

Bloodborne Pathogens Exposure Control Plan for Spooner Area School District

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The **School Nurse** is responsible for implementation and review of the Exposure Control Plan.

In accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030 the following exposure control plan has been developed. Pursuant to Section 101.055, Stats. the 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 OSHA. Definitions relating to the exposure control plan are found in Appendix A.

I. Exposure Determination

Each school district must determine which of its employees could be exposed to blood or other potentially infectious materials (OPIM) in the course of their work assignment. These employees, for the purposes of compliance with this standard, may be described as:

- 1) designated first aid providers (those whose primary job assignment would include rendering first aid); and
- 2) those employees who might render first aid *only as a collateral duty*.

It is recommended that a committee be formed to make this determination. The committee membership could include: administrative representatives, bargaining unit representatives, a district medical advisor, a school nurse and/or health professional from the local health department or infection control department of the local hospital. Volunteers and students are covered under this plan if they receive pay or another form of remuneration (e.g. meals, uniforms).

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. Appendix B *Job Classification Exposure Determination Form*, contains a list of job classifications in this district with potential exposure.

District Nurse, playground aides, special education teachers and aides, coaches, custodians, secretaries, and some regular education teachers.

B. Tasks and Procedures

A list of tasks and procedures performed by employees in the above job classifications is required. This exposure determination shall be made without regard to the use of personal protective equipment. (Appendix C is a sample of a Task/Procedure Record that may be used to document this requirement.) Tasks/procedures may include but not limited to:

1. care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut);
2. initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);
3. care of students with medical needs (such as tracheotomy, colostomy, injections);
4. care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs);
5. care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);
6. care of an injured person in laboratory settings, technical education settings, or art classes;
7. care of an injured person during a sport activity;
8. care of students who receive training or therapy in a home-based setting; and/or
9. cleaning tasks associated with body fluid spills.

II. Method of Compliance

All of the following methods of compliance are mandated by the standard and must be incorporated into the school district exposure control plan. A committee to determine district guidelines for annual review of

engineering controls, cleaning, decontamination, and waste disposal procedures needs to be established. In addition, employers are required to document how they received input from non-management employees regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Once guidelines are written, they need to be posted in appropriate locations and the content included in the training program. It may be desirable to request assistance from staff of the local health department or infection control unit of the local hospital in implementing the following methods.

A. Universal Precautions

In this 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 and 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 this 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. This district shall provide hand-washing facilities which are readily accessible to employees. When a provision for hand-washing facilities is not feasible, this 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. This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based on 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, and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - i. Contaminated work surfaces and reusable equipment shall be decontaminated with an appropriate disinfectant immediately after completion of a procedure/task/therapy and/or at the end of the school day if the surface may have become contaminated since the last cleaning. The surface shall be cleaned as soon as feasible when overtly contaminated, or after any spill of blood or other potentially infectious materials. [If bleach is used as a disinfectant, it must be prepared daily at a 1:10 dilution.] The solution is only stable for 24 hours. For a list of disinfectants, refer to the CDC website at <http://www.cdc.gov>.
 - ii. Protective covering, such as plastic wrap, aluminum foil, or impervious 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. Items 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 this district, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color and/or affixed with a biohazard label. The bags shall be located in: **all building health office's Clean Up Kits and all building custodial supply closets.**

On the advice of the Department of Health Services, biohazardous waste, for the purpose of this standard, 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.

- d. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and/or removed immediately.
- e. In this district, there shall be a marked biohazard container in the custodial area for used biohazard designated bags. Appropriate disposal of the contents of this container is as follows: **Custodial Supervisor will arrange special Bio Hazard pick up with current garbage contract.**
- f. In the event regulated biohazard waste leaks from a bag or container, the waste shall be placed in a second container and the area shall be cleaned and decontaminated.
- g. 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 through verbal or written notification before scheduled cleaning.
- h. **Contaminated** sharps, broken glass, plastic, or other sharp objects shall be placed into appropriate sharps containers. In this district, sharps containers shall be able to be closed, puncture resistant, labeled with a 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 (for example, the art department, classrooms where dissections occur, and the nurse's station). If an incident occurs in which 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.
 - i. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach into the containers where these sharps have been placed.
 - ii. In this district, the employee shall notify the **School Nurse**.
when sharp containers become 2/3 full so that they can be disposed of properly. (The local hospital or district health department may provide assistance in determining appropriate disposal.)
 - iii. 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.
- i. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Wisconsin, and its political subdivisions (the Department of Natural Resources [DNR] regulates waste disposal in Wisconsin).
- j. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood or other potentially infectious materials are present.
- k. 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 (for example, sucking out snakebites).

- I. Specimens of blood or OPIM shall be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. The containers shall be labeled with a biohazard symbol or be colored red.
- m. Equipment that may become contaminated with blood or OPIM must be examined prior to servicing and shipping and must be decontaminated, if feasible. If not feasible, a readily observable biohazard label must be affixed to the equipment stating which portions are contaminated. This information must 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 an exposure incident.
- n. Contaminated 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 a reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled and/or colored red, including laundry sent to a commercial establishment for cleaning. **In this district, contaminated laundry shall be placed and/or washed in the athletic laundry room or special education classroom laundry room.**

C. Personal Protective Equipment

1. Where occupation exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Types of personal protection equipment available in this district are **gloves, eye shield/mask combination, safety glasses, masks, gown, aprons, and booties.**
 - 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 (by definition, this means latex free), glove liners, powderless gloves, or other similar alternatives shall be readily accessible to 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 (for example a custodian cleaning a clogged toilet or nurses/aides 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. This district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is individually issued to employees. Personal protective equipment is available in

the following locations: **health offices, custodial supply carts, first aid boxes next to AEDs, playground fanny packs.**

Personal protective equipment shall be given to: **School Nurse, custodians, special education teachers and aides, aides, some regular education teachers.**

- a. This district shall clean, launder, and/or dispose of personal protective equipment at no cost to the employee.
- b. This 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 blood or other potentially infectious materials penetrate a garment, the garment shall be removed immediately or as soon as feasible.
5. This district shall ensure employees use appropriate personal protective equipment. If an employee temporarily declines to use personal protective equipment, feeling that it would pose an increased hazard to the employee or others, this district shall investigate the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. The investigation shall be included as a part of the annual review of the plan.

III. Hepatitis B Vaccination

A. Covered Employees

1. This 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, and method of administration as well as the benefits of being vaccinated.
2. This 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 occupation exposure.
3. The vaccine and vaccinations shall be offered free of charge, 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 recommendations of the U.S. Public Health Service. This 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 (see Appendix G for a sample vaccination record).
4. This 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. This district shall ensure that employees who decline to accept the hepatitis B vaccine offered by this district sign the declination statement established under the standard (see Appendix H).
7. If the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future date, such booster dose(s) shall be made available at no charge to the employee.
8. Records regarding hepatitis B vaccinations or declinations are to be kept **in the employee file**. This district shall ensure the health-care professional responsible for administering the employee's hepatitis B vaccination is provided with a copy of this regulation.
10. Health-care employees that have ongoing contact with blood or OPIM, and are at risk for injuries with sharp instruments or needle-sticks, must be tested for antibodies to hepatitis B surface antigen one to two months after the completion of the three-dose vaccination series. Employees

who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Nonresponders must be medically evaluated.

B. First Aid as Collateral Duty

1. This 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 no later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident has occurred," as defined by the standard.
3. The hepatitis B vaccination record or declination statement shall be completed. All other pertinent conditions shall 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.

IV. 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 **School Nurse** 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 (see Appendix I for a sample form). The incident description must include a determination of whether or not an "exposure incident," as defined by the standard, occurred in addition to the presence of blood or other potentially infectious materials. This form shall be readily available to all employees. 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). This 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 (see Appendix J for information on ordering the DWD form).

A. Needle-Stick Injury

In the event of a needle-stick or sharps injury, this 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 (see Appendix K for a sample needle-stick log).

B. Exposure Incident Follow-up

Following a report of an exposure incident, this 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 in the first 24 hours following exposure. Minimal follow-up shall include the following:

1. This district shall document the route(s) of exposure and the circumstances under which the exposure incident occurred.

2. This district shall identify and document the source individual, if possible, unless this district can establish that identification is not feasible 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 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.
 - c. An employee of a school district, while performing employment duties involving an individual, experiences a significant exposure to the individual may subject the source individual's blood to a test or series of tests for the presence of human immunodeficiency virus (HIV), antigen or non-antigenic products of HIV and may receive disclosure of the results [s. 252.15 (2) (7), Stats.].
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 for HBV and HCV, this 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 the hepatitis C virus. For post-exposure prophylaxis for HIV this 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 Human Immunodeficiency Virus and Recommendations for Post-Exposure Prophylaxis, September 25, 2013.
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.

C. Medical Follow-up

1. This 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 Public Employee Safety and Health statute, s. 101.055, Stats.;
 - 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; and
 - e. a copy of all medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Employee Information

1. This 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; and
 - 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.

V. 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 materials; 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:



BIOHAZARD

3. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
 4. 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. This 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 in which occupational exposure may take place, and at least annually thereafter. This plan is available to all staff for review at any time. A copy will be provided to any staff member at no charge and within 15 days of the request.

3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure issues.
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. The Occupational Safety and Health Administration require that the knowledgeable person be available to answer questions at the time of the bloodborne pathogen training.
6. Training must include information on the hepatitis C virus in addition to other bloodborne pathogens (see Appendix L for a list of the required minimal content for training).
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.

VI. Recordkeeping

A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (see Appendix M for a checklist):
 - a. each employee's name and social security number,
 - b. a copy of each employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B,
 - c. if an exposure incident(s) has occurred, a copy of all results of examinations, medical testing, and follow-up procedures,
 - d. if an exposure incident(s) has occurred, the district's copy of the health-care professional's written opinion,
 - e. if an exposure incident(s) has occurred, the district's copy of information provided to the health-care professional: exposure incident investigation form; the results of the source individual's blood testing, if available; and the consent obtained for release.
2. This district shall ensure that each 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. training session date(s)
 - b. contents or summaries of training sessions
 - c. names and qualifications of persons conducting training sessions
 - d. names and job titles of all persons attending training sessions
2. Training records shall be maintained for three years from the date the training occurred.

C. Annual Review of Exposure Control Plan

1. This district shall annually review the exposure control plan (see Appendix N for a sample form). 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, and
- e. solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

D. Availability of Records

1. This 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 the 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 the Department of Commerce (or designee), and
 - d. a log of needle-stick/sharps injuries shall be kept for a minimum of five years.
2. This district shall comply with the requirements involving the transfer of records set forth in this standard.

E. OSHA Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 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, and
 - c. description of incident.

APPENDIXES

APPENDIX A - EXPOSURE CONTROL DEFINITIONS

Amniotic fluid — the fluid surrounding the embryo in the mother's womb.

Antibody — a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Antigen — any substance which stimulates the formation of an antibody.

Assistant Secretary — the Assistant Secretary of Labor for Occupational Safety and Health Administration, or designated representative.

Biohazard label — a label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Bulk blood and body fluids — bulk quantities (dripping, pourable) or items saturated with whole blood and blood components, blood specimens, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, amniotic fluid, peritoneal fluid, peritoneal dialysate, pericardial fluid, pleural fluid, and other body fluids visibly contaminated with blood. Collection devices or reservoirs not emptied prior to disposal should also be treated as infectious waste.

Cerebrospinal fluid — a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.

Clinical laboratory — a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated — the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry — laundry which has been soiled with blood or other potentially infected materials or may contain sharps.

Contaminated sharp — any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

Decontamination — the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls — include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers, self-sheathing needles, and needleless systems.

Exposure control plan — a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods that are capable of protecting employees from exposure to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure incident — a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand-washing facilities — a facility providing an adequate supply of running potable water, soap, and single-use towels, medicated towelettes, or hot air drying machines.

HBV— hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus.

Human tissue — recognizable human tissue. It must be buried, incinerated, or rendered completely unrecognizable. Nonhuman tissues are only considered infectious if they are known or suspected to contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible human host could result in an infectious disease.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are *not* included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

- 1) items soiled (not saturated) with body fluids (for example, bandages, tampons, sanitary napkins)
- 2) items soiled with body fluids not included in the definition of infectious waste (for example, diapers)
- 3) intravenous tubing with needles detached.

Licensed health-care professional — persons whose legally permitted scope and practice allows them to independently perform the activities required by paragraph (f) of the standard: hepatitis B vaccination and post-exposure evaluation and follow-up. *In Wisconsin only a licensed physician meets this definition.*

Medical consultation — a consultation which takes place between an employee and a licensed health-care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

Microbiological lab wastes — cultures and lab equipment that have come in contact with infectious agents.

Mucous membranes — a surface membrane composed of cells that secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract.

Mucus — a thick liquid secreted by glands lining the nasal passages, the stomach and intestines, the vagina, and so forth.

Needleless systems — devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. Examples include IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle.

Occupational exposure — a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OSHA — the Occupational Safety and Health Administration of the U.S. Department of Labor; the federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

Other potentially infectious materials (OPIM) — (1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in which it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures; organ cultures; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral — piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Pathogen — a bacteria or virus capable of causing infection or disease.

Pericardial fluid — fluid from around the heart.

Pericardium — the sheath of tissue encasing the heart.

Peritoneal fluid — the clear straw-colored serous fluid secreted by the cells of the peritoneum.

Peritoneum — the lining membrane of the abdominal (peritoneal) cavity, composed of a thin layer of cells.

Personal protective equipment— specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves; gowns; laboratory coats; face shields or masks and eye protection equipment; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment can 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 membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Pleural — the membrane lining the chest cavity and covering the lungs, made up of a thin sheet of cells.

Pleural fluid — fluid from the pleural cavity.

Production facility — a facility engaged in industrial-scale, large-volume, or high-concentration production of HIV or HBV.

Prophylaxis — the measure carried out to prevent diseases.

Regulated waste — liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research laboratory — a laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Serous fluids — liquids of the body, similar to blood serum, which are in part secreted by serous membranes.

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize — the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synovial fluid — the clear amber fluid usually present in small quantities in a joint of the body (for example, the knee or elbow).

Universal precautions — an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if we know them to be infectious for HIV, HBV, and other bloodborne pathogens.

Vascular — pertaining to or composed of blood vessels.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed. An example would be prohibiting the recapping of needles using a two-handed technique.

BLOODBORNE PATHOGENS

APPENDIX B - JOB CLASSIFICATION EXPOSURE DETERMINATION FORM

Spoooner Area School District

Job Classification	All Have Exposure	Some Have Exposure: List Person/Job Title	None Have Exposure
<ul style="list-style-type: none"> ● District Office Administrators ● Building Administrators ● Administrative Assistants ● Athletic Trainer ● Regular Education Teachers ● Special Education Teachers ● District Nurse ● Health Assistant ● Custodians ● Other Maintenance Personnel ● Instructional Aides/Paraprofessionals ● Coaches/Asst. Coaches ● Athletic Trainers ● Athletic Director ● Food Service Personnel ● Physical Therapist (PT) ● Occupational Therapist (OT) ● Bus Drivers ● Transportation Aides ● Guidance Counselors ● School Psychologists ● School Social Workers ● Substitutes ● Librarians ● Health Room Volunteers ● Other Volunteers ● Other: 			

BLOODBORNE PATHOGENS
APPENDIX C - TASKS AND PROCEDURES RECORD
SPOONER AREA SCHOOL DISTRICT

Task/Procedure	Type of Bodily Fluid/Substance To Which Exposure Is Likely						Protective Procedures	
	Blood	Semen	Vaginal Secretions	Menstrual Fluid	Non-intact Skin	Vomitus, feces, urine, and saliva	Disinfectant	Gloves
care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut);	x				x	x	x	x
Care of students who need assistance in daily living skills (such as toileting, dressing, handwashing, feeding, menstruation needs)	x	x	x	x		x	x	x
initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);	x				x		x	x
cleaning tasks associated with body fluid spills.	x	x	x	x	x	x	x	x
care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);	x				x	x	x	x
care of an injured person in laboratory settings, technical education settings, or art classes;	x				x		x	x
care of an injured person during a sport activity;	x				x	x	x	x
care of students with medical needs (such as tracheotomy, colostomy, injections);	x				x		x	x

APPENDIX D - EXAMPLE OF WRITTEN PROCEDURE FOR HANDLING CONTAMINATED LAUNDRY

Soiled Laundry—All Departments

1. Personnel handling contaminated laundry will wear gloves.
2. All soiled linens will be placed immediately in a red plastic bag and securely tied. All soiled linen bags will be placed in plastic-lined linen carts in various work units.
3. Classroom personnel will be responsible for transporting soiled linen bags to the laundry cart location.
4. Bags containing linen heavily soiled with blood, feces, or other highly contaminated material will be labeled as such. If the outside of the red bag is contaminated, that bag should be 'double-bagged' into another red bag.

See Housekeeping and Waste Procedures, Page 2, II.B.2, for an explanation of the standard requirements for cleaning and decontamination of work surfaces, waste containers, contaminated equipment and sharps as well as laundry.

APPENDIX E - DOCUMENTATION OF SIGNIFICANT EXPOSURE TO HIV

The Wisconsin statutory definition of 'significant exposure' refers to an exposure which carries the potential for transmission of HIV (AIDS virus). For purposes of Worker's Compensation, a physician must certify that a significant exposure has occurred. This certification must be documented on a form developed by the Wisconsin Department of Commerce (DOC). Since other infectious diseases can also be transmitted by significant exposure to blood or body fluids, this form may be used to document any such exposure. (The order identification of this form is SBD 10781.)

Information on ordering SBD 10781 is available from the Bureau of Document Services, Wisconsin Department of Administration, at (608) 266-3358. E-mail is docsales@doa.state.wi.us or you can visit their web address at http://www.doa.wi.gov/section_detail.asp?linkcatid=266&linkid=49&locid=2&sname=Enterprise%20Fileet.

Completion instructions, including the definition of 'significant exposure,' are written on the form. For additional questions regarding this form, please call your local public health agency or infection control practitioner at the receiving facility where testing will be conducted.

**APPENDIX H - EXPOSURE INCIDENT INVESTIGATION FORM
SPOONER AREA SCHOOL DISTRICT**

Date of Incident	Time of Incident
Location	Person(s) Involved
Potentially Infectious Materials Involved	
Type	Source
Circumstances (what was occurring at the time of the incident)	
How the incident was caused (accident, equipment malfunction, and so forth; list any tool, machine, or equipment involved)	
Personal protective equipment and engineering controls being used at the time of the incident	
Actions taken (decontamination, clean-up, reporting, and so forth)	
Training of employee	
Recommendations for avoiding repetition of the incident, including any recommended changes to the ECP (Exposure Control Plan)	

APPENDIX J - INFORMATION AND TRAINING OF EMPLOYEES SPOONER AREA SCHOOL DISTRICT

Training Date(s)	Trainer's Name(s) and Qualifications
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Names and job titles of all employees attending this training: **(Attached)**

Agenda and/or materials presented to training participants include:

- an accessible copy of the text of the Wisconsin Statutes 101.055 and 29 CFR 1910.1030.
- a general explanation of the epidemiology and symptoms of bloodborne diseases_including HCV.
- an explanation of the modes of transmission of bloodborne pathogens.
- an explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
- an explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- an explanation of the use and limitations of methods that will prevent or reduce exposure (engineering controls, work practices, and personal protective equipment, including safer needles and needless devices).
- information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- an explanation of the basis for selection of personal protective equipment.
- information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- an explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- information on the post-exposure evaluation and follow-up that is provided.
- an explanation of the signs, symbols, and color-coding of biohazards.
- a question and answer session between the trainer(s) and employee(s).
- list of school district and health community contacts that can be resources to employees if they have questions after training.

Signature of Training Coordinator ➤	Date Signed
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APPENDIX K - EMPLOYEE MEDICAL RECORD CHECKLIST SPOONER AREA SCHOOL DISTRICT

Employee Name <i>Please Print</i>	Social Security Number _ _ _ - _ _ - _ _ _
Building	Job Classification

- Copy of employee's hepatitis B vaccination record or declination form. Attach any additional medical records relative to hepatitis B.

- Brief description of exposure incident:

- Log and attach this district's copy of information provided to the healthcare professional.
- Accident report.
 - Results of the source individual's blood testing, if available and if consent for release has been obtained.
- Log and attach this district's copy of the healthcare professional's written opinion.

APPENDIX L - ANNUAL REVIEW OF EXPOSURE CONTROL PLAN SPOONER AREA SCHOOL DISTRICT

The Exposure Control Plan has been reviewed on the date below.	Reviewed By <i>Please Print</i>	
	Name	Position
Date	Name	Position
	Name	Position

New tasks and procedures which affect occupational exposure

Annual evaluation of available engineering controls, including engineered safer needle devices

Modification of former tasks and procedures which affect occupational exposure

New or revised employee positions with occupational exposure

APPENDIX M - GENERAL INFORMATION/RESOURCES

Mark Werner, Director
Bureau of Environmental and Public Health
Wisconsin Department of Health Services
(608) 266-1120

Infectious Waste Disposal

Local waste disposal service company: Allied Waste Services, 800-542-2124

Local hospital: Spooner Health System, 715-635-2111

Local public health agency: Washburn County Public Health, 715-635-4400

Medical Waste Coordinator
Wisconsin Department of Natural Resources
(608) 266-2111

Internet Resources

Centers for Disease Control (CDC):

General site: <http://www.cdc.gov>

Hepatitis B Virus (HBV) and Hepatitis C Virus (HVC): <https://www.cdc.gov/hepatitis/>

Occupational Safety and Health Administration (OSHA): <http://www.osha.gov>

Wisconsin Statutes: <http://www.legis.state.wi.us/>

DPI Blood Borne Pathogen information:

<https://dpi.wi.gov/sspw/pupil-services/school-nurse/communicable-diseases/bloodborne>