BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: MABANK INDEPENDENT SCHOOL DISTRICT

Date of Preparation: July 24, 2001
Revised: August 24, 2004
Revised: September 2, 2010

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:

1. EXPOSURE DETERMINATION

The Texas Department of Health (department) Bloodborne Pathogens Exposure Control Plan (plan) requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following job classifications apply:

a) Registered Nurses
b) Nursing Assistant
c) Athletic Trainer
d) Special Education Personnel who work in the Life Skills, Severe and Profoundly Handicapped, PPCD and/or Behavior Classrooms and Programs and who have student toileting responsibilities.

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

2. IMPLEMENTATION SCHEDULE AND METHODOLOGY

The department's plan outlines a schedule and method of implementation for the various elements of the exposure control plan.

School Board Adoption of Plan	July, 2001
Initial Training	August – September
New-hire Training	Within 10 days of employment
Annual Review	Prior to first day of instruction each school year

Compliance Methods

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material are considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used. Examples include safety design devices and sharps containers.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Handwashing facilities are available. In addition, the district provides either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken.

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom, and biohazard labeled or color-coded.

During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., Nurse's Office); maintained upright throughout use; are not allowed to overfill; and replaced routinely. At the end of each school year labeled containers will be collected and disposed of by an outside agency contacted by the campus Nurses.

Work Area Restrictions
In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, 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/bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Collection of Specimens

The district does not collect specimens of blood or other potentially infectious materials.

Contaminated Equipment

Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Employers place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment

All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. An example of personal protective equipment commonly used is gloves. All personal protective equipment is fluid resistant.

All personal protective equipment is disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

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 or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Housekeeping

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials. Nurse's offices will also be decontaminated at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated is not picked up directly with the hands.

Regulated Waste Disposal

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

Laundry Procedures

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to personnel and environments. Rather than rigid rules and regulations, employs are to use hygienic and commonsense processing of clean and soiled

Hepatitis B Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are 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 working 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.

Employees receive the vaccine in a series of 3 office visits. The employee must schedule his or her own appointments. The employee is also responsible for acquiring a Mabank ISD Authorization Form from Mabank ISD Personnel Department, which will include the location and phone numbers. This form authorizes district payment

for the vaccine through direct billing of the Mabank ISD and at no cost to the employee identified as having occupational exposure.

Employees who decline the Hepatitis B vaccine sign a declination statement (See appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

Post Exposure Evaluation and Follow up

When the employee incurs an exposure incident, the employee reports to his/her supervisor. The supervisor will refer the employee to the campus nurse. All employees who incur an exposure incident are offered a confidential medical evaluation by the campus nurse and follow up as follows:

- Documentation of the route(s) of exposure and the circumstances related to the incident.

- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.

- The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

- The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.

- The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

- The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident.

- The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

- The campus nurse is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of the district after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1) a copy of the Mabank ISD's exposure control plan;

2) a description of the exposed employee's duties as they relate to the exposure incident;

3) documentation of the route(s) of exposure and circumstances under which the exposure occurred;

4) results of the source individual's blood tests (if available); and,

5) medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

1) when the employee is sent to obtain the Hepatitis B vaccine, or
2) whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1) whether the Hepatitis B vaccine is indicated;
2) whether the employee has received the vaccine;
3) the evaluation following an exposure incident;
4) whether the employee has been informed of the results of the evaluation;
5) whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report); and,
6) whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

Use of Biohazard Labels

Biohazard labels will be affixed to sharps containers utilized for disposal.

Training

Training for all employees is conducted within 10 days of initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

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

1) Chapter 96. Bloodborne Pathogen Control
2) OSHA Bloodborne Pathogen Final Rule;
3) epidemiology and symptomatology of bloodborne diseases;
4) modes of transmission of bloodborne pathogens;
5) Mabank ISD's exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
6) procedures which might cause exposure to blood or other potentially infectious materials at this facility;
7) control methods which are used in the district to control exposure to blood or other potentially infectious materials;
8) personal protective equipment available in the district such as a kit with gloves, etc.;
9) hepatitis B vaccine program at the facility;
10) procedures to follow in an emergency involving blood or other potentially infectious materials;
11) procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12) post exposure evaluation and follow up;
13) signs and labels used at the facility; and,

14) an opportunity to ask questions with the individual conducting the training.

Recordkeeping

Training records are maintained by the District's Department Supervisor. for 3 years from the date on which the training occurred.

APPENDIX B
ASSESSMENT TOOL

Yes No

1. The exposure control plan is located in each work center
2. Employees at occupational risk for bloodborne pathogens exposure are identified
3. Employees comply with universal precautions when performing duties
4. Employees appropriately use engineering controls in the work center
5. Employees employ safe work practices in performance of duties
6. Handwashing facilities are readily accessible in the work centers
7. Employees regularly wash their hands, especially after glove removal
8. Employees deposit contaminated sharps in biohazard containers immediately after use
9. Employees change filled biohazard containers when full
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area
11. Food and beverages are not kept in close proximity to blood or bodily fluids
12. Employees do not mouth pipette/suction blood or bodily fluids
13. Employees place specimens in leak resistant containers after collection
14. Employees place specimens in biohazard leakproof containers for shipment
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated
16. Employees wear the designated fluid resistant personal protective equipment/attire appropriate for the task at hand
17. Employees place the contaminated personal protective equipment in the appropriate receptacles
18. Employees maintain a clean environment at all times
19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment
20. Employees know the safe procedure for contaminated, broken glass clean up21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy
22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers
23. Each employee knows his documented hepatitis B vaccine status
24. Employees know where and to whom to report exposure incidents
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service
26. Employees are oriented and receive annual training to the exposure control plan
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard