HEALTH SCIENCE CTE:
DIRTY NEEDLESTICK EXPOSURE FFA(R2)

The purpose of these regulations is to establish standardized procedures for the prevention, reporting, evaluation, and follow-up of exposure to bloodborne pathogens resulting from a dirty or contaminated needlestick or sharps injury. These regulations apply to Health and Animal Science students enrolled in Keller ISD's Career and Technical Education (CTE) programs, as well as district employees and supervisors, to ensure compliance with applicable Texas and federal safety requirements.

Keller ISD is committed to providing a safe learning and working environment for all Health Science CTE students and staff. Any dirty needlestick or sharps injury will be treated as a medical exposure incident requiring immediate action, documentation, and medical follow up.

No student or employee will be disciplined or retaliated against for reporting an exposure incident.

SCOPE

This administrative regulation applies to:

- Health and Animal Science CTE students;
- Instructional staff (teachers, lab instructors, clinical supervisors);
- District employees; and
- Volunteers and contractors;

while participating in:

- Classroom instruction;
- Skills laboratories and simulations; and/or
- Clinical rotations, externships, and work-based learning experiences.

DEFINITIONS

- Dirty/Contaminated Needlestick: A puncture injury caused by a needle or sharp that has been used on an individual or contaminated with blood or other potentially infection materials (OPIM).
- Sharps: Objects capable of puncturing skin, including needles, lancets, scalpels, and broken glass.
- Exposure incident: Eyemouth, mucous membrane, non-intact skin, or parenteral contact with blood or OPIM resulting from assigned duties or instructional activities.
- CTE Student: A student enrolled in a district-approved Health or Animal Science Career and Technical Education program participating in hands-on or clinical instruction.

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RESPONSIBILITIES

Health and Animal Science CTE Students

- Follow all safety instructions and standard precautions.
- Use sharps only when authorized and supervised.
- Immediately report any sharps or needlestick injury.
- Cooperate with medical evaluation and follow up.

Instructors / Clinical Supervisors

- Provide bloodborne pathogens training prior to sharps use.
- Ensure proper supervision during skills activities.
- Initiate immediate response and reporting.
- Notify campus administration and CTE administration.

Program Administrator / CTE Coordinator

- Ensure compliance with this policy.
- Maintain exposure documentation.
- Coordinate communication with parents/guardians and clinical sites.
- Review incidents for corrective action and instructional improvements.

Clinical / Externship Sites

- Follow their internal exposure control procedures.
- Immediately notify the district of any student exposure.
- Coordinate documentation and testing as required.

PROCEDURE: IMMEDIATE RESPONSE

Step 1: First Aid (Immediately)

- Wash the affected area with soap and water.
- Do not squeeze or “milk” the wound.
- Flush eyes or mucous membranes with clean water or saline for at least 15 minutes.
- Do not use bleach or caustic agents on the wound.

Step 2: Notification

- Student must notify the instructor immediately.
- Instructor must notify campus administration and the CTE administrator.
- If the incident occurs off campus, the clinical site supervisor must also be notified.

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MEDICAL EVALUATION AND PARENT/GUARDIAN NOTIFICATION

Student Exposure

1. Parent/guardian will be notified as soon as reasonably possible.
2. The student will be referred for medical evaluation immediately or according to district/clinical protocols.
3. Medical evaluation may include:
    - Documentation of the exposure incident;
    - Source individual identification and testing (as legally permitted);
    - Baseline and follow-up testing of the student (with consent);
    - Post-Exposure Prophylaxis (PEP), if medically indicated.
4. Families will be responsible for subsequent associated medical costs.

Employe Exposure

Employees will receive medical evaluation consistent with OSHA-equivalent Texas standards.

All medical information will be kept confidential.

CLINICAL SITE PROTOCOL SUPREMACY

When a needlestick or exposure incident occurs at a clinical, externship, or work-based learning site, the clinical site's exposure control and post-exposure procedures shall be followed first, in coordination with district documentation and notification requirements.

DOCUMENTATION AND RECORDKEEPING

The following documentation is required:

- Student or Employee Exposure Incident Report
- District incident documentation
- Clinical site reports (if applicable)

Sharps Injury Log

- The district shall maintain a Sharps Injury Log when required under TAC §96.401.
- The log will not include personally identifiable student information.
- Logs are maintained for safety tracking and prevention purposes only.

All records will be handled confidentially in accordance with TAC §96.402 and district retention policies.

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TRAINING AND PREVENTION

Health Science CTE students must receive instruction prior to participating in any activity involving sharps, including:

- Bloodborne pathogens awareness
- Standard precautions
- Safe sharps handling and disposal
- Proper use of personal protective equipment (PPE)
- Incident reporting procedures

Sharps containers must be:

- Puncture resistant
- Labeled
- Located near point of use
- Never overfilled

Whenever feasible, simulation equipment and safety engineered devices will be used instead of live sharps.

NON-RETALIATION AND CORRECTIVE ACTION

Reporting an exposure incident will never result in disciplinary action. Failure to follow safety procedures may result in corrective or instructional action separate from reporting.

REVIEW AND CONTINUOUS IMPROVEMENT

This administrative regulation should be reviewed annually or following any exposure incident. Revisions will focus on improving student safety, supervision, and program compliance.

LEGAL REFERENCE

This administrative regulation is developed and adopted in accordance with:

- Texas Health & Safety Code, Chapter 81, Subchapter H (Bloodborne Pathogen Exposure Control Plans)
- Texas Administrative Code (TAC), Title 25, Chapter 96 (Bloodborne Pathogen Control)
- OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, as referenced and incorporated by Texas law

Texas public school districts are required to maintain exposure control measures that are at least as effective as OSHA standards, including for instructional programs involving students.