

Bloodborne Pathogens Exposure Control Plan

Whiteface Consolidated Independent School District
Whiteface, Texas

Part 1: Purpose

The purpose of this exposure control plan is to eliminate or minimize work-related exposure to bloodborne pathogens, particularly the Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). Knowledge about transmission of HIV and HBV and other disease-causing organisms is essential for personal protection and the prevention of the spread of illness in the school setting.

This exposure control plan is adopted to implement the Bloodborne Pathogens Exposure Control Plan required in (Texas) HB 2085, and the subsequent Health and Safety Codes (81.304) affected by this act.

Designated Administrator: Superintendent

Committee: School Nurse
Transportation Supervisor
Cafeteria Supervisor
Athletic Director
Custodian Supervisor
Wellness Coordinator
Special Education Teacher
Health Teacher

- At least half of the committee must be involved in direct student care.

Part II: Exposure Determination

The District Bloodborne Pathogens Committee (hereafter called the Committee) has determined that ALL employees may have the potential for occupational bloodborne exposure.

It should be noted that the Texas Standards (Health and Safety Code 81.304) apply to governmental units that employ persons who provide services that

may have a risk of exposure to blood or other material containing bloodborne pathogens in connection with exposure to sharps (needles, lancets, staples, etc.) School districts, in most cases employ only a small number of employees whose job descriptions place them at risk for injury through exposure to sharps.

Pre-Vaccination Plan

Full time employees will be offered the Hepatitis B vaccinations, at no cost to the employee. At the time of hiring, all employees must sign the document noting that they have been offered the vaccine, and their indication included whether they accept or refuse the vaccination series. Should an employee who has been offered the vaccine refuse it, that employee may request the vaccine at the vaccine at a later date. The document will be kept in the employee's personnel file.

Part III: Implementation of the Exposure Control Plan

The Exposure Control Plan shall be reviewed and updated annually. A copy of the Exposure Control Plan will be accessible for review by all employees. Under this plan, all employees will attend an annual in-service on occupational exposure prevention and universal blood and body fluid precautions to avoid bloodborne pathogens.

General Information

Universal precautions refer to a method of infection control, which all human blood and other potentially infectious body fluids are treated as is known to be infectious for HIV and HBV, regardless of the perceived status of the source individual. Appropriate barrier precautions should be used to prevent skin and mucous membrane exposure when in contact with blood or body fluids of any person.

Training

Employees will receive mandatory in-service annually about:

- *District's insurance program
- *Bloodborne Pathogen Control
- *Epidemiology and symptoms of bloodborne diseases

- *Modes of transmission of bloodborne pathogens
- *Personal protective equipment – gloves
- *Hepatitis B vaccine program

Training will be offered annually, prior to the first day of class. Individuals hired after the scheduled training will be in serviced by the school nurse.

As a separate issue, students who elect to participate in sports as athletic training assistants or a team manager must be made aware of the potential danger of bloodborne pathogens and methods for preventing contamination. This information should be delivered to these students and their parents prior to participation in the designated activities. The students' supervising teacher/trainer is responsible for providing the appropriate information.

Part IV: Post Exposure Plan

Exposure Incident

When an employee incurs an exposure incident, it should be reported immediately to the employee's supervisor/principal.

An exposure incident is when an employee has direct contact with blood, body fluids containing blood, semen, or vaginal secretions, unidentified body fluids containing blood; or blood through a needle stick, bite, eye-splash, mouth-splash, or a cut.

The employee will be required to complete the Exposure Documentation Form and will be referred for a medical evaluation by his/her primary physician and follow-up counseling, if needed.

All records related to the incident will be maintained in a confidential manner.

Employees name (print): _____ SS# _____

Campus: _____ Position: _____

Date and time of incident:

Description of incident (including location and circumstances of possible exposure):

Witnesses (and positions):

Identification of source individual:

First Aid Treatment:

Source of possible exposure: _____

Route of possible exposure: _____

Signature of Building Principal: _____ Date: _____

Signature of Employee: _____ Date: _____

**Hepatitis B Virus Vaccine Informed Consent/Refusal
Whiteface Consolidated Independent School District**

Employee (Print): _____
Social Security Number: _____ Date of Birth: _____
Campus: _____

WCISD wishes to protect you from acquiring the Hepatitis B virus and wants you to understand how you can protect yourself.

The following routes primarily transmit Hepatitis B virus in school:

- *Parenterally by a needle stick or cut from a sharp instrument either of which has been contaminated with blood or potentially infectious material (OPIM)
- *Direct contact with blood or OPIM (body fluids, secretions, excretions, etc.) which contacts non intact skin
- *Direct contact with blood or OPIM through the mucous membranes (eyes, nose and mouth)
- *Secondary contact with blood or OPIM from objects, counter surfaces, instruments and trays, waste materials or any contaminated item.

Hepatitis B virus can remain active within dried blood for at least one week. Therefore, contact with liquid or dried blood or OPIM must be avoided. To help you avoid contacting Hepatitis B, the school district provides you with the following:

- *Personal protective equipment (gloves)
- *Work practice guidelines and training (universal precautions, exposure control plan)
- *Hepatitis B vaccine

WCISD encourages you to be vaccinated with the Hepatitis B vaccine and will:

- *Pay for the Hepatitis B vaccination series
- *Make the vaccination series to you at a reasonable time and place.

I request that I be vaccinated against the Hepatitis B virus. I have been informed of the method of administration, the risks, and expected benefits of the vaccine. I understand that the district is not responsible for any reactions caused by this vaccine.

Signature: _____ Date: _____

Hepatitis B Vaccine Refusal

If you decline this offer now, you may request and receive the vaccination series at a times in the future. If you decline this offer, you are required by law to read and sign the following statement.

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.

Reason for refusing to receive the HBV immunization:

Previous vaccination Previous disease Pregnancy Medical contraindication
 Allergic to yeast Prefer to consult with my doctor before accepting vaccine

Signature _____ Date _____

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