



Wylie ISD
Health Services & Risk Management

Bloodborne Pathogens Exposure Control Plan

This exposure plan is adopted to meet the requirements for bloodborne pathogen exposure control at Wylie Independent School District.

25 TAC 96; Health & Safety Code §81.301-81.306; 29 Code of Federal Regulation §1910.1030, OSHA Bloodborne Pathogens Standard; DBB Legal

A copy of this plan shall be accessible to all employees, parents and volunteers via:

- a) Campus Health Clinics
- b) District Departments
- c) Wylie ISD intranet

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

Exposure Determination

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

- a) Principals and Assistant Principals
- b) Nurses and Clinic Aides
- b) Custodians
- c) Trainers, assistant trainers, P.E. personnel that render First Aid
- d) Identified Special Education Personnel
- e) Identified Bus Personnel

The job descriptions for the above employees encompass the potential occupational exposure risks to bloodborne pathogens.

COMPLIANCE METHODOLOGY

Engineering and Work Practice Controls

Engineering and work practice controls are important in eliminating or minimizing employee exposure to bloodborne pathogens, and reduce 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. Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall be used (gloves, goggles, goggles).

Universal Precautions

All employees will be instructed that all blood, body fluids or other potentially infectious materials are to be considered infectious regardless of the perceived status of the source individual.



Handwashing

Handwashing facilities will be readily accessible to all employees who have exposure to blood or other potentially infectious materials.

- Handwashing facilities are available to employees who incur exposure to blood or potentially infectious materials.
- All employees will wash their hands and any other potentially contaminated skin area with soap and water immediately after removing PPE, such as gloves.
- Employees incurring exposure to their skin or mucous membranes will wash with soap and water or flush with water as soon as feasible following contact.
- Waterless hand sanitizer when proper handwashing facilities are not available. Hands should be washed with soap and running water as soon as feasible.

Needles/Sharps

Contaminated sharps and needles will be discarded immediately or as soon as feasible in district-provided sharps containers that are closable, puncture resistant, leak-proof on sides and bottom, and properly labeled as a biohazard.

Sharps containers:

- Will be readily available and easily accessible to all staff and students where sharps are being used;
- Will be located as close as is feasible to the immediate area where sharps are being used or can be reasonable anticipated to be found;
- Are maintained upright throughout use;
- Are properly labeled with a Biohazard label
- are not allowed to overfill; and
- are replaced routinely.

Contaminated needles and sharps will not be bent, recapped, removed, sheared, or purposely broken. An exception may be made to recapping needles by the use of a one-handed technique in situations where proper disposal is not feasible.

Work Area Restrictions

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

Food and beverages are not to be kept in refrigerators, cabinets, or countertops where blood or other potentially infectious materials are present.

Contaminated Equipment

Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to use and decontaminated as necessary. If unable to decontaminate, the item will be labeled and biohazard and disposed of as appropriate.



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Personal Protective Equipment

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

Gloves will be available in each classroom and sent on field trips with a first aid kit. 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, cracked, peeling, torn or when their ability to function as a barrier is compromised.

All PPE will be disposed of by WISD in an appropriate manner. PPE that has been penetrated by blood should be removed immediately or as soon as feasible and placed in double plastic bags, tied, and discarded in an appropriate manner.

CPR Barrier Devices

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

First Aid Kit

A First Aid Kit will be provided for the teaching team to carry on field trips. The school nurse will be responsible for replenishing the contents. Each will contain the following:

- Gloves
- Band-aids
- Bandages (2x2, 3x3,4x4 gauze)
- Kleenex
- Ziploc bags
- CPR Microshield or Rescue Mask
- Heavy Pressure Bandage (such as a sanitary napkin)
- Tape
- Paper, pen for documentation
- Waterless hand sanitizer

Housekeeping

Worksites will be maintained in a clean and sanitary condition. A written cleaning schedule for all campuses will be determined and implemented by the Director of Maintenance, and will include methods for decontamination, types of surfaces to be cleaned and types of cleaners/disinfectant products and methods to be used.

All work surfaces will be decontaminated after completion of procedures immediately or as soon as feasible after they have become contaminated with blood or other potentially infectious body fluids.

All waste receptacles will be inspected and decontaminated a regularly scheduled basis. Any broken glassware which may be contaminated will not be picked up directly with the hands.



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Regulated Waste Disposal

All contaminated sharps waste will be disposed of in accordance with federal, state, county and local requirements.

Contaminated items such as PPE, bandages and other non-sharp materials will be double-bagged and tied, labeled biohazard, and disposed of in accordance with federal, state, county and local requirements.

Hepatitis B Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials will be 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 10 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.

Contact Risk Management, your Department/Campus Administrator or School Nurse to arrange for the vaccine series. Employees who decline the Hepatitis B vaccine sign a declination statement, which will be kept in the employee's file in Risk Management. Employees who receive the Hepatitis B vaccine will have their vaccination records kept on file in Risk Management. Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

EXPOSURE INCIDENT

Immediate First Aid Actions

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

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

- Notify campus or department administrator
- Complete a Workers' Compensation Form (See campus or department secretary)
- Medical evaluation must be conducted as soon as possible after exposure in accordance with Wylie ISD Workman's Compensation Medical Evaluation Procedures, which will include
 - Employee being offered the option of having his/her blood collected for testing of their HIV/HBV serological status;



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- Employee will be offered post exposure prophylaxis in accordance with the current recommendations of the US Public Health Services
- Appropriate counseling concerning infection status, results, and interpretation of tests, and precautions to take during the period after the exposure incident;
- Employee will be informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
- Students and volunteers will be referred to their physician/healthcare provider on the day of the incident for immediate care. The student's healthcare provider will provide post-exposure treatment and counseling.

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

- Made available at no cost to the employee. Through an in-network Worker's Compensation Provider. Expenses incurred shall be the responsibility of Wylie ISD following the procedure of exhausting any available funding such as private insurance or Medicaid
- Made available at a reasonable time and place
- Performed by or under the supervision of a licensed physician
- Provided according to the recommendations of the U.S. Public Health Department
- Documented at the point of service provision
- All laboratory tests shall be conducted by an accredited facility
- Workers' Compensation claim will be turned over to WISD's Third Party Administrator for review and determination if incident is compensable.
- Record of all sharps injuries will be reported to TDSHS
www.dshs.texas.gov/idcu/health/infection_control/bloodborne_pathogens/reporting

Oral report

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

Written Report

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

- The identity of the person exposed
- The type of exposure and circumstances of the incident
- The identity of the source individual, if not prohibited by state or local statute protecting confidentiality. Student names will be kept confidential.
- Date and time of incident
- Suggestions for changes in the facility's procedures to avoid similar incidents in the future



BLOODBORNE PATHOGEN TRAINING

Training of all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training.

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

- Chapter 96 Bloodborne Pathogen Control
- OSHA Bloodborne Pathogen Regulations 29 CFR 1910.1030
- Epidemiology and symptomatology of Bloodborne diseases;
- Modes of transmission of bloodborne pathogens;
- Wylie ISD's exposure control plan;
- Procedures which might cause exposure to blood or other potentially infectious materials at this facility;
- Control methods which are used at WISD to control exposure to blood or other potentially infectious materials;
- Personal protective equipment available at each facility;
- Hepatitis B vaccine program at the facility;
- Procedures to follow in an emergency involving blood or other potentially infectious materials;
- Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
- Post exposure evaluation and follow up;
- Signs and labels used at the facility; and
- An opportunity to ask questions with the individual conducting the training and referral of questions to Administrator if needed

References

Texas Department of State Health Services (2006, November 22). *Bloodborne pathogen control in Texas schools*. Retrieved November 13, 2009 from <http://www.dshs.state.tx.us/schoolhealth/blnbrnpt.shtm>

Texas Department of State Health Services. (n.d.) *Bloodborne pathogens exposure control plan: Chapter 81, Health and Safety Code: Subchapter H*. Retrieved November 15, 2009, from http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/exposure_control/adopt_ecp/pdf

US Department of Labor Occupational Safety & Health Administration. (n.d.) Regulations (Standards – 29 CFR) Bloodborne pathogens 1910.1030. Retrieved November 13, 2009 from http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051



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Employee Hepatitis B Vaccination Statement

Employee Hepatitis B Vaccine Statement: All employees in positions identified by the District as at risk for Bloodborne Pathogens exposure need to complete this form within the first 10 days of starting work. Identified employees are: Principals, Asst. Principals, Nurses, Health Care Aides, Custodians, Coaching or P.E. personnel, Athletic Trainers, SPED bus drivers/aides and SPED teachers/aides. These employees will receive Bloodborne Pathogens risk information and training from their department or campus. Please select **one** of the boxes below which applies and provide your signature where applicable.

Employee Name: _____ Name ID: _____

Campus/Department: _____ Hire Date: _____

Hepatitis B Vaccine Acceptance Statement:

I understand that due to my occupational exposure to blood or other potentially infectious body fluids, 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. I understand that Wylie Independent School District is not responsible for any adverse reactions that may occur with administration of this vaccine.

Employee Signature _____ **Date:** _____

Notify Risk Management (972-429-3073) to arrange for vaccine availability at clinic prior to sending employee to get shots.

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 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 them as offered by Wylie ISD.

Signature: _____ **Date:** _____



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Please return this document to:
LaToya.Scott@wylieisd.net or Fax: 972-941-6073

Bloodborne Pathogens Exposure Report Form

Date and Time of Exposure: _____

Name of Person Exposed _____

Location of Exposure _____

Type of Exposure and Circumstances of Incident :

Are there any suggestions for changes in facility's procedures and/or educational needs identified to avoid similar incidents in the future?

Signature _____ Date _____

Printed Name _____ Title: _____

Follow-up Medical evaluation and referral:

- Report incident to school nurse and school Principal
- Written report to be filed with Risk Management Department
- Complete a Blood Testing Consent/Refusal Form
- Complete a Worker's Compensation Form
- Refer for Medical evaluation if warranted



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SOURCE INDIVIDUAL CONSENT/REFUSAL FOR BLOOD TESTING

Wylie ISD
951 S. Ballard Avenue
Wylie, Texas 75098
972-429-3000

Consent from Source Individual for Blood Testing:

I hereby authorize an exchange of information to occur between the agencies/persons listed below and the exposed individual. I realize that my child or I have been identified as a source individual where an employee may have been exposed to blood or other potentially infectious fluids.

Exposed Employee's Healthcare Provider:

Source Individual's Healthcare Provider:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

I am aware of the risks to the exposed employee; and I have agreed to blood testing to be performed for HBV, HCV, and HIV. I have been informed that by consenting to this testing, **the test results will only be released to the exposed employee's medical provider and implications with the employee.**

Student Name

Date of birth

Parent/Guardian Signature

Date

Refusal from Source Individual for Blood Testing:

Name: _____

Parent/Guardian: _____

Phone #: _____

Address: _____

Date Employee Exposed: _____

Date parent/student notified: _____

I have been informed by _____ a Wylie ISD employee, that I/my child have/has been identified as being a source individual in an employee incident to blood or other potentially infectious body fluids.

I am aware of the risks to the employee; and I have declined blood testing to be performed for HBV, HCV, and HIV. I have been informed that if I had consented to this testing, this information would only be released to the exposed employee and to the exposed employee's medical provider.

Student Name

Date of birth

Parent/Guardian Signature

Date