

STEVENS POINT AREA PUBLIC
SCHOOL DISTRICT
Stevens Point, Wisconsin

**BLOODBORNE PATHOGEN
EXPOSURE CONTROL
PROGRAM**

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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INTRODUCTION

Purpose

The purpose of this document is to comply with OSHA's Occupational Exposure to Bloodborne Pathogens in Title 29 Code of Federal Regulations 1910.1030. The intent of this exposure control plan is to prevent bloodborne infections by eliminating or minimizing employee exposures to blood and other potentially infectious materials (OPIM).

This plan will be reviewed annually. The OSHA Bloodborne Pathogen Standard can be found [here](#). Definitions related to the school district's exposure control plan follow the definitions in the OSHA Bloodborne Pathogen Standard.

Bloodborne Diseases (Pathogens)

Bloodborne pathogens are disease causing microorganisms that may be present in human blood. They may be transmitted through any exposure to blood or OPIM. Bloodborne pathogens are transmitted when blood or OPIM come in contact with mucous membranes of the eyes, nose, or mouth. It may also be transmitted through non-intact skin. This may include, but is not limited to cuts, abrasions, burns, rashes, paper cuts, hangnails, and puncture wounds from contaminated sharps, human bites, or injections under the skin.

EXPOSURE DETERMINATION

This plan applies to all employees who may be exposed to human blood or OPIM as a result of the performance of their primary duties. It also applies to employees who may be exposed as a part of their collateral duties.

Persons Who Have the Primary Duty of First Aid

- Guidance secretaries
- Nurses
- Playground supervisors
- Aides that perform medical care and personal hygiene for students
- Building custodians
- First aid responders
- Health Aides
- Bus Drivers
- Coaches and Trainers

Persons Who Have Collateral Duties of First Aid

- Administrators
- Teachers
- Food service employees
- Secretaries
- Maintenance and other custodians

Exposures to Bloodborne Pathogens Could Be Expected to Occur During

- Care of injuries or illnesses that occur in the school setting.
- Care of students with special medical needs such as injections, tracheostomy, etc.
- Care of students who exhibit behaviors that may injure themselves or others.
- Care of an injured person during a sports activity.
- Cleaning tasks associated with blood or OPIM.

Universal Precautions

The increasing prevalence of HIV, Hepatitis B and C increases the risk of infection to individuals who have occupational exposure. Treating all human blood and certain body fluids as if they are known to contain bloodborne diseases is known as universal precautions.

Materials That Require Universal Precautions

Blood	Any body fluid with visible blood
Semen	Vaginal secretions
Amniotic Fluid	Saliva from dental procedures
Any unidentifiable body fluid	Feces

Materials That do not Require Universal Precautions

Nasal secretions	Sputum
Sweat	Tears
Urine	Vomit

ENGINEERING AND WORK PRACTICE CONTROLS

The following controls will be utilized to eliminate or minimize exposure to employees within the district: Use of sharps containers, other biohazard containers, and eye wash stations all of which are found at various locations within the school districts. These controls will be examined and maintained on a regular schedule. This will occur whenever an exposure occurs and at least annually to ensure effectiveness and safety of the employees. Once full, sharps containers will be replaced and disposed of by the building custodian.

Handwashing

Hand washing facilities can be found in student and faculty bathrooms, locker rooms, kitchens, and science labs for employees who incur a bloodborne pathogen exposure. Employees must wash the contaminated area with soap and water, or flush mucous membranes with water, as soon as possible after exposure. Hands and skin surfaces must also be washed as soon as feasible, once gloves or other personal protective equipment is removed.

If handwashing facilities are not feasible, such as when on a school bus, the district will provide an antiseptic hand cleanser or towelettes. If this option is utilized, the exposed employee must still wash hands with warm water and soap as soon as possible after the exposure.

Needles

Contaminated needles and other sharps will not be recapped, bent, removed, sheared, or purposely broken. The needle is not to be removed from the syringe. Sharps are to be placed in sharps containers immediately or as soon after use as possible. NEVER blindly reach into a sharps container. Sharps containers are located in restrooms, nurse's stations, and classrooms where dissections occur. All sharps containers within the school district are puncture resistant, labeled with a biohazard label, and are-leak proof.

Work Area Restrictions

In designated first aid rooms where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics, or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or OPIM are present or likely.

Contaminated Equipment

Equipment that has become contaminated with blood or OPIM will be examined prior to servicing or shipping, and shall be decontaminated unless this decontamination is not feasible. If not feasible, a readily observable biohazard label stating which areas of the equipment are contaminated will be affixed to the equipment. Equipment to consider includes: Student communication devices, athletic equipment, vocational equipment needing repair after an exposure incident.

Communication of Hazards to Employees

Warning labels will be affixed to storage or transport containers of regulated waste, and other items containing blood or OPIM. A description of this biohazard label is found below. Red bags and red containers may be substituted for labels. Biohazard bags may be found in health offices and custodian safety lockers.

1. These labels will be predominantly orange or red in color, with lettering in a contrasting color.
2. The labels shall be an integral part of the container or shall be affixed as close as feasible to the container by some method that prevents its loss or unintentional removal.
3. Labels for contaminated equipment will follow this same labeling requirement.

HOUSEKEEPING PROCEDURES

Cleaning Schedule

The school district has determined and implemented a regular cleaning schedule to be followed. This schedule (See Appendix B) identifies the method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures to be performed. This cleaning schedule will occur as described in Appendix B and immediately after contamination of surfaces occurs.

A custodian or other designated staff member will respond immediately to any major blood or OPIM incident for proper cleaning and decontamination. When appropriate, a blood spill clean-up kit may be utilized. When cleaning up potentially infectious materials the employee will wear proper gloves and use an EPA-approved solution. Disposable towels will be used during clean up so contaminated liquid is fully absorbed and is not pourable or dripping so that no blood or OPIM could be wrung out; then disposed of in a double plastic garbage bag and tied.

Broken glass or plastic contaminated with blood or OPIM will be picked up using a dustpan and brush, tongs, or forceps. Broken glass must be placed in a sharps container rather than a plastic biohazard bag, to prevent putting others at risk for an occupational exposure incident.

Contaminated Laundry

Contaminated laundry must be placed in a plastic bag or double plastic bag if the outside of the first bag becomes contaminated, to prevent leakage of wet laundry. It must be handled as little as possible. When handling is necessary, gloves are mandatory. Contaminated laundry shall be placed in disinfectant at 55-75 degrees for 10 minutes. It may then be sent to laundry in a plastic container or bag. Personal laundry items shall be placed in a plastic bag and sent home with the same sanitation instructions.

Regulated Waste

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in the custodian rooms. Waste that is pourable, spillable, drippable or clumpable using the blood spill kit is considered regulated waste and must be placed in appropriate containers.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The purpose of PPE is to prevent or minimize the entry of blood or OPIM into or onto the employee's body. This includes entry via apparent or in-apparent skin lesions, or through the membranes of the eye, nose, or mouth. All PPE will be provided without cost to the employees. All PPE will be cleaned, laundered, repaired, replaced, and/or disposed of by the employer at no cost to employees. PPE will be chosen based on the anticipated exposure to blood or OPIM.

Forms of PPE available in the school district include gloves, face masks, CPR face shields, and eye protection. PPE is available in the following locations: Health offices and main offices. Gloves and individual PPE packs are available in each classroom. PPE shall be given to all designated first aid staff.

Masks in combination with eye protection devices shall be worn whenever it can be reasonably anticipated that splashes, spray, spatter, or droplets of blood or OPIM may be generated, i.e. custodian unclogging a toilet, nurses or aids performing suctioning for a student with a tracheostomy.

Fanny/back packs will be available and include gloves, antiseptic towelettes for hands, germicidal disposable cloth for clean up, dry towelettes for clean-up, and plastic bags. These packs will be available for field trips and playground use. Blood spill kits may be used for blood or OPIM clean up on buses as available.

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to gloves normally provided. These can be requested from the district's Central Supply Office.

Other appropriate PPE shall be worn in occupational exposure situations. The type shall depend upon the task, location, and degree of exposure anticipated: All PPE will be removed prior to leaving the work area, and shall be placed in an appropriately designated area or container for storage, decontamination, or disposal.

HEPATITIS B VACCINATION

All employees whose primary assignment is rendering first aid, and who have potential exposure to blood or OPIM will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving potential for occupational exposure to blood or other potentially infectious materials.

The District will provide the Hepatitis B vaccine to those unvaccinated employees who do not have the primary job of rendering first aid, but have an exposure incident. This vaccine will be offered within 24 hours of the exposure incident for these employees.

The school district will have a healthcare provider of their choosing administer the Hepatitis B vaccine according to the standard recommendation for medical practice as outlined by the U.S. Public Health Services. One to two months after completing the 3-dose Hepatitis B vaccination series, employees must be tested for antibodies to Hepatitis B surface antigen to assess immunity.

A vaccine is not needed if the employee has immunity or previously received the vaccine. Should a booster dose(s) be medically recommended at a future date, the school district will provide this. If the employee declines the vaccine, a waiver must be signed and kept on file at the school district (Appendix A, last page of standard). At risk employees may decide to be vaccinated after initially declining and receive the vaccine at any time.

Records regarding the Hepatitis B vaccine or declination of the vaccine will be kept by Human Resources..

POST-EXPOSURE EVALUATION AND FOLLOW-UP

In the event of an exposure, take the following steps:

1. Cleanse the affected area thoroughly with soap and water or rinse mucus membranes.
2. Report the incident to the supervisor or department representative.
3. Document the exposure on the exposure incident form (Appendix C).
4. Report to Aspirus (8:00am-4:00pm) or other medical provider knowledgeable in BBP exposures (ER between 4:00pm-8:00am).
5. Complete the Worker's Compensation report with supervisor assistance.

The district will make immediately available a confidential medical evaluation and follow-up at no cost to the exposed or source person within 24 hours of the exposure incident. **The district will provide the following information:**

1. Documentation of the route of exposure and circumstances of the incident (See Appendix C).
2. Identification of the source individual, and if possible, the status of the source individual. After consent is obtained, the blood of the source individual will be tested (See Appendix C, pg. 3).
3. Source testing results will be made available to the exposed employee, and the exposed employee will be informed about the applicable laws and regulations concerning confidentiality and disclosure of the identity and infectivity of the source person.
4. The employee will be offered the option of having their blood collected for testing of appropriate bloodborne pathogen diseases, as soon as possible after the exposure. If the employee consents to baseline testing but not for HIV serological testing, the sample will be preserved for up to 90 days to allow the employee to decide if he/she wants testing performed. The sample may be discarded after 90 days.
5. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The healthcare professional will provide the employee appropriate counseling concerning the exposure incident.
7. The principal or administrator will assure that the policy outlined here is effectively carried out, as well as to maintain and forward records related to this policy to Human Resources or Business Office.

The district will provide the healthcare professional evaluating the exposure:

1. A copy of the OSHA Bloodborne Pathogen Standard.
2. A copy of the Exposure Incident Investigation form (Appendix C).
3. Results of the source individual's blood test, if consent given and results available.
4. All medical records relevant to the appropriate treatment of the employee including Hepatitis B vaccination status.

Interaction with Healthcare Professional

A written opinion shall be obtained from the health care professional who evaluates the exposed employee within 15 days of the completion of the evaluation. The written opinion shall contain the following:

1. Whether the Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination.
2. Whether the employee has been informed of the results of the evaluation.
3. Whether the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation and/or treatment.

The written opinion to the employer is not to reference any personal medical information.

TRAINING

Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur. Additional training will be provided whenever there is a modification of a procedure or task that could affect the employee's occupational exposure. Training will be conducted using Public School Works. The training will be interactive and a knowledgeable person must be available to answer questions either in person or by telephone.

Annual training for all employees shall be provided within one year of their previous training.

Training will include the following information:

1. The OSHA Standard for BBP.
2. Epidemiology and symptomatology of bloodborne disease including HIV, Hepatitis B and C.
3. Modes of transmission of bloodborne diseases.
4. This exposure control plan.
5. Procedures that might cause exposure to blood or OPIM at this facility.
6. Control methods to be used to control exposure to blood or OPIM.
7. PPE available and who should be contacted concerning exposure to blood or OPIM.
8. Post exposure evaluation and follow-up.
9. Signs and labels used at the facility.
10. Hepatitis B vaccination program offered.

RECORDKEEPING

All records required by the OSHA standard will be maintained by the building principal, administrator, Business Services or designated appointee. Bloodborne pathogen exposure forms and information must be maintained for 30 years post employment. Other appropriate medical records will be maintained by Aspirus or other appropriate health care provider clinic.

Training records are maintained by the district through Public School Works.

Appendix A

Hepatitis B Vaccine Declination Form

Appendix A to Section 1910.1030-Hepatitis B Vaccine Declination (Mandatory)

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 the 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 me.

Employee Signature _____

Date _____

Employer Signature _____

Date _____

Appendix B

STEVENS POINT AREA PUBLIC SCHOOL DISTRICT

CLEAN UP PROCEDURES FOR MINOR BLOOD SPOTS OR OPIM SPILLS

Hard Surface Areas

1. Wear protective equipment as needed such as eye protection goggles, face shields, aprons/gowns, shoe protection, and disposable gloves. Disposable gloves are mandatory.
2. Post wet floor or closed signs. Barricade or close area if needed. Keep all children or traffic away from contaminated areas.
3. Apply 3M #40 Quat Disinfectant Cleaner over the contaminated area or potentially infectious material by label directions and allow the product to dwell for 3 minutes before cleaning. If other disinfectants are used, please follow instructions for proper usage and dwell time to eliminate all pathogens.
4. Apply absorbent agent if needed. Scrape or sweep up any large debris using a scraper, broom, dustpan or other tools or disposable equipment.
5. Clean up contaminated liquid material with disposable paper towels or absorbent agent so the contaminated material is fully absorbed and not pourable, spillable, or dripping.
6. Dispose of contaminated material, wiping materials, and absorbent materials in plastic garbage bag and tie bag. Double bag with a second bag and tie bag.
7. Clean the area with a wet mop or wiping material using 3M #40 Quat Disinfectant cleaner and allow to air dry for the 3-minute dwell time. If other disinfectants or disinfectant wipes are used, please follow instructions for proper usage and dwell time to eliminate all pathogens
8. Damp mop or wipe with towel with clear water. If water is not available, this step may be omitted.
9. Disinfect/clean any equipment used in the disinfectant/cleaning process.
10. Remove gloves carefully and dispose of gloves in waste container.
11. Remove the bag of contaminated material and dispose of the bag in the exterior trash dumpster after clean-up is complete.
12. Wash hands thoroughly with soap and water.
13. Remove wet floor/closed signs and barricades after the floor is dry.

Carpet Areas

1. Follow steps 1-6 from Hard Surface Areas.
2. Spray area with 3M #40 Quat Disinfectant Cleaner. If other disinfectants or are used, please follow manufacturer instructions for proper dwell time to eliminate all pathogens.
3. Thoroughly extract the carpet with a carpet extractor with 3M #34 Peroxide Cleaner or clear water. If it is a small contamination area, blot/clean with the above cleaner with a paper towel or other absorbent cloths.
4. Respray the carpet area with 3M #40 Quat Disinfectant Cleaner and allow to air dry.
5. Place air drying fan on the carpet if needed.
6. Disinfect/clean thoroughly any equipment or cloths used in the disinfectant/cleaning process. Include running disinfectant through the extraction machine and cleaning the brushes. Air dry equipment.
7. Follow steps 10-12 from Hard Surface Areas.
8. Remove wet/floor-closed signs, barricades, and air-drying fans after the carpet is dry.

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SANITATION GUIDELINE

I. Disinfection Procedures

A. Floors and Walls

1. Wear protective equipment as specified - gloves are mandatory. Post wet floor signs.
2. Wash and rinse with approved disinfectant cleaner. Follow the manufacturer's recommendations for proper use.
3. Let air dry.

B. Toilets and Urinals

1. Wear protective equipment as specified - gloves are mandatory. Post wet floor signs.
2. Flush.
3. Wash with approved disinfectant cleaner. Follow the manufacturer's recommendations for proper use. Use clean equipment.
4. Flush.

C. Sinks, Drinking Fountains, Milk Coolers

1. Wear protective equipment as specified - gloves are mandatory. Post wet floor signs.
2. Wash with approved disinfectant cleaner or sanitizer for food surfaces. Follow the manufacturer's recommendations for proper use. Use clean equipment.

D. Mops, Brushes, Rags, Pails, Wet Vacs

1. Wear protective equipment as specified - gloves are mandatory.
2. Wash and rinse with approved disinfectant cleaner. Follow the manufacturer's recommendations for proper use.
3. Rinse and air dry.

Appendix C - Forms

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: _____ **Time of Incident:** _____

Location: _____

Person(s) Involved: _____

Potentially Infectious Materials Involved:

Type: _____ Source: _____

1. Circumstances (what was occurring at the time of the incident): _____

2. How was the incident caused: (accident, equipment malfunction, etc.) List any tool, machine or equipment involved. _____

3. Personal protective equipment being used at the time of the incident: _____

4. Actions taken: (decontamination, clean-up, reporting, etc.) _____

5. Recommendations for avoiding repetition of incident: _____

STEVENS POINT AREA PUBLIC SCHOOL DISTRICT POST

EXPOSURE FOLLOW UP

**Employee Declination of Medical Evaluation or
Source Individual Testing**

I have had my right to medical evaluation explained to me and I decline such evaluation.

Signature

Date

I have had my right to have the source individual of my exposure asked to be tested for HIV and Hepatitis B and I decline that right.

Signature

Date

Witness (District Representative)

Date

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POST EXPOSURE FOLLOW UP

**Source Individual of Employee Exposed to Blood/OPIM
Consent or Declination to Testing and Release of Information**

<u>CONSENT</u>	<u>DECLINE</u>
<p><u>Hepatitis B</u></p> <p>I consent to be tested for Hepatitis B and for the results of those tests to be released to:</p> <ul style="list-style-type: none">• the physician of the exposed employee and• to the exposed employee. <p>_____ Signature (source or their guardian)</p> <p>_____ Date</p>	<p><u>Hepatitis B</u></p> <p>I decline to be tested for Hepatitis B.</p> <p>_____ Signature (source or their guardian)</p> <p>_____ Date</p>
<p><u>HIV</u></p> <p>I consent to be tested for HIV and for the results of those tests to be released to:</p> <ul style="list-style-type: none">• the physician of the exposed employee and• the exposed employee. <p>_____ Signature (source or their guardian)</p> <p>_____ Date</p>	<p><u>HIV</u></p> <p>I decline to be tested for HIV.</p> <p>_____ Signature (source or their guardian)</p> <p>_____ Date</p>

All costs involved in this testing will be assumed by the school district.