



**LARAMIE COUNTY  
SCHOOL DISTRICT 2**

*Students First*

# **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

FOR COMPLIANCE WITH OSHA STANDARD  
WYOMING GENERAL RULES AND REGULATIONS

1910.1030

Updated: December 2021

Laramie County School District #2 is committed to providing a safe and healthy work environment for the entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, known as the federal law "Occupational Exposure to Bloodborne Pathogens." The entire standard 1910.1030, bloodborne pathogens, can be found using this [link](#).

The ECP is a key document to assist our district in implementing and ensuring compliance with the federal standard, thereby protecting all our employees. The ECP includes the following elements:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Procedures for evaluating circumstances surrounding an exposure incident
- Communication of hazards to employees and training
- Recordkeeping

The methods of implementation of these elements of the standard are discussed in the following pages of this ECP.

## **PROGRAM ADMINISTRATION**

The superintendent is responsible for the implementation of the ECP. The superintendent or designee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must read, understand, and comply with the procedures and work practices outlined in this ECP.

The school nurse at each building will maintain and provide all necessary personal protective equipment (PPE, i.e., gloves), engineering controls (i.e., proper waste disposal containers), labels, and red bags as required by the standard. They will also ensure that adequate supplies of the aforementioned PPE are available in the appropriate sizes to meet the needs of all employees.

The superintendent will be responsible for ensuring that all health related actions required are performed and that appropriate employee health and OSHA records are maintained.

The superintendent or designee will be responsible for training, documentation of training, and making the written ECP available to all employees.

## **EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of job classifications in which all or some of the employees in the classifications may have occupational exposure to blood or other potentially infectious materials. Not all employees in this list would be expected to incur exposure to blood or other potentially infectious material. Included are tasks or procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals. This list is reviewed and updated as necessary by nursing staff and administrators. All staff have the opportunity to provide input regarding these job classifications by completing Appendix B.

- School Nurses who provide first-aid to sick and injured students and staff members
- School Building Secretaries who provide first-aid when the nurse is not available ●  
Teachers and Paraprofessionals who provide first-aid
- Custodians who clean up blood and bodily fluid spills on school premises
- Special Education personnel, including Speech Therapists and aides, who care for high-risk students (i.e. students who drool, bite, or are incontinent of stool or urine)
- Bus Drivers who may have to clean up blood and body fluid spills as necessary for accidents that occur when transporting students
- Vocational Agriculture teachers who may come in contact with blood if a student is injured in the shop area
- Industrial Arts teachers who may come in contact with blood if a student is injured in the shop area ●  
Family/Consumer Science Teachers who may come in contact with blood if a student is injured in the kitchen area
- Physical Education teachers who may come in contact with blood or other potentially infectious material if a student is injured during P.E.
- Athletic Coaches who may have to administer first-aid to an injured athlete

## **METHODS OF IMPLEMENTATION AND CONTROL**

### **Universal Precautions**

All employees will utilize universal precautions to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

### **Exposure Control Plan**

All employees covered by the bloodborne pathogens standard receive an annual bloodborne pathogens training. The exposure control plan is also reviewed with staff by the nurse at the beginning of each school year. All employees have an opportunity to review this plan at any time during their work shifts on the district website or by contacting the Central Office at 307-245-4050.

### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure. Where occupational exposure remains after institution of these controls, personal protective equipment should be utilized. The engineering controls and work practice controls used by the district are as follows: sharps containers, gloves, red bags for biohazard waste, covered waste baskets where necessary, paper towels, cleansing towelettes, biohazard traveling kits for buses and first-aid kits in classrooms.

Sharps-disposal containers for syringes and lancets are inspected and maintained by building nurses. Building nurses will determine when removal by building custodians is necessary to prevent overfilling.

The district identifies the need for changes in engineering control and work practices through discussions with employees and reviewing updates for compliance with OSHA standard and Wyoming General rules and regulations.

The district evaluates the need to implement additional procedures or new products by reviewing the ECP on an annual basis, or more frequently if necessary, and obtaining input from the school nurses, administrators and staff.

The Superintendent or designee ensures effective implementation of the recommendations from the person or group of people responsible for review of needed procedures or new products.

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

PPE is provided to our employees at no cost to them. Training is provided by the school nurse at each building as necessary in the use of the appropriate PPE for the tasks or procedures employees will perform. The following PPE is available to employees: gloves, gowns, face shields, masks and eye protection.

PPE may be obtained by contacting the school nurse or building administrator. If additional PPE is needed, that is not currently available, employees should notify the school nurse or building administrator.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated, and before leaving the work area
- Used PPE may be disposed of in an appropriately designated area or container for storage, washing, decontamination, or disposal
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface
- Gloves must be worn if an employee has cuts, scratches, or other breaks in his or her skin
- Appropriate protective clothing should be worn when necessary

The district will clean, launder, and dispose of personal protective equipment as necessary. The district will also repair or replace personal protective equipment as needed to maintain its effectiveness.

### **Housekeeping**

The district shall ensure that the worksite is maintained in a clean and sanitary condition. All hallways and bathrooms will be cleaned daily with appropriate disinfectant.

All equipment and environmental and working surfaces shall be cleaned and decontaminated with an

appropriate disinfectant after contact with blood or other potentially infectious materials.

All bins, pails, cans, and similar receptacles intended for reuse shall be inspected and decontaminated on a regular basis and as needed by the custodians.

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

### **Regulated Waste - Contaminated Sharps**

Contaminated sharps shall be discarded immediately or as soon as feasible and should be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps disposal containers are available in the nurse's office or will be located as close as is feasible to the immediate area where sharps are used.

The container shall be maintained upright throughout use and replaced routinely and not be allowed to overflow.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling.

The container should be placed in a secondary container if leakage is possible. The second container should be closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of injury.

### **Other Regulated Waste**

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

The waste must be labeled or coded and closed prior to removal to prevent spillage or protrusion of content during handling, storage, transport, or shipping.

The container should be placed in a secondary container if leakage is possible. The second container should be closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

### **Laundry Procedures**

Laundry contaminated with blood or other potentially infectious material should be handled as little as possible. Such laundry should be placed in an appropriately marked bag or container. Contaminated laundry should not be sorted or rinsed in the location of use.

### **Labels**

When necessary, the nurse will affix warning labels to containers of regulated waste, refrigerators and

freezers containing blood or other potentially infectious materials; and other containers used to store or transport blood or other potentially infectious materials. Red bags or containers may be substituted for labels.

## **HEPATITIS B VACCINATION**

Information about the hepatitis B vaccination will be provided to new hires. An annual training is also required to be completed by employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost to employees. Vaccinations can be provided by your physician or county health. Vaccination is encouraged unless: • Documentation exists that the employee has previously received the series

- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contraindicated

If an employee chooses to decline vaccination, the employee must sign a declination form (Appendix A). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination will be kept at the central office.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the booster shall be made available at no cost to the employee.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported to the school nurse at their building. See Appendix C.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up by employee's physician or county health, including at least the following elements:

- Documentation of the route of exposure and how the exposure occurred
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider
- Establish that legally required consent cannot be obtained, if consent is not given • If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

## **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The school nurse at the building shall ensure that health care professional(s) responsible for employee's hepatitis B potential exposure evaluation and follow-up are provided with the following: • A copy of

## OSHA's bloodborne pathogens standard

- Description of the employee's job duties relevant to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood test if available
- Relevant employee medical records, including vaccination status

The school nurse shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation. The health care professional's written opinion for post-exposure evaluation and follow-up should be limited to the following: ● Evaluation results have been provided to the employee

- Communication regarding medical conditions resulting from exposure to blood or other potentially infectious materials has been provided
- All other findings or diagnoses shall remain confidential and shall not be included in the written report

See Appendix C-1 for these procedures.

## **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The school nurse at the building will conduct an evaluation of the circumstances of all exposure incidents and determine the following:

- Engineering controls in use at the time
- Work practices followed
- Description of the equipment or item being used
- PPE used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (classroom, playground, lunchroom, etc.)
- Procedure being performed when the incident occurred
- Employee's training record

The school nurse will complete Appendix E and provide a copy of the form to the superintendent. If it is determined that revisions need to be made to the ECP based on the circumstances for each exposure incident, the superintendent will ensure that appropriate changes are made to this ECP.

## **EMPLOYEE TRAINING**

The executive secretary shall ensure that annual training is provided and completed for all staff. The executive secretary shall also ensure that training is provided to new staff at the time of hire. The training will be made available through district approved online platforms at no cost to the employee.

The training program will covers, at a minimum, the following elements:

- An explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE ● An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE ● An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge ● Information on the appropriate actions to take and persons to contact in an emergency involving blood or

OPIM (other potentially infectious material)

- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard

Questions regarding the training or training materials should be directed to the superintendent.

## **RECORDKEEPING**

### **Training Records**

The executive secretary is responsible for maintaining training records. These records are kept at the central office. The training records, which include the dates and a summary of the training, will be kept for at least three years.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20. The executive secretary is responsible for maintenance of the required medical records. These confidential records are kept in a locked file at the district office for at least the duration of employment plus 30 years.

The records shall include the following:

- Employee's information
- Employee's hepatitis B vaccination status
- Post exposure evaluation and follow-up procedures
- Health care professional's written opinion

### **OSHA Records**

The school nurse at each building will evaluate any exposure incidents to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).



# APPENDIX

- A Hepatitis B Information and Declination Statement
- B Employee Job Duties and Task Input Form
- C Exposure Incident Procedure
  - C-1 Exposure Incident Report
  - C-2 Post Exposure Procedure
- D Informed Refusal of Post-Exposure Medical Evaluation
- E Evaluation of Exposure Incident
- F Definitions

# APPENDIX A

## HEPATITIS B VIRUS (HBV) and VACCINATION INFORMATION and DECLINATION STATEMENT

### Hepatitis B Information

Hepatitis B is a serious disease caused by a virus that attacks the liver. The hepatitis B virus may cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Workers who have direct contact with human or primate blood and blood products are at risk for exposure to hepatitis B virus.

### Hepatitis B Vaccine

Hepatitis B vaccine provides immunization against all hepatitis B, but not against hepatitis A or C. The vaccine utilizes the non-infectious portion of the B virus and is produced in yeast cells. It is produced without the use of human blood or blood products.

A full course of immunization requires 3 doses of the vaccine to be given at specific intervals over a 6-month period. Most healthy people who receive the full course will develop a protective antibody against hepatitis B virus. The duration of protection of hepatitis B vaccine is unknown at this time. However post-vaccination antibody testing can detect this and one additional series of hepatitis B vaccination can sometimes generate immunity.

### Possible Side effects from Hepatitis B Vaccine

Local reactions such as redness or tenderness at the injection site may occur. A few people may experience a low-grade fever, chills, nausea, joint pain, headache, or mild fatigue. These reactions are infrequent and usually subside within 48 hours.

### Warning

Anyone who has had a serious problem after any vaccination or who is allergic to yeast should talk to his/her health care provider before receiving a vaccine. Pregnant women, nursing mothers, and immunosuppressed individuals should consult their clinicians before taking this vaccine.

- I agree to receive the Hepatitis B Vaccine and understand it is my responsibility to arrange for getting the vaccine and completing the series
- I have already received a completed series of the Hepatitis B Vaccine
- I have antibody testing showing immunity
- I have a medical contraindication to the vaccine

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Hepatitis Vaccine Declination Statement

**If you decide not to participate in our Hepatitis B vaccination program:** In order to comply with the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030), you must sign this declination statement so that it can be included in your medical record. Should you decide in the future that you wish to be vaccinated, please let your supervisor know and contact a school nurse.

*I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine I can receive the vaccination series at no charge to me.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# APPENDIX B

## EMPLOYEE JOB DUTIES and TASK INPUT FORM

**Background:** All employees with potential to come into contact with blood or body fluids as part of the employees' job duties and tasks are required to have an opportunity to give input into the business' exposure control plan for universal precautions. This form should be completed by the employee and returned to the superintendent.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job Locations: \_\_\_\_\_

**Instructions:** Please list your job title and the specific job duties and tasks that may place you at risk to be exposed to blood, body fluids, or other potentially infectious materials. Please be specific when describing your job tasks.

Job Duties	Job Tasks Placing You At Risk for Exposure

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPENDIX C

## EXPOSURE INCIDENT PROCEDURE

1. Perform immediate First Aid procedures (such as thorough washing of skin or flushing of mucous membranes, or encouraging bleeding from puncture wounds).
2. Report to the building nurse immediately.
3. If possible, identify the source or keep syringe/needle for possible testing. Make every effort to obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity.
4. Complete an incident report that includes details of the exposure.
5. Encourage employee to contact their physician or county health to receive a confidential medical evaluation as soon as possible. The evaluation should include at least the following elements:
  - a. Documentation of the route of exposure and how the exposure occurred
    - b. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law
    - c. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider
    - d. Establish that legally required consent cannot be obtained, if consent is not given e. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed
    - f. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual
    - g. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
    - h. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible
6. If an employee refuses blood draws and a medical evaluation, the refusal shall be documented and signed by the employee using Appendix D. This form shall be sent to the superintendent.

# APPENDIX C-1

## EXPOSURE INCIDENT REPORT

Employee Name: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Person(s) Notified of Exposure: \_\_\_\_\_ Please explain

exposure incident circumstances.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Signature

of Superintendent: \_\_\_\_\_

# APPENDIX C-2

## POST-EXPOSURE PROCEDURE

1. The school nurse at the building shall ensure that health care professional(s) responsible for employee's hepatitis B potential exposure evaluation and follow-up are provided with the following:
  - a. A copy of OSHA's bloodborne pathogens standard
  - b. Description of the employee's job duties relevant to the exposure incident
  - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred
  - d. Results of the source individual's blood test if available
  - e. Relevant employee medical records, including vaccination status
  
2. The school nurse shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation. The health care professional's written opinion for post-exposure evaluation and follow-up should be limited to the following:
  - a. Evaluation results have been provided to the employee
  - b. Communication regarding medical conditions resulting from exposure to blood or other potentially infectious materials has been provided
  - c. All other findings or diagnoses shall remain confidential and shall not be included in the written report

# APPENDIX D

## INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

I \_\_\_\_\_ am employed by Laramie County School District #2. As an employee, Laramie County School District #2 has provided training to me regarding infection control and the risk of disease transmission.

On (date) \_\_\_\_\_ I was involved in the exposure incident described below:

Laramie County School District #2 has recommended and offered to provide follow-up medical evaluation in order to ensure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

However, I, of my own free will, and despite my employer's offer, have elected not to have a medical evaluation.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

# APPENDIX E

## EVALUATION OF EXPOSURE INCIDENT

Name of Person Exposed: \_\_\_\_\_ Date of Exposure: \_\_\_\_\_

Title of Person Exposed: \_\_\_\_\_ Location of Exposure: \_\_\_\_\_

Engineering controls in use at the time
Work practices followed
Description of the equipment or item being used
PPE used at the time of the exposure incident (gloves, eye shields, etc.)
Location of the incident (classroom, playground, lunch room etc.)
Procedure being performed when the incident occurred

Name of Evaluator: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_



# APPENDIX F

## DEFINITIONS

For purposes of this district, the following definitions shall apply:

**Blood** means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls** means controls (e.g., sharps/needle disposal containers) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).