Bloodborne Pathogens Exposure Control Plan

Note:
Tioga ISD's Exposure Control Plan will be reviewed on an annual basis and updated when necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

This Exposure Control plan was implemented 8/13/25
Latest revision: 8/8/25

Purpose:
The purpose of this document is to comply with OSHA's Occupational Exposure to Bloodborne Pathogens in Title 29 Code of Federal Regulations 1910.1030 and as revised in 2001 by the Needlestick Safety and Prevention Act P.L 106-430. The intent of this exposure control plan is to protect all occupationally exposed employees from exposure to any blood or body fluid. The Exposure Control Plan will attempt to identify all occupationally exposed groups of employees within the Tioga ISD school system and attempt to explain the methods of compliance that will be instituted to minimize exposure to blood and body fluids.

Responsibilities:
Employees are expected to follow policies and procedures of their particular place of work. When new procedures or duties are performed by an employee previously determined not to be at risk for potential exposure, it is the supervisor's responsibility to notify their Departmental Human Resources Officer and the Exposure Control Officer listed below. The employee will be subject to the requirements of the standard.

The exposure control officer must ensure the required employee training is completed and an annual program review and update is performed, as required by the regulations.

The Exposure Control Officer is Lisa Neal BSN, RN, NCSN, who has overall responsibility for the program.
A copy of the plan may be obtained from the Tioga ISD Website **.**

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the exposure control plan and the methods of compliance are as follows:

Exposure Determination
The Texas Department of State Health Services (department) Bloodborne Pathogens Exposure Control Plan (plan) requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The exposure determination of school employees is the responsibility of the school or district administrator. However, school administrators may seek the assistance of the school nurse or the local health department concerning the determination of risk exposure for school personnel.

The following job classifications apply:

Position	**Tasks/Exposure**
School Nurse	Direct client care for injuries involving non-intact skin and mucous membranes, illnesses involving emesis, and procedures including, but not limited to injections, changing ostomy bags, toileting, oral or gastrostomy feedings, suctioning, catheterization**,** and blood glucose monitoring; providing assistance to students/staff with bleeding or other potentially infectious materials injuries.
Teachers/Instructional Assistants who work in emotionally, mentally, and physically handicapped programs.	Changing menstrual pads, emesis clean-up, tooth brushing, biting incidents by students, diapering/toileting, cleaning nose/mouth secretions, feeding (oral or gastrostomy), providing assistance to students with bleeding or other potentially infectious material injuries
Speech Therapists/Teachers	Cleaning nose/mouth secretions, combative behavior, swallowing therapy, biting incidents by students.
Physical and Occupational Therapists	Tooth brushing, biting incidents by students, cleaning nose/mouth secretions.
Custodians	Emesis clean-up, cleaning body fluid spills (urine, feces, emesis, or blood) disposal of regulated waste and laundry, general facility cleaning, cleaning contaminated broken glass, sharps removal
Coaches, Physical Education Teachers	Providing assistance to students with bleeding or other potentially infectious material injuries/occurrences
Playground and/or Lunch Room Monitors	Providing assistance to students with bleeding, vomiting or other potentially infectious material injuries/occurrences
Bus Drivers	Providing assistance to students with bleeding or other potentially infectious material injuries/occurrence
Assistant Principals & Building Principals	Combative behavior, biting incidents by student and providing assistance to students with bleeding or other potentially infectious injuries/occurences.
Other persons who have job descriptions which require them to provide first aid to student/staff *Also included are athletic trainers, science staff & art staff	Providing assistance to students with bleeding, vomiting or other potentially infectious materials injuries/occurrences

Implementation Schedule and Methodology
OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Standard Precautions:
Standard precautions guidelines are a newer, two-tiered approach to infection control. These guidelines take a broader approach than the older universal precautions, offering infection control precautions that are standard for all individuals and include Bloodborne, air-borne, and epidemiologically important pathogens. Standard precautions refer to the use of barriers or protective measures when dealing with the following:

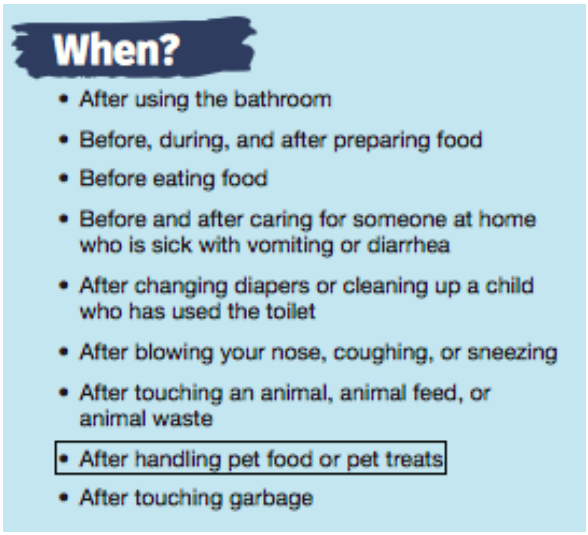
- Blood (e.g. lacerations, nose bleeds, abrasions, menstrual flow)
- All body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood (e.g. urine, emesis, feces)
- Non-intact skin (e.g. cuts, scrapes, dermatitis)
- Mucous membranes (e.g. oral/nasal secretions)

Hand Washing and Hand Washing Facilities
Prevention of infectious disease depends upon the basic principles of cleanliness and hygiene. Frequent hand washing is the most important technique for preventing the transmission of disease. Proper washing requires the use of soap and water and vigorous scrubbing of hands for at least 10-20 seconds to suspend easily removable soil and microorganisms, allowing them to be washed off.

If exposure occurs to skin or mucous membranes, those areas should be washed off or flushed with water as appropriate, as soon as possible following contact. Hand washing should occur immediately or as soon as possible after removing gloves or any other personal protective equipment. Hand washing is the first line method known to prevent transmission of microorganisms.

Institution of satisfactory hand washing facilities in all buildings is recommended, and OSHA requires that they be readily accessible after incurring exposure. Special attention should be given to classrooms where the exposure risk is expected (e.g. those for students with mental, emotional, or physical impairments), employee lounge, kitchen, student bathrooms, boiler rooms, and janitorial closets. In the event hand washing facilities are not immediately available, alcohol based hand sanitizers are an acceptable method for hand hygiene until proper handwashing, with soap and water, can be completed.

CDC Proper Handwashing Video



Guidelines for Handling Body Fluids in a School Setting

The body fluids of all persons must be considered potentially hazardous. It is best to avoid direct skin contact with all body fluids, especially if there are breaks present in the caregiver's skin. Disposable gloves are mandatory when it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials (e.g. cleaning cuts and scrapes, helping with bloody noses). Gloves should be worn by those persons who handle diapers or student clothing soiled by feces or urine, and protective clothing may be required if there is an anticipation of contamination of their own clothing from splashes or sprays.

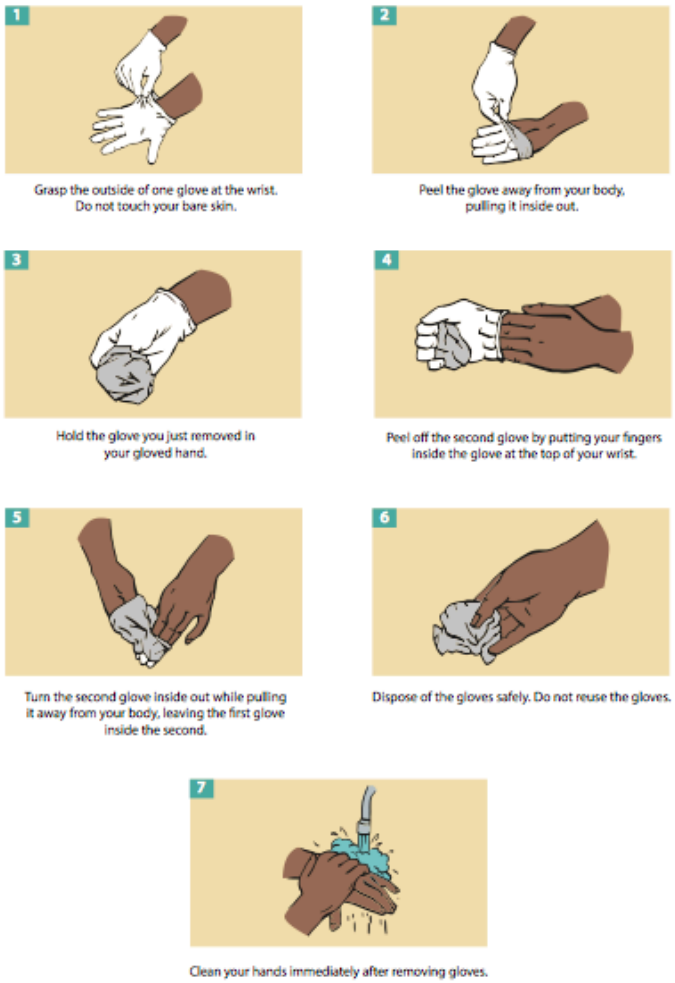
Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternatives such as Nitrile personal protective equipment.

In addition to the importance of properly wearing gloves is the correct procedure being used to remove them. With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second. Dispose of the gloves promptly and never touch the outside of the glove with the bare hand. Dirty touches dirty and clean touches clean only!

Proper Glove Removal Technique

Just as important as donning gloves is for protection against bloodborne pathogens and other potentially infectious materials, it is equally important to remove gloves in a safe manner to avoid contamination.

Steps below to properly remove gloves:



Disposable or single-use gloves are not to be washed or decontaminated for reuse. Washing disposable gloves may cause "wicking" i.e. the enhanced penetration of liquids through undetected holes in the gloves. Disinfecting agents may also cause deterioration. The gloves are to be replaced immediately when they become contaminated, torn, or punctured. Utility gloves may be decontaminated for reuse, provided that the integrity of the glove is not compromised. They should be discarded if they are cracked, peeled, torn, or punctured, if they exhibit other signs of deterioration, or when their ability as a barrier is jeopardized. The use of designated personal protective gloves is required for those who clean surfaces soiled by body fluids.

Occasionally there will be times when unforeseen skin contact will happen and gloves are not immediately available. In this event, hands and all other affected skin areas must be scrubbed with copious amounts of soap containing antiviral/antibacterial agents and running water for 10 minutes as soon as possible after contact. If exposure involves mucous membranes, the affected areas should be flushed with water or eye irrigation solution for 15 minutes or until all traces of the body fluid has been removed. The affected and surrounding areas should be inspected closely for residue. All body fluid exposures should be reported to the immediate supervisor and the exposure control officer to determine if the contact is a true occupational exposure as defined by OSHA. If there is an obvious or suspected break in the skin or if the exposure was to mucous membrane, the individual exposed should be referred for a medical evaluation.

Equipment used to clean body fluid spills must be handled with gloved hands and disposed of in appropriate containers. Flushable soiled tissues and waste may be flushed in the commode, and discarded paper towel, vacuum bags, and sweepings placed in a red biohazard lined waste receptacle. Broken glass should never be picked up with the gloved or bare hand. Instead, tongs or a broom and dustpan should be utilized. Contaminated laundry should be handled as little as possible and with minimal agitation. Soiled laundry should be placed in labeled or color-coded leak proof bags or receptacles that are reused and have a reasonable likelihood for becoming contaminated should be cleaned on a regularly scheduled basis. Equipment such as brooms and dustpans should be thoroughly cleaned with an EPA registered disinfectant.

First clean organic matter, then disinfect and allow air to dry thoroughly before reuse. The CDC recommends an EPA registered germicidal tuberculocide for disinfectant purposes. Contaminated surfaces/objects should be cleaned first with soap and water before using a disinfectant.

Contaminated surfaces are a major factor in the spread of HBV. The likelihood of indirect transmission from a contaminated surface or object with transfer to the mouth, eyes, or non-intact skin is a risk. HBV is a hardy organism and can survive on environmental surfaces for seven days in blood or body fluid visible or invisible as in microscopic particles of dried blood present on shared household items such as nail clippers, tooth brushes, metal nail files, pierced body jewelry and other sharp items (Missouri Department of Health & Senior Services).

Handling and Disposal of Contaminated Needles/Objects/Sharps

The primary route of exposure to Bloodborne pathogens is accidental percutaneous injury caused by needle sticks or some type of sharps. Usually school district employees are limited to the types of sharps that they may encounter in the everyday school setting. Some of these

include, but are not limited to, needles, knives, lancets, blades, scissors, and any other object that may be contaminated with body fluids and so have the potential to puncture the skin.
Used needles should not be recapped, purposely bent, or broken in any manner. Used needles or any contaminated sharps should be placed in a sealed, puncture-resistant container with a biohazard label prominently displayed. The container should be designated specifically for sharps disposal. The containers should then be disposed of according to federal and state regulations.

The sharps containers must be located in each health office of the facility and be replaced when they become full. Caution should be taken not to "overfill" the sharps containers. The containers must be kept in a secure area in the school, away from students or other people who may have access, accidentally or purposefully.

Personal Hygiene and Eating in the School Setting
In areas where a reasonable likelihood of occupational exposure exists, work practice controls should include restricting eating, drinking, applying cosmetics or lip balm, and handling contact lenses. School employees should refrain from taking part in these activities in health rooms, first aid stations, or in any area where there are contaminated items or risk of exposure to potential bloodborne pathogens. Food and drink should not be kept in refrigerators, freezers, shelves and cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present. Employees should only use their own fingernail files, nail clippers, lipsticks, and toothbrushes and should always wash their hands before and after work, as well as before and after meals, after bathroom use, or whenever necessary.

Specimen Handling/Specimen Containers
Very few specimens are taken in the school setting. However, if an occasion should arise when a specimen needs to be handled (e.g. throat cultures, urine or stool samples), healthcare professionals (e.g. school nurse) must collect the specimen under the specific orders of a physician. The following procedure must be followed when handling specimens in the school setting.

- Appropriate personal protective equipment must be worn when obtaining a specimen;
- Specimens of blood or other potentially infectious materials must be placed in a container that prevents leakage during collection handling, processing, storage, and transportation, and the containers must be marked with a red top or labeled with a biohazard warning label;
- If outside contamination of the specimen container occurs, the primary container must be placed in a second container which prevents leakage during handling and is labeled appropriately;
- No mount piping or suctioning of any blood or other body fluids is allowed

Cleaning Contaminated Equipment
Decontamination and cleaning of all equipment, environmental and working surfaces must be completed immediately after contact with blood or other potentially infectious materials. Notify custodians as soon as possible of any accidental blood or body fluid spill. Cover and contain the area affected by using items such as paper towels, chairs, or any items handy as an "alert" with a biohazard label affixed to the item (e.g. saw blades, tools).

Because HBV is a hardy organism and can survive on environmental surfaces for seven days in blood or body fluid visible or invisible, a broad-spectrum disinfectant should be used (Missouri Department of Health & Senior Services). One should be chosen that is effective in not only disinfecting fungicides and bacteria, but also viruses. The agent chosen should be pH neutral and registered by the Environmental Protection Agency, (EPA) as a tuberculocide.

Carpet Cleaning After Body Fluid Spills

Soiled rugs and carpet should be cleaned and disinfected promptly after blood or body fluid spills. After fluids set and harden, it is difficult to remove the dried fluids effectively without removing the carpet or rub. Complete decontamination of the carpet or rug may be difficult or impossible because of the porous nature of the materials. Manufacturer's directions should be followed when shampooing and disinfecting carpets.

Using a wet vacuum extractor can sometimes effectively clean blood or body fluid spills on rugs or carpeting. An industrial-grade vacuum cleaner can provide 99.9% effectiveness along with a bacteriostatic rug shampoo. To begin, don protective equipment as deemed necessary (e.g. utility gloves, apron, goggles) and apply a commercial sanitary absorbent agent on the soiled area to cover completely. The blood and body fluids are then scraped to the center to avoid spreading the spill, working from the outside edges in. They are scooped up while still wet and disposed of in a plastic bag. The area is then sprayed with a white vinegar solution (1-ounce vinegar to 1-quart of cool water), disinfected with a compatible germicide, followed by an application of bacteriostatic rug shampoo. The carpet is then brushed and allowed to dry. Wick the area with white paper towels and weights to hasten drying and cordon off the area. Dispose of vacuum bag and disinfect vacuum cleaner.

Routine cleaning schedules should be implemented with frequent dry or wet shampooing of carpets. In the event of blood or other body fluid spill on carpets or rugs, documentation of the cleanup should be maintained.

Regulated Waste

In addition to effective decontamination of the work area, proper handling of regulated waste to prevent unnecessary exposure to blood and other potential infectious materials is essential.

The Occupational Safety and Health Administration defines regulated waste as "liquid or semi-liquid blood or other potentially infectious material; 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."

Regulated waste is not a cumulative amount but rather the amount of each incident. If there was an incident that generated 100ml of the above mentioned definition then the regulated waste should be placed in a container clearly labeled as biohazard. The custodial staff should be aware of the placement of these biohazard containers and empty and disinfect according to their guidelines.

Regulated waste disposal does not apply to the majority of Texas public schools.

The amount of body fluids disposed of in a normal school environment can be handled similar to the home environment. OSHA stated that bandages which are not saturated to the point of releasing blood or OPIM if compressed would not be considered as regulated waste. Similarly, discarded feminine hygiene products do not normally meet the criteria for regulated waste as defined by the standard.

The OSHA Bloodborne Pathogens Standard directly defines "regulated waste" to be:

- liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- **items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed;**
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- contaminated sharps; and
- pathological and microbiological wastes containing blood or OPIM

Containers designed for contaminated sharps also must be puncture resistant and durable. The sides and the bottom must be leak proof and must be labeled or color-coded red to ensure that everyone knows the contents are hazardous. Sharps containers must have a lid, and they must be maintained upright to keep liquids and sharps inside.

Containers are to be strategically placed (e.g. nurse's office, custodian's room), accessible, and visible to all who might use them. The containers must be replaced routinely and not be over filled as that increases the risk of needle sticks and cuts.

Hazards Communication

Only if determination has been made for the presence of regulated waste, fluorescent orange or orange-red warning labels should be attached to containers of all regulated waste and other containers used to store or transport blood or other potentially infectious materials. These labels are not needed when red bags or red containers are utilized. These preventive measures are intended to eliminate or minimize the risks of occupational exposure.

Personal Protective Equipment

Using personal protective equipment (PPE) in schools adds another layer of insulation between being protected and being at risk for exposure to bloodborne pathogens. The kind of PPE appropriate for the assignment can vary with the task performed and the exposure expected. In schools, such equipment can include, but is not limited to, gloves (both disposable and utility),

gowns, lab coats, aprons, facemasks, eye goggles, and resuscitation masks. Personal protective equipment is considered suitable only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Under the bloodborne pathogen standard, school districts are required to provide, at no cost to the employee, personal protective equipment. The PPE must be accessible and provided in the correct size. If the employee notes an allergic sensitivity to latex or powder, hypoallergenic gloves or other similar alternative must be made available. The school district is also responsible for maintaining the personal protective equipment by means such as cleaning, laundering, repairing or replacing as needed for ensuring that the PPE is used properly. Suitable personal protective clothing is to be worn whenever the risk of occupational exposure to body fluids or other potentially infectious materials is anticipated.

There are three levels of protection endorsed for school employees to reduce the occupational exposure to body fluids or other potentially infectious materials. These are intended to be the minimum requirement for infectious materials. Because the risk of exposure varies for each individual or task, each situation should be carefully individualized to determine the best level to be utilized. A model Pyramid of Protection can be utilized as seen below.

If there is a risk of exposure to blood or other potentially infectious materials, the school employee must wear personal protective equipment, depending on the degree of risk associated with the exposure. The following PPE can be required in the school setting.

Level I	Gloves- both disposable (single use) and utility
Level II	Gloves, fluid repellent gowns, aprons, and lab coats
Level III	Gloves, facemasks, eye protection, and the appropriate clothing listed in Level II
Other PPE	Resuscitation masks

Level I

Disposable gloves should be a standard component when providing care in our schools. All personnel should don the gloves whenever it can be reasonably expected that an exposure to blood or other potentially infectious materials, mucous membranes, non-intact skin, or contaminated surfaces is imminent.

Single use gloves cannot be washed or decontaminated and should be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. They should be discarded after use in an appropriate receptacle. Utility gloves should be worn when handling contaminated materials or cleaning contaminated surfaces or tools. Utility gloves can be decontaminated for reuse in the event the entirety of the glove is not compromised. They are to be discarded if they are cracked, peeled, torn, or punctured, they exhibit other signs of deterioration, or their ability as a barrier is compromised.

Assignments that may require **Level I Protection** of single-use gloves:

- Minor wound care of dressing changes
- Blood glucose monitoring
- Injections
- Topical medications
- Cauterization
- Diapering/toileting
- Emesis cleanup
- Tooth brushing/oral care
- Changing ostomy bags
- Cleaning nose/mouth secretions
- Feeding (oral or gastrostomy)
- Suctioning
- Changing menstrual pads and
- Oral temperatures

Assignments that may require **Level I Protection** of utility gloves:

- Cleaning body fluid spills
- Emptying trash cans
- Handling sharps/containers
- Handling discarded contaminated materials/regulated waste
- Cleaning/sweeping up contaminated broken glass/sharps, and
- Handling contaminated laundry

Level II

Repellent gowns, aprons, and gloves should be worn when there is an expectation of exposure to body fluids or other potentially infectious materials to clothing and skin from splashes, sprays, and splatters. Situations may vary and the clothing may change with the nature of the task.

Assignments that may require **Level II Protection**:

- Changing pads from uncooperative mentally impaired student
- Diapering/toileting with gross contamination
- Wound care for a combative child
- Sorting or bagging contaminated laundry
- Disposing of regulated waste with gross contamination
- Diapering, toileting, feeding, suctioning, and general, and cleaning of students with little or no impulse control

All personal protective equipment should be removed immediately following contamination and upon leaving the area. It should be placed in the designated receptacle for storage, washing, disposal or decontamination.

Level III

There should not be many situations where a **Level III Protection** would be warranted in the school setting. However, there may be incidents in which body fluids or potentially infectious materials could come in contact with the face, nose, or eyes. In these instances, maximum protection should be utilized by donning face/eye protection as well as fluid repellent gown and utility gloves. Assignments that may require **Level III Protection**:

- Feeding a child with a history of spitting, or forceful vomiting, or coughing
- Suctioning tracheotomy with history of forceful coughing or copious secretions
- Assisting with severe injury and wound with spurting blood

Resuscitation Masks/CPR Masks

Pocket masks and mechanical emergency respiratory devices are used as a barrier from saliva, vomitus, or other potentially infectious body fluids when giving CPR. They should be easily accessible for emergency situations. It is imperative that the pocket masks and other respiratory devices contain a one-way valve to prevent possible exposure to body fluids to either rescuer or victim.

There are single-use disposable CPR masks available, such as AMBU Res-Cue Key. These devices have a one-way valve and are easy to access as they are packaged in a key chain case or nylon pouch. They are available through school nurse and medical equipment catalogs. There are distinct advantages to using disposable masks. They are (1) compact, (2) easy to use, and (3) can be used with all ages (birth to adult), as well as for persons with stomas.

Recommended Housekeeping Guidelines

Everyone is responsible for a clean and sanitary school environment, since it protects all of the staff and the students. Keeping the work areas clean reduces employee risk to bloodborne pathogens. The custodial staff has the principle task of maintaining a sanitary climate and have specific department guidelines for cleaning. The following is a recommended procedure for handling body fluid spills (e.g. blood, urine secretions, vomit, saliva, feces, pus, semen, and vaginal secretions).

Equipment Needed for Proper Clean-Up and Disinfection:

- "caution" or "wet floor" signs/cones
- Mop bucket
- Wet mop
- Disposable and utility gloves
- Dust pan
- Counter brush
- Measuring cup
- Sponges
- Vacuum cleaner (tank type)
- Spray bottle
- Biohazard receptacle or color-coded (red) containers
- Broom
- Tongs

Supplies needed:

- Registered EPA germicidal, tuberculocide disinfectant
- Quick absorbent products
- Color-coded plastic bags
- Absorbent towels
- Cleaning rags
- Apron and/or gown
- Eye protection/goggles

The above equipment and supplies should be on hand in the custodian's closet for emergency use and restocked as needed.

Recommended Procedures for Cleaning Body Spills on *Washable Surfaces*:

- Wear disposable or utility gloves, and
- Clean and disinfect all hard, soiled, washable surfaces immediately, cleaning with soap and water and removing contaminates before applying disinfectant.

For Small Spills:

- Use paper towels or tissues to wipe up soiled areas
- After soil is removed, use clean paper towels, soap and water to clean area
- Dispose of paper towels in a plastic bag
- Disinfect area

For Large Spills:

- Apply commercial sanitary absorbent agent on soiled area
- After soil is absorbed, sweep all material into a plastic bag, taking care not to create any dust emissions
- Disinfect area with clean mop
- Disinfect map and bucket

Recommended Procedures for Cleaning Body Spills on *Carpet/Rugs*:

- Use hospital or industrial equipment and follow manufacturer's directions for shampooing and disinfection
- Apply commercial sanitary absorbent agent on soiled area
- After soil is absorbed but still wet, sweep the spill toward the center of the spill, picking up the contents in a dustpan and disposing of in a plastic bag
- Vacuum with either wet vacuum extractor or a vacuum cleaner with a high efficiency filter.
- Spray the area with a white vinegar solution (1-ounce vinegar to one quart cool water) blot the area repeatedly with white paper towels
- Rinse the area with clean cool water
- Disinfect area with a compatible disinfectant
- Apply a bacteriostatic rug shampoo
- Disinfect vacuum cleaner, dust pan and brush

If a hospital or industrial-grade vacuum cleaner is not available:

- Apply a commercial sanitary absorbent agent on soiled area
- Carefully scrape or scoop into plastic bag while still wet
- Disinfect area with a compatible disinfectant
- Apply a bacteriostatic rug shampoo
- Brush and allow to dry
- Vacuum area

Recommended Procedure for Cleaning and Disinfecting Equipment:

- Clean and decontaminate all equipment and environmental surfaces as soon as possible after contact with blood or other body fluids
- Use a registered EPA approved germicide
- Remove and replace protective coverings such as plastic wrap and aluminum foil when decontaminating
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pail and cans that have the likelihood for becoming contaminated
- Always use mechanical means such as tongs, or brush and dustpan to pick up contaminated sharp; never pick up with hands even if gloves are worn
- Place contaminate sharps in infectious wastes in designated containers
- Handle contaminated laundry as little as possible and with minimal agitation
- Use appropriate personal protective equipment when handling contaminated laundry
- Discard all regulated waste according to federal, state, and local regulations

Cleaning Schedule

A written schedule should be adopted for cleaning and decontamination of areas that may be

susceptible to contamination with bloodborne pathogens. These rooms may include, but are not limited to, health rooms, bathrooms, and self-contained special education classrooms.

Hepatitis B Vaccine Postexposure Prophylaxis
This section provides recommendations for management of persons who are exposed to HBV through a distinct, identifiable exposure to blood or body fluids that contain blood, in occupational and nonoccupational settings.

- Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. Using antiseptics (e.g., 2%–4% chlorhexidine) for wound care or expressing fluid by squeezing the wound further have **not** been shown to reduce the risk for HBV transmission; however, the use of antiseptics is not contraindicated. The application of caustic agents (e.g., bleach) or the injection of antiseptics or disinfectants into the wound is **not** recommended.

HBsAg-Unknown Source

- Exposed persons with written documentation of a complete HepB vaccine series require no further treatment.
- Exposed persons who are in the process of being vaccinated but who are not fully vaccinated should contact a worker's compensation approved medical provider for guidance asap.
- Exposed unvaccinated persons should contact a worker's compensation approved medical provider for guidance and treatment/postexposure prophylaxis options asap as earlier treatment/prevention is important.

The school staff member should follow up with the exposure control officer with either record of full vaccination series received or records of physician consultation and treatment received; a copy of this information will be maintained in the employee's confidential medical records.

Exposure Incident
An exposure incident is contact with blood or other potentially infectious materials that may include mucous membranes, non-intact skin, or parenteral contact that results from the performance of an employee's duties.

When a school employee incurs an exposure incident, it should be reported as soon as possible to the exposure control officer and the school nurse. This is important because post- exposure prophylaxis (PEP) for HIV is most likely to be effective if implemented as soon after the exposure as possible. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The following steps will be taken once an employee has reported an exposure incident:

1. Detailed information concerning the exposure incident will be given by the exposed employee to the designated exposure control officer, documenting the date and time of exposure, details of the procedure being performed, details about the exposure source, if known, route of exposure, and any circumstances related to the incident.

2. The exposed employee must sign a consent form for permission to release and exchange information with the exposed employee's medical provider.

3. If at all possible, the identification of the source individual and the status of the source individual should be obtained. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV/HCV infectivity. It must be noted that the results of the source individual's tests cannot be relied on alone. Lab work (with parent permission) is covered by the district.

4. It is prudent to remember that HIV antibodies may not be detectable for a window of 6-12 weeks.

5. In addition to filling out the Exposure Incident Report, the employee must also complete a Workman's Compensation Injury Report.

6. If the exposure incident involves a sharp object such as a needle, a *Contaminated Sharps Injury Reporting Form* from the Texas DSHS must be filled out and submitted to the Texas DSHS.

7. Direct the exposed employee to make an appointment with the **appropriate Workman's Compensation healthcare professional** at the time of the exposure incident for evaluation and to determine the need for HIV PEP. Follow-up for HBV and HCV infections also should be conducted at 6 months or per guidance of the Workman's Compensation medical provider. The exposure control officer must provide the healthcare professional with a description of the employee's job duties as they relate to the incident, and a report of specific exposure, including date and time of exposure, and relevant employee medical records, including hepatitis B vaccination status (if available and on file). Medical expenses for physician assessment and lab work paid by district.

8. If a severe exposure occurs involving (1) a known infected individual or (2) copious amounts of blood or other infected materials, or (3) if the exposed person is pregnant or suspected to be resistant to antiretroviral drugs, the examining physician will determine the appropriate course of action needed.

9. The exposure control officer shall educate the at-risk employee of the need to seek professional healthcare counseling and written opinion of their evaluation when consulting with the approved worker's compensation medical provider.

Employee Training Information

Training for all employees who may be at risk for occupational exposure to bloodborne pathogens should be (1) conducted prior to initial assignment to a task where exposure may occur, (2) provided at no cost to the school personnel, (3) transacted during working hours, and (4) conducted at least once a year thereafter. Additional training may be needed when tasks are modified or new tasks that involve occupational exposure to bloodborne pathogens affect the employee's exposure.

The person conducting the training must have knowledge of the subject matter, the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience addressed. An acceptable training will contain the following elements:

A copy of or information on how to obtain the OSHA standard for bloodborne pathogens regulations;

- Information on the epidemiology and symptoms of bloodborne disease;
- Modes of transmission of bloodborne pathogens;
- An explanation of the exposure control plan, including points of the plan, lines of responsibility, how the plan will be implemented, etc, and where it is located;
- Information on how to recognize tasks that might result in occupational exposure;
- A list of control measures and work practices which will be used in school to control exposure to blood or other potentially infectious materials;
- Information concerning personal protective equipment available at the school, including the types, selections, proper use, location, removal, handling, decontamination, and disposal;
- Information on hepatitis B vaccination, such as safety, benefits, efficacy, methods of administration, and availability;
- Post-exposure evaluation and follow-up, including information on whom to contact and what to do in an emergency
- Information on warning labels, signs and color-coding.

This information and training may be conducted using a variety of learning modes: online modules, videos, written material, and lecture material. In most cases the exposure control officer or the school nurse would be responsible for training.

Record Keeping

The bloodborne pathogen standard requires that two types of records be kept for school employees who sustain an occupational exposure to blood or other potentially infectious materials: medical and training.

The medical record is confidential and separate from other personnel records. It may be kept in the medical file housed in the superintendent office or may be retained by the health care professional that provides services to the employees. The medical records should contain the employee's name, social security number, hepatitis B vaccination status, including the dates of vaccination, and any medical records relative to the employee's ability to receive the vaccination.

If an occupational exposure incident should occur, results of examinations, medical testing, and post-exposure evaluation and follow-up procedures as well as the health care professional's opinion and a copy of the information provided to the medical professional is to be included. The medical records must be kept confidential and maintained for at least the duration of the employee's tenure at the school, plus 30 years.

The training records are also to be retained and kept for three years from the date on which the training occurred and must be available to OSHA upon request. They should include (1) the dates of the training sessions and the content, (2) the name and qualifications of the person presenting the training, and (3) the names and job titles of all those attending the training. **If using online modules, a certificate will be generated and should be uploaded into the employees Professional Development folder.**

Upon request, both the medical and training records must be made available to the Assistant Secretary of Labor for OSHA. The training records must also be made available to the school employee upon request. The medical records can be accessed by anyone if the employee gives written consent

Annual Review of Exposure Control Plan
Tioga ISD

The Exposure Control Plan has been reviewed on this date 8/8/25.
Reviewed by: _Lisa Neal, District Nurse & Josh Ballinger, Superintendent_

Name/Position Lisa Neal BSN, RN, NCSN District Nurse
Name/Position Josh Ballinger, Superintendent

Resources:

- National Association of School Nurses. (2018). *Environmental health in the school setting—The role of the school nurse* (Position Statement). Silver Spring, MD: Author. (June 2018)

- Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1):1–31. DOI: http://dx.doi.org/10.15585/mmwr.rr6701a1

Internet Resources:

- Centers for Disease Control (CDC) http://www.cdc.gov/
- Centers for Disease Control (CDC) Fight Germs, Wash your Hands https://youtu.be/eZw4Ga3jg3E?si=K1No2kS7JY5uJP4D
- College Station ISD Department of Health Services https://www.csisd.org/departments/health-services
- Hepatitis B Virus (HBS) https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm
- Hepatitis C Virus (HCV) https://www.cdc.gov/hepatitis-c/index.html
- Missouri Department of State & Senior Services. Hepatitis B. https://health.mo.gov/living/healthcondiseases/communicable/hepatitisb/#:~:text=HBV%20is%20a%20hardy%20organism,jewelry%20and%20other%20sharp%20items.
- Occupational Safety and Health Administration (OSHA) https://www.osha.gov/; https://oshakits.com/education/subject-title-3/ Occupational Safety and Health Administration (OSHA) https://www.osha.gov/sites/default/files/publications/osha3186.pdf
- Occupational Safety and Health Administration (OSHA) https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.103

EXPOSURE INCIDENT REPORT

Employee Name _____

SS Number _____

Job Title _____

Building Assigned _____

Date of Incident _____

Date Incident Reported _____

Time of Incident _____

Time Incident Reported _____

Date Exposure Control Officer Notified _____

Initials of Exposure Control Officer _____

Today's Date _____

Description of incident (including time of exposure, route, circumstances

Identification of Source _____

First Aid Given _____

Other Comments _____

_____

Signature of Employee_____

Date _____

Signature of School Medical Professional _____

SOURCE INDIVIDUAL CONSENT FOR BLOOD TESTING

Use of this form may require knowledge of state laws regarding source individual testing.

I hereby authorize an exchange of information to occur between the three agencies/persons listed below and the exposed individual. I realize that my child or I have been identified as a source individual where an employee may have been exposed to blood or other potentially infectious body fluids.

1. School District name and Address:

2. Exposed Employee's Health Care Provider:

Name_____

Phone_____

Address_____

Source Individual's HealthCare Provider:

Name_____Phone_____

Address_____

I am aware of the risks to the exposed employee; and I have agreed to blood testing to be performed for HBV, HCV, and HIV, I have been informed that by consenting to this testing, ***the test results will be only released to the exposed employee's medical provider and implications with the employee.***

Student Name_____

Birthdate_____

Signature Parent/Guardian

Date

CLEANING SCHEDULE FOR BLOODBORNE PATHOGENS EXPOSURE AREAS

Area/Size	Date	Time	Staff

Method of Decontamination

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize any exchange of information to occur between my physician and/or hospital and the exposure control officer listed below as it pertains to the exposure incident and myself.

School District Name, Exposure Control Officer and Address/Phone/Email:

Employee's HealthCare Provider:

Name _____

Phone _____

Address _____

Employee Signature _____

Date _____

Physician Signature _____

Date _____