

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

POLICY STATEMENT

- A. In accordance with the OSHA Bloodborne Pathogens Standards, 29 CFR 1910.1030 Appendices A and B, the following exposure control plan has been developed for the School District of New London. Pursuant to Statute 101.055, DILHR is required to adopt and enforce health and safety standards equal to those offered private employees as administered by the Occupational Safety and Health Administration (OSHA).
1. Significant exposure refers to an exposure which carries the potential for transmission of HBV (Hepatitis B virus) and HIV (AIDS virus). Since other infectious diseases can also be transmitted by significant exposure to blood or body fluids, this policy may be used to document any such exposure.
 2. Under Wis. Stats. Sec. 146.025(1)(em), "significantly exposed" means a sustained contact which carries a potential for transmission of HBV and/or HIV, by one or more of the following:
 - a. Transmission, into a body orifice or onto mucous membrane of blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid, or other body fluid that is visibly contaminated with blood.
 - b. Exchange during the accidental or intentional infliction of a penetrating wound, including a needle puncture of blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid, or other body fluid that is visibly contaminated with blood.
 - c. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid, or other body fluid that is visibly contaminated with blood.
- B. The School District of New London's Exposure Control Plan is designed to eliminate or minimize employee exposure to blood or other potentially infectious materials (OPIM). This plan includes an exposure determination for this workplace, the schedule and methods of implementation, and the procedure for the evaluation of circumstances surrounding exposure incidents.
- C. School personnel who are most at risk for occupational exposure include those employed in the following categories:
1. School health personnel (nurses, health aides).
 2. Secretaries/aides who provide first aid on a regular basis.
 3. Playground supervisors.
 4. Special education staff (CD/ED/EC).
 5. Coaches.

6. Custodial staff.
 7. Other staff whose job description may include first aid duties on a regular basis.
- D. A list of tasks and procedures performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur has been developed below. This exposure determination shall be made without regard to the use of personal protective equipment.
1. Care of minor injuries that occur within a school setting, i.e., bloody nose, scrape, minor cut;
 2. Initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;
 3. Care of students with medical needs, i.e., catheterizations, tracheotomy, colostomy, injections;
 4. Care of students who need assistance in daily living skills, i.e., toileting, dressing, handwashing, feeding, and menstrual needs;
 5. Care of students who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;
 6. Care of an injured person in laboratory setting, vocational education setting, or art class;
 7. Care of injured person during a sport activity;
 8. Care of students who receive training or therapy in a home-based setting; and,
 9. Cleaning tasks associated with body fluid spills.
- E. The biology curriculum does not currently include blood-typing, whereby students and instructors lance the skin to produce a drop of blood for analysis under a microscope. These affected employees will be included under this plan should the biology curriculum change to include blood-typing.

POLICY PROCEDURE

- A. Methods of compliance: Universal precautions shall be observed. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.
- B. Engineering and work practice controls:
1. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
 2. Handwashing facilities which are readily accessible to employees will also be provided.
 3. When provision of handwashing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

4. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
5. Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following the contact of such body areas with blood or other potentially infectious materials.
6. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
7. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
8. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
 - a. Puncture resistant.
 - b. Labeled or color-coded in accordance with this standard.
 - c. Leakproof on the sides and bottom.
9. Eating, drinking, smoking, applying cosmetics or lipbalm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
11. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
12. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
13. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - a. The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color coding is required when such specimens/containers leave the facility.
 - b. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
 - c. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

14. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.
 - a. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
 - b. This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
- C. Personal Protective Equipment (PPE):
1. When there is occupational exposure, provisions shall be made, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
 2. Use: The employee shall use appropriate personal protective equipment as determined by the employee's professional judgment that in a specific instance its use would have prevented the delivery of health care or public safety services or would have imposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
 3. Accessibility: Appropriate personal protective equipment in the appropriate sizes will be readily accessible at the worksite or be issued. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternative shall be readily accessible to those employees who are allergic to the gloves normally provided.
 4. Cleaning, laundering, and disposal: The employer will clean, launder, and dispose of personal protective equipment required, at no cost to the employee.
 5. Repair and replacement: The employer will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
 6. Gloves: Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood. Other potentially infectious materials, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.
 - a. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - b. Disposable (single use) gloves shall not be washed or decontaminated for reuse.
 - c. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeled,

torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

7. Masks, eye protection, and face shields: Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
 8. Gowns, aprons, and other protective body clothing: Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
 9. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as possible.
 10. All personal protective equipment that is removed shall be removed prior to leaving the work area.
 11. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- D. Protective equipment by job classification:
1. The School District of New London has determined that specific positions and individuals listed have been classified as having a potential exposure to blood or potentially infectious materials in the work place. Therefore, as a matter of policy, the School District of New London shall provide and make available the following Personal Protective Equipment:
 - a. Gloves.
 - b. Gowns.
 - c. Lab Coats.
 - d. Face shields (masks, eye protection, mouth pieces, etc.)
 - e. Absorbent toweling.
 - f. Antiseptic towelettes.
 - g. Spray disinfectant.
 - h. Container, bag within first barrier bag.
 - i. Secondary container, bag with color-coded markings.
 - j. Prepackaged body fluid cleanup kits.
 - k. Prefabricated, commercially available sharps containers.
 2. Affected employees shall determine the extent of necessary personal protective equipment on a case-by-case basis, however, it is a matter of policy for the School

District of New London to ensure that affected employees use the appropriate Personal Protective Equipment. Employee training will assist in augmenting this policy.

3. School Health Services will keep a current listing of staff whose job description places them at risk for bloodborne pathogens. Certified staff, playground supervisors and building secretaries will be inserviced annually by school nurses. Custodial staff, transportation personnel (bus drivers), and cooks will be inserviced as determined by Administration.

E. Housekeeping:

1. The worksite shall be maintained in a clean and sanitary condition. Written schedules for cleaning and method of decontamination based upon the location with the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area will be implemented.
2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have been contaminated since the last cleaning.
 - b. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they have become contaminated during the shift.
 - c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
 - d. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps.
 - e. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
3. Regulated waste of contaminated sharps:
 - a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 - (1) Closable;
 - (2) Puncture resistant;
 - (3) Leakproof on sides and bottom; and,

- (4) Labeled or color-coded.
- b. During use, containers for contaminated sharps shall be:
 - (1) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
 - (2) Maintained upright throughout use; and,
 - (3) Replaced routinely and not allowed to overfill.
- c. When moving containers or contaminated sharps from the area of use, the containers shall be:
 - (1) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - (2) Placed in a secondary container if leakage is possible. The second container shall be:
 - (a) Closable;
 - (b) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and,
 - (c) Labeled or color-coded.
- d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- 4. Other regulated waste containment: regulated waste shall be placed in containers which are:
 - a. Closable.
 - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
 - c. Labeled or color coded; and,
 - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- 5. Contaminated laundry shall be placed and transported in bags or containers labeled or color coded. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
 - a. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or of leaking from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

- b. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
 - c. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color coded.
- F. Hepatitis B vaccination/post-exposure evaluation and follow-up.
- 1. The Hepatitis B vaccine and vaccination series will be made available to all employees who have had occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
 - 2. All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation follow up, including prophylaxis will be:
 - a. Made available at no cost to the employee;
 - b. Made available to the employee at a reasonable time and place;
 - c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional;
 - d. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place; and,
 - e. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.
- G. Hepatitis B vaccination:
- 1. Hepatitis B vaccination will be made available after the employee has received the training required.
 - 2. Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.
 - 3. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, it will be made available.
 - 4. Employees who decline to accept Hepatitis B vaccination offered by the employer will sign the statement provided.
 - 5. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available.
- H. Post-exposure evaluation and follow-up: Following a report of an exposure incident, the employer will make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following elements:
- 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

2. Identification and documentation of the source individual, unless the employer can establish the identification is infeasible or prohibited by state or local law;
 - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - c. Results of the source individual's testing shall be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 3. Collection and testing of blood for HBV and HIV serological status;
 - a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - b. If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
 4. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 5. Counseling; and,
 6. Evaluation of reported illness.
- I. Information provided to the healthcare professional:
1. The employer will ensure that the healthcare professional is responsible for the employee's Hepatitis B vaccination and will be provided a copy of this regulation.
 2. The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is providing the following information:
 - a. A copy of this regulation;
 - b. A description of the exposed employee's duties as they relate to the exposure incident;
 - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - d. Results of the source individual's blood testing, if available, and;
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain. Vaccination status shall be recorded on the "Hepatitis B Vaccine Consent Form

and Vaccination Record” (Exhibit 1), or if vaccination declined, employee shall sign the “Hepatitis B Vaccine Declination” (Exhibit 1).

- J. Healthcare professional’s written opinion: The employer will obtain and provide the employee with a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation.
1. The healthcare professional’s written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 2. The healthcare professional’s written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. That the employee has been informed of the results of the evaluation; and,
 - b. That the employee has been told about any medical condition resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- K. Medical records required by this standard shall be maintained.
- L. Information and training:
1. Training shall be provided as follows:
 - a. At the time of initial assignment to tasks where occupational exposure may take place;
 - b. Within 90 days after the effective date of the standard; and,
 - c. At least annually thereafter.
 2. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
 3. Annual training for all employees shall be provided within one year of their previous training.
 4. Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee’s occupational exposure. The additional training may be limited to addressing the new exposures created.
 5. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
 6. The training program will contain, at a minimum, the following elements:
 - a. An accessible copy of the regulatory text of this standard and an explanation of its contents;
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases;

- c. An explanation of the modes of transmission of bloodborne pathogens;
 - d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - e. An explanation of the appropriate methods for recognizing tasks and other potentially infectious materials.
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
 - g. Information on the types, proper use, location, removal, handling, documentation and disposal of personal protective equipment;
 - h. An explanation of the basis for selection of personal protective equipment;
 - i. Information on the Hepatitis B vaccination, including information on its efficacy, safety method of administration, the benefits of being vaccinated and vaccination will be offered free of charge;
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 - l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employer is required to provide or the employee following an exposure incident;
 - m. An explanation of the signs and labels and/or color coding; and,
 - n. An opportunity for interactive questions and answers with the person conducting the training session.
- M. Medical records:
- 1. An accurate record will be maintained and established.
 - 2. This record shall include:
 - a. The name and social security number of the employee.
 - b. A copy of the employee's Hepatitis B vaccination status including the dates of all the employee's Hepatitis B vaccination and any medical records relative to the employee's ability to receive vaccination.
 - c. A copy of all results of examinations, medical testing, and follow-up procedures.
 - d. The employer's copy of the healthcare professional's written opinion.
 - e. A copy of the information provided to the healthcare professional.
 - 3. Medical records will:

- a. Be kept confidential.
 - b. Not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
 - c. Be maintained by employer for at least the duration of employment plus 30 years.
4. Training records shall include the following information:
- a. The date of training sessions.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of persons conducting the training.
 - d. The names and job titles of all persons attending the training sessions.
5. Availability:
- a. All records required to be maintained by this section shall be made available upon request to the District Administrator and the Director of Pupil/Personnel Services for examination and copying.
 - b. Employee training records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the District Administrator and the Director of Pupil/Personnel Services.
 - c. Employee medical records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the District Administrator and the Director of Pupil/Personnel Services.
6. Transfer of records:
- a. The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(b).
 - b. If the employee ceases to do business and there is no successor employer to receive and retain the records and the prescribed period, the employer shall notify the District Administrator and the Director of Pupil/Personnel Services, at least three months prior to their disposal and transmit them to the District Administrator and the Director of Pupil/Personnel Services, if required by the District Administrator and the Director of Pupil/Personnel Services to do so, within the three-month period.
- N. An annual review of the Control Plan will be conducted annually.

LEGAL REFERENCE:

CROSS REFERENCE: Exhibit 1, Consent/Decline for Hepatitis B Vaccination