

EMPLOYMENT REQUIREMENTS AND RESTRICTIONS  
MEDICAL EXAMINATIONS AND COMMUNICABLE DISEASES

DBB  
(REGULATION)

	<p>The following exposure control plan exists in accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standards.</p>
<p>EXPOSURE DETERMINATION</p>	<p>The Texas Department of Health Bloodborne Pathogens (BBP) Exposure Control Plan requires school districts to identify employees who have occupational exposure to blood or other potentially infectious materials (body fluids). An occupational exposure is defined as "a reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." Employees at risk for occupational exposure are determined without regard to the use of personal protective equipment (gloves, etc.) or the frequency of exposure.</p> <p>The following District employees are identified as being at risk for occupational exposure:</p> <ol style="list-style-type: none"><li>1. School nurses and substitute school nurses;</li><li>2. Trainers;</li><li>3. Special education paraprofessionals in the PPCD, AU/SLU, and PLC/Life Skills classes;</li><li>4. Special education paraprofessionals assigned to individual students for the provision of personal care; and</li><li>5. Health occupations teachers at Silva Health Magnet and the Center for Career and Technology.</li></ol> <p>The director of Personnel Administration will ensure that the job descriptions for the above employees include the potential occupational exposure to bloodborne pathogens.</p>
<p>IMPLEMENTATION SCHEDULE AND METHODOLOGY</p>	<p>The exposure control plan will go into effect as of January 1, 2001. The plan will be reviewed every July by the assistant director of Health Services. Revisions will be submitted to District administration as warranted.</p> <p>Compliance methods to prevent contact with blood or other potentially infectious body fluids will be observed by all District employees. According to standard precautions, all human blood and body fluids (except sweat) are treated as if known to be infectious for AIDS or HIV, hepatitis B (HBV), hepatitis C (HCV), and other bloodborne pathogens (microorganisms) regardless of the perceived status of the source individual. Standard precautions are designed to reduce the risk of transmission of all communicable diseases, whether a person exhibits symptoms of illness or not.</p>

Thus, all employees should avoid direct contact with the potentially hazardous blood and body fluids of others.

Both supervisors and employees are responsible for examining and maintaining work practice controls that eliminate or minimize bloodborne pathogens exposure. Where occupational exposure remains after institution of these controls, personal protective equipment is used. Personal protective equipment may include latex or vinyl gloves, splash goggles, protective aprons, etc. Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious body fluids. Frequent hand washing is the single most important technique for preventing the transmission of disease. Proper hand 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. In the event hand washing facilities are not immediately available, antiseptic hand cleanser (waterless), available in the District's warehouse, may be used until hands can be washed with soap and running water as soon as possible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin areas immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

NEEDLES / SHARPS

Contaminated needles are not bent, recapped, removed, sheared, or purposely broken. A sharp is any object that can be reasonably anticipated to penetrate the skin or any other part of the body. In addition to needles, scalpels, lancets, broken glass, scissors, and knives are examples of sharps. A sharp is considered contaminated if blood or other potentially infectious body fluids are present or anticipated to be present on it.

CONTAMINATED  
SHARPS:  
DISCARDING AND  
CONTAINMENT

Contaminated needles and other contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof, and biohazard labeled or color-coded. These red containers are located in the school health office and the trainer's office. They are to be maintained upright throughout use, are not allowed to overfill, and are to be replaced routinely. The containers are to be kept secured and out of the reach of students at all times. The containers can be ordered from the District's warehouse.

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EXEMPTION FROM SIGNAGE REQUIREMENTS	As established by the Texas Department of Health, school districts are exempt from the signage requirements of the Texas Health and Safety Code, Chapter 81, Subchapter H, and rules and regulations promulgated thereunder.
WORK AREA RESTRICTIONS	In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. These areas include the school health office, the trainer's office, and special education classroom areas where personal care of students takes place (changing tables, restrooms). Food and beverages may not be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present. All procedures conducted in these work areas are to be conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious body fluids. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
HANDLING OF BODY FLUIDS	During procedures involving body fluids, such as catheterizations, ostomy changing, gastric feedings, and diaper changing, articles contaminated with potentially infectious body fluids are to be placed in a leak-proof container for collection and handling. Red hazardous waste bags are available from the warehouse for the disposal of contaminated articles. These red bags are to be sealed after use, and placed into another plastic bag for disposal. Specimens of blood and other potentially infectious body substances may not be collected or stored.
CONTAMINATED EQUIPMENT	Equipment that may become contaminated with blood or other potentially infectious materials is examined before reuse or servicing and decontaminated as necessary unless the decontamination of the equipment is not feasible. The equipment is cleaned with soap and water first, then soaked in a chemical germicide for 15-20 minutes before rinsing with water and drying thoroughly.
PERSONAL PROTECTIVE EQUIPMENT	All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious body fluids. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious body fluids to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of personal protective equipment used in the District include gloves (latex or vinyl), eyewear with side shields, aprons, masks, face shields, and resuscitation masks. All personal protective equipment is fluid resistant.

All garments that are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area and placed in a lined trash container. Hand washing is done as soon as feasible after removing gloves and other personal protective equipment.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious body fluids, nonintact skin and mucous membranes, or contaminated surfaces. Latex sensitive employees are provided with suitable alternative personal protective equipment.

Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn or punctured, or when their ability to function as a barrier is compromised.

Utility gloves are to be worn when handling contaminated materials or cleaning contaminated surfaces or tools. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles and face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious body fluids may be generated, and eye, nose, or mouth contamination can be reasonably anticipated. Resuscitation masks are to be used by school nurses and trainers in the delivery of CPR. All other employees trained in CPR are required to do so also. Resuscitation masks are to be cleaned for reuse and filters changed according to the manufacturer's directions.

#### HOUSEKEEPING

Custodial personnel shall ensure that the work-site is maintained in a clean and sanitary condition. The head custodian of each facility, subject to the review and approval of the director of custodial operations shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. All equipment, work surfaces, and facility surfaces such as floors and walls, will be properly cleaned and decontaminated with an EPA-approved germicide immediately or as soon as feasible after any spill of blood or other potentially infectious body fluids.

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Protective coverings used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated.

All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware that may be contaminated with blood or other potentially infectious body fluids is not to be picked up directly with the hands. Mechanical means such as tongs or brush and dustpan will be used to pick up contaminated glassware or other sharps.

REGULATED WASTE  
DISPOSAL

All contaminated sharps are discarded as soon as feasible in sharps containers located in the school nurse's office or the trainer's office.

Contaminated waste, other than sharps, is placed in leak-proof plastic bags or red hazardous material bags and closed securely. The bags are then placed into another leak-proof plastic bag and sealed for usual disposal (double-bagged). Filled sharps containers will be disposed of properly by notifying the hazardous materials officer.

LAUNDRY  
PROCEDURES

Soiled linen contaminated with blood or other potentially infectious body fluids is separated from other soiled linen and placed in a plastic bag for handling. Grossly contaminated articles may need to be presoaked in cold water. Contaminated linen should be washed separately in hot water using commercial detergent with bleach added (to the extent feasible) as an extra margin of safety. After washing and bleaching, the linens should be dried on the hottest possible setting.

HEPATITIS B VACCINE

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within ten working days of initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Contraindication to the vaccine is for those employees who have an allergy to yeast or thiomersal, who are pregnant, or who are currently undergoing immunosuppressive therapy. Employees will receive the vaccine at Wainwright Family Resource Center. Written consent will be obtained from each employee receiving the vaccine. [See DBB (EXHIBIT A)]

POSTEXPOSURE  
EVALUATION AND  
FOLLOW UP

Employees who decline the hepatitis B vaccine sign a declination statement. [See DBB(EXHIBIT B)] Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

When an employee incurs an exposure incident through contact with blood or other potentially infectious materials, it should be reported at once to the school nurse (campus employees) or the assistant director of Health Services (central office employees). The nurse will evaluate the incident to ascertain that the employee has truly been exposed to blood or other potentially infectious body fluids through a splash in the eye, mouth, or other mucous membranes, through a break in the skin, or through piercing of the skin or mucous membrane with a sharp. The school nurse will verify that the contaminated area has been thoroughly washed with soap and water or flushed with water as appropriate prior to administering necessary first aid.

The school nurse will complete the contaminated sharps injury reporting form [see DBB(EXHIBIT C)] if the employee incurred an exposure through penetration of the skin or mucous membrane with a needle or other sharp. The school nurse will document any other exposure incident not caused by a sharp on the Accident Report for On-the-Job Injuries Form. The school nurse will call risk management to report the exposure and forward documentation immediately.

Human Resources, through Risk Management/Employee Benefits, will offer all employees who incur an exposure incident a confidential medical evaluation and follow up through a designated occupational clinic as follows:

1. Documentation of the route(s) of exposure and the circumstances related to the incident as defined above. A copy of the Contaminated Sharps Injury Reporting form will be sent to the local Texas Department of Health Office not later than ten working days after the end of the calendar month in which the exposure occurred.
2. Identification and documentation of the source individual, unless it is established that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV/HCV infectivity, unless it is established that testing of the source is infeasible or prohibited by state or local law.
3. The results of testing of the source individual are made available to the exposed employee with the employee informed

about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

4. The employee is offered the option of having his or her blood collected for testing of the employee's HIV/HBV/HCV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood would be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.
5. The employee is offered postexposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

INTERACTION WITH  
HEALTHCARE  
PROFESSIONALS

Risk management will obtain a written opinion from a designated occupational clinic who evaluates employees of the District after an exposure incident. In order for the occupational clinic to adequately evaluate the employee, the health care professional is provided with:

1. A copy of the District's exposure control plan;
2. A description of the exposed employee's duties (job description) as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
4. Results of the source individual's blood tests (if available); and,
5. Medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

1. When the employee is sent to obtain the hepatitis B vaccine, or
2. Whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1. Whether the hepatitis B vaccine is indicated;
2. Whether the employee has received the vaccine;
3. The evaluation following an exposure incident;
4. Whether the employee has been informed of the results of the evaluation;
5. Whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report); and,
6. Whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

#### TRAINING

Departmental administrators will provide training for employees identified at risk for occupational exposure to bloodborne pathogens prior to initial assignment and within ten days of employment. This training is to be repeated every year thereafter. It is also recommended by the Texas Department of Health that all District employees receive annual training on the risk of exposure to bloodborne pathogens.

Training for at-risk employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Title 25, Texas Administrative Code, Chapter 96, Bloodborne Pathogen control;
2. OSHA Bloodborne Pathogen final rule;
3. Epidemiology and symptomatology of bloodborne diseases;
4. Modes of transmission of bloodborne pathogens;
5. The District Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access the plan, etc.);
6. Procedures which might cause exposure to blood or other potentially infectious materials at the District;
7. Control methods which are used to control exposure to blood or other potentially infectious body fluids;

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8. Personal protective equipment available (types, use, location, etc.);
9. Hepatitis B vaccine program offered;
10. Procedures to follow in an emergency involving blood or other potentially infectious materials;
11. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service postexposure prophylaxis guidelines;
12. Postexposure evaluation and follow up;
13. An opportunity to ask questions with the individual conducting the training.

RECORDKEEPING

According to OSHA's bloodborne pathogens standards, records documenting training of employees must be maintained by the District for three years. ~~Campus and departmental administrators will maintain training records. [See DBB(EXHIBIT D)]~~ Postexposure medical records, due to their confidentiality, will not be placed with the employee's personnel records. They will be maintained by risk management for a period of at least five years.

Consents and declinations for the hepatitis B immunization series will be forwarded by the accountable administrator to Human Resources for filing in the employee's personnel file. These records will be maintained for the duration of the individual's employment or for a period of five years.