

# **BLACKWELL CONSOLIDATED INDEPENDENT SCHOOL DISTRICT BLOOD-BORNE PATHOGEN EXPOSURE CONTROL PLAN**

## **INTRODUCTION:**

This exposure control plan is adopted as the minimum standard to implement the Blood-borne Pathogen Exposure Control Plan required in Texas Health and Safety Code, 81.304. The intent of this plan is to address the issue of blood-borne pathogens. The plan will demonstrate an effort to effectively respond to health concerns while respecting the rights of all students, employees, contractors and those who are so infected.

The OSHA standard defines blood-borne pathogens as pathogenic microorganisms that are present in human blood and can infect and cause disease in persons who are exposed to blood containing the pathogens. These pathogens include, but are not limited to the Hepatitis B virus (HBV,) Hepatitis C virus (HCV,) and the human immunodeficiency virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS.)

This plan is consistent with the **UNIVERSAL PRECAUTIONS** guidelines issued by the Centers for Disease Control (CDC.) These precautions are mandated by the Texas Health and Safety Code, Chapter 85, Subchapter 1, S85.203(a).

## **COMPLIANCE METHODS:**

The risk of contracting HBV/HCV/HIV through occupational exposure is minimal. Nevertheless, universal precautions will be used to prevent contact with blood and other potentially infectious materials regardless of the perceived status of the source individual.

Where occupational exposure is a possibility, personal protective equipment (PPE) will be used. Examples of PPE are gloves, facemasks, gowns and safety eyewear. The school nurse will assist each campus and auxiliary service department in choosing the proper supplies for their areas.

Disposable gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin and mucous membranes. Employees will wear disposable gloves when cleaning up vomitus, urine, feces or other body fluid spills.

All PPE supplies will be removed immediately, or as soon as feasible, when contaminated, when they become torn or punctured, or when their ability to function as a barrier is compromised. Removal is required prior to leaving the area in which they were used. Soiled PPE supplies that are not dripping with body fluids may be disposed of in regular trash. All others will be put into a Red Infection Control Bag.

## **HANDWASHING:**

The district will provide hand washing facilities which are readily accessible to employees. When provision for hand washing facilities is not feasible, this district shall provide appropriate antiseptic hand cleanser.

Employees will 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 other potentially infectious materials.

Employees shall wash their hands immediately, or as soon as feasible, after removal of gloves or other PPE. When antiseptic hand cleansers are used, hands will be washed with soap and running water as soon as feasible. Do not reuse gloves.

Proper hand washing procedures include the use of running water. Apply soap to hands and wrist to reach any organisms that may have traveled above the hand. Scrub between fingers and fingernails for a minimum of 15 seconds. Air dry or use a single-use towel to dry hands.

## **TRAINING:**

Blood-borne Pathogen training will be offered annually to all employees.

## **HANDLING CONTAMINATED SHARPS:**

Contaminated needles or other contaminated sharps shall not be bent, recapped, removed, sheared or purposely broken. They should be discarded immediately, or as soon as feasible, in containers that are closable, puncture resistant, leak proof on sides and bottom and biohazard labeled or color-coded. Sharps containers will be kept in each campus nurses' office and in immediate areas where sharps are being used.

Do not overfill the sharps containers. Replace immediately when the container becomes full. Once the container is full, contact the WISD Head Nurse for instructions. At that time, arrangements will be made for proper disposal of the container. Annually, the Head District Nurse will coordinate an agreement with local health services for proper disposal.

## **CUSTODIAL SERVICES:**

Good housekeeping and work practice controls play a major role in preventing and minimizing the spread of blood-borne pathogens and other potentially infectious materials.

The Director of Operations for WISD will be responsible for custodial services and the implementation and compliance of all mandates, rules and regulations for the blood-borne pathogen exposure standards. The director, along with the housekeeping supervisor, will work to ensure that the worksites of WISD are clean and in sanitary condition. The housekeeping supervisor will determine and implement an appropriate written schedule for cleaning and method of cleaning and decontamination of areas based upon the location within the facility, the type of surface to be cleaned, type of contamination present and tasks or procedures performed in the area.

WISD policies and procedures for all custodial services are kept in the Director of Operations office. This policy is a public record and available for review. They will be reviewed and updated annually by appointed WISD staff members.

## **OTHER OPERATIONAL DEPARTMENTS:**

The Director of Operations for WISD is responsible for the maintenance, food service and the transportation department's implementation and compliance of all mandates, rules and regulations for the blood-borne pathogen exposure standards. The policy and procedures will be kept in the director's office. They will be reviewed and updated annually by appointed WISD

staff members.

**DEFINITION OF EXPOSURE INCIDENT:**

Exposure incident means a specific eye, mouth, non-intact skin, mucous membrane, or parenteral (piercing the skin barrier by human bites, cuts, abrasions, needle sticks) contact with blood or other potentially infectious materials that result from the performance of the duties of an employee with occupational exposure.

**POST EXPOSURE EVALUATION and FOLLOW-UP:**

When an employee incurs an exposure incident, the employee will:

- (1) Report to the campus nurse. The campus nurse will notify the campus principal.
- (2) The campus nurse will fill out the Employee Exposure Incident Form.
- (3) The campus nurse will contact the Head District Nurse (HDN) to report and deliver the incident form.
- (4) The HDN will provide the employee with a Post-Exposure Medical Referral Form or the employee must sign a Refusal of Post-Exposure Medical Evaluation Form. After the employee has returned their form, the HDN will report to and give the form to the Compensation, Benefits and Leaves Manager.
- (5) The employee will be instructed, by the HDN, to contact the Compensation, Benefits and Leaves Manager and report the incident.
- (6) The HDN will provide the individual whose blood or body fluids provided the source of the exposure with a Source Individual's Consent or Refusal Form.
- (7) Copies, of all forms, will be submitted and retained by the HDN. The HDN will report the exposure to his/her supervisor, the Deputy Superintendent and the Superintendent.

**CONFIDENTIAL**

**Employee Exposure Incident Form  
for Bloodborne Pathogen Exposure  
Blackwell Consolidated Independent School District**

Date: \_\_\_\_\_  
Employee's Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date and time of incident: \_\_\_\_\_ Location: \_\_\_\_\_  
Description of job/task being done: \_\_\_\_\_  
Where was the location of the job/task? \_\_\_\_\_  
Source of possible exposure (Note: Do not include personally identifiable information of individual): \_\_\_\_\_  
Route of possible exposure: (stick, splash, etc.): \_\_\_\_\_

Circumstances under which possible exposure occurred: \_\_\_\_\_  
Personal Protection equipment used: (gloves, goggles, etc.) \_\_\_\_\_  
First Aid Treatment: \_\_\_\_\_  
Witness(es): \_\_\_\_\_

Explain how this type of exposure can be minimized or prevented. Please include suggestions for procedural, environmental and/or policy changes that would be helpful.

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
Report received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Referred for post-exposure evaluation to: \_\_\_\_\_  
Date referred: \_\_\_\_\_  
Report sent to: \_\_\_\_\_ Date: \_\_\_\_\_

(District Head Nurse)

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**Post-Exposure Medical Evaluation Form  
for Bloodborne Pathogen Exposure  
Blackwell Consolidated Independent School District**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Worker's Compensation No. \_\_\_\_\_  
Employee's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date: \_\_\_\_\_

Description of exposure: (Attach employee incident report)  
Source material individual (if known): \_\_\_\_\_

Consent for source individual's blood test obtained: YES NO  
TO BE COMPLETED BY PHYSICIAN:

Employee informed of laws and regulations concerning  
disclosing of identity of source individual: YES NO Date: \_\_\_\_\_

Employee informed of signs/symptoms that should  
be watched for and reported to physician: YES NO Date: \_\_\_\_\_

Employee offered blood collection and testing: YES NO Date: \_\_\_\_\_

Employee refused blood collection: YES NO Date: \_\_\_\_\_

Post-Exposure prophylaxis recommended: YES NO Date: \_\_\_\_\_

\_\_\_\_\_ Date:

Employee Signature

Physician recommendations: \_\_\_\_\_

\_\_\_\_\_ Date:

Physician's name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PRINT)

PLEASE RETURN TO: Blackwell C. I.S.D. District Nurse

Print Name: \_\_\_\_\_ Print Address: \_\_\_\_\_

## CONFIDENTIAL

### Refusal of Post-Exposure Medical Evaluation Form for Blood-borne Pathogen Exposure

## Blackwell Independent School District

### EXPOSED INDIVIDUAL INFORMATION:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Exposure Date: \_\_\_\_\_ Time: \_\_\_\_\_

### EXPOSURE INFORMATION:

Facility and department where the incident occurred: \_\_\_\_\_

Type of Personal Protection Equipment used (gloves, eye goggles, etc.): \_\_\_\_\_

Describe how you were exposed: \_\_\_\_\_

State how this type of exposure can be prevented: \_\_\_\_\_

### STATEMENT OF UNDERSTANDING:

I understand the Blackwell Independent School District's Blood-borne Pathogen Exposure Control Plan. I understand I may have contracted an infectious disease such as HBV, HCV or HIV. I understand the implications of contracting these diseases.

I have been offered follow-up medical evaluation and testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HBC, HCV or HIV. I have been offered follow-up medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline the post-exposure evaluation and follow-up care.

Exposed Individual's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Exposed Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN FORM TO: B.C.I.S.D. District Nurse

Print Name: \_\_\_\_\_ Print

Address: \_\_\_\_\_

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**Source Individual's Consent or Refusal Form  
for Medical Evaluation for Blood-borne Pathogen Exposure  
Blackwell Independent School District**

**EXPOSED INDIVIDUAL'S INFORMATION:**

Print Name: \_\_\_\_\_

Job assignment and location: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Exposure date: \_\_\_\_\_

**SOURCE INDIVIDUAL'S STATEMENT OF UNDERSTANDING:**

I understand that employers are required by law to attempt to obtain consent for HBV, HCV and HIV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a Blackwell Independent School District employee has been accidentally exposed to my blood or bodily fluids and that testing for HBV, HCV and HIV infectivity is requested. I understand I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive when an HIV antibody is not present and that follow-up testing may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

**CONSENT OR REFUSAL and SIGNATURE:**

I hereby CONSENT to:

HBV testing: YES NO Signature: \_\_\_\_\_

HCV testing: YES NO Signature: \_\_\_\_\_

HIV testing: YES NO Signature: \_\_\_\_\_

I hereby REFUSE consent to:

HBV testing: YES NO Signature: \_\_\_\_\_

HCV testing: YES NO Signature: \_\_\_\_\_

HIV testing: YES NO Signature: \_\_\_\_\_

**SOURCE INDIVIDUAL IDENTIFICATION:**

Source Individual printed name: \_\_\_\_\_

Source Individual's Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Relationship (if signed by other than the source individual): \_\_\_\_\_

**PLEASE RETURN FORM TO: Blackwell C.I.S.D. District Head Nurse**

Print Name: \_\_\_\_\_ Print Address: \_\_\_\_\_

\_\_\_\_\_