

# **Bloodborne Pathogens Exposure Control Plan**

**For**

**Dubuque Community School District**



**2012-2013**

# PROTOCOL

The Dubuque Community School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Ensurance that a copy of the Exposure Control Plan is accessible to employees
- Ensurance that all new employees shall receive information on Universal Precautions upon hiring and annually for all other employees
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

**Rhonda Simpson MSN ARNP, Health Services Manager, 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. The United States Department of Labor, Occupational Safety and Health Act (OSHA), Occupational Exposure to Bloodborne Pathogens Regulations and Standards, adopted by the Iowa Division of Labor, Occupational Safety and Health Bureau purpose is to end and reduce employee exposure to blood and other potentially infectious materials. The laws require schools and education agencies, as employers, to develop an occupational exposure to bloodborne pathogens program. 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*.

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:

**School Nurses, Health Paraprofessionals (in the Health Offices), Designated First-Aid trained Staff (ie Health office back-up staff and playground supervisors), Building Administrators, Custodial Staff, some Special Education Teachers and Paraprofessionals.**

**B. Tasks and Procedures**

The staff identified at risk of exposure is based on the potential tasks and procedures that may be performed in the above job classification. This exposure determination shall be made without regard to the use of personal protective equipment. 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**

Members of The Coordinated School Health Council will determine district guidelines for annual review of engineering controls, cleaning, decontamination, and waste disposal procedures. In addition, the district will document how they received input from non-management employees regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices.

### **A. Universal Precautions**

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. Universal Precautions will be taught to all new employees upon hiring and all other employees at the beginning of each school year. Documentation of staff education will be kept with the District's Health Services Manager.

### **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 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 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. 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 at:

### **The District School Health Offices and Custodian Offices**

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.
- d. The custodial staff will be responsible for proper disposal of biohazard designated bags.
- f. In the event regulated biohazard waste leaks from a bag or container, the waste shall be placed in another bag or 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 and will be available in the School Health Offices. 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. School Nurses shall notify **Rhonda Simpson, MSN ARNP, Health Services Manager** when sharp containers become 2/3 full so that they can be disposed of properly.
  - 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 Iowa, and its political subdivisions.
- 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).

1. 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.
- m. 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 in bags that are biohazard-labeled and the custodial staff immediately notified.

### 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 and when necessary, gowns, masks, shields, and resuscitation devices.
  - 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.
    - h. Kevlar sleeves for employees at risk of bites and scratches by students.
  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 through the department managers.
    - 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. The district shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the employee or others. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

### **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 notify all employees who have occupational exposure at the start of each school year and on a yearly basis how to obtain the vaccinations or if they wish to decline.
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 health care provider, 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.

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.
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 by District's Health Services Manager.
9. 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. In the Dubuque Community School District the identified employees with the potential to have ongoing contact with blood or OPIM are the school nurses and health office paraprofessionals. 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. 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 or designee to determine whether or not an "exposure incident," as defined by the standard, occurred in addition to the presence of blood or other potentially infected materials by the end of the workday on which the incident occurred. If nurse or designee is not available or further questions, contact Rhonda Simpson, Health Services Manager.
3. Once an "exposure incident" is suspected, notify Tri-State Occupational Health and follow the Dubuque Community School District Workers' Compensation protocol and complete required paperwork.

### B. 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 needle stick log) Exposure Incident Follow-up

### C. Exposure Incident Follow-up

Following a report of an "exposure incident", this district shall make immediately available medical care following Dubuque Community School District Workers' Compensation protocol 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, 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.
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. 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 health care provider 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 of this plan is kept in the following locations:

**School's health office**

**Health Services Manager's office**

**Buildings and Grounds Manager's Office**

**Food Service Manger's Office**

**Transportation Manager's Office**

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.
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:
  - 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. 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
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.

## Appendix A

### 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.

**Needless 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.

## School Exposure Incident Investigation Form

### Dubuque Community School District

Date of Incident	Time of Incident
Location	Person(s) Involved

<b>Potentially Infectious Materials Involved</b>	
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)	

**DUBUQUE COMMUNITY SCHOOL DISTRICT**  
**HEPATITIS B IMMUNIZATION**  
**CONSENT OR DECLINATION**  
**HEPATITIS B VACCINE - ACCEPTANCE**

**I WANT TO RECEIVE** the Hepatitis B Vaccine and I understand it is my responsibility to contact the Public Health Nurse Coordinator for an appointment. I have read and have had explained to my satisfaction, the administration of the vaccine including the risks, benefits and possible adverse effects associated with the vaccine.

Name (Please Print)		Department	
<i>Signature</i>	<i>Date</i>	<i>Witness</i>	

**HEPATITIS B VACCINE - DECLINATION**

Please sign if you **DO NOT** want the vaccine at this time.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Name (Please Print)		Department	
<i>Signature</i>	<i>Date</i>	<i>Witness</i>	

**PREVIOUS IMMUNIZATION/DISEASE**

History of Hepatitis B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
History of Vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates
Number of Injections:		Documentation of positive antibody?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please submit documentation of above to the Public Health Nurse Coordinator as soon as possible.

**HEALTH CARE PROFESSIONAL'S OPINION**

This associate has been assessed and should receive the vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Date:</i>	<i>Health Care Professional's Signature:</i>	

**IMMUNIZATIONS GIVEN**

	Date	Location	Lot #	Expiration
1 <sup>st</sup> dose:				
2 <sup>nd</sup> dose:				
3 <sup>rd</sup> dose				
Post vaccination testing/date:	<input type="checkbox"/> Antibody positive		<input type="checkbox"/> Antibody negative ( <i>If negative, repeat vaccination</i> )	
4 <sup>th</sup> dose:				
5 <sup>th</sup> dose:				
6 <sup>th</sup> dose:				
Post vaccination testing/date:	<input type="checkbox"/> Antibody positive		<input type="checkbox"/> Antibody negative	
If the employee had a negative titer after the 1 <sup>st</sup> 3 injections and refuses to take any additional injections, have him/her to sign here. <b>I am aware that I do not have adequate immunity to Hepatitis B but I choose not to receive additional injections. I have been counseled about the risks.</b>				



