Dallas Independent School District

Bloodborne Pathogens Exposure Control Plan

Prepared By:

Risk Management Services
Environmental, Health and Safety Department
Health Services

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I. MINIMUM STANDARD

This exposure control plan is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control at Dallas Independent School District (Dallas ISD) in accordance with the Texas Health and Safety Code, §81.304; OSHA 29 CFR§1910.1030 Bloodborne Pathogens Standard; and District Policy DBB (LEGAL).

A copy of this plan shall be accessible to all employees via:

- Campus Health Clinics
- District Departments (Environmental Health & Safety Services, Risk Management, Health Services, Custodial Services)
- Dallas ISD Website

Individual departments and campuses are responsible for ensuring that the provisions of the district's exposure control plan and the mandates of the Texas Department of State Health Services bloodborne pathogen standard are carried out.

A. PURPOSE

Dallas ISD is committed to providing a safe and healthy work environment for the entire staff. The Bloodborne Pathogens Exposure Control Plan is to reduce or eliminate occupational exposure to bloodborne pathogens or other potentially infectious materials.

B. GUIDANCE

This plan is managed by the District's Environmental, Health and Safety (EHS) Department to be analogous with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in the Texas Health and Safety Code, §81.304.

C. REVIEW

This plan will be reviewed at least annually and updated when necessary, and documented when accomplished by Environmental Health & Safety Department in conjunction with a Review Committee. This committee is consisting of representatives of the District's departments of Risk Management Services, Health Services and Custodial Services.

II. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

A. EXPOSURE DETERMINATION

The Texas Department of State Health Services (TDSHS) 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 (OPIM). The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list job classifications in which employees have occupational exposure, regardless of frequency. The following Dallas ISD job classifications apply:

1) **Nurses and Nurse Assistants**
    a. Direct patient care for injuries, illnesses, first aid and emergency care
2) **Physical Education Teachers and PE Assistants; Sports Trainers and coaches**
    a. First aid and emergency care
3) **Custodial Staff**
    a. Cleaning duties
4) **Special Education Teachers and Special Ed. Teacher Assistants**
    a. Changing clothes, cleaning duties, first aid
5) **Police Officers and Security Staff**
    a. First responders and emergency care
6) **Food and Child Nutrition Services – Cafeteria Staff**
    a. First aid and emergency care

Outsourced contracted employees will follow their employer's exposure control plan, exposure determination, and post-exposure procedures.

B. IMPLEMENTATION METHODS AND CONTROLS

Universal Precautions

All employees shall follow Universal Precautions. All blood or other potentially infectious materials (OPIM) shall be handled as if contaminated by a bloodborne pathogen (BBP) and considered infectious regardless of the perceived status of the source individual. (See Appendix A).

Engineering and Work Practice Controls

Engineering and work practice controls are important in eliminating or minimizing employee exposure in the workplace by either removing or isolating the hazard/worker from exposure. Engineering and work practice controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Hand Washing

Hand washing is a primary infection control measure. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

After removal of gloves or other personal protective equipment 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, those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

Needles & Sharps Management

Contaminated needles and other sharps shall not bent, recapped, removed, sheared, or purposely broken. They are discarded immediately or as soon as feasible in a sharps container that is closable, puncture resistant, leak-proof on sides and bottom, and properly labeled as a biohazard.

Sharps containers available through the District Health Services Department are kept in school clinics for administration of medication and related special procedures. Students and staff with a medical need for a sharps container will notify the nurse with a plan for safe disposals of sharps. Sharps containers are not allowed to overfill. Contact EHS Department (972) 925-2140 to schedule a pick-up time.

Sharp containers are not to be opened, emptied or cleaned manually or in any other manner which will expose employees to the risk of sharps or needle-stick injury. Do not reach into a sharp container.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, chew gum, 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 OPIM are present. Mouth pipetting/suctioning of blood or OPIM is prohibited.

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 that may become contaminated with blood or OPIM is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Designee places biohazard labels on contaminated equipment to inform employees, service representatives, and/or the manufacturer, as appropriate. EHS Department will provide services for decontamination. Please call (972) 925-2140 or (214) 932-5627 after hours.

Personal Protective Equipment (PPE)

All personal protective equipment (PPE) used is provided without cost to employees by each department. 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 personal protective equipment include gloves, eyewear with side shields, lab coats, aprons, face shields, and masks.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, 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 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.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, are required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container (biohazard bag). All PPE is removed prior to leaving the work area and placed in the designated receptacle provided by the EHS Department.

CPR Barrier Devices

Barrier protection devices for delivery of ventilations during CPR will be available to employees for responding to a medical emergency. CPR micro-shield or rescue mask and a first aid kit will be carried on all field trips. Discard immediately after use, and replace as soon as feasible.

Housekeeping

Employees shall ensure that the worksite is maintained in a clean and sanitary condition. The EHS Department shall determine and implement an appropriate 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. EHS shall provide the appropriate germicide (blood spill kit) to decontaminate and clean the affected area.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift. Protective coverings (plastic wrap, aluminum foil, etc.) used to cover equipment are removed and replaced as soon as feasible when they become contaminated. All bins, cans, and similar receptacles are inspected and

decontaminated on a regularly scheduled basis. Any broken glassware that may be contaminated is not picked up directly with the hands. Use mechanical means such as a brush and dustpan.

Regulated Waste Disposal

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

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements. These include: liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; contaminated sharps; and pathological and microbiological waste containing blood or OPIM.

Laundry Procedures

Employees who handle contaminated laundry are to wear protective gloves and other appropriate PPE to prevent exposure to blood and OPIMs, and utilize Universal Precautions during and after handling.

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. Do not sort/rinse laundry in location of use. Place in container/bag where it was used. The methods for handling, transporting, and laundering of soiled linen are determined by Health Services Department's guidelines.

C. COMMUNICATION OF HAZARD TO EMPLOYEES

Use of Biohazard Labels

All communication procedures are within the Dallas ISD Hazard Communication Program. The procedure includes the types of materials that should be labeled as biohazard material. These materials may include but are not limited to, regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM.

III. 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 after bloodborne pathogens training and within 30 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 receive the vaccine at an approved District location, such as Immunization Clinics.

Human Capital Management will provide the Hepatitis B Employee Vaccine Statement to all new employees hired with job descriptions that are identified as at-risk for exposure. Employees who accept or decline the Hepatitis B vaccine or have previously vaccinated sign the appropriate statement (Declination or Coverage) (See Appendix B). A copy of the statement shall be submitted to Risk Management Services. Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

A. POST EXPOSURE EVALUATION AND FOLLOW UP

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 15 minutes;
- Notify the school nurse, campus or department administrator for assistance. Designee assess and document the route(s) of exposure and the circumstances related to the incident. (See Appendix C).

When the employee incurs an exposure incident, the incident must be reported to Health Services Department (972) 925-3386. In addition, a Workers' Compensation Claim form must be completed using the incident report form on the Risk Management portal. EHS will be contacted if sanitation is required.

All employees who incur an exposure incident are offered a confidential medical evaluation and follow up:

1. Documentation of the route(s) of exposure and the circumstances related to the incident.
2. Identification and documentation of the source individual, unless Dallas ISD 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 Dallas ISD can establish that testing of the source is infeasible or prohibited by state or local law.
3. The results of the source individual are made available to the exposed employee, and the exposed employee is informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The exposed employee is offered the option of having his/her blood collected for testing of his/her HIV/HBV/HCV 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.

5. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. 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.
7. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
8. Health Services Department is designated to assure that the policy outlined here is effectively carried out and maintains records related to post exposure evaluation and follow ups.
9. For ***non-employee exposure*** incidents, exposed individuals will be referred to their physician or health provider for immediate care. For a ***student exposure*** incident, the exposed student's parent/guardian will be notified and referred to their physician or health care provider for immediate care.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional that evaluates district employees after an exposure incident.

The healthcare professional is provided with:

1. a copy of the Dallas ISD 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); and
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, or
2. whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1. whether 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 exposure to blood or OPIM which require further evaluation or treatment (all other findings 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.

IV. TRAINING

Bloodborne Pathogens Training of employees identified as at-risk for exposure shall be conducted prior to initial assignment to tasks where occupational exposure may occur, and annually thereafter during work hours. Additional training may be needed whenever there are changes in tasks or procedures which affect employees' exposure to bloodborne pathogens.

Risk Management Services shall ensure that departments are in compliant with training. In addition, Risk Management Services will be available for training upon request. The refresher training certificate can be obtained by accessing the ***Region 10 Education Service Center Online Training*** at http://www.region10.org/ click the link titled Online Learning Center located at the top of the page, then click COURSES and then click on COMPLIANCE TRAINING COURSES. Finally, proceed to ENROLL in this course. A certificate will be available at the end of each course. Employee will need to create an account with Region 10 prior to accessing each course.

Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Explanation of the contents of the Bloodborne Pathogens Exposure Control Plan and where a written copy is located or may be found;
2. General explanation of epidemiology, modes of transmission, and symptomatology of diseases;
3. Procedures which might cause exposure to blood or OPIM;
4. Control methods which are used at the facility to control exposure to blood or OPIM;
5. Personal protective equipment;
6. Information of the Hepatitis B vaccine program;
7. Procedures to follow in an emergency involving blood or other potentially infectious materials;
8. Procedures to follow if an exposure incident occurs;
9. Explanation of post-exposure evaluation and follow up procedures;
10. Explanation of signs and labels; and,
11. An opportunity to ask questions with the individual conducting the training.

V. RECORDKEEPING

A. MEDICAL RECORD

A medical record shall be established and maintained for each employee with occupational exposure to BBP or OPIMs. The record shall be maintained for the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020. Health Services shall be responsible for maintaining confidential medical records. The contents shall not be disclosed or reported to any person within or outside the workplace without the employee's expressed written consent, except as permitted or required by law or regulation.

The record shall include:

- Name and social security number/employee ID number of individual
- A copy of the employee's Hepatitis B vaccination status
- A copy of examination results, medical testing, and any follow-up procedures
- A copy of the healthcare professional's written opinion
- A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive Hepatitis B vaccination after an exposure incident.

B. TRAINING RECORD

The training records shall be maintained for three (3) years from the date on which the training occurred. Risk Management shall be responsible for maintaining training records. Individual departments and campuses are expected to cooperate with Risk Management in providing their training records.

The record shall include:

- Date of training session
- Content or summary of the training session
- Name and qualifications of trainer(s)
- Name and job title of employee attending
- Sigh-in sheets and/or certifications

VI. ANNUAL REVIEW

Dallas ISD shall annually review the Bloodborne Pathogens Exposure Control Plan.

1. The review will be initiate by EHS Department and complete during the months of June and July of each year. EHS in conjunction with a Review Committee consisting of representatives of Risk Management Services, and Health Services will participate on this review.
2. The review will include (see Appendix D):
   a) List of new tasks that affect occupational exposure.
   b) Modifications of tasks and procedures.
   c) Evaluation of available engineering controls including engineered-safer needle devices.
   d) List of new employee positions with potential for occupational exposure.
   e) All designated reviewers will sign the updated plan. (See Appendix E).

Review Committee Members:

Environmental, Health and Safety Department

Name DARYL DANIELS Signature _____ Date 6/28/2018

Name _____ Signature _____ Date _____

Risk Management Services

Name N. Rodo Chaparro Signature _____ Date 6/28/2018

Name _____ Signature _____ Date _____

Health Services

Name Jennifer Finley Signature _____ Date 6/27/2018

Name _____ Signature _____ Date _____

Appendix A – Universal Precautions

Universal Precautions

1. Barrier protection should be used at all times to prevent skin and mucous membrane contamination with blood, body fluids containing visible blood, or other body fluids (cerebrospinal, synovial, pleural, peritoneal, precordial, and amniotic fluids, semen and vaginal secretions).

   Barrier protection should be used with ALL tissues.

   The type of barrier protection used should be appropriate for the type of procedures being performed and the type of exposure anticipated. Examples of barrier protection include disposable lab coats, gloves, and eye and face protection.

2. Gloves are to be worn when there is potential for hand or skin contact with blood, other potentially infectious material, or items and surfaces contaminated with these materials.

3. Wear face protection (face shield) during procedures that are likely to generate droplets of blood or body fluid to prevent exposure to mucous membranes of the mouth, nose and eyes.

4. Wear protective body clothing (disposable laboratory coats (Tyvek)) when there is a potential for splashing of blood or body fluids.

5. Wash hands or other skin surfaces thoroughly and immediately of contaminated with blood, body fluids containing visible blood or body fluids.

6. Wash hands immediately after gloves are removed.

7. Avoid accidental injuries that can be caused by needles, scalpel blades, laboratory instruments, etc. when performing procedures, cleaning instruments, handling sharp instruments, and disposing of used needles, pipettes, etc.

8. Used needles, disposable syringes, scalpel blades, pipettes, and other sharp items are to be placed in puncture resistant containers marked with a biohazard symbol for disposal.

Appendix B – Permission / Declination Statement

Dallas Independent School District

HEPATITIS B VACCINE PERMISSION 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 am accepting the opportunity to be vaccinated with hepatitis B vaccine free of charge.

Signature _____ **Date**_____

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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature _____ **Date**_____

HEPATITIS B VACCINE COVERAGE STATEMENT

I _____, have previously received the Hepatitis B vaccines, and do not require the vaccination series as offered by Dallas ISD.

Signature _____ **Date**_____

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Appendix C – Incident Reporting Form

Dallas Independent School District

EXPOSURE INCIDENT REPORTING FORM

Date _____ Location of incident _____

Name of person's involved _____

Source individual _____

Employee's worksite _____

Description of incident by individual(s) involved:

_____

_____

_____

_____

_____

Investigative description of incident:

_____

_____

_____

_____

_____

Exposure control plan guidelines followed _____ YES _____ NO

Determination of exposure incident _____ YES _____ NO

Exposure Route _____

Report completed by _____ Date _____

Appendix D – Assessment Tool

ASSESSMENT TOOL

DESCRIPTION	YES	NO
1. The exposure control plan is located in each work center		
2. Employees at risk for bloodborne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Handwashing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove removal		
8. Employees deposit contaminated sharps in biohazard containers after use		
9. Employees change filled biohazard containers when full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in areas close to blood or bodily fluids		
12. Employees properly decontaminate equipment before servicing or shipping for repairs or place biohazard label to inform the equipment is contaminated		
13. Employees wear personal protective equipment/attire for the task at hand		
14. Employees place the contaminated personal protective equipment in the appropriate receptacles		
15. Employees maintain a clean environment at all times		
16. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
17. Employees know the safe procedure for contaminated, broken glass clean up		
18. Employees demonstrate knowledge of the policies by placing waste in appropriate containers and transporting the waste according to policy		
19. Each employee knows his documented hepatitis B vaccine status		
20. Employees know where and to whom to report exposure incidents		
21. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service		
22. Employees receive annual refresher training to the exposure control plan		
23. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard		
24. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		

Appendix E – Contact Information

Environmental, Health and Safety Department

3701 South Lamar St.
Dallas, Texas 75215
Phone: (972) 925-2140 Business Hours
(972) 932-5627 After Hours

Risk Management Services

9400 N. Central Expressway
Dallas, Texas 75231
Phone: 972-925-4050

Health Services

9400 N. Central Expressway
Dallas, Texas 75231
Phone: 972-925-3386

Appendix F - Definitions

Antibody — a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Biohazard label — a label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) microorganisms that are present in human blood and can cause disease. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

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

Contaminated laundry — laundry which has been soiled with blood or other potentially infected materials or may contain sharps.

Contaminated sharp — any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, and the exposed ends of dental wires.

Decontamination — 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 that can be rendered safe for handling, use, or disposal.

Engineering controls — include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers and needleless systems.

Exposure control plan — a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods that are capable of protecting employees from exposure to bloodborne pathogens and meets the requirements by the OSHA Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure incident — 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.

HBV— hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are *not* included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

1) items soiled (not saturated) with body fluids (bandages, tampons, sanitary napkins)
2) items soiled with body fluids not included in the definition of infectious waste (diapers)
3) intravenous tubing with needles detached

Medical consultation — a consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

Needleless systems — devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps.

Occupational exposure — a 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 (OPIM) — (1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in which 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; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Pathogen — a bacteria or virus capable of causing infection or disease.

Personal protective equipment— specialized clothing or equipment worn for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment can be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Prophylaxis — the measure carried out to prevent diseases.

Regulated waste — liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, Pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

Sterilize — the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal precautions — an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if we know them to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed. An example would be prohibiting the recapping of needles using a two-handed technique.

Appendix G - References

Texas Department of State Health Services (TDSHS) – Bloodborne Pathogens Control in Texas Schools. Health and Safety Code, Chapter 81 (§§ 81.301- 81.306) and the Texas Administrative Code, Title 25, Part 1, Chapter 96 (Bloodborne Pathogen Control).

http://dshs.texas.gov/schoolhealth/bldbrnpt.shtm?terms=bloodborne%20pathogens%20exposure%20control%20plan

Occupational Safety and Health Administration (OSHA) – Model Plans and Programs for the OSHA Bloodborne Pathogens Standards (29 CFR 1910.1030).

https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf

Dallas Independent School District - Board Policies DBB (LEGAL) Employment requirements and restrictions medical examinations and communicable diseases.

http://pol.tasb.org/Policy/Search/361?filter=bloodborne%20pathogens