

Bloodborne Pathogens

The Law:

House Bill 2085 “extended to state and local governmental entities the federal Occupational Safety and Health Administration’s (OSHA) standards for dealing with bloodborne pathogens in the workplace and empowered Texas Department of Health to develop rules modeled after OSHA requirements.”

By January 1, 2000 school districts must:

1. provide, at district expense, hepatitis B vaccinations to affected (as defined further on) employees. If an employee declines to be vaccinated, the district must maintain a record of the employee’s written refusal;
2. provide to affected employees pre-service training and annual refresher training regarding bloodborne pathogens, transmission, personal protective equipment and procedures, etc.;
3. log all “sticks” by needles (or other “sharps” in the health care setting as defined by the rules);
4. provide for post-exposure evaluation and follow up with any employee who has a sharps injury;
5. report the sharps injury to the Texas Department of Health on a standardized TDH form;
6. develop (prior to January 1, 2001) an exposure control plan per the TDH model. While the narrative accompanying the rules indicated that employers had some latitude in altering the language of the model to reflect the particulars of the specific workplace, the rules affirm that the model is a “minimum”.

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

GRAPE CREEK ISD

In order to comply with the Texas Department of Health requirements for an exposure control plan, the Grape Creek Independent School District shall:

1. Identify employees who could expect to be exposed to blood and/or *other body fluids, which could contain bloodborne pathogens while performing occupation related duties. This determination will be made on the basis of the employee’s job descriptions. Employees who may expect an exposure to bloodborne pathogens as part of the normal course of their job related duties will be designated as “affected employees”. (See Attachment 1A)

2. Authorize and pay for hepatitis B immunizations for affected employees, to be administered by the Tom Green County Public Health Department, at their clinic (See Attachment 2A)
3. Maintain records of employees' hepatitis B immunizations in personnel files. Maintain records of written declination statements (to take the hepatitis B immunizations) in personnel files. (See Attachment 3A)
4. Provide personal protective equipment, including disposable latex or plastic gloves, biohazard waste bags and antimicrobial hand cleaner.
5. Provide mandatory annual training regarding bloodborne pathogens and universal precautions to all district employees. Document all exposure control training. (See Attachment 5A)
6. Keep records of all occupational related exposures to blood and/or *other body fluids. The Post-Exposure Reports (Attachment 7C) shall be completed, a copy of the report will be sent to the Superintendent and the original will be retained in the employee's personnel file. Report sharps injuries to TDH on a standardized TDH form. (See attached TDH form)
7. Authorize and pay for post-exposure medical evaluation, immunizations and medical follow up for work-related exposures to blood and/or *other body fluids. In the event that the employee declines post exposure care, he/she shall sign a declination statement. Declination statements will be retained in his/her personnel file. (See Attachments 7A, B &C)
8. Maintain all records relative to the Bloodborne Pathogen Exposure Control Plan for Grape Creek ISD for the duration of the employee's employment plus ten (10) years.

All potentially infectious body material as defined by the Texas Department of Health.

Bloodborne Pathogens

Symptoms and Epidemiology of Bloodborne Diseases

According to the Texas Department of Health:

“Hepatitis in the mildest cases resembles the flu. In more severe cases, the following symptoms can occur: jaundice, extreme fatigue, nausea, abdominal pain, rash, fever.

HIV, or human immunodeficiency virus, lacks the cellular machinery necessary to reproduce. Because of this, the virus must reproduce intracellularly, within the host cell. HIV gradually depletes the number of cells, which are essential for host immune function, rendering the infected individual increasingly susceptible to opportunistic infections. Although occupational transmission of HIV is rare, the lethal nature of the virus requires that you take every possible measure to prevent exposure.”

Modes of Transmission

Hepatitis – In the laboratory setting, Hepatitis B Virus is spread via: parenteral (by direct inoculation through the skin) or through mucous membranes (blood contamination of the eye or mouth). Although direct inoculation occurs most often as a needle-stick injury, it may also occur by cutting your hand on a broken tube of blood or spilling blood on a preexisting lesion on your skin. In general, fewer than 20% of infected health care workers can trace their infection to a needle-stick injury involving a known infected person.

HIV – Only blood, semen, vaginal secretions and breast milk show epidemiologic evidence of the transmission of HIV. Documented modes of transmission include: being stuck with a needle contaminated with the virus and having parenteral mucous membrane or non-intact skin contact with HIV-infected blood, blood components or blood products.

Potentially Infectious Materials

The Texas Department of Health considers the following fluids to be potentially infectious materials:

Blood	Synovial fluid
Semen	Amniotic fluid
Vaginal secretions	Saliva
Pleural, pericardial and Peritoneal fluids	Any body fluid contaminated with blood
Cerebrospinal fluid	

Hepatitis B Immunizations

1. Hepatitis B immunizations are available through the local city/county public health department or private physicians.
2. The series of 3 immunizations takes approximately 6 months to complete. The series never has to be repeated and never needs a booster.

3. The cost to individuals ranges from \$50.00 to over \$100.00 per injection.

According to the Centers for Disease Control and Prevention:

Being immunized against Hepatitis B is the best way to protect against it.

Most people should get 3 doses of hepatitis B vaccine. If a dose is missed or the schedule is interrupted, the next dose should be received soon as possible. There is no need to start over.

Handling Blood And Other Body Materials at School

Wear disposable, waterproof gloves.

Dispose of the used gloves in a biohazard waste bag, tie bag and dispose of daily.

Wash hands for 20 seconds with soap and warm, running water after disposing of gloves and tying bag.

If gloves are not available, wash your hands and other affected skin for 30 seconds with soap and warm, running water after direct contact has ended.

The following hand washing technique is suggested:

Rubbing hands together, use soap and copious amounts of warm, running water for 20-30 seconds, keeping hands lower than elbows. Avoid touching sides of sink or faucet. Dry thoroughly with paper towels or a blow driver. Use a dry paper towel to turn off the water.

Use a germicide to disinfect the surrounding areas if they have been contaminated during the hand-washing process.

If hand-washing facilities are not available, use antimicrobial hand wipes immediately, then wash your hands as described above as soon as possible.

If an exposure to mucous membranes occurs, irrigate with copious amounts of running water.

To disinfect hard surfaces and equipment: apply an EPA-registered germicide, or a bleach/water solution (1/4 club chlorine bleach to one gallon of water). Mops and other non-disposable equipment should be soaked in the solution after use and rinsed thoroughly with warm water.

Launder contaminated clothing with soap and water. The addition of bleach will further reduce the number of potentially infectious agents.

Workplace Controls

The following workplace controls are used to eliminate or minimize employee exposure to bloodborne pathogens on campus.

1. Inspections are conducted annually to identify bloodborne hazards. Both existing and needed control measures are identified.
2. Hand washing must be done as soon as possible after hand contamination. If water is not available, an antiseptic hand cleaner must be used with clean paper towels or antiseptic towels.
3. In the event of an 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), the potentially infected employee must cleanse the exposed area. The skin should be thoroughly washed with soap and running water. Vigorous scrubbing should be avoided as this may damage the skin and increase the chance of disease transmission. Exposed mucous membranes should be thoroughly rinsed with copious amounts of running water.
4. Immediately after cleaning the exposed area, notify the school nurse and your principal.
5. The Bloodborne Pathogen Exposure Control Plan for Grape Creek ISD will be included in the Employee Handbook every year.
6. Copies of the Exposure Control Plan will be available for employees in convenient, easily accessible places on all campuses. All employees will be informed of the locations of the plan.
7. Copies of Universal Precautions and Guidelines for Handling Blood and Other body Materials at School will be posted in the nurses' offices and campus administration offices.
8. Infection control supplies will be located in convenient, easily accessible places on all campuses. All employees will be informed of the location of the supplies and how to replenish those supplies.

Attachment 1A Exposure Determination

The Texas Department of Health 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 determination will be made on the basis of employee's job descriptions. Employees who may reasonably expect an exposure to bloodborne pathogens as part of the normal course of their job related duties, will be designated as "affected employees".

The following job titles and classifications apply:

- a) School Nurse
- b) School Nurse Aides
- c) (Certain) Special Education Teachers
- d) (Certain) Special Education Aides
- e) (Certain) Maintenance Employees

Attachment 1B Affected Employees for School Year 2007-2008

1. (School Nurse)

2. (School Nurse Aide)
3. (School Health Clerk)
4. (Special Education Aide)
5. (Special Education Aide)
6. (Maintenance Worker)

**Attachment 2A
Hepatitis B Immunization
Authorization Form**

Name:

Job Title:

Job Description:

Title of Authorizing Administrator:

Signature of Authorizing Administrator:

Signature of Employee to Receive Immunization:

Date: _____

**Attachment 3A
Hepatitis B Immunization
Declination 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 immunized against hepatitis B virus, at no charge to myself. However, I decline hepatitis B immunization at this time. I understand that by declining this immunization, 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 immunized against hepatitis B, I can receive the immunization at no charge to me.

Name:

Signature: _____ Date:

**Attachment 5A
Completion of Training**

I have received training on the following topic(s):

1. Campus Bloodborne Pathogen Exposure Plan
2. Types of Bloodborne Pathogens
3. Immunizations and Universal Precaution Measures
4. Workplace Controls and Protective Equipment

Name (print): _____ Principal (print):

Campus: _____ Date of Training:

Signature: _____ Name of person giving training:

**Attachment 7A
Post Exposure
Hepatitis B Immunization
Declination 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 immunized against hepatitis B virus, at no charge to myself. However, I decline hepatitis B immunization at this time. I understand that by declining this immunization, 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 want to be immunized against hepatitis B, I can receive the immunization at no charge to me.

Name:

Signature: _____ Date:

Date of potential exposure:

Attach this statement to the Post-Exposure Report and retain in this employee's personnel file.

Attachment 7B
Post-Exposure Medical Evaluation for
Human Immunodeficiency virus and Hepatitis B
Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring HIV and/or HBV. I have been given the opportunity to receive a post-exposure medical evaluation, at no charge to myself. However, I decline the post-exposure medical evaluation at this time. If in the future I would like this post-exposure evaluation, I will notify my supervisor.

Name: _____ Signature: _____

Date: _____ Date of potential exposure: _____

Attach this statement to the Post-Exposure Report and retain in this employee's personnel file.

Attachment 7C
Post-Exposure Report

1. Name of employee exposed:

2. Job Title:

3. Time and date of exposure:

4. Location at the time of the exposure incident:

5. Source of exposure:

—

6. Description of exposure incident:

7. Administrator(s) evaluation exposure incident:

8. Conclusion of administrator(s) evaluation:

9. Recommendation(s) of administrator(s):

10. Signature(s) of administrator(s):

_____ Date:

_____ Date:

Definitions

1. bloodborne pathogens – pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency (HIV).
2. contaminated – the obvious presence, or the reasonable anticipated presence, of blood or other potentially infectious material on or inside of any object.
3. contaminated sharps – any contaminated object that can penetrate the skin.
4. exposure incident – a specific mucous membrane, non-intact skin, or contaminated sharps stick, that results in a potential infection with bloodborne pathogen, as a result of performance of an employee's duties.
5. personal protective equipment – specialized clothing or equipment worn by an employee for protection against a hazard in the workplace.
6. universal precautions – an approach to infection control designed to prevent transmission of bloodborne diseases such as human immunodeficiency virus and hepatitis B. The guidelines for universal precautions include specific recommendations for the use of gloves and other personal

protective equipment when contact with blood or body secretions contaminated or potentially contaminated with blood is anticipated.

7. workplace controls – measures that reduce the likelihood of exposure to bloodborne pathogens, by altering the manner in which a work-related task is accomplished.

These definitions were prepared using information from the Texas Department of Health and the Fifth Edition of Mosby's Medical, Nursing & Allied Health Dictionary.



Contaminated Sharps Injury Reporting Form

The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Texas Department of Health regional office in which the facility is located. Address information for regional directors can be obtained on the Internet at <http://www.tdh.state.tx.us/briho/regions.htm>. The local health authority, acting as an agent for the Texas Department of Health will receive and review the report for completeness, and submit the report to:

IDEAS, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3199

Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at <http://www.tdh.state.tx.us/ideas/report/sharps.htm> or from the Texas Department of Health Public Health Regional Offices.

Please complete a form for each exposure incident involving a sharp.

Facility (agency/institution) where injury occurred (Use block letters to fill in boxes.)

 Street address (no P.O. Boxes)

 City _____ County _____ Zip code _____
 Street address of reporter if different from facility (agency/institution) where injury occurred (no P.O. Boxes)

 Date filled out (mm/dd/yy) _____ By (reporter) _____ Phone number _____

1. Date of injury (mm/dd/yy) _____ Time of injury _____:_____ AM _____ PM Age _____ Sex of injured person
 _____ - _____ - _____ : _____ F AM F PM _____ F Male F Female

2. Type and brand of sharp involved (Fill in one circle and/or boxes as appropriate.)

Needle (nonsuture)	F Vacuum tube collection	Glass
F Insulin syringe with needle	F Other nonsuture needle _____	F Blood tube
F Tuberculin syringe with needle		F Other tube
F <input type="checkbox"/> - gauge needle factory-attached to syringe	Surgical instrument or other sharp (no glass)	F Slide
F Other syringe with needle	F Lancet	F Ampule
F Prefilled cartridge syringe (ie, Tubex-type syringe)	F Suture needle	F Other glass: _____
F Blood gas syringe	F Scalpel	
F Syringe, other	F Trocar	
F Needle connected to IV line	F Staples	
F Winged steel needle	F Wire	
F IV catheter, loose	F Other surgical instrument/nonglass sharp _____	

Brand (Fill in brand name or "unknown.")

3. Original intended use of sharp (Fill in one circle.)

F Injection, IM	F Cutting (surgery)	F Drilling
F Injection, SC/ID	F Start IV or set up heparin lock	F Electrocautery
F Suturing, skin	F Other injection/aspiration IV	F Wiring
F Suturing, deep	F Heparin or saline flush	F Contain specimen/pharmaceutical
F Draw venous sample	F Obtain body fluid/tissue sample	F Other _____
F Draw arterial sample	F Finger stick/heel stick	F Unknown/NA

Contaminated Sharps Injury Reporting Form (continued)

4. Did the injury occur. the sharp was used for its original intended purpose? *(Fill in one circle.)*
 Before *(do not report to TDH)* During *(go to 4a)* After *(go to 4a)*
- a. If the exposure occurred "During" or "After" the sharp was used, was it? *(Fill in one circle.)*
 Because the patient moved during the procedure While disassembling
 While recapping While putting sharp into container
 Found in an inappropriate place (eg, table, bed, trash) Other _____
5. Did the device being used have engineered sharps injury protection?
 Yes *(go to 5a)* No *(go to 6)* Don't know *(go to 6)*
- a. Was the protective mechanism activated?
 Yes, fully *(go to 5b)* Yes, partially *(go to 5b)* No *(go to 6)* Don't know *(go to 6)*
- b. Did the exposure incident occur. activation of the protective mechanism? *(Fill in one circle.)*
 Before During After
6. Was the injured person wearing gloves? Yes No
7. Had the injured person completed a hepatitis B vaccination series? Yes No
8. Was there a sharps container readily available for disposal of the sharp? Yes No
9. Had the injured person received training on the exposure control plan in the 12 months prior to the incident? Yes No
10. Involved body part *(Fill in one circle.)*
 Hand Arm (but not hand) Leg/foot Face/head/neck Torso (front or back)
11. Job classification of injured person *(Fill in one circle.)*
 MD/DO Respiratory therapist Dentist
 PA Phlebotomist/lab tech Dental hygienist
 CRNA/NP Aide (eg, CNA, HHA) School personnel (not nurse)
 RN EMT/Paramedic Housekeeper/laundry
 LVN Firefighter Chiropractor
 Surgery assistant/OR tech Police Other _____
- Employment status of injured person *(Fill in one circle.)*
 Employee Contractor/Contract employee Student Volunteer Other _____
12. If not directly employed by reporter, name of employer/service/agency/school *(Optional.)*

13. Location/facility/agency in which sharps injury occurred *(Fill in one circle.)*
 Hospital Correctional facility
 Clinic Residential facility (eg, MHMR, shelter)
 Outpatient treatment (eg dialysis, infusion therapy) School
 Laboratory (freestanding) Home health
 Bloodbank/center/mobile Other _____
 EMS/fire/police
14. Work area where sharps injury occurred *(Fill in one circle for best choice.)*
 Patient/resident room L&D Autopsy/pathology
 Floor, not patient room Procedure room Blood bank/center/mobile
 Critical care unit Dialysis room/center Infirmary
 Emergency dept Seclusion room Field (non EMS)
 Rescue setting (non ER) Medical/outpatient clinic Service/utility area (eg, laundry)
 Pre-op or PACU Laboratory Home
 Other _____