



**Elgin Independent School District  
Bloodborne Pathogens  
Exposure Control Plan**

Reviewed July 25, 2019

## **ELGIN ISD BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

### **Minimum Standard**

This exposure control plan is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304 and Chapter 96 of the TAC.

### **Purpose**

The purpose of this plan is to reduce Elgin Independent School District (Elgin ISD) employees' risk of exposure to bloodborne pathogens such as human immunodeficiency virus (HIV) and Hepatitis B virus (HBV) through appropriate prevention and control measures. The Administrative & Student Services department is responsible for assisting district staff in implementation of the plan and for reviewing and updating the plan annually. A copy of this plan is available on every campus and online for employee use.

Facility Name:	Elgin Independent School District
Date of Preparation:	September 28, 2007
Date of most recent revisions:	July 25, 2019

### **Compliance Methods**

Universal (standard) precautions are practiced by Elgin ISD to prevent contact with blood or other potentially infectious materials. These precautions provide an approach to infection control as the first line of defense for employees against the risk of exposure. All blood and human body fluid is considered infectious regardless of the perceived status of the source individual.

Work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used to reduce the risk of exposure. Examples include latex or vinyl gloves, sharps containers, CPR barriers, wound care supplies, etc. Personal protective equipment (PPE) will be provided by the district.

Gloves will be worn when it is anticipated that an employee will have hand contact with blood or other potentially infectious materials. Gloves will be used one time only, removed correctly and disposed of in a waste container. Utility gloves may be decontaminated for re-use provided that the glove is not torn or punctured.

After removal of personal protective gloves, employees will 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.

Hand washing facilities are provided for locations and tasks where employees may incur exposure to blood or other potentially infectious materials. If hand washing is not feasible, an appropriate antiseptic hand cleaner and paper towels should be used.

### **Needles and Sharps**

Contaminated needles and sharps are not bent, recapped, removed, sheared, or purposely broken. Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, 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; maintained upright throughout use and replaced as needed. Sharps containers can be found in each campus clinic.

#### **Work Area Restrictions and Practices**

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, nor should they allow others to do so.

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.

Employees shall wash their hands or other skin immediately or as soon as possible after removal of gloves or other personal protective equipment.

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

#### **Contaminated Equipment**

Equipment which may become contaminated with blood or other potentially infectious materials is examined and decontaminated with an appropriate disinfectant.

#### **Housekeeping**

Elgin ISD shall ensure that the worksite is maintained in a clean and sanitary condition. They shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the school, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

Employees involved in decontamination of work surfaces or equipment, or who handle contaminated laundry, must wear gloves to prevent contact with blood or other potentially infectious materials. Teachers and aides who use toys and manipulatives with their students will be responsible to clean these items after use with a non-toxic disinfectant such as a bleach solution of 1 part bleach to 10 parts water (1/4 cup bleach to 1 gallon of water) made fresh daily.

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 day if the surface or equipment may have been contaminated since the last cleaning.

**Note: It is important to remember that contaminated surfaces are a major cause of the spread of hepatitis. Hepatitis B virus can survive on environmental surfaces dried and at room temperatures for at least 7 days.**

All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Broken glass, which may be contaminated, must not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dustpan.

Other regulated waste must be placed in appropriate containers that are leak resistant and closed prior to removal.

### **Exposure Determination**

The following job classifications are identified as having potential risk for occupational exposure to bloodborne pathogens: Nurses, Athletic Trainers.

The following is a list of tasks and procedures in which an employee may experience occupational exposure: breaking up fights, rendering first aid, cleaning areas with blood or body fluids present, and cleaning up broken glass.

### **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. The vaccine (a series of 3 injections) is offered at the beginning of every school year, after bloodborne pathogens training and within 10 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 in the identified job classifications who decline the Hepatitis B vaccine sign a declination statement (See Appendix A). Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

### **Post Exposure Evaluation & Follow-Up**

An exposure incident means direct contact has occurred with blood or other potentially infectious material in the eye, mouth, non-intact skin or through the skin by human bite, cuts, abrasions or needle stick.

Any area exposed should be washed immediately with copious amounts of soap and water or flushing with water only for eye exposures. Cover exposed area with a non-occlusive dressing, if needed.

If an employee incurs an accidental exposure, the employee must report to their campus nurse or principal as soon as possible on the day of the incident. If an incident has occurred on the weekend at a school related event it should be reported immediately as well. All employees who incur an exposure incident are offered a confidential medical evaluation (at no charge) as follows:

1) Completion of accident/incident report by employee and campus nurse or principal.

(See Appendix B). If the incident is a "sharps" injury in a medical setting, a report must be made to the Texas Department of State Health Services on their standardized form. Appropriate information may be filed with Human Resources and in the employee's confidential health record.

2) Following a report of an exposure incident, EISD will make immediately available a referral for a confidential medical evaluation and follow-up performed by or under the supervision of a licensed physician. In accordance with the current recommendations of the Texas Department of State Health Services/U.S. Public Health Service the following issues will be addressed during the evaluation:

- 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 that 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 employer 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, then testing is done as soon as feasible.
- The employee is offered post exposure prophylaxis (Hepatitis B Immune Globulin) (HBIG) in accordance with the current recommendations of 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 and subsequent treatment.

Within fifteen days of the completion of the evaluation, the employee will receive a copy of the evaluating healthcare professional's written opinion (See Appendix C). The written opinion will also be placed in the employee's confidential medical record. The healthcare professional's written recommendation for receiving post exposure Hepatitis B vaccine will be limited to whether it is indicated for this employee due to vaccine history and details of exposure. The written opinion for post-exposure evaluation and follow-up will be limited to the following information:

- That the employee has been informed of the results of the evaluation.
- That the employee has been informed about any medical condition resulting from exposure which requires further evaluation or treatment.
- All other findings or diagnoses will remain confidential and not included in this report.

### **Training**

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted either online through the district's Eduphoria program and this document. The campus nurse is available for questions or discussion of all information contained in the online module or in this document. The following subject matter will be covered:

- 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) Elgin ISD exposure control plan
- 6) Procedures which might cause exposure to blood or other potentially infectious materials 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
- 9) Hepatitis B vaccine 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 Post Exposure Prophylaxis Guidelines;
- 12) Post exposure evaluation and follow up
- 13) Signs and labels of waste and sharp containers
- 14) A contact number or email to direct questions

**Recordkeeping**

Training records will be maintained by the Administrative & Student Services department for the appropriate records retention period.

Medical records will be maintained by the Human Resources department for the appropriate records retention period.

**Annual Review**

The Elgin ISD Bloodborne Pathogens Exposure Control Plan will be reviewed annually by the Deputy Superintendent and designee. Any updates or revisions will be documented as they occur. (See Appendix D)

**ELGIN INDEPENDENT SCHOOL DISTRICT**

**APPENDIX A  
HEPATITIS B VACCINE DECLINATION STATEMENT**

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 vaccine series at no charge to myself.

Campus \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ELGIN INDEPENDENT SCHOOL DISTRICT**

**APPENDIX B  
ACCIDENTAL EXPOSURE TO BLOOD/OTHER POTENTIALLY INFECTIOUS MATERIALS**

**Section 1**

Exposed Person's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Employee's duties as they relate to the exposure incident \_\_\_\_\_

Was Personal Protective Equipment is use? \_\_\_\_\_ Previously Rec'd Hepatitis B Vaccine? \_\_\_\_\_

How did incident occur? Be specific to identify type of body fluid, location of skin entry (penetrating, open wound, or mucous membrane), amount of body fluid involved and length of exposure.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 2**

Name of Person to Whom the Blood/OPIM Belongs \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian (if indicated) \_\_\_\_\_

**Section 3**

Treatment and/or disposition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 4**

Doctor or clinic to which employee was referred \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Completed by \_\_\_\_\_

Copies: Employee; Employee Medical File; Physician/Clinic; EISD Risk Management Office



**ELGIN INDEPENDENT SCHOOL DISTRICT**

**APPENDIX C  
HEALTHCARE PROVIDER RESPONSE TO REFERRAL**

Employee's Name: \_\_\_\_\_

PLEASE INDICATE TREATMENT OPTION SELECTED:

\_\_\_\_\_ HBV vaccine is indicated for this employee; vaccine was declined

\_\_\_\_\_ HBV vaccine is indicated for this employee; vaccine was administered

\_\_\_\_\_ HBV vaccine is not indicated for this employee

\_\_\_\_\_ HBV vaccine series was previously completed

\_\_\_\_\_ Other: \_\_\_\_\_

CHECK AFTER COMPLETION:

\_\_\_\_\_ Employee has been informed of evaluation results.

\_\_\_\_\_ Employee has been told of any medical conditions resulting from this exposure and given information regarding evaluation and treatment.

\_\_\_\_\_ No confidential finding/diagnoses have been included in this report.

\_\_\_\_\_  
Signature of healthcare provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

**ELGIN INDEPENDENT SCHOOL DISTRICT**

**APPENDIX D  
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN  
DOCUMENTATION OF ANNUAL REVIEW**

Updates/Revisions/Actions Noted:

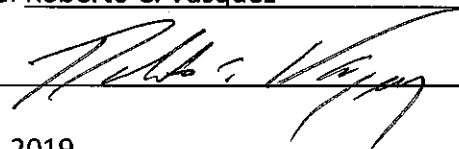
- Revised SafeSchools Training Bloodborne Pathogen Exposure Prevention module to include information regarding Elgin ISD Bloodborne Pathogens Exposure Control Plan.

Printed Name: Dr. Peter Perez

Signature: 

Date: July 25, 2019

Printed Name: Roberto C. Vasquez

Signature: 

Date: July 25, 2019