

## 724 – BLOOD-BORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the Occupational Safety and Health Administration (OSHA) Blood-borne Pathogens standard, 29 CFR 1910.1030 (see Appendix A), the following exposure control plan has been developed. Pursuant to Section 101.055, Stats. (see Appendix B), the Wisconsin Department of Commerce, Safety and Buildings Division is required to adopt and enforce health and safety standards equal to those offered private employees as administered by OSHA. Definitions relating to the exposure control plan are found in Appendix C.

### I. Exposure Determination

The School District must determine which of its employees could be exposed to blood or other potentially infectious materials (OPIM) in the course of their work assignment. These employees, for the purposes of compliance with this standard, are described as 1) designated first aid providers (those whose primary job assignment would include rendering first aid); and 2) those employees who might render first aid only as a collateral duty. Volunteers and students are covered under this plan if they receive pay or another form of remuneration.

A. Job Classifications - The School District has identified the following job classifications as those in which employees of the District could potentially be exposed to blood-borne pathogens:

1. Health Care Coordination
2. School Nurse
3. Secretaries
4. Principals
5. Custodial Staff
6. Teachers
7. Day Care Staff
8. Food and Nutrition Staff
9. Aides
10. Coaches
11. Playground Supervisors
12. Other as determined on a "case-by-case" basis

B. Tasks and Procedures - A list of tasks and procedures performed by employees in the above job classifications in which exposure to blood-borne pathogens may occur is required. This exposure determination shall be made without regard to the use of personal protective equipment. Tasks/procedures may include by are not limited to:

1. Care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut);

2. Initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);
3. Care of students with medical needs (such as tracheotomy, colostomy, injections);
4. Care of students who need assistance in daily living skills (such as toileting, dressing, hand washing, feeding, menstrual needs);
5. Care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);
6. Care of an injured person in a class setting;
7. Care of an injured person during a sport activity;
8. Care of student's who receive training or therapy in a home-based setting; and/or
9. Cleaning tasks associated with blood or OPIM.

## II. Methods of Compliance

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility.

A. Universal Precautions - In this District, universal precautions shall be observed in order to prevent contact with blood or OPIM. All blood or other potentially contaminated body fluids shall be considered to be infectious. Although exposure to body fluids other than blood is unlikely in a school, the following body fluids are also to be treated as being infectious:

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva (dental practices only)
- Blood-contaminated body fluids

Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

## B. Engineering and Work-Practice Controls

1. Hand washing - Employees shall wash hands or any other skin with soap and water or flush mucous membranes with water immediately, or as soon

as feasible, following contact of such body areas with blood or OPIM, and after removal of personal protective gloves. Hand sanitizers or antiseptic towels may be used if blood, OPIM, or feces are not present.

2. Housekeeping and Waste Procedures - The area and any equipment used shall be cleaned properly and decontaminated. Items such as paper towels, gauze squares, or clothing used in the treatment of blood or OPIM spills that are blood- soaked or caked with blood shall be bagged, tied, and designated as a biohazard (red bag with biohazard label). The bag shall be removed from the site as soon as feasible and replaced with a clean bag. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and/or removed immediately. Equipment, which has become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. All equipment, countertops, sinks or basins in the Special Education rooms, Food Service, and Health Rooms are decontaminated daily. Beds in the Health Rooms and Special Education rooms are decontaminated after student use and/or at the end of the day. Laundry contaminated with blood or OPIM will be handled as little as possible. Laundry will be placed in appropriately marked bags at the location where it was used.

Laundry will not be sorted or rinsed in the area of use. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or OPIM.

3. Specimens - Specimens of blood or OPIM will be placed in a container, which will prevent leakage during the collection, handling, processing, storage, and transport of the specimens. The containers shall be labeled with a biohazard symbol or be colored red. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.
4. Needles - Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of a one-handed technique. Contaminated needles or other sharps are disposed of in the sharps containers. In this District, the employee shall notify the Health Care Coordinator when the sharps container becomes 2/3 full so that they can be disposed of properly. Sharps containers are located in the Health Care Coordinator/School Nurse offices, Elementary/High School Art rooms, High School Science rooms and the Ag/Tech area.

C. Personal Protective Equipment - All personal protective equipment (PPE) used at this facility will be provided without cost to employees. All PPE will be cleaned, laundered, and/or disposed of by the School District at no cost to employees. All repairs and replacements will be made by the School District at no cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving equipment at the work area:

1. Protective gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, and mucous membranes. Protective gloves are available to all staff.
2. Disposable protective gloves used at this facility are not to be re-used, and are to be replaced as soon as they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use.

Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

3. All contaminated work surfaces, sinks, and emesis basins will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIM; as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.
4. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis each day by the custodian.

### III. Hepatitis B Vaccine

This District shall make the hepatitis B vaccination series available to all employees who in the performance of their job duties are reasonably anticipated to come in contact with blood or OPIM.

This District shall make the hepatitis B vaccination series information available in a timely manner, including places that offer the series and a declination form. Any employee who declines the hepatitis B vaccine must sign a declination statement; which, will be kept on record in the district office by the Health Care Coordinator and District Office Secretary. If an employee initially declines the hepatitis B vaccination series, but at a later date decides to accept

the vaccination, this district shall make available the hepatitis B vaccine at that time at no cost to the employee.

#### IV. Post-Exposure Evaluation and Follow-up

##### A. Definition of an Exposure Incident

1. An exposure incident is defined as contact with blood or OPIM on an employee's non-intact skin, eye, mouth, or other mucous membrane or by piercing the skin or mucous membrane through such events as needle-sticks. When an employee incurs an exposure incident, it will be reported to the Department Supervisor and the Health Care Coordinator.
2. All first aid incidents involving the presence of blood or OPIM must be reported to the Department Supervisor and Health Care Coordinator by the end of the workday on which the incident occurred.
3. A School Exposure Incident Investigation form must be filled out documenting the route of exposure and the circumstances related to the incident.
4. Once a significant exposure is suspected, a Medical Management of Individuals Exposed to Blood/Body Fluids (required by the Wisconsin Department of Workforce Development) form shall be completed. For a student significant exposure a Student's Report of Exposure to Blood/Body Fluids form must be completed.

B. Needle-Stick Injury - In the event of a needle-stick or sharps injury, a separate log that includes the description of the incident, the type and brand of device involved, and the location where the incident took place will be maintained.

C. Exposure Incident Follow-up - The District will make available to the exposed employee a confidential medical examination from a health-care provider knowledgeable about the current management of post-exposure prophylaxis in the first 24 hours following exposure. Minimal follow-up shall include:

1. The District shall identify and document the source individual, if possible, unless this District can establish that identification is not feasible or prohibited by state or local law.
  - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HIV, HBV, and HCV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained. If the source individual is already known to be HIV, HBV, and/or HCV positive, new testing need not be performed.

- b. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
2. The exposed employee's blood shall be collected for baseline testing. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV, HBV, and HCV. If the employee decides not to have the blood sample tested it will be discarded after 90 days.
3. Counseling shall be made available by this District at no cost to employees and their families on the implication of testing and post-exposure prophylaxis.

#### D. Medical Follow-up

1. This District shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by or under the supervision of a licensed physician knowledgeable about the current management of post exposure prophylaxis.
2. Information provided to the health care professional that evaluates the employee shall include:
  - a. a copy of the Department of Commerce Health and Safety Standard, Wis. Stat. 101.055;
  - b. a copy of the Department of Labor Occupational Health and Safety Administration (OSHA), 29 CFR 1910.1030;
  - c. a description of the employee's duties as they relate to the exposure incident;
  - d. documentation of the route of exposure and circumstances under which exposure occurred;
  - e. results of the source individual's blood test, if consent was given and results are available; and
  - f. a copy of all medical records relevant to the appropriate treatment of the employee, including vaccination status.

#### E. Employee Information

1. This District shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the

completion of the evaluation.

2. The health care professional's written opinion regarding hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if they employee has received such vaccination.
3. The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information: the affected employee has been informed of the results of the evaluation; and the affected employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation and/or treatment.
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

## V. Communication about Hazards to Employees

### A. Warning Labels

1. Warning labels shall be affixed where blood or OPIM may be present.  
Exception: red bags or red containers may be substituted for labels.
2. Labels required by this section include the following legend: BIOHAZARD

### B. Information and Training

1. This District shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees. Training shall be provided at the time of initial assignment to tasks in which occupational exposure may take place, and at least annually thereafter.
2. This plan is available to all staff for review at any time. A copy will be provided to employees at no charge and within 15 days of the request.
3. This District shall provide additional training when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure issues.
4. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school work place. Training must include information on the Hepatitis C virus in addition to other blood-borne pathogens.
5. If needles are used in the District, affected staff will be given training, including information and hands-on experience with safer needle and

needless devices and other improved engineering controls.

## VI. Record Keeping

### A. Medical Records

1. This District shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
  - a. each employee's name and social security number;
  - b. a copy of each employee's Hepatitis B vaccination record or declination form and any additional medical records relative to Hepatitis B;
  - c. if exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;
  - d. if exposure incident(s) have occurred, the District's copy of the health-care professional's written opinion; and
  - e. if exposure incident(s) have occurred, the District's copy of information provided to the health-care professional: exposure incident investigation form; the results of the source individual's blood testing, if available; and the consent obtained for release.
2. This District shall ensure that each employee's medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of this District, except as required by law. These medical records shall be kept separate from other personnel records. These records shall be kept in the District office and maintained by the District Secretary and the School Nurse or Health Care Coordinator.
3. These medical records shall be maintained for the duration of employment plus 30 years. Records do not have to be maintained if the employee was employed for less than one year and is provided with the record at the time of termination.

### B. Training Records

1. Training records shall include:
  - a. training session date(s);
  - b. contents or summaries of training sessions;
  - c. names and qualifications of persons conducting training sessions; and
  - d. names and job titles of all persons attending training sessions.



2. Training records shall be maintained for seven years from the date the training occurred.

C. Annual Review of Plan - This District shall annually review the exposure control plan. The review shall include:

1. a list of new tasks that affect occupational exposure;
2. modifications of tasks and procedures;
3. evaluation of available engineering controls including engineered-safer needle devices; and
4. a list of new employee positions with potential for occupational exposure.

D. Availability of Records

1. This District shall ensure:
  - a. All records required to be maintained by this standard shall be made available upon request to the Wisconsin Department of Commerce (or designee) for examination and copying.
  - b. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Wisconsin Department of Commerce (or designee).
  - c. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee, and to the Wisconsin Department of Commerce (or designee).
  - d. A log of needle-stick injuries shall be kept for a minimum of five years.

E. OSHA Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).
  - a. OSHA-reportable exposure incidents, including splashes to mucous membranes, eyes, or non-intact skin, shall be entered as injuries on the OSHA 300 Log.
  - b. This determination and the recording activities are done by the

District nurse or Health Care Coordinator who will then post the required information.

2. A sharps injury log must be maintained in a manner that protects privacy of employees. At minimum, the log will contain the following:
  - a. location of the incident,
  - b. brand or type of sharp, and
  - c. description of incident.

*Legal Ref: Wisconsin Statute 101.055; and  
CFR 191.1030 Federal Blood-borne Pathogen Standard*

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