



Bloodborne Pathogens Exposure Control Plan

This exposure plan is adopted to meet the requirements for bloodborne pathogen exposure control at Joshua Independent School District as based on the Texas Department of State Health Services (TDSHS) Bloodborne Pathogens Exposure Control Plan. [25 TAC 96; Health & Safety Code §81.301-81.306; 29 Code of Federal Regulation §1910.1030, OSHA Bloodborne Pathogens Standard; DBB (LEGAL)]

A copy of this plan shall be accessible to all employees, parents, and volunteers via campus health clinics, district departments, and Joshua ISD intranet. Individual departments and campuses will be responsible for ensuring that the provisions of the district's exposure control plan and the mandates of the TDSHS bloodborne pathogen standard are carried out.

Exposure Determination

The TDH Bloodborne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (PPE). This exposure determination is required to list all employees having a risk of occupational exposure to sharps, blood or other potentially infectious materials.

The following Joshua ISD job classifications in which employees have a risk of occupational exposure apply:

- a. Nurse/Nurse Aides
- b. Secretaries/Office staff (who help cover the nurses office)
- c. Coaches/Trainers/PE personnel
- d. Life Skills
- e. PPCD
- f. Police
- g. Custodial
- h. Maintenance

It is the responsibility of the individual school district to determine which school employee job descriptions will include providing first aid to students/other employees and falls under the TDSHS regulations.

Compliance Methods

Universal Precautions

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, PPE is used. Engineering controls include use of sharps containers. PPE used at this facility includes but is not limited to disposable gloves, reusable gloves, protective goggles, and pocket masks or CPR barrier devices.

Supervisors and workers examine and maintain engineering and work practice controls within the work area on an ongoing basis and report problems and new equipment needs to their supervisor.

Handwashing

Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. The plan requires that these facilities be readily accessible after incurring exposure.

Where hand washing facilities are not immediately available antiseptic cleanser in conjunction with clean paper towels, antiseptic towelettes, or waterless disinfectant are to be made available by the department head. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.

After removal of personal 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 membranes, then those areas are washed with soap and water or flushed with water (as appropriate) as soon as feasible following contact.

Bloodborne Pathogens

The risk of contracting a bloodborne pathogen in school is low and infrequent. However, accidents, playground scrapes, bloody noses, fights, and athletic injuries all have the potential for blood exposure. So when the need arises you must be prepared to deal with blood safely. Blood is the number one source of potentially deadly viruses such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV). Most people who do have an exposure on the job are stuck by a contaminated needle or other sharp object, or have contaminated blood splash their broken skin, eyes, nose or mouth.

The most important thing you can do to prevent the contracting of a potentially deadly disease is use universal precautions. You must view all blood and body fluids as harmful to you. To prevent the transmission of any of these diseases you need to take some simple precautions.

1. Always use barrier protection, such as gloves, when you may have to touch blood, body fluids, or a contaminated surface. Gloves should fit snugly and extend over the wrist. Only use the gloves once and then throw them away.
2. Avoid touching the outside of contaminated gloves when removing them. Then, wash your hands with soap and water for 15 seconds or more.
3. Call for the custodian to clean up any blood or body fluid spills so that the proper cleaning solutions can be used.

If you should have an exposure to someone else's blood or body fluid, immediately wash the area with running water for 15 seconds or more and then wash thoroughly with soap and water and report the incident to your campus nurse.

Needles/Sharps

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

All medical sharps are intended for single use only. They must not be stored for re-use by the same or any other individual.

Contaminated Equipment

Contaminated medical sharps are discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak-proof on sides and bottom, and biohazard labeled or color-coded.

During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (nurse's office and other locations where procedures requiring use of sharps are performed); maintained upright throughout use; are not allowed to overfill; and replaced as needed.

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

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

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

Personal Protective Equipment (PPE)

All PPE used is provided without cost to employees. PPE is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes, under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of PPE include gloves, safety goggles, and CPR barrier devices. All PPE is fluid resistant.

Disposable gloves and CPR barrier devices are available to First Aid Providers from the School Health Services. The Athletic Department will provide PPE for use during athletic activities and events. The Housekeeping Department will provide PPE used by housekeeping personnel.

All garments that are penetrated by blood, are removed immediately or as soon as feasible and are placed in a plastic bag and labeled as contaminated laundry. All PPE is removed prior to leaving the work area and placed in the designated trash receptacle or decontamination solution.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees will be provided with vinyl gloves or other suitable replacements.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Eye protection devices, such as: goggles or glasses with solid side shields are required to be worn when splashes, spray, splatter, or droplets of blood, or other potentially infectious materials may be generated and eye contamination can reasonably be anticipated.

Housekeeping

JISD shall ensure that the work site is maintained in a clean and sanitary condition. A written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area will be determined by the Housekeeping Department. This schedule will be available during the school year and evaluated and amended as needed.

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. Nursing personnel will be responsible for cleaning/decontaminating cots and work surfaces during the day and after any spill of potentially infectious materials. If the nurse's office is not staffed daily the building principal is responsible for assigning daily decontamination of nurse's office surfaces. Nurse's office floors and restrooms will be cleaned by the Housekeeping Department as scheduled.

Blood or body fluid spills are treated differently depending on the size and amount of fluid. A small spill is less than 100cc (about ½ cup) and can be cleaned up with absorbent material such as paper towels or pads without dripping the absorbent material. It must be contained in such a way so as not to cause pooling, puddling or dripping. The person doing the cleaning will wear gloves and other appropriate PPE as necessary for the procedure. Used paper towels or other absorbent material can be placed in a regular trash bag or enclosed within discarded gloves without contaminating the environment. The area will be immediately wiped of all traces of blood or body fluid by an approved disinfectant. If these conditions can't be met, the spill will be considered a large spill and treated as follows.

A large spill consists of 100cc or more of blood or other potentially infectious material, cannot be easily cleaned up with paper towels or other absorbent pads, and causes pooling or dripping. A custodian will be called to the scene to perform the clean-up procedure. The area will be kept clear of personnel and steps will be taken to prevent further contamination of the environment. PPE will be worn as needed to protect the individual during the clean-up procedure. The area will be kept clear of personnel and steps will be taken to prevent further contamination of the environment. PPE will be worn as needed to protect the individual during the clean-up process. Any used mops or similar cleaning devices will be disinfected. All material and disposable PPE would be double bagged and labeled "Contaminated" using a marker or masking tape. Any broken glassware that may be

contaminated is picked up using mechanical means such as brush and dustpan and will not be picked up by hand.

Protective coverings (i.e., cot paper, plastic wrap, 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.

Regulated Waste Disposal

All contaminated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled as contaminated with blood or body fluids and closed prior to removal.

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 the nurse's office and in any Campus office in which procedures involving the use of sharps are performed. Sharps containers will be disposed of when full.

Any container that has been used as a receptacle for vomitus or other body fluids will be decontaminated as soon as feasible after visible contamination.

All contaminated waste is double bagged marked "Contaminated" and placed in appropriate trash receptacle as soon as feasible.

Laundry Procedures

It is important to remember that the transmission of HIV/HBV/HCV from laundry has never been linked. Although the risk is minimal, following the guidelines and common sense hygienic practices for handling and washing soiled clothing will reduce the risk even further. Clothing or laundry contaminated with body fluids will be laundered in laundry facilities in JISD special education classrooms and athletic departments.

It is recommended that soiled laundry be handled with gloved hands and not be transported or carried with bare skin or personal clothing to the completion of the final wash/rinse cycle.

Hepatitis B Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the Hepatitis B vaccine at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered within 10 working days of the employee's 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 receive the vaccine at the following locations:

Passport Health
5608 Malvey Avenue, Suite 205
Fort Worth, TX 76107
817-756-6562

Texas Huguley Mobile Clinic
Locations vary

Human Resources will provide the Hepatitis B Employee Vaccine Statement to all new employees with job descriptions that are identified as at risk for exposure. The employee will indicate on the form one of the following:

- Permission to receive the Hepatitis B vaccine series. Human Resources will provide the employee with a copy of the Hepatitis B Vaccine Agreement letter to take to the appropriate vaccine provider.
- Declination of the Hepatitis B vaccine series. This will remain in the employee's file within the Human Resources Department.
- Hepatitis B coverage from previously receiving the Hepatitis B vaccine series.

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

- Contact the campus nurse or Human Resources.
- Employee consent for the vaccine series will be obtained on the Hepatitis B Employee Vaccine Statement.
- The staff member will be provided the Hepatitis B Vaccine Agreement letter to take to the appropriate vaccine provider.

The Hepatitis B vaccine statement and proof of completed vaccination, if provided by the employee, will be retained on file in Human Resources.

Exposure Incident

Immediate First Aid Actions

- Immediately wash exposed area with soap and water
- If exposed area involved is your mouth, rinse your mouth thoroughly with water, or if water is not available, rinse with mouthwash
- Eyes – flush with water thoroughly at least five (5) minutes
- Notify the school nurse or Health Services Coordinator. The nurse will:
 - Assist with first aid, as needed
 - Assess and document route(s) of exposure and incident circumstances

After first aid has been rendered, the following actions should be completed:

- Notify campus or department administrator
- Complete a Workers' Compensation Form (see campus or department secretary)
- Medical evaluation must be conducted as soon as possible after exposure

Employees

Comply with JISD Workman's Compensation Medical Evaluation Procedures

- Blood testing for HIV/HBV serological status, post-exposure prophylaxis, and post-exposure treatment in accordance with the current recommendations of the US Public Health Services.
- Post-exposure counseling concerning infection status, results, interpretations of tests and precautions to take during the period after the exposure incident in accordance with current recommendations of the US Public Health Services.
- Employee will be informed of what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

All medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post-exposure follow-up will be:

- Made available to the employee through an in-network Worker's Compensation Provider
Worker's Compensation forms and instructions can be obtained through the

department manager, campus secretary or Joshua ISD Human Resources.

- Made available at a reasonable time and place
- Performed by or under the supervision of a licensed physician
- Provided according to the recommendations of the U.S. Public Health Services
- Documented at the point of service provision

Non-Employees

Non-employees will be referred to their physician/healthcare provider on the day of the incident. Their healthcare provider will provide post-exposure treatment and counseling. Health Services Coordinator will facilitate consent from source individual for source testing, if requested by treating physician.

Students

Students will be referred to their physician/healthcare provider on the day of the incident. The student's healthcare provider will provide post-exposure treatment and counseling. The Health Services Coordinator will facilitate consent from source individual for source testing, if requested by treating physician.

Oral report

Incidents of exposure to blood, tissue and body fluids visibly contaminated with blood must be reported to your campus principal or department supervisor/administrator, and/or school nurse. This oral report must include the identity of the person exposed, type of exposure, time and circumstances of the incident.

Written Report

Within five days, a written report will be completed and copies given to the campus administrator or department supervisor. It must include the names of all first aid providers. A copy shall be submitted to the campus principal. All reporting individuals should sign the statement. The written exposure report will include:

- Identity of the person exposed
- Type of exposure and circumstances of the incident
- Identity of the source individual, if not prohibited by state or local statute protecting confidentiality (student names will be kept confidential)
- Date and time of incident
- Suggestions for facility procedures to avoid similar incidents in the future.

Training

Training of all employees identified as at-risk for exposure is provided within 10 days of initial assignment and an annual refresher training.

Training for employees includes an explanation of the following:

- Chapter 96 Bloodborne Pathogen Control
- OSHA Bloodborne Pathogen Regulations 29 CFR 1910.1030
- Epidemiology, symptomatology and modes of transmission of bloodborne diseases
- Joshua ISD's exposure control plan
- Procedures which might cause exposure to blood or other potentially infectious materials
- Methods used to control exposure to blood or other potentially infectious materials
- Personal protective equipment and Universal Precautions
- Hepatitis B vaccine

- Procedures for first aid involving blood or other potentially infectious materials
- Procedures to follow if an exposure incident occurs
- Signs and labels used at the facility

Annual Review

Annual review will be performed by the departments/administrators listed below.

- Health Services Coordinator will initiate annual review each spring (April/May)
- Revisions will be made as needed and previous versions will be retained on file.
- Each designated department/administrator will sign and date below. The original will be kept with the Health Services Coordinator.

Human Resources

2015-2016	Signature_____	Date_____
2016-2017	Signature_____	Date_____
2017-2018	Signature_____	Date_____
2018-2019	Signature_____	Date_____
2019-2020	Signature_____	Date_____
2020-2021	Signature_____	Date_____
2021-2022	Signature_____	Date_____

Health Services

2015-2016	Signature_____	Date_____
2016-2017	Signature_____	Date_____
2017-2018	Signature_____	Date_____
2018-2019	Signature_____	Date_____
2019-2020	Signature_____	Date_____
2020-2021	Signature_____	Date_____
2021-2022	Signature_____	Date_____

References

- Texas Department of State Health Services (2006, November 22). *Bloodborne pathogen control in Texas schools*. Retrieved November 13, 2009 from <http://www.dshs.state.tx.us/schoolhealth/bldbrnpt.shtm>
- Texas Department of State Health Services. (n.d.) *Bloodborne pathogens exposure control plan: Chapter 81, Health and Safety Code: Subchapter H*. Retrieved November 15, 2009, from http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogen/exposure_control/adoptecp.pdf
- US Department of Labor Occupational Safety & Health Administration. (n.d.) Regulations (Standards-29 CFR) Bloodborne pathogens 1910.1030. Retrieved November 13, 2009 from http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051



***Procedural Guidelines for Compliance with Bloodborne
Pathogens Exposure Control Plan***

Objective: To comply with Federal and State laws, and District policy regarding the Bloodborne Pathogens Exposure Control Plan (25 TAC 96; Health & Safety Code §81.301-81.306; 29 Code of Federal Regulation §1910.1030, OSHA Bloodborne Pathogens Standard; DBB (LEGAL))

Procedural Guidelines:

1. Annual Review
 - a) Annual review of the BBP Exposure Control Plan will be performed.
 - i. Health Services Coordinator will initiate annual review (April/May)
 - ii. Review will be performed by the following departments /administrators:
 1. Health Services
 2. Human Resources
 - iii. Revisions will be made as needed; previous versions will be retained.
 - b) All designated reviewers will sign one copy which will be maintained by Health Services.
2. Bloodborne Pathogens Training
 - a) District will provide initial and annual refresher training to all affected employees.
3. Identification of Employees for Hepatitis B Vaccine Series
 - a) Human Resources will provide the Hepatitis B Employee Vaccine Statement form to all new employees hired with job descriptions that are identified in the District's exposure determination to have occupational exposure to blood or other potentially infectious materials. The employee will indicate one of the following on the form:
 - i. Permission to receive the Hepatitis B vaccine series. Human Resources will provide the employee the Hepatitis B Vaccine Agreement voucher to take to the appropriate vaccine provider.
 - ii. Declination of the Hepatitis B vaccine series.
 - iii. Hepatitis B coverage from previously receiving the vaccine series.
 - iv. All employees that choose to receive the vaccine will be given a voucher to take to the appropriate vaccine provider by human resources.
 - b) Completed Hepatitis B Employee Vaccine Statements and proof of vaccination, if provided by the employee, will be kept by Joshua ISD Human Resources.
 - c) Current employees who previously declined, but now wish to receive the Hepatitis B vaccine series will contact the campus nurse or Human Resources and the following will be completed/provided:
 - i. Have the employee consent for the vaccine series on the Hepatitis B Employee Vaccine Statement.
 - ii. Hepatitis B Vaccine Agreement letter to take to the appropriate vaccine provider.
 - d) Completed consent and copy of immunization records if provided by the employee, will be retained on file in Human Resource