All personal protective equipment used 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.

The types of PPE available to employees are:

- \*Gloves
- \* Eye glasses
- \* Protective covering over clothing (i.e., plastic aprons, smock, lab coat)

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

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 areas and placed in the designated receptacle.

Gloves are worn where it is reasonable anticipated that employees will have hand contact with blood, other potentially infectious materials, and mucous membranes. 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 possible 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.

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 and nose or mouth contamination can be 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. **\* At this district the use of surgical caps or hoods does not apply.**

## **PERSONAL PROTECTIVE EQUIPMENT LOCATIONS**

Types of Personal Protective Equipment	Location
Disposable Latex Gloves	Nurse's office, science labs, special Education classrooms, all classrooms
Utility gloves (rubber)	Buildings/grounds office
Eye Protection	Science Labs, Agriculture shops
Mouth Pieces	Nurse's office

## Housekeeping

The school district will maintain clean and sanitary conditions at the work site.

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.

Protective coverings (e.g., plastic wrap, aluminum foil, etc) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or 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 is contaminated, is not picked up directly with the hands.

## Regulated Waste Disposal

The Blood borne Pathogens Standard uses the term, “regulated waste,” to refer to the following categories of waste which require special handling at a minimum; (1) liquid or semi-liquid blood or OPIM; (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi liquid state if compressed; (3) items that are caked with dried blood or OPIM and are capable of releasing these material during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM. (Most school waste can be deposited in the regular waste.)

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area. Sharps containers are located in nurse’s offices.

Regulated wastes other than sharps are placed in appropriate containers and closable, leak resistant, labeled and colored, and closed prior to removal. If outside contamination of the regulated waste containers occurs, it is placed in a second container that is also closable, leak proof, labeled with biohazard label or color coded, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements. **\*The district does not generate regulated waste.**

- Schools are not viewed by TDH or the TNRCC as being generators of “regulated medical waste” and therefore not required to use these types of signs and labels. The school nurse may dispose of waste in the regular dumpster. If red sharp containers are used, TNRCC does not recommend dumpster disposal. Options for disposal include: working with the current waste services provider, partnering with a local health department clinic, hospital, physicians’ office or their health care provider, or utilizing an approved medical waste transport service.

- **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 patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and common sense storage and processing of clean and soiled linen is recommended.

In the event that clothing and/or other washable materials are contaminated with blood or other potentially infectious material, the following conditions are applicable. Contaminated laundry should be handled as little as possible and gloves utilized.

Contaminated laundry should be bagged in the location where it is 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 laundry will be put in identified bags and employees instructed that those bags contain contaminated laundry.

If contaminated laundry is to leave the district, it should be transported in color coded or in 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 the exterior.

The school district will ensure that employees who have access to contaminated laundry wear appropriate personal protective equipment (PPE). **\* Laundry is cleaned at the Old Odem High School Gym, New High School Gym and Odem Elementary Maintenance room.**

### **Hepatitis B Vaccine**

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the Hepatitis Vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after the **Bloodborne pathogen online training** and within 60 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 sign a declination statement.

Employees who initially decline the vaccine but later elect to receive it may then have the vaccine provided at no cost.

### **Post Exposure and Follow Up**

The designated exposure control officer at Odem-Edroy ISD is Elizabeth Buckley RN, MS

When an employee incurs an exposure incident, the employee reports to the Exposure Control Officer. All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

- Documentation of the route(s) of exposure and the circumstances related to the incident.
- Identification and documentation of the source individual, unless the employer can establish the identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employee can establish that testing of the source is infeasible or prohibited by state or local law.
- The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, the testing is done as soon as possible.
- The employee is offered post exposure prophylaxis in accordance with the current recommendations for the U. S. Public Health Service.
- The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation related to this policy.

### **Interaction with Healthcare Professionals**

A written opinion is obtained from the healthcare professional that 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 school districts 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) Results of the source individual's blood tests (if available)
- 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 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 the exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other finding 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**

Labels are required for identifying contaminated materials. Outside of sharps containers, regulated waste is typically not generated in the school setting. Types of materials that should be labeled as biohazard material include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers use to store, transport, or ship blood or other potentially infectious materials.

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

### **Training**

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur (within 90 days after effective date of the standard). All employees also receive annual refresher training. This training is to be conducted within one year of the employee's 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 Facility's Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, and where to access the plan)
6. Procedures which might cause exposure to blood or other potentially infectious material 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 (types, use, location, etc)
9. Hepatitis B 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 Prophylaxis Guidelines.
12. Post exposure evaluation and follow up
13. Signs and labels used at the facility
14. An opportunity to ask questions with the individual conducting the training.

**Record Keeping**

**Medical Records:**

The district shall establish and maintain accurate record for employee with occupational exposure. According to OSHA’s Bloodborne Pathogens Standards, medical records are maintained by:  
San Patricio Health Department

The employee shall maintain the records for at least the duration of employment plus 30 years.

Training records: Odem Edroy ISD Nurse’s office

The training records include:

- \*Dates of training
- \* Contents or summary of training conducted
- \* Name and qualifications of trainer
- \* List of participants
- \* Training records need to be kept for 3 years from the date on which the training occurred.

According to OSHA’s Bloodborne Pathogens Standards, training records will be placed  
Superintendants Secretary Office  
Ron Squires – Technology Director – online training

Annual Review:

Signature Elizabeth Buckley RN, MS	Date 8/ 13/08
Signature Elizabeth Buckley RN, MS	Date 8/12 & 8/13/2009, online training
Signature Elizabeth Buckley RN, MS	Date 8/14/10 – 10/5/10, online training
Signature Elizabeth Liz Buckley RN, MS	Date: August 2011, 2012, 2013 online Training

