

SUPPORT SERVICES

CODE: EBBA-R
POLICY

BLOOD BORNE PATHOGEN EXPOSURE CONTROL

WESTON COUNTY SCHOOL DISTRICT NUMBER 7

EXPOSURE CONTROL PLAN

MAY 9, 2012

WESTON COUNTY SCHOOL DISTRICT NUMBER 7
804 WILLOW ST.
UPTON, WY 82730
(307) 468-2461

REVISED POLICY

ADOPTION DATE: JULY 20, 1994

REVISION DATE: MAY 9, 2012

TABLE OF CONTENTS

	Page No.
TABLE OF CONTENTS.....	i
APPENDIX.....	ii
BLOODBORNE PATHOGEN EXPOSURE CONTROL.....	1
I BLOODBORNE PATHOGEN EXPOSURE CONTROL – PROCEDURES.....	2
II COMPLIANCE METHODS.....	7
III LABELS AND SIGNS.....	19
IV INFORMATION AND TRAINING.....	20
V RECORD KEEPING.....	21
VI EVALUATION AND REVIEW.....	23
VII OUTSIDE CONTRACTORS.....	23

APPENDIX

	Page No.
Infection Control General Outline.....	24
Blood/Body Fluids Exposure Check List.....	26
Blood/Body Fluids Exposure Incident Report.....	27
Employee Critical Contact to Blood/Body Fluids Patient HIV Consent Form.....	28
Employee/Student Consent for communicable Disease Testing Infection Control Dept.....	30
Bloodborne Pathogens Training Summary of Training.....	31
Consent Form for Hepatitis B Vaccination.....	32
Declination Form for Hepatitis B Vaccination.....	33

BLOODBORNE PATHOGEN EXPOSURE CONTROL

To promote safe work practices in an effort to minimize the incident of illness and injury experienced by employees, and to be compliant with OSHA Standard 29 CFR 1910.1030, the following policy and procedures will be followed by the district. The purpose of this is to reduce occupational exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV) and other blood borne pathogens that employees may encounter in the workplace.

Weston County School District No. 7 believes that:

- It is prudent to minimize all exposure to blood borne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- We will institute as many work practice controls as possible to eliminate or minimize employee exposure to blood borne pathogens.

Therefore, the objectives of the policy and procedures are to:

- Protect, to the extent mandated by the law and good practice, our employees from the health hazards associated with bloodborne pathogens.
- Provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

I. BLOODBORNE PATHOGEN EXPOSURE CONTROL – PROCEDURES

A. The purpose of these procedures is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids.
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030

B. Definitions

1. HBV means hepatitis B virus.
2. HCV means hepatitis C virus
3. HIV means human immunodeficiency virus
4. PPE means personal protective equipment
5. Potential Exposure Incident: When potentially contaminated blood or other fluids have been allowed to enter the body of the employee. For instance, through an open wound on the employee, or through the mouth, nose, or eyes.
6. Fluids that may potentially be contaminated that are subject to these regulations:
Semen;
Vaginal secretions;
Cerebrospinal fluid;
Synovial fluid;
Pleural fluid;
Pericardial fluid;
Peritoneal fluid;
Amniotic fluid;
Saliva;
Blood; and
Any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
7. Coverage of these regulations: Employees of Weston County School District No. 7.

C. General Program Management

There are three major categories of responsibility that are central to the effective implementation of the exposure control plan.

1. The exposure control and training coordinator.
2. Administrators and supervisors.
3. Employees.

D. Exposure Control and Training Coordinator

1. The exposure control and training coordinator, the school nurse or her successor, will be responsible for overall management and support of the district's bloodborne pathogens compliance program. These include, but are not limited to:
 - a. Overall responsibility for implementing the exposure control procedures;
 - b. The development of any other procedures needed to support this plan
 - c. Improvement of these procedures to meet the changing needs of the district;
 - d. Knowing and enforcing current legal requirements concerning bloodborne pathogens;
 - e. Conducting periodic audits to maintain and verify these procedures;
 - f. Maintain a list of personnel requiring training and those who have been trained; and
 - g. Developing and implementing training programs.

E. Administrators and Supervisors

1. Administrators and supervisors are responsible for exposure control in their respective areas. They work directly with the exposure control coordinator and the employees to ensure that exposure control procedures are followed.

F. Employees

1. Employees that must or may deal with bloodborne pathogens have the most important role. They are responsible for:
 - a. Knowing what tasks they perform have occupational exposure;
 - b. Implementing these procedures as they perform tasks concerning blood pathogens;
 - c. Attend bloodborne pathogens training sessions; and
 - d. Planning and conducting all tasks in accordance with these procedures.

G. Availability of the Exposure Control Procedures to Employees

1. The exposure control plan is available to our employees during regular working hours. Employees will be advised of availability and location of these policies and procedures during their training sessions. Copies are maintained in the following locations;
 - a. Superintendent's office;
 - b. Business office;
 - c. Administrative offices of each school;
 - d. The bus garage;
 - e. The district kitchen; and
 - f. Other

H. Employee Exposure Determination

1. CATEGORY I: Tasks that potentially involve exposure to blood, body fluids or tissues at the greatest rates in the district. This includes all tasks that may contain potential for mucous membrane or skin contact with blood, body fluids or tissues, or potential spills or splashes of them. Use of appropriate protective measures is required for every employee involved in these tasks, as necessitated by the incident, and every employee must have completed the district's training program.

- a. This category consists of:
 - 1. Custodians and maintenance
 - 2. Bus drivers
 - 3. Coaches
 - 4. Nurse
 - 5. Building secretaries
 - 6. Playground aides and supervisors
 - 7. Aides with special duties of care for disabled children

- 2. CATEGORY II: Tasks that may involve exposure to blood, body fluids and tissues at a rate substantially less than those identified in Category I. Appropriate protective measures are readily available when needed. Every employee in Category II must complete the district's training program.
 - a. This category consists of :
 - 1. Building administrative staff
 - 2. All personnel dealing directly with children including teachers and aides.

- 3. CATEGORY III: Tasks that involve very little or no exposure to blood, body fluids or tissues. These tasks require no protective equipment.
 - a. This category consists of:
 - 1. Central administration and central clerical

I. Work Activities (Tasks), Categories and Titles

1. CATEGORY I:

Job Classification

Tasks

- a. Custodians and Maintenance

Cleaning and disinfecting the pool, dressing rooms, locker rooms and specific areas of blood and other fluid spills.

Working on equipment with moving parts in collaboration with other employees

- b. Bus Drivers
Transporting students which may involve fighting, accidents internal to the bus and accidents involving the bus, all of which may produce injury to students and adult supervisors.

- c. Coaches and Sponsors
While students are involved in physical activities there is always the danger of injury to competitors. This is during practice and competition. While supervising students on overnight activities there is the danger of exposure to injury for the coach or sponsor.

- d. Nurse
The nurse is constantly on call to care for students and employees that are sick or injured.

- e. Building Secretaries
During the normal course of duties, building secretaries are often the first adults encountered by sick or injured students.

- f. Playground Aides and Supervisors
Playgrounds are the area in elementary schools in which most injuries occur. These employees are the direct supervisors of students on playgrounds.

- g. Physical Education
Physical exertion in physical education classes may be a cause of injury. This is during the normal course of instruction.

- h. Industrial Arts Teachers
Regular use of hand and power tools by students can increase risk of injury and exposure.

- i. Science Lab Teachers Dissecting and use of sharps and glass in other experiments increases the chance of injury.
- j. Consumer Science Teachers Sewing and cooking increase the risk of injury and exposure.

2. CATEGORY II

- a. Building Administrative Staff During normal duties the building administrator is continually on call to assist in any of the cases in all areas of the building listed above.
- b. All personnel dealing directly with children including teachers and aides. Supervisory responsibilities over classes of young people present some natural risk.

3. CATEGORY III

- a. Central Administration and Clerical There is little occasion for any injury during normal business hours.

J. Exposure Control Plan Review and Update

- 1. This plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

II. COMPLIANCE METHODS

A. Universal Precautions

- 1. Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious material.

2. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will also be utilized. The following maintenance controls will be utilized.

<u>Control Equipment</u>	<u>Location</u>
Sharps containers with biohazard labels	All science rooms, home economics areas
Red bags for disposal of contaminated trash. These bags are placed in a covered trash can with a biohazard label.	Available in all offices, science rooms, coaches and locker rooms, gymnasiums
Hand washing facilities	Throughout each facility.
Gloves	Provided to employees in Category I. Available in each office.
Sharps and contaminated waste	Local medical facility has agreed to dispose of these items.
Biohazard labels	Used on any item that is contaminated with blood, body fluids or cannot be totally decontaminated before being transported.

3. The above listed controls will be examined and maintained on a regular schedule. The exposure control coordinator will check all controls on a quarterly basis during the year. It is the responsibility of the building administrator to ensure the placement and operations of the controls on a regular and operational basis.
4. Universal precautions will be observed in this district in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Procedures, work practices, controls and custodial activities will be utilized to eliminate or minimize exposure to employees.

5. Hand washing facilities are available to employees who incur exposure to blood or other potentially infectious materials. Employees will wash hands and 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.
6. When antiseptic hand cleansers or towelettes are used, hands will be washed with soap and running water as soon as feasible. In areas such as the football field or isolated topography visited by field trips, where hand washing facilities are not readily available, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are provided. These towelettes will be provided with the coaching supplies and transported to each practice and contest. They are available on each bus for every transportation activity.
7. Building administrators, the bus supervisor, the athletic director and head coaches are responsible to ensure that gloves are worn when it can be reasonably anticipated that an employee may have hand contact with any blood or potentially infectious materials, mucous membranes an non-intact skin, and when handling or touching contaminated items or surfaces.
 - a. They are responsible to ensure that after the removal of gloves or other personal protective equipment employees will wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
 - b. They are responsible to ensure that any facility areas possibly contaminated by potentially infectious materials are properly cleaned using the correct methods and disinfectants.
 - c. They are responsible to ensure that any potentially infectious materials and supplies used for cleaning be placed into properly labeled bags for disposal and the exposure control coordinator is notified so that they may be picked up by the coordinator for disposal.
8. All employees will:
 - a. Use district provided gloves each time an employee has occasion to contact any blood or potentially infectious materials including vomit in the classroom.
 - b. Wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

- c. Have the appropriate personnel immediately clean and disinfect any portion of the facility that is potentially contaminated; and
- d. Properly bag and label all materials possibly contaminated. Notify the administrator or supervisor of their storage.

B. Needles and Glass Disposal

- 1. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. The recapping of needles and scalpels is not permitted.
 - a. All sharps will be disposed of immediately or as soon as feasible in red needle boxes marked with a biohazard symbol.
 - b. Containers will be puncture-resistant, leak-proof on sides and bottom, and taped shut when full.
 - c. During use, containers for contaminated sharps will be easily accessible to personnel, 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), and maintained upright throughout use.
 - d. Custodians will store in the appropriate container until picked up by the incineration contractor.
 - e. Custodians will replace needle boxes as needed.
 - f. Large glass items will be removed from the area by custodians.

C. Containers for Reusable Sharps

- 1. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate containers. These containers will be puncture-resistant, leak-proof and labeled with a biohazard label. Reusable sharps that are contaminated with blood or potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed. These containers are located in the science and home economics rooms.

D. Other Work Practice Controls

1. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are all prohibited in work areas where there is reasonable likelihood of exposure to bloodborne pathogens.
2. Food and drink are not kept in refrigerators, freezers shelves, cabinets, on counter tops or bench tops, or in other storage areas where potentially infectious materials are present. Procedures should be used which minimize splashing, spraying, splattering and other actions, which generate droplets.
3. If contamination of a primary container occurs, that container is placed within a second leak-proof container appropriately labeled for handling, processing, storage, transport or shipping. If the specimen could puncture the primary container, the primary container will be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.
4. Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and will be decontaminated as necessary, unless decontamination of the equipment or portions of the equipment is not feasible.
5. The exposure control coordinator is responsible to examine all materials stored for transportation to disposal and to ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer.

E. Personal Protective Equipment

1. All personal protective equipment used will be provided without cost to employees. Hypo-allergenic gloves, glove liners, powderless gloves or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.
2. All employees will use the appropriate personal protective equipment unless the employee temporarily and briefly declines to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee's professional judgment that in the specific instance its use will prevent the delivery of health care or public safety services or will pose an increased hazard to the safety of the employee or a co-worker. When the employee makes this judgment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

3. All personal protective equipment will be cleaned laundered and disposed of by the district at no cost to the employees. All repairs and replacements will be made at no cost to the employees. All garments, which are penetrated by blood will be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the scene of utilization. When PPE is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. Disposable gloves are not to be washed or decontaminated for reuse 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.
5. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, will be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

F. Housekeeping

1. The school district maintains a written schedule for cleaning and decontamination of each facility. Using these schedules, the custodial staff utilizes the following practices:
 - a. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
 1. Immediately (or as soon as feasible) when surfaces are overtly contaminated.
 2. After the spill of blood or infectious materials.
 - b. All pails, bins, cans and other receptacles intended for use routinely are inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated as soon as possible if visibly contaminated; and
 - c. Potentially contaminated broken glassware is picked up using mechanical means such as dust pan and brush, tongs, forceps, etc.
2. The building principal is responsible for setting the custodial cleaning schedule and ensuring its completion.

The following procedures shall be used with all types of potentially infectious wastes:

- a. They are discarded in containers that are red, closable puncture-resistant, leak-proof and labeled.
- b. Containers are located throughout the district and within easy access.

G. Laundry Procedures

1. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible with a minimum of agitation. The laundry will be placed in appropriately marked bags at the location where it was used. The laundry bags will not be sorted or rinsed in the area of use.
2. Contaminated laundry will be placed in and transported in bags or containers labeled appropriately.
3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
4. Employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

H. Hepatitis B Vaccine

1. The hepatitis B vaccine and vaccination series is available for all employees who have occupational exposure and post-exposure follow-up to employees who have had an exposure incident.
2. All Category II and III employees may choose to take the hepatitis B series. They will be charged for the cost of the serum only.
3. The school district will make the hepatitis B vaccine available to all Category I employees who have occupation exposure. The vaccination will be:

- a. Provided at no cost to the employee. The school district will not institute a reimbursement program or require an employee to use healthcare insurance to pay for vaccination if there is any cost for insurance or any procedure. In addition, the school district will not require the employee to enter into an “amortization contract” which requires employees to reimburse the school district for cost of the vaccine if the employee leaves prior to a specified time. No “out-of-pocket” costs will be incurred by the employee.
 - b. Made available to 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 according to recommendations of the U.S. Public Health Service current at the time the procedure takes place. The district will provide the healthcare professional responsible for the employee’s vaccination with a copy of the regulation.
 - d. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the booster dose(s) will be made available in accordance with this section.
4. The hepatitis B vaccination will be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless:
- a. The employee has received the complete hepatitis B vaccination series previously.
 - b. Antibody testing has revealed that the employee is immune; or
 - c. The vaccine is contraindicated for medical reasons.

The required training consists of information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.

5. The school district will not require a pre-screening program as a prerequisite for receiving the hepatitis B vaccination. If the healthcare

professional conducting the vaccination requires an antibody test prior to providing the vaccination, the employer will pay for the procedure.

6. An employee may decline the hepatitis B vaccination, in which case the employee must sign a declination statement. The employee may, at a later date, request the vaccination. There may be other forms the school district will want to keep on file, i.e., permission forms.
7. All vaccinations concerning the policy and procedures will be provided through local medical services. The exposure control coordinator will be responsible for scheduling and ensuring the provision of all vaccinations. The coordinator will maintain records of all vaccinations in the employee's file in the superintendent's office. The coordinator will also maintain a list of all employees who have refused the vaccination.

I. Post Exposure Evaluation and Follow-Up Protocol

1. The district is responsible to evaluate an exposure incident (i.e., blood, contact with mucous membranes, non-intact skin, or piercing the skin or mucous membrane by needle stick, cut, bite, etc.).
 - a. In the event of an exposure incident, it is imperative that the employee and district follow the appropriate protocol. Time is important in providing the most comprehensive and protective treatment. The exposure control officer will refer the exposed individual to the following clinic which has been informed of the appropriate procedures or the employee may go to the healthcare professional of their choice.

Cedar Hills Clinic or Weston County Hospital

- b. Any school district employee who has an exposure incident should follow the post-exposure protocol.
2. All exposure incidents shall be reported, investigated and documented. When the employee incurs an exposure incident, the following protocol will be followed:
 - a. Immediately wash exposed area or flush mucous membrane with with running water; and
 - b. Contact the supervisor/exposure control and training coordinator

3. The exposure incident will be reported to the exposure control and training coordinator. Initially the coordinator will gather the following information:
 - a. Date, time and location of the incident.
 - b. What potentially infectious materials (blood, etc.) were involved.
 - c. Under what circumstances the incident occurred. What type of work was performed.
 - d. How the incident was caused.
 - e. Personal protective equipment being used at the time of the incident.
 - f. Actions taken as a result of the incident (decontamination, cleanup and notification).
4. After this information is gathered, a written summary of the incident and causation will be prepared along with recommendations for avoiding similar incidents in the future. The incident investigation form following this section will be used.
5. In the event of an exposure the exposure control and training coordinator will ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccinations series and post-exposure follow-up, including prophylaxis are:
 - a. Made available at no cost to the employee.
 - b. Made available to the employee at a reasonable time and place.
 - c. Performed by and under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
 - d. Provided according to the recommendations of the U.S. Public Health Service.
6. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

J. Procedures for Post Exposure Evaluation

1. Following a report of an exposure incident the exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following elements:
 - a. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
 - b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
 - c. The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the control exposure coordinator will 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, will be tested and the results documented.
 - d. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV and HIV status need not be repeated; and
 - e. Results of the source individual's testing will be made available to 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.
2. Collection and testing of blood for HBV, HCV and HIV serological status will comply with the following:
 - a. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained; and
 - b. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample will 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 will be done as soon as feasible.

3. All employees who incur an exposure incident will be offered:
 - a. Post-exposure prophylaxis when medically indicated as recommended by the U.S. Public Health Service.
 - b. Counseling; and
 - c. Evaluation of reported illnesses.

All post-exposure follow-up will be performed by the hospital.

K. Information Provided to the Healthcare Professional

1. The exposure control and training coordinator will ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided the following:
 - a. A copy of 29 CFR 1910.1030 (while the standard outlines the confidentiality requirements of the healthcare professional, it might be helpful for the employer to remind that individual of these requirements).
2. The exposure control and training coordinator will ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - a. A copy of 29 CFR 1910.1030.
 - b. A written description of the exposed employee's duties as they relate to the exposure incident.
 - c. Written 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 exposure control and training coordinator's responsibility to maintain.

L. Healthcare Professional's Written Consent

1. The exposure control and training coordinator will obtain and provide the employee with a copy of the evaluating health professional's written opinion within 15 days of the completion of the evaluation.
2. The healthcare professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.
3. The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:
 - a. A statement that the employee has been informed of the results of the evaluation; and
 - b. A statement that 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.

NOTE: All other findings or diagnoses will remain confidential and will not be included in the written report.

III. LABELS AND SIGNS

- A. The exposure control and training coordinator will ensure that biohazard labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or other potentially infectious materials.
1. The universal biohazard symbol will be used. The label will be fluorescent orange or orange-red or predominately so, with lettering and symbols in a contrasting color. Red bags or containers may be substituted for labels.
 2. Labels will be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.
 3. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
 4. Labels required for contaminated equipment will be in accordance with this section and will also state which portions of the equipment remain contaminated.

5. Regulated waste that has been decontaminated need not be labeled or color-coded.

IV. INFORMATION AND TRAINING

- A. The exposure control and training coordinator will ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it will be repeated within twelve months of the previous training. Training will be tailored to the education and language level of the employee, and provided at no cost during the normal work shift. The training will provide an opportunity for interactive questions and answers and cover the following:
 1. A copy of the policy and an explanation of its contents;
 2. A discussion of the epidemiology and symptoms of bloodborne diseases;
 3. An explanation of the modes of transmission of bloodborne pathogens;
 4. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 5. Appropriate methods of recognizing tasks and other activities that may involve exposure;
 6. An explanation of the use and limitation of methods to prevent or reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE);
 7. Information on the types, proper use, location, removal, handling decontamination, and disposal of PPE;
 8. An explanation of the basis of selection of PPE;
 9. Information on the hepatitis B vaccination, including efficacy, safety, method of administration, benefits of being vaccinated, and that it will be offered free of charge;
 10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
 12. Information on the post-exposure evaluation and follow-up required after an employee exposure incident; and
 13. An explanation of the signs, labels, and color coding systems.
- B. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
- C. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy will only receive training in provisions of the policy that were not covered.
- D. Additional training will be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

V. RECORD KEEPING

A. Medical Records

1. The exposure control and training coordinator is responsible for maintaining an accurate medical record for each employee with occupational exposure. These records will be kept in the high school nurse's office in a locked, fireproof cabinet. (If you contract for post-exposure follow-up and hepatitis B vaccination evaluation, make sure that your contract language includes provisions for record keeping which are consistent with the requirements of 29 CFR 1910.20).
2. Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records will be kept confidential, may not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law, and must be maintained for at least the duration of employment plus 30 years. The records will include the following:
 - a. The name and social security number of the employee;
 - b. A copy of the employee's HBV vaccination status, including the dates of all the vaccinations and any medical records relative to the employee's ability to receive vaccination;

- c. A copy of all results of examination, medical testing, and follow-up procedures;
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the route(s) and circumstances of the exposure and results of the source individual's blood testing, if available; and
- e. The school district's copy of the healthcare professional's written opinion.

B. Training Records

- 1. The exposure control and training coordinator is responsible for maintaining the following training records. These records will be kept in the high school nurse's office in a locked, fireproof file cabinet.
- 2. Training records will be maintained for three years from the date of the training. The following information will be documented:
 - a. The dates of the training sessions;
 - b. The contents or a summary of the training sessions;
 - c. The names and qualification of persons conducting the training; and
 - d. The names and job titles of all persons attending the training sessions.

C. Availability

- 1. All records required to be maintained by this section will be made available upon request to the assistant Secretary of Labor for Occupational Safety and Health Administration (Assistant Secretary) and the Director of the National Institute for Occupational Safety and Health (Director) for examination and copying.
- 2. Employee training records required by this section will be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

3. Employee medical records required by this section will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary.

D. Transfer of Records

1. If this facility ceases to do business, the school district will transfer all records subject to this section to the successor employer. The successor employer will receive and maintain these records.
2. If this facility is closed and there is no successor employer to receive and maintain the records subject to this policy, the school district will notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the school district's business.
3. If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the school district will notify the Director, at least three (3) months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three (3) month period.
4. If the facility regularly disposes of records required to be preserved for at least thirty (30) years, the school district may with at least three (3) months notice, notify the Director on an annual basis of the records intended to be disposed of in the coming year.

VI. EVALUATION AND REVIEW

- A. The exposure control and training coordinator is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

VII. OUTSIDE CONTRACTORS

- A. While the written exposure control plan does not have to address information obtained from and provided to outside contractors, the school district may establish standard operating procedures for these situations and append them to this document.

WESTON COUNTY SCHOOL DISTRICT NO. 7

INFECTION CONTROL GENERAL OUTLINE

I. INTRODUCTION

- A. Job Definition
- B. How It Works: Explain Infection Control Program/Surveillance
- C. Why It Works: Infectious Disease Control/Employee Role

II. DISEASE TRANSMISSION

- A. Chain of Transmission
- B. Types of Transmission
 - 1. Direct;
 - 2. Indirect;
 - 3. Airborne; and
 - 4. Vector
- C. HBV/HCV/HIV
 - 1. Precautionary Measures;
 - 2. Epidemiology;
 - 3. Modes of Transmission; and
 - 4. Prevention.

III. INFECTION CONTROL PRACTICES

- A. Body Substance or Disease Specific Isolation (not used here)
- B. Universal Precautions
- C. OSHA Guidelines
 - 1. Bloodborne disease epidemiology;
 - 2. Location, use of personal protective equipment
 - a. gloves;

- b. gowns;
- c. masks;
- d. eye protection; and
- e. resuscitative device

3. Proper Work Practices

- a. cleaning and decontamination;
- b. equipment;
- c. hand washing;
- d. handling of sharps;
- e. housekeeping; and
- f. linen.

4. Understand Universal Precautions

5. Exposure Control Plan

D. Infectious Waste

E. Hazardous Waste

F. Confidentiality/School Protocol

IV. EMPLOYEE HEALTH

A. Health History

B. Illness

C. Injury Reporting

D. Injury Exposure – needle sticks, mucous membrane, eyes

E. Immunizations/Tests

F. TB, Rubella Titre

G. HBV/HCV for Category I Employees

WESTON COUNTY SCHOOL DISTRICT NO. 7

BLOOD/BODY FLUIDS EXPOSURE CHECK LIST

Date Incident Occurred _____

Employee _____ Department _____

Where did incident occur? _____

Employee's Physician _____

Check each step when completed. **ALL** steps must be complete.

- _____ 1. First aid administered.
- _____ 2. Type of first aid _____.
- _____ 3. Supervisor notified.
- _____ 4. Employee initiates exposure reporting.
- _____ 5. Employee reports to nurse's office with incident report.
- _____ 6. Nurse completes report.
- _____ 7. Nurse or patient's physician will inform the source patient of the incident and obtain consent for HIV, hepatitis B surface antigen testing, and anti-HCV testing.
- _____ 8. Consent for HIV, hepatitis B surface antigen and anti-HCV testing for employee obtained.
- _____ 9. Consents or refusals given to the infection control nurse.
- _____ 10. Lab complete: Source Patient _____ Refusal _____.
- _____ 11. Lab complete: Employee _____ Refusal _____.
- _____ 12. Incident report to the infection control nurse within the first 12 hours.
- _____ 13. Physician's written evaluation with recommendations 15 days after initial evaluation.

Supervisor's Signature

Date

Infection Control Nurse's Signature

Date

WESTON COUNTY SCHOOL DISTRICT NO. 7
BLOOD/BODY FLUID EXPOSURE INCIDENT REPORT

Date of Incident _____

1. Supervisor _____
Notified _____ Time _____ Date _____

2. _____ 3. _____ 4. _____
Employee Name Social Security No. Phone No.

5. _____ 6. _____
Address Birth Date

7. _____ 8. _____ 9. _____
Occupation Department Incident Location

10. _____ 11. _____
Type of exposure Type of body fluid(s)
(i.e., stock, splash)

12. _____ 12. _____
Source Attending Physician

14. Source diagnosis _____

15. Brief description of incident _____

16. How could this incident have been avoided? _____

17. First aid measures _____

18. Have you had a hepatitis B vaccine series? _____
Date completed _____

19. Last tetanus date _____

WESTON COUNTY SCHOOL DISTRICT NO.7

**EMPLOYEE CRITICAL CONTACT TO
BLOOD/BODY FLUIDS
PATIENT HIV CONSENT FORM**

An employee has been exposed to your blood or body fluids through an accidental needle stick injury to blood or body fluid splashing. It is the policy of Weston County School District No. 7 to protect the employee by follow-up testing of your blood for antibodies to the HIV virus.

Your approval for testing would allow us to start follow-up promptly, if exposure to the virus occurred. There is no charge to you for the HIV test.

Here are answers to some questions you might have:

Q. What is the HIV virus?

A. It is the virus that is associated with Acquired Immune Deficiency Syndrome (AIDS).

Q. What is the test?

A. After obtaining a sample of your blood, a test is done in the laboratory. If blood has been recently drawn from you and enough has been saved, then you may not need to have more blood drawn to do this test.

Q. What does the test result mean?

A. The test is helpful in identifying persons who have been exposed to the AIDS virus. The test results, in some cases, may indicate that a person has antibodies to the virus when the person does not (a false positive), or fail to detect that a person has antibodies (a false negative). A positive blood test result does not necessarily mean that a person has AIDS or will develop AIDS. In order to diagnose AIDS, a clinical examination must be performed by your physician. Test results may take two weeks. Your physician will discuss results of the test with you and arrange additional follow-up, if needed.

Q. Who has access to the test results?

A. The results of these tests will be maintained confidentially in a separate file by Employee Health/Infection Control Department. Results of HIV testing, if negative, are not reportable to the State of Wyoming. Disclosure of test results to physician of employee's choice will be by employee permission only.

WESTON COUNTY SCHOOL DISTRICT NO. 7

EMPLOYEE CRITICAL CONTACT TO

BLOOD/BODY FLUIDS

PATIENT HIV CONSENT FORM

_____ I have no further questions and agree to have the test done.

_____ I do not agree to have the test done.

Employee/Student's Signature _____

Parent or Guardian's Signature _____

Physician Signature _____

Date _____ Time _____

WESTON COUNTY SCHOOL DISTRICT NO. 7

Employee/Student Consent for Communicable Disease Testing
Infection Control Department

I have been informed that blood drawn by _____
will be tested for the following: _____

_____.

The results of these tests will be maintained confidentially in a separate file by _____
_____. Results of HIV testing, if
positive, are required to be reported to the State of Wyoming Health Department by
name. Results of HIV testing, if negative, are not reportable to the State of Wyoming.
Disclosure of test results to physician of employee/student's choice will be by
employee/student's permission only.

Employee/Student's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

FOLLOW-UP: CHECK ONE OF THE FOLLOWING IF NECESSARY

Yes _____ No _____ I give my permission to release my test results for
Please initial your choice. the following tests _____
_____ to Dr. _____.

Employee/Student's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

If you refuse to be tested, your protection through Worker's Compensation may be
jeopardized. The testing helps to prove your status regarding HIV and gives us the
evidence that exposure occurred in the work place. However, you have the right to refuse
testing, at your own risk.

_____ I do not agree to have the test(s) done.

Employee Signature Date

WESTON COUNTY SCHOOL DISTRICT NO. 7

Bloodborne Pathogens Training

SUMMARY OF TRAINING:

The topics covered in our training program include, but are not limited to, the following:

1. The Bloodborne Pathogens Standard;
2. Epidemiology and symptoms of bloodborne diseases;
3. Modes of transmission of bloodborne pathogens;
4. Our facility's Exposure Control Plan (and where employees can obtain a copy);
5. Tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. Review of the use and limitations of methods that will prevent or reduce exposure, including:
 - a. Engineering Controls
 - b. Work Practice Controls
 - c. Personal Protective Equipment;
7. Selection and use of personal protective equipment including: types available, proper use, location within facility, removal, handling, decontamination, disposal;
8. Visual warnings of biohazard within our facility including labels, signs and color-coded containers;
9. Hepatitis B vaccine program – efficacy, safety, method of administration, benefits of vaccination, free program, and
10. Blood/Body Fluid Exposure Policy.

INSTRUCTOR

QUALIFICATIONS

ATTENDER NAME

ATTENDER JOB TITLE

WESTON COUNTY SCHOOL DISTRICT NO. 7

Consent Form for Hepatitis B Vaccination

I, _____, the undersigned, do hereby consent to allow the physicians and nurses associated with or connected with the hospital to administer to me the hepatitis B vaccine, which is an immunization against the disease of hepatitis B. I have read the provided material about hepatitis B and the hepatitis vaccine. I have had the opportunity to ask questions which were answered to my satisfaction. I believe that I understand the benefits and risks of the hepatitis B vaccination. I understand that I must have all three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune, that the vaccine will prevent me from developing hepatitis B, or that I will not experience an adverse side effect from the vaccine.

I understand the risk of an allergic reaction. I request that the vaccine be given to me.

Contraindication: Hypersensitivity to yeast.

Signature of Vaccine Recipient	Department	Date
--------------------------------	------------	------

Witness	Date
---------	------

Administration of First Dose

Date	Lot #	Site	Nurse
------	-------	------	-------

Administration of Second Dose

Date	Lot #	Site	Nurse
------	-------	------	-------

Administration of Third Dose

Date	Lot #	Site	Nurse
------	-------	------	-------

