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School District  
Bloodborne Pathogens  
Exposure Control Plan

# **Bloodborne Pathogens Exposure Control Plan**

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# Bloodborne Pathogens 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 Safety and Professional Services (DSPA) 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 this plan.

Additional specific School District program information that is included as part of this plan can be found on the Health & Safety page of the School District safety website under Bloodborne Pathogens.

## I. Exposure Determination

The district shall 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);
2. those employees who might render first aid *only as a collateral duty*;
3. those employees who clean blood or other potentially infectious materials (OPIM).

### A. Job Classifications

The district has identified the job classifications as those in which employees of the district could be exposed to bloodborne pathogens in the course of fulfilling their job requirements. See School District Exposure Determination Form.

### B. Tasks and Procedures

The district has determined that the following list of tasks and procedures performed by employees may lead to occupational exposure. This exposure determination is made without regard to the use of personal protective equipment. Tasks/procedures may include but are 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.
10. tasks associated with the handling and disposal of waste.

## II. Method of Compliance

The following methods are mandated by the standard and are incorporated into the School District exposure control plan. The District will annually review engineering controls, cleaning, decontamination, waste disposal procedures and how the district received input from non-management employees regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices.

### A. Universal Precautions

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

### B. Engineering 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 the district, and at least annually. The annual review must include, and take into account new innovations in technology, particularly devices that reduce needle-sticks.

#### 1. Hand washing

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

## 2. Housekeeping and Waste Procedures

- a. The district shall ensure that the worksite is maintained in a clean and sanitary condition. The district has determined and implemented an appropriate written schedule for cleaning and method of decontamination.
- b. All equipment, materials, and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials according to safe work practices.
- c. Waste that is liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release 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, requires proper disposal as Regulated Waste according to the plan. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In the district, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color and/or affixed with a biohazard label.
- 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 the 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 will be coordinated through the program manager.
- 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 the 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. Container locations within the district are determined by the program manager. 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.
  1. 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.
  2. In the district, the employee shall notify the program manager when sharp containers become 2/3 full so that they can be disposed of properly.

3. Contaminated needles shall not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of a one-handed technique.
    - 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).
    - l. 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.
3. Safe Work Practices
- a. General:
    1. Call for help to control bystanders to minimize potential exposure risk, reduce potential tracking of contaminated materials into uncontaminated areas and provide assistance to or direct first responders to the correct location.
    2. Use appropriate PPE and good hand-washing as best practices to prevent the spread of disease.
    3. Waste that is liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release 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, requires proper disposal as Regulated Waste according to the plan.

4. Sharps that are contaminated with blood or OPIM shall never be picked up by hand. Follow sharps procedures according to plan.
- b. Cleaning blood or other potentially infectious materials, such as feces, urine, or vomit on floors, chairs or other surfaces:
1. Call for or bring assistance as needed.
  2. Minimize the area of contamination.
  3. Limit access to the contaminated area.
  4. Maintain control of the area while the cleaning is taking place.
  5. Put on appropriate PPE (such as gloves, boots/shoe covers, aprons, etc...).
  6. Place an absorbent material on and around the material to immobilize the source of contamination.
  7. Clean area with appropriate disinfectant.
  8. After areas are disinfected and dried, release the area.
  9. For items/contents that cleaning is not feasible or effective, items/contents shall be disposed as appropriate.
  10. If an exposure incident occurs, the Bloodborne Pathogen Plan Manager shall be contacted and the incident shall be documented.
- c. Cleaning blood or other potentially infectious materials such as feces, urine, vomit or sanitary menstrual supplies in plugged/stops toilets:
1. Maintain control of the area while the cleaning is taking place.
  2. Limit access to the contaminated area.
  3. Put on appropriate PPE (such as gloves, boots/shoe covers, aprons, etc...).
  4. Evaluate area for signs of contamination including possible toilet overflow.
  5. Take effective measures to minimize the potential for splashing, splattering, spraying and generation of droplets during unplugging/unclogging activities such as snaking, plunging, etc....
  6. Clean area with appropriate disinfectant. Do not create splashing or misting of material.
  7. After areas are disinfected and dried, release the area.
  8. If an exposure incident occurs, the Bloodborne Pathogen Plan Manager shall be contacted and the incident shall be documented.

- d. Cleaning blood or other potentially infectious materials such as feces, urine, vomit soaked clothing:
  - 1. Changing of diapers/soiled garments shall be done in areas that are designated for this purpose and equipped with appropriate PPE and containers for the storage and disposal of soiled items (plastic bags for child's soiled garments to be sent home or covered trash containers for soiled diapers.)
  - 2. Call for assistance to control the other children if someone else not already on site.
  - 3. If leakage or contamination of classroom or surroundings occurs, isolate the area and notify custodial staff for clean up.
  - 4. Wear appropriate PPE (gloves, long impermeable apron) for clean-up of child. Ask for assistance from another staff member if child is uncooperative or moving around.
  - 5. If the child is capable ask them to remove the contaminated clothing and put them in the bag while you hold it open. Ask the child to clean themselves with towelettes or soap and water. If not possible do the above yourself.
  - 6. Evaluate the area for signs of contamination and decontaminate as necessary.
  - 7. If an exposure incident occurs, the Bloodborne Pathogen Plan Manager shall be contacted and the incident shall be documented.
  
- e. Treatment of injuries:
  - 1. If at all possible, have the injured party apply treatments themselves.
  - 2. Put on appropriate PPE (such as gloves, boots/shoe covers, aprons, etc...).
  - 3. When approaching the injured party ensure that you are not stepping, kneeling, sitting, leaning in, blood spatter.
  - 4. Institute emergency medical response procedures such as calling first responders, assisting to nursing office, administering first aid, etc....
  - 5. Maintain control of the area while the administering injury treatment and until cleaning can be conducted.
  - 6. Evaluate the area for signs of contamination and decontaminate as necessary.
  - 7. If an exposure incident occurs, the Bloodborne Pathogen Plan Manager shall be contacted and the incident shall be documented.
  
- f. Administration of medication and blood testing:
  - 1. Will be self administered under supervision whenever possible.
  - 2. Administration of medication and testing assistance will only be performed by a properly trained employee.



3. Put on appropriate PPE (such as gloves, boots/shoe covers, aprons, etc...).
4. Maintain control of the area while the administering treatment.
5. Safer needle and needleless devices will be provided for employees who give injections or use lancets.
6. Following successful administration of medication/assistance, any sharps or needles shall be disposed of in a sharps container as soon as possible.
7. The patient shall be decontaminated if necessary and directed to return to class.
8. Evaluate the area for signs of contamination and decontaminate as necessary.
9. If an exposure incident occurs, the Bloodborne Pathogen Plan Manager shall be contacted and the incident shall be documented.

#### 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 the district are gloves, masks, goggles and resuscitator 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. Employees expected to perform CPR must have appropriate resuscitator devices readily available and accessible.
2. The district shall ensure that appropriate personal protective equipment is readily accessible at the worksite. Personal protective equipment locations will be determined by the program manager.

- a. The district shall clean and/or dispose of personal protective equipment at no cost to the employee.
- b. The district shall repair or replace personal protective equipment (as needed) to maintain its effectiveness, at no cost to the employee.
3. Disposable personal protective equipment (ie: gloves) shall be removed and disposed prior to leaving the work area. Reusable personal protective equipment (ie: goggles) shall be cleaned/decontamination by the employee immediately or as soon as feasible.
4. If blood or other potentially infectious materials penetrate a garment, the garment shall be removed and disposed by the employee immediately or as soon as feasible.
5. The 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, the 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. The district shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, and method of administration as well as the benefits of being vaccinated.
2. The district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have 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. The district ensures that an accredited laboratory then conducts the laboratory titer, if required. A record of the vaccination shall be maintained in the employee's medical records file.
4. The district shall not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.
5. If an employee initially declines the hepatitis B vaccination series, but at a later date (while still covered under the standard) decides to accept the vaccination, the district shall make available the hepatitis B vaccine at that time.
6. The district shall ensure that employees who decline to accept the hepatitis B vaccine offered by the district sign the declination statement established under the standard. A copy of this form can be found on the Health & Safety forms page of the District safety website.

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 with employee medical records.
9. The district shall ensure the health-care professional responsible for administering the employee's hepatitis B vaccination is provided with a copy of this regulation.

#### B. First Aid as Collateral Duty

1. The district shall provide the hepatitis B vaccine or vaccination series to those employees whose collateral job assignment is the rendering of first aid.
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.

### **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 this District's Bloodborne Pathogen program manager by the end of the workday on which the incident occurred.
3. If an exposure to blood or OPIM 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 (WKC-8165/SBD 10781) 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. A copy of this form can be found on the Health & Safety forms page of the District safety website.

#### B. Needle-Stick Injury

In the event of a needle-stick or sharps injury, the district will maintain a separate log that includes the description of the incident, the type and brand of device involved, and the location (work area) where the incident took place. A copy of this form can be found on the Health & Safety forms page of the District safety website.

### C. Exposure Incident Follow-up

Following a report of an exposure incident, the district shall make immediately available to the exposed employee a confidential medical examination from a health-care provider knowledgeable about the current management of post-exposure prophylaxis in the first 24 hours following exposure. Minimal follow-up shall include the following:

1. The district shall document the route(s) of exposure and the circumstances under which the exposure incident occurred.
2. The district shall identify and document the source individual, if possible, unless the 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, the 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 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, the district shall follow the recommendations established by the Centers for Disease Control and Prevention, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Post-exposure Prophylaxis, June 29, 2001. The employee must be made aware of the 2-24 hour window of efficacy of chemical prophylaxis. The evaluation must include assessment for the hepatitis C virus.
5. Counseling shall be made available by the district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.
6. There shall be an evaluation of reported illnesses.

### D. Medical Follow-up

1. The district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee.
2. All medical evaluations and procedures shall be conducted by, or under the supervision of, a licensed physician knowledgeable about the current management of post-exposure prophylaxis.
3. Laboratory tests shall be conducted in accredited laboratories.
4. Information provided to the health-care professional that evaluates the employee shall include:
  - a. a copy of the 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. The district shall obtain and provide the employee with a copy of the evaluating health-care professional's written opinion within 15 days of the completion of the evaluation.
2. The health-care professional's written opinion regarding hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
3. The health-care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - a. the affected employee has been informed of the results of the evaluation; 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. The district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.
2. Training shall be provided at the time of initial assignment to tasks 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. The 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 standard requires that the knowledgeable person be available to answer questions at the time of the bloodborne pathogen training.
6. Training shall include the following information:
  - a. An accessible copy of the regulatory text of the standard and an explanation of its contents
  - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.

- c. An explanation of the modes of transmission of bloodborne pathogens.
  - d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
  - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment (PPE).
  - g. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
  - h. An explanation of the basis for selection of PPE.
  - i. Information on the hepatitis B vaccine including information on its efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.
  - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
  - k. An explanation of the procedure to follow if an exposure incident occurs, including the method of report the incident and the medical follow-up that will be made available.
  - l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
  - m. An explanation of the signs and labels and/or color coding required in Section V.
  - n. Specific information on the hepatitis C virus in addition to other bloodborne pathogens.
  - o. An opportunity for interactive questions and answers with the person conducting the training session.
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. The 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. The 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 the 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. The district shall annually review the exposure control plan. The review shall include:
  - a. a list of new tasks that affect occupational exposure,
  - b. modifications of tasks and procedures,
  - c. evaluation of available engineering controls including engineered-safer needle devices,
  - d. a list of new employee positions with potential for occupational exposure, 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. The district shall ensure:
  - a. all records required to be maintained by this standard shall be made available upon request to the Department of Safety and Professional Services (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 Safety and Professional Services (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 Safety and Professional Services (or designee), and
  - d. a log of needle-stick/sharps injuries shall be kept for a minimum of five years.
2. The district shall comply with the requirements involving the transfer of records set forth in OSHA standard 29 CFR 1910.1030.

#### 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 non-intact 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.

### VII. 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.