

BIG HORN COUNTY SCHOOL DISTRICT NUMBER ONE  
Box 688  
Cowley, Wyoming 82420  
POLICIES AND REGULATIONS  
File: EBBA

**BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN**

**Section 1. Blood Borne Pathogen Exposure Control.**

To promote safe work practices in an effort to minimize the incident of illness and injury experienced by employees, and to be compliant with OSHA Standard 1910.1030, the following policy and procedures shall be followed by the district. The purpose of this is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens that employees may encounter in the work place. Big Horn County School District No. 1 believes that:

1. It is prudent to minimize all exposure to blood borne pathogens.
2. Risk of exposure to blood borne pathogens should never be under estimated.
3. We will institute as many work practice controls as possible to eliminate or minimize employee exposure to blood borne pathogens.

**Section 2. The objective of this policy and procedures are to:**

1. Protect (to the extent mandated by the law and good practice) our employees from the health hazards associated with blood borne pathogens.
2. Provide appropriate treatment and counseling should an employee be exposed to blood borne pathogens.

**Section 3. Blood Borne Pathogen Exposure Control - Procedures.**

1. The purpose of these procedures is to:
  - a. Eliminate or minimize employee occupational exposure to blood or certain other body fluids.
  - b. Comply with the OSHA Blood borne Pathogens Standard, 29 CFR1910.1030.
2. Definitions:
  - a. Potential Exposure Incident: When potentially contaminated blood or other fluids have been allowed to enter the body of the employee. For instance, through an open wound on the employee, or through the mouth, nose, or eyes.
  - b. Fluids that may potentially be contaminated that are subject to these regulations:
    - 1). Semen
    - 2). Vaginal Secretions
    - 3). Cerebrospinal Fluid
    - 4). Synovial Fluid
    - 5). Pleural Fluid
    - 6). Pericardial Fluid
    - 7). Peritoneal Fluid
    - 8). Amniotic Fluid
    - 9). Saliva (*Only when blood is visible in it.*)
    - 10). Blood
  - c. Coverage of these regulations: Employees of Big Horn County School District No. 1

3. General Program Management: There are three major categories of responsibility that are central to the effective implementation of the exposure control plan.
  - a. The Exposure Control and Training Coordinator: The Exposure Control and Training Coordinator will be responsible for overall management and support of the District's Blood Borne Pathogens Compliance Program. These include, but are not limited to:
    - 1). Overall responsibility for implementing the Exposure Control Procedures.
    - 2). The development of any other procedures needed to support this plan.
    - 3). Improvement of these procedures to meet the changing needs of the district.
    - 4). Knowing and enforcing current legal requirements concerning blood borne pathogens.
    - 5). Conducting periodic audits to maintain and verify these procedures.
    - 6). Maintain a list of personnel requiring training and those who have been trained.
    - 7). Developing and implementing training programs.
  - b. Administrators and Supervisors: Administrators and supervisors are responsible for exposure control in their respective areas. They work directly with the Exposure Control Coordinator and the employees to ensure that exposure control procedures are followed.
  - c. Employees: Employees that must or may deal with blood borne pathogens have the most important role. They are responsible for:
    - 1) Knowing what tasks they perform have occupational exposure.
    - 2) Implementing these procedures as they perform tasks concerning blood pathogens.
    - 3) Attend blood borne pathogens training sessions.
    - 4) Planning and conducting all tasks in accordance with these procedures.
4. Availability of the Exposure Control Procedures to Employees: The Exposure Control Plan is available to our employees during regular working hours. Employees shall be advised of availability and location of these policies and procedures during their training sessions. Copies are maintained in the following locations:
  - 1) District Office.
  - 2) Administrative Offices of each School
  - 3) Library of each school

#### **Section 4. Employee Exposure Determination**

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

- a. Bus Drivers: Transporting students which may involve fighting, accidents, internal to the bus and accidents involving the bus--all of which may produce injury to students and supervisors.
  - b. Coaches: While students are involved in physical activities there is always the danger of injury to competitors. This is during practice and competition. While supervising students on over-night activities, there is the danger of exposure to injury for the coach or sponsor.
  - c. Other designated employees: Includes any employee whose job description may require them to be exposed to body fluids and tissues to the degree specified in Section 4 a.
2. Category 2: Task that may involve exposure to blood, body fluids and tissues at a rate substantially less than those identified in Category 1. Appropriate protective measures are readily available when needed. Every employee in Category II must complete the District's training program. This category consists of:
- a. Custodians and Maintenance: Cleaning and disinfecting the swimming pool, dressing rooms and locker rooms, nurse's office, rest rooms, and specific areas of blood and other fluid spills. Working on equipment with moving parts in collaboration with other employees.
  - b. Building Secretaries: During the normal course of duties, building secretaries are often the first adults to encounter sick or injured students.
  - c. Building Administrative Staff: During normal duties the building administrator is continually on call to assist in any of the cases in all areas of the building listed above.
  - d. All personnel dealing directly with children including teachers and aides: Supervisory responsibilities over classes of young people present some natural risk.
  - e. Kitchen Staff
3. Category 3: Tasks that involve very little or no exposure to blood, body fluids, or tissue. These tasks require no protective equipment. This category consists of Central Administration and Central Clerical. There is little occasion for any injury during normal business hours.

### **Section 5. Compliance Methods.**

1. Universal Precautions: Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the source individual.

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

- a. Control Equipment Location
  - 1) Sharps Containers with Biohazard Labels: All Science rooms, Home Economics Areas.
  - 2) Red bags, or bags of any color marked with a biohazard label, and covered trash cans with biohazard labels for disposal of contaminated trash shall be available in each school in a convenient

- location as determined by the Exposure Control Coordinator for that school.
- 3) Hand washing facilities: Throughout each facility.
  - 4) Gloves or kit: Provided to employees in Category 1. Available in each classroom.
  - 5) Disinfectant: Changed when out dated and properly labeled.
  - 6) Incinerator for incineration of contaminated waste and sharps: Local Hospital.
  - 7) Biohazard Label: Used on any item that is contaminated with blood or body fluids or cannot be totally decontaminated before being transported.
- b. Control Equipment Maintenance: The above listed controls will be examined and maintained on a regular schedule. The Exposure Control Coordinator shall check all controls on a quarterly basis during the year. It is the responsibility of the building administrator to ensure the placement and operations of the controls on a regular and operational basis.
  - c. Universal precautions will be observed in this district in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Procedures, work practices controls and custodial activities will be utilized to eliminate or minimize exposure to employees.
  - d. Hand washing facilities are available to employees who incur exposure to blood or other potentially infectious materials. In areas such as the football field or isolated topography visited by field trips, where hand washing facilities are not readily available, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are provided. These towelettes shall be provided with the coaching supplies and transported to each practice and contest. They are available on each bus for every transportation activity.
  - e. Building administrators, the bus supervisor, the athletic director, and head coaches are responsible to ensure that gloves are worn each time an employee has occasion to contact any blood or potentially infectious materials.
    - 1) They are responsible to ensure that after the proper removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
    - 2) They are responsible to ensure that any facility areas possibly contaminated by potentially infectious materials are properly cleaned using the correct methods and disinfectants.
    - 3) They are responsible to ensure that any potentially infectious materials and supplies used for cleaning are placed into properly labeled bags for incineration disposal and the Exposure Control Coordinator is notified so that they may be transported to the hospital for disposal.
  - f. All employees shall:
    - 1) Use district provided gloves, each time an employee has occasion to contact any blood or potentially infectious materials including vomit in the classroom. Wash own hands after gloves have been taken off.

- 2) Wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
  - 3) Have the appropriate personnel immediately clean and disinfect any portion of the facility that is potentially contaminated.
  - 4) Properly bag and label all materials that could possibly be contaminated. Notify the administrator or supervisor of their storage.
2. Needles and Glass Disposal: Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. The recapping of needles and scalpels is not permitted.
  - a. All sharps will be disposed of in Red needle boxes marked with a biohazard symbol.
  - b. Containers shall be taped shut when full.
  - c. The boxes will be collected and transported to the hospital for incineration.
  - d. Needle boxes will be replaced as needed.
  - e. Large glass items will be removed from the area.
3. Containers for Reusable Sharps: Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate containers. These containers shall be puncture resistant, leak proof, labeled with a biohazard label, and located in designated areas in each building.
4. Other Work Practice Controls.
  - a. Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is real potential for exposure to blood borne pathogens.
  - b. If contamination of a primary container occurs, that container is placed within a second leak-proof container appropriately labeled, for handling and disposal.
  - c. The Exposure Control Coordinator is responsible to examine all materials stored for transportation to disposal and to ensure their correct and proper transportation and disposal.
5. Personal Protective Equipment:
  - a. All personal protective equipment used will be provided without cost to employees. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
  - b. All personal protective equipment will be cleaned, laundered and disposed of by the district at no cost to the employees. All repairs and replacements will be made at no cost to the employees. All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the scene of utilization. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
  - c. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
  - d. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.

6. Housekeeping:
  - a. The school district maintains a written schedule for cleaning and decontamination of each facility. Using these schedules the custodial staff utilizes the following practices:
    - 1) All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
      - i. Immediately (or as soon as feasible) when surfaces are overtly contaminated.
      - ii. After the spill of blood or infectious material.
    - 2) All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
    - 3) Potentially contaminated broken glassware is picked up using mechanical means such as dust pan and brush, tongs, forceps, etc. Should be wearing heavy duty rubber gloves which can be decontaminated.
  - b. The building principal is responsible for setting the custodial cleaning schedule and ensuring its completion. The following procedures shall be used with all types of potentially infectious wastes:
    - 1) They are discarded in containers that are red, closeable, puncture resistant, leak-proof, and labeled.
    - 2) Containers are located throughout the district and within easy access. (one per building)
    - 3) Containers of regulated waste to be moved are closed and placed inside an appropriate secondary container if leakage is possible from the first container.
    - 4) The Exposure Control Coordinator is responsible for supervising the transportation of all such waste materials. Hospital shall be utilized for disposal.
7. Laundry Procedures: Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry bags will not be sorted or rinsed in the area of use.
8. Hepatitis B Vaccine:
  - a. Big Horn County School District No. 1 shall make available the Hepatitis B vaccine and vaccination series to all employees who have risk of occupational exposure and post-exposure follow-up to employees who have had an exposure incident. For the purposes of this policy and procedures this concerns all positions listed in Category 1.
  - b. All vaccinations concerning these policy and procedures shall be provided through Hospital. The Exposure Control Coordinator shall be responsible for scheduling and ensuring the provision of all vaccinations. The Coordinator

will maintain records of all vaccinations in the employee's file in the Superintendent's office. The Coordinator shall also maintain a list of all employees who have refused the vaccination.

9. Post Exposure Evaluation and Follow-Up:

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

10. Procedures for Post Exposure Evaluation:

- a. Following a report of an exposure incident the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:
  - 1) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
  - 2) Identification and documentation of the source individual unless it can be established that identification is infeasible or prohibited by state or local law.
  - 3) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV ineffectively. If consent is not obtained, the Control Exposure

Coordinator shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

- 4) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- 5) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

- b. Collection and testing of blood for HBV and HIV serological status will comply with the following:
    - 1) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
    - 2) The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
  - c. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post-exposure follow-up will be performed by the Hospital.
11. Information Provided to the Health Care Professional: The Exposure Control and Training Consultant shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided with the following:
- a. A copy of 29 CFR 1910.1030 (while the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind that individual of these requirements);
  - b. A written description of the exposed employee's duties as they relate to the exposure incident;
  - c. Written documentation of the route of exposure and circumstances under which exposure occurred;
  - d. Results of the source individual's blood testing, if available; and
  - e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

12. Health care Professionals Written Opinion:

- a. The Exposure Control and Training Consultant 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.
- b. The health care professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
- c. The health care professional's written opinion for post-exposure follow-up shall be limited to the following information:

- 1) A statement that the employee has been informed of the results of the evaluation ; and
- 2) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

### **Section 6. Labels and Signs.**

The Exposure Control and Training Consultant shall ensure that biohazard 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.

1. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.
2. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.
3. Blood products that have been released for transfusions or other clinical use are exempted from these labeling requirements.

### **Section 7. Information and Training.**

1. The Exposure Control and Training Consultant shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:
  - a. A copy of the standard and an explanation of its contents;
  - b. A discussion of the epidemiology and symptoms of blood borne diseases;
  - c. An explanation of the modes of transmission of blood borne pathogens;
  - d. The recognition of tasks that may involve exposure;
  - e. An explanation of the use and limitation of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE);
  - f. Information on the types, uses, location, removal, handling, decontamination, and disposal of PPE's;
  - g. An explanation of the basis of selection of PPE's;
  - h. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
  - i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
  - k. Information on the evaluation and follow-up required after an employee exposure incident;
  - l. An explanation of the signs, labels, and color coding systems.
2. The person conducting the training shall be knowledgeable in the subject matter.
3. Employees who have received training on blood borne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

4. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

### **Section 8. Record Keeping**

#### 1. Medical Records:

- a. The Exposure Control and Training Consultant is responsible for maintaining medical records as indicated below. These records will be kept (If you contract for post-exposure follow-up and Hepatitis B vaccination evaluation, make sure that your contract language includes provisions for record keeping which are consistent with the requirements of 1910.20).
- b. Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:
  - 1). The name and social security number of the employee.
  - 2). A copy of the employee's HBV vaccination status, including the dates of vaccinations.
  - 3). A copy of all results of examinations, medical testing, and follow-up procedures.
  - 4). A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

#### 2. Training Records:

- a. The Exposure Control and Training Consultant is responsible for maintaining the following training records. These records will be kept
- b. Training records shall be maintained for three years from the date of training. The following information shall be documented:
  - a). The dates of the training sessions;
  - b). An outline describing the materials presented;
  - c). The names and qualifications of persons conducting the training;
  - d). The names and job titles of all persons attending the training sessions.

#### 3. Availability:

- a. All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.
- b. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.
- c. Transfer of Records: If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contracted for final disposition.

### **Section 9. Evaluation and Review:**

The Exposure Control and Training Consultant is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

**Section 10. Outside Contractors.**

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

BIG HORN COUNTY SCHOOL DISTRICT NO. 1 INFECTION CONTROL  
GENERAL OUTLINE

I. INTRODUCTION

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

II. DISEASE TRANSMISSION:

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

III. INFECTION CONTROL PRACTICES

- A. Body Substance or Disease Specific Isolation (not used here)
- B. Universal Precautions
- C. OSHA Guidelines:
  - 1. Blood borne disease epidemiology,
  - 2. Location, use of personal protective equipment:
    - a. gloves
    - b. gowns
    - c. masks
    - d. eye protection
    - e. resuscitative device

3. Proper Work Practices:

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

4. Understand Universal Precautions

5. Exposure Control Plan

D. Infectious Waste

E. Hazardous Waste

F. Confidentiality/School Protocol

IV. EMPLOYEE HEALTH:

A. Health History

B. Illness

C. Injury Reporting

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

E. Immunizations/Tests

F. TB, Rubella Titre

G. HBV for Category I Employees

Adopted: October 13, 1994