

Personnel

General Personnel Policies

Bloodborne Pathogens Exposure Control Plan

Person(s) responsible for implementation and review of the Exposure Control Plan: Directors of Teaching and Learning and District Nurse

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 the following exposure control plan has been developed. Pursuant to Statute 101.055, Wisconsin Department of Commerce, Safety and Buildings Division 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).

Exposure Determination

The District is required to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

A. Job Classifications

The District has identified the following job classifications as those in which employees of the District could be exposed to bloodborne pathogens in the course of fulfilling their job requirements:

- Building Administrators
- Administrative Secretaries
- Teachers
- Teachers/Paraprofessionals
- School Nurse
- Physical Therapists/Physical therapy Assistants
- Occupational Therapists
- Custodians/Maintenance
- Coaches/Assistant Coaches

B. Tasks and Procedures

A list of tasks and procedures performed by the employees in the above job classifications is required. This exposure determination shall be made without regard to the use of personal protective equipment. Tasks/procedures may include but not limited to:

- Care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut)
- Initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration)
- Care of students with medical needs (such as tracheotomy, colostomy, injections)
- Care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs)

- Care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting scratching)
- Care of an injured person in laboratory settings, technical education settings, or art classes
- Care of an injured person during a sport activity
- Care of students who receive training or therapy in a home-based setting
- Cleaning tasks associated with body fluid spills

Methods of Compliance

A. Universal Precautions

In the District, universal precautions shall be observed in order to prevent contact with blood or Other Potentially Infectious Materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering/Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained, or replaced, when an exposure incident occurs in the District and at least annually. The annual review must include and take into account new innovations in technology, particularly devices that reduce needle-sticks.

1. Hand-washing

- a. The District shall provide hand-washing facilities which are readily accessible to employees, or when provisions for hand-washing facilities is not feasible, the District shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- b. Employees shall wash hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- c. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Do not reuse disposable gloves.

2. Housekeeping and Waste Procedures

- a. The district shall ensure that the worksite is maintained in a clean and sanitary condition. The district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.
- b. All equipment, materials, environmental and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 1. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/therapy, 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 school day if the surface may have become contaminated since the last cleaning. If bleach is used as a disinfectant, it must be prepared daily at a 1:10 dilution. Refer to CDC website for a list of disinfectants at: <http://www.cdc.gov>

2. 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 contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.
- 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. Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In the District, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red colored bags and shall be located in each custodial closet in each building and in each medical kit.

(On the advice of the Department of Health and Social Services, bio-hazardous waste for this standard's purposes shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood.)

- e. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately.

(A major blood or OPIM incident is one in which there will be bio-hazardous material for disposal).

- f. In the District, there shall be marked biohazard container in the custodial area for the containment of all individual biohazard designated bags. Appropriate disposal of the contents of this container shall be arranged with the Supervisor of Buildings and Grounds.
- g. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.
- h. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately or through verbal or written notification before scheduled cleaning.
- i. Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers. In this district the sharps containers shall be closable, puncture

- resistant, labeled with biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, i.e., art department, classrooms where dissections occur, health rooms. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.
1. 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.
 2. In the District, the employee shall notify the Supervisor of Buildings and Grounds when sharp containers become 2/3 full so that they can be disposed of properly.
 3. Contaminated needles shall not be bent, recapped, removed, sheared or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of a one-handed technique.
- j. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Wisconsin and its political subdivisions (currently the Department of Natural Resources regulates waste disposal in Wisconsin).
- k. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or bench-tops where blood or other potentially infectious materials are present.
- l. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited.
- m. Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or be colored red.
- n. Equipment which may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after and exposure incident.
- o. Contaminated (blood soaked, etc.) laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or

containers that are biohazard-labeled or colored red. In this district, contaminated laundry shall be placed in a red plastic bag and securely tied.

C. Personal Protective Equipment

1. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available in the District are gloves and masks, eye protection equipment/face shields.
 - a. 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.
 - b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use (contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags).
 - c. Hypoallergenic gloves (latex free), glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
 - d. 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 of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated, i.e., custodian cleaning a clogged toilet, nurses or aides who are performing suctioning.
 - e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
 - f. Employees expected to perform CPR must have appropriate resuscitator devices readily available and accessible.
 - g. Safer needle and needleless devices will be provided for employees who give injections or use lancets.
2. The District shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to the employees. Personal protective equipment is available in the following locations: custodian workrooms, all classrooms, all school offices where first aid is rendered, and medical kits. Personal protective equipment shall be given to all employees who may require them in the course of their typical job performance.
 - a. The District shall clean, launder and dispose of personal protective equipment, at no cost to the employee.
 - b. The District shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.

5. The District shall ensure that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed and increased hazard to the employee or others, this district shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

Hepatitis B Vaccination

A. Covered Employees

1. The District shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated. The vaccine and vaccinations shall be offered free of charge.
2. The District shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure.
3. The hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician according to the most current recommendation of the U.S. Public Health Service. The District ensures that an accredited laboratory then conducts the laboratory titer, if required. A record of the vaccination shall be maintained in the employee's personnel file.
4. The District shall not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.
5. If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, this district shall make available the hepatitis B vaccine at that time.
6. The District shall assure that employees who decline to accept the hepatitis B vaccine offered by the District sign the declination statement established under the standard.
7. 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) shall be made available at no charge to the employee.
8. Records regarding HBV vaccinations or declinations are to be kept by the Human Resources Department.
9. The District shall ensure that the healthcare professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

B. First Aid as Collateral Duty

1. The District shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ONLY in the case that they render assistance in any situation involving the presence of blood or OPIM.
2. The full hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident", as defined by the standard, has occurred.
3. The hepatitis B vaccination record or declination statement shall be completed. All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.
4. This reporting procedure shall be included in the training program.

Post Exposure Evaluation and Follow-up**A. Definition of an Exposure Incident**

1. An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, or other mucous membrane or by piercing the skin or mucous membrane through such events as needle-sticks. A physician ultimately must determine and certify in writing that a significant exposure has occurred.
2. All first aid incidents involving the presence of blood or OPIM shall be reported to the District's designee (District nurse or in his/her absence to the principal and/or Teaching and Learning office) by the end of the workday on which the incident occurred.
3. A School Exposure Incident Investigation Form must be used to report first aid incidents involving blood or OPIM to determine the nature and scope of the situation. The incident description must include a determination of whether or not and "exposure incident," as defined by the standard, occurred in addition to the presence of blood or other potentially infected materials. This form shall be readily available to all employees.
4. This reporting procedure shall be included in the training program.
5. Once a significant exposure is suspected, a Medical Management of Individuals Exposed to Blood/Body Fluids form shall be completed. For purposes of Worker's Compensation, exposure must be documented on a form developed by the Wisconsin Department of Workforce Development (DWD). The form is for Worker's Compensation purposes and is not a record of medical treatment. It is also not intended to be used for billing purposes.

B. Needle-Stick Injury

In the event of a needle-stick or sharps injury, the District will maintain a separate log that includes the description of the incident, the type and brand of device involved, and the location (work area) where the incident took place.

C. Exposure Incident Follow-up

Following a report of an exposure incident, the District shall make immediately available to the exposed employee a confidential medical examination from a health-care provider knowledgeable about the current management of Post Exposure Prophylaxis (PEP) in the first 24 hours following exposure. Minimal follow-up shall include the following:

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, if possible, or unless this district can establish that identification is infeasible or prohibited by the 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 HIV, HBV and HCV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained. If the source individual is already known to be HIV, HBV, and/or HCV positive, new testing need not be performed.
 - b. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time

for HIV, HBV, and HCV serological 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 feasible;

4. For post-exposure prophylaxis, the District shall follow the recommendations established by the Centers for Disease Control and Prevention, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Post-exposure Prophylaxis, June 29, 2001. The employee must be made aware of the 2-24 hour window of efficacy of chemical prophylaxis. The evaluation must include assessment for hepatitis C virus.
5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.
6. There shall be an evaluation of reported illnesses.

D. Medical Follow-up

1. The District shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee.
2. All medical evaluations and procedures shall be conducted by or under the supervision of a licensed physician knowledgeable about the current management of post-exposure prophylaxis.
3. Laboratory tests shall be conducted in accredited laboratories.
4. Information provided to the health-care professional that evaluates the employee shall include:
 - a. A copy of the Department of Commerce Health and Safety Standard, Wis. Stat. 101.055.
 - b. A description of the employee's duties as they relate to the exposure incident.
 - c. Documentation of the route of exposure and circumstances under which exposure occurred.
 - d. Results of the source individual's blood test, if consent was given and results are available.
 - e. A copy of all medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Employee Information

1. The District shall obtain and provide the employee with a copy of the evaluating health-care professional's written opinion within 15 days of the completion of the evaluation.
2. The health-care professional's written opinion regarding hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
3. The health-care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. The affected employee has been informed of the results of the evaluation.
 - b. The affected employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation and/or treatment.
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Communication About Hazards to Employees

A. Warning Labels

1. Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store,

transport or ship blood or other potentially infectious materials. Exception: red bags or red containers may be substituted for labels.

2. Labels required by this section shall include the following legend:



3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
4. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
5. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

B. Information and Training

1. The District shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.
2. Training shall be provided at the time of initial assignment to tasks when occupation exposure may take place and at least annually thereafter. This plan is available to all staff for review at anytime.
3. The District shall provide additional training when changes such as modifications of tasks or procedures affect the employees potential for occupational exposure. The additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
5. 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 school workplace.
6. Training must include information on the hepatitis C virus in addition to other bloodborne pathogens.
7. If needles are used in the District, staff will be given training, including information and hands-on experience with safer needle and needleless devices and other improved engineering controls.

Recordkeeping

A. Medical Records

1. The District shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
 - a. Name and social security number of employee.
 - b. Copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B.
 - c. If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures.

- d. If exposure incident(s) have occurred, District's copy of the healthcare professional's written opinion.
 - e. If exposure incident(s) have occurred, District's copy of information provided to the healthcare professional: i.e., exposure incident investigation form and results of the source individual's blood testing, if available and consent has been obtained for release.
2. The District shall ensure that the employee's medical records are kept confidential and are NOT disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.
 3. These medical records shall be maintained for the duration of employment plus 30 years.
 4. Records do not have to be maintained if the employee was employed for less than one year and is provided with the record at the time of termination.
- B. Training Records
1. Training records shall include:
 - a. The date of the training session.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of persons conducting the training.
 - d. The name and job titles of all persons attending the training session.
 2. Training records shall be maintained for three years from the date the training occurred.
- C. Availability of Records
1. The District shall ensure:
 - a. All records required to be maintained by this standard shall be made available upon request to the Department of Commerce (or designee) for examination and copying.
 - b. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to Department of Commerce (or designee).
 - c. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee and to Department of Commerce (or designee).
 - d. A log of needle-stick/sharps injuries shall be kept for a minimum of five years.
 2. The District shall comply with the requirements involving the transfer of records set forth in this standard.
- D. OSHA Recordkeeping
1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFV 1904).
 - a. OSHA reportable exposure incidents, including splashes to mucous membranes, eyes, or nonintact skin, shall be entered as injuries on the OSHA 300 Log.

- b. This determination and the recording activities are done by the district nurse or designated health-care provider and are then forwarded to the person completing the OSHA 300 log.
- 2. A sharps injury log must be maintained in a manner that protects the privacy of employees. At minimum, the log will contain the following:
 - a. Location of the incident
 - b. Brand or type of sharp
 - c. Description of incident
- E. Annual Review of Plan
 - 1. The District shall annually review the exposure control plan. The review shall include:
 - a. A list of new tasks that affect occupational exposure
 - b. Modifications of tasks and procedures
 - c. Evaluation of available engineering controls including engineered-safer needle devices.
 - d. A list of new employee positions with potential for occupational exposure.

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