

GOOSE CREEK CISD

BLOODBORNE PATHOGEN PLAN

Date of Preparation: July 2001

Revised Plan: May 2010

**Goose Creek CISD
4544 I-10 East Freeway
Baytown, Texas 77521**

**Goose Creek CISD
Bloodborne Pathogen Plan
Table of Contents**

	Introduction	3
Part I	Prevaccination Plan – Job Classifications	4
Part II	Exposure Plan – Referral Procedures and Blood Testing	5
Part III	Post Exposure – Plan Evaluation and Follow-up	6-7
	Attachment A (Annual Review of Bloodborne Pathogen Plan)	8
	Attachment B (Goose Creek Bloodborne Pathogen Meeting)	9
	Attachment C (Goose Creek Bloodborne Employee Packet)	10-25
	Attachment D (Goose Creek Exposure Report)	27
	Attachment E (Supervisor’s Accident Investigation Report)	28
	Attachment F (TDH Sharps Injury Reporting Form)	29-31

Introduction

Due to House Bill 2085 from the 1999 Legislative session, each district must develop a Bloodborne Pathogen Plan to deal with occupational exposure to sharps, blood, or potentially infectious material.

The purpose of this plan is to eliminate or minimize work-related exposure to bloodborne pathogens, particularly the Human Immunodeficiency Virus (HIV), hepatitis B virus (HBV), and hepatitis C (HCV). Knowledge about and prevention of transmission of HIV and HBV and other pathogens are essential for personal protection. This plan includes a pre-vaccination plan, exposure plan, and post exposure plan.

- I. The pre-vaccination plan identifies job tasks that are at greater risk for exposure to blood and offer options for vaccination against HBV. There is no vaccine at this time for HIV.
- II. The exposure plan consists of staff development that promotes work practice controls and universal precautions, as well as education of employees about bloodborne pathogens.
- III. The post exposure plan describes steps to be taken in the event of an exposure incident.

This plan will be updated annually and kept in two locations within each school site (in nurse's office and school secretary's office).

Bloodborne Pathogens Designated Administrator: Executive Director of School Administration

Bloodborne Pathogens Committee: Executive Director of Support Services and Special Projects, Coordinator of Risk Management, Coordinator of Health and P.E., and Nurse's Representative

Date Plan Prepared: July, 2001

Date Plan Revised: August, 2009

Adoption Date: _____

Goose Creek CISD Bloodborne Pathogen Plan

Part 1 Prevaccination Plan

The prevaccination plan identifies job tasks that are at greater risk for exposure to blood and offers options for vaccination against HBV. There is no vaccine at this time for HIV. Below is a list of work positions in order of risk of exposure to bloodborne pathogens. Those at the top of the list are more likely to be exposed to blood in their work duties.

Goose Creek CISD will arrange with a medical agency to provide hepatitis B vaccinations at a central location to interested employees at the district's expense. The vaccination is a series of three shots over a six-month period. This will be offered as needed. The first two shots are given at a one-month interval with the third shot five months after the second. This series is optional to the employee.

Job Classification with Potential for Occupational Exposure to Bloodborne Pathogens:

High Risk Occupations: All high risk occupations are eligible for district paid Hepatitis B shots.

1. School Nurses
2. Clinic Assistants
3. Athletic Trainers/Coaches
4. Security Officers
5. Special Education Teachers working with children who bite or those who become combative and Special Education Teacher Assistants working with the above students
6. Morning custodians
7. Plumbers and Electricians
8. Special Education Bus Drivers and Bus Monitors

Low Risk Occupations: All low risk occupations may receive Hepatitis B shots but the employee must pay the cost.

1. Campus Administrators
2. Teachers
3. Occupational Therapists, Physical Therapists, and their assistants

Goose Creek CISD Bloodborne Pathogen Plan

Part II – Exposure Plan

The exposure plan consists of staff development that promotes work practice controls and universal precautions as well as education of employees about bloodborne pathogens. Under this plan, all employees will attend an in-service on universal blood and body fluid protection to avoid bloodborne pathogens. (See Attachment C, page 10-25) Each employee will be given a copy of the overview of the plan as well as a job specific plan to prevent exposure to bloodborne pathogens. Each employee will sign a sheet acknowledging the receipt of the handout and in-service on universal precautions. (See Attachment B, page 9) A copy of the complete plan with appendices will be kept in the nurse's office and school secretary's office. Employees will have access to the complete plan at all times.

Referral Procedure

All employees who incur a potential exposure incident should be offered a confidential medical evaluation and follow-up as soon as is feasible. If an employee suspects that he/she has an exposure incident, he/she should follow the procedure as outlined below:

1. Employee must report incident or injury to building principal/supervisor and school nurse immediately.
2. The school nurse will evaluate the extent of the injury and provide first aid. The school nurse will recommend medical follow-up if an exposure incident has occurred.
3. The administrator and employee will fill out the GCCISD Employee Exposure Report (Attachment D, page 27) and the First Report of Injury or Illness (Attachment E, 28). These forms should accompany the employee to the physician. The medical provider should have a description of the exposed employee's duties as related to the circumstances under which the exposure occurred. Also, the medical provider should be given all medical records relevant to the appropriate treatment of the employee including hepatitis B vaccination status.
4. Copies of these reports must be sent to the Executive Director of School Administration and Coordinator of Risk Management as soon as medically feasible.
5. The Risk Management Department will complete and send TDH Contaminated Sharps Injury Reporting Form (Attachment F, pages 29-31) to the State of Texas.

Goose Creek CISD Bloodborne Pathogen Plan

Part III – Post Exposure Plan Evaluation and Follow-Up

The post exposure plan describes steps to be taken in the event of an exposure incident, which occurs when an employee has direct contact with blood, body fluid containing blood, semen or vaginal secretions, or unidentified body fluids containing blood through a needle stick, bite, eye splash, mouth splash, or open cut.

Goose Creek CISD will provide an employee with a post-exposure evaluation and follow-up through Worker's Compensation when an "exposure incident" occurs (See Attachment D, page 27). A medical evaluation will be offered to any employee who comes in contact with blood or other potentially infectious materials. The medical evaluations will be provided through the district's usual work-related illness or injury policies and procedures. All records related to this policy will be maintained in a confidential manner.

Post Exposure Counseling

The employee should be given appropriate counseling concerning precautions to take after the exposure incident. The physician responsible for the post-exposure evaluation of the employee will provide the necessary counseling. The employee should be given written information concerning potential symptoms or illnesses for which to be alert and procedures for reporting any related symptoms to the appropriate health care professional.

Post-exposure prophylaxis or treatment, when medically indicated, will be given without cost to the employee.

Information to be Returned to District From Medical Provider

All medical information is confidential. The designated district administrator should be provided with a written opinion by the evaluating physician stating:

1. Acknowledge that the exposed employee has been informed of the results of the evaluation and has been treated as necessary;
2. A return to work or delay in return to work statement;
3. Copies of any written educational material provided to employee; and
4. Employee Post Exposure Report with physician's statement completed. All information on an employee's reported exposure incident is to be placed in that employee's confidential folder located in the designated administrator's office.

These employee records are not to be disclosed to any person within or outside the workplace, except as required by law, without written permission from the employee.

Record Keeping

All records relating to bloodborne pathogens shall be maintained by the Coordinator of Risk Management. Records should be kept as long as all other employee records or medical reports are maintained. They include, but are not limited to:

1. An annual evaluation of the district bloodborne pathogen plan completed by the Bloodborne Pathogen Committee (See Attachment A, page 8).
2. In-service records of all training session including:
 - a. Date;
 - b. Agendas;
 - c. Names and credentials of person(s) conducting the training; and
 - d. Names of all persons attending the presentation.

Release of Information

Copies of records affecting a specific employee will be provided to the employee or anyone else upon receipt of a written request or consent from the affected employee.

Confidentiality

Employee medical records shall be kept confidential and are not to be disclosed to any person within or outside the workplace, except required by law, without written consent of the affected employee.

Infectious status of any employee, if known, is confidential information.

Goose Creek CISD

Annual Review of Bloodborne Pathogen Plan

Annual Review: _____
Month/Year

Reviewed by:

Annual Review: _____
Month/Year

Reviewed by:

Annual Review: _____
Month/Year

Reviewed by:

Annual Review: _____
Month/Year

Reviewed by:

Attachment B

Goose Creek CISD Bloodborne Pathogen Plan

Date of Meeting: _____

Campus Location: _____

Presentation of Bloodborne Pathogen Training Receipt of Bloodborne Pathogen Plan Employee Packet (Attachment C, Page 10-25)

Attendees (Please Sign Name)

Meeting Conducted By: _____

Attachment C

GOOSE CREEK CISD

BLOODBORNE PATHOGEN PLAN

EMPLOYEE PACKET

Goose Creek CISD Bloodborne Pathogen Plan

Introduction

Several types of bloodborne pathogens have become prevalent in recent years. These include Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C. Because students or staff may be unaware that they have these infections or may choose not to reveal their history to others, all blood and other potentially infectious materials (OPIM) from any source must be considered potentially infectious. Therefore, precautions should be used when handling all blood products.

Goose Creek CISD has developed a bloodborne pathogen plan to eliminate or minimize exposure to bloodborne pathogens. On the following pages, you will find information concerning protecting yourself from these viruses and other infectious diseases. You also will find universal precautions for all employees as well as precautions specific to certain job classifications. A glossary of terms will also assist you.

If you would like to read the entire plan, it is in your front office.

1. Bloodborne Pathogens Training

Applying the rules in school settings

2. History of new rules

- House Bill 2085 passed in 1999
- Requires TDH to write rules related to bloodborne pathogen exposure for employees of governmental entities
- TDH rules now part of Health & Safety Code
- School districts are required to establish a bloodborne pathogen exposure plan

3. School Districts must:

- Provide pre-service training with annual updates
- Provide post-exposure evaluation and follow-up
- Report "sharps" injuries to TD of State Health Services
- Provide hepatitis B vaccine to qualified staff at district's expense

4. Exposure Control Plan

- Located on each campus with the principal's secretary and each building with the department head
- Safe work practices
- Personal protective equipment details
- Post-exposure procedure
- Hepatitis B vaccine information
- Requires annual review

5. Bloodborne Pathogens

- Microorganisms: bacteria or viruses
- Carried in the blood and can cause disease
- Are spread when blood or body fluid of infected person comes in contact with blood, broken skin, mucous membranes (eyes, nose, mouth, genital tract) of another person

6. Bloodborne Pathogens

- Hepatitis B (HBV) very resilient virus
 - Vaccine available: 3 doses

- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV) fragile virus
 - No vaccine available

7. Transmission of Bloodborne Pathogens

- Infected blood
- Infected body fluids with visible blood
- Contact with mucous membranes or damaged skin

8. Routes of Transmission

- Sexual contact
- Transfer between mother and fetus
- Sharing of contaminated drug paraphernalia
- Contaminated equipment (tattooing, nail salons)
- Contaminated blood products

9. Universal Precautions

- All blood and potentially infectious materials are treated as infectious regardless of the perceived status of the source
- Appropriate use of non-latex gloves, masks, gowns, disposal containers
- Always utilized in situations where exposure may occur

10. How Do I Know To Be Careful?

- Every contact should be considered potentially harmful
 - Not everyone knows he/she is ill or is willing to share his/her health information
- Take precautions every time when you are in contact with body fluids or tissues of another person

11. Potential Sources of Infection

- Blood
- Vomit
- Urine
- Mucous
- Body tissues
- Saliva
- Torn skin
- Genital secretions

12. How Do Pathogens Enter the Body?

- Open cuts, scratches, abrasions or scrapes
- Dermatitis (rashes)
- Acne (pimples)
- Mucous membranes of mouth, eyes, nose, genital tract

13. Prevention is the Key

- WET? WARM? NOT YOURS?
- Do not touch with your bare hands!

14. Hand Washing: First Line of Defense

- Warm water, soap, friction
- Antiseptic gels, wipes
- Always wash hands after removing non-latex gloves

15. Cleaning and Disinfection of Contaminated Areas

- Usually done by custodians unless specialized equipment is necessary
- Appropriate protective equipment must be worn
- Clean surfaces before decontamination
- Bleach diluted with water 1:10
- Brand name disinfectants

16. Disposal of Contaminated Items

- Most contaminated items can be discarded in regular trash bags (tissues or towels with small amounts of blood)
- Items saturated with large amounts of blood must be placed in the red biohazard bag available in the nurse's and head custodian's office
- Biohazard bags are not required in the school setting but may be used in some instances

17. Disposal of Contaminated Items

- Do not pick up broken glass, which may be contaminated, with the hands. Use a brush and dustpan.
- Used syringes must be placed in the sharps container in the nurse's office.

18. Assessment of Risk

- Employees in contact with blood and body fluids on a regular basis as part of their assigned duties are at high risk
- Employees in a non-medical care or non-first aid assignment are at low risk
- Each employee has some risk
- Occupational risk status is addressed in the GCCISD Bloodborne Pathogen Plan

19. What Constitutes and Exposure?

- Needle stick
- "Sharps" injury (broken glass, scissors, safety pins, stick pins, etc.) contaminated with visible blood
- Exposure to blood or body fluids with visible blood

20. What to Do in Case of Exposure

- Do not panic!
- Immediately wash exposed areas with soap and water
- If exposure involves the eyes flush with large amounts of clean water
- Report exposure to principal and campus nurse ASAP
- Exposure does not mean infection

21. Post Exposure Reporting Procedures

- Report injury to supervisor/school nurse
- Complete documentation forms located in the main office
- Send copies of documentation to Risk Management
- Follow district work-related illness/injury policies and procedures

Goose Creek CISD

Hepatitis B Vaccine Declination Statement For High Risk Occupations

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 myself.

Signature _____ Date _____

Goose Creek CISD Bloodborne Pathogen Plan

Job Classification – Medical Personnel including school nurses, athletic trainers, and junior school coaches who coach athletics.

WORK TASK	POTENTIAL EXPOSURE SITUATION
Providing first aid to students and staff	Exposure to blood and other potentially infectious materials (OPIM)
Performing medical procedures for children with special healthcare needs	Exposure to blood and OPIM Exposure to aerosol droplets of potentially infectious body fluids
Cleaning of equipment	Exposure to blood and OPIM Exposure to sharp instruments
Giving injections to children with special healthcare needs	Exposure to blood and OPIM Exposure to sharp instruments
Provide CPR or rescue breathing if needed	Exposure to blood or OPIM to mucous membranes of rescuer
Worksite cleanup	Exposure to blood or OPIM from soiled bandages, laundry, or contact with contaminated surfaces
Assist students with hygiene	Exposure to urine and/or feces

Safe Work Practices for Medical Personnel

1. Hands and other skin surfaces should be washed with soap and water after contact with blood or body fluids and after removal of non-latex gloves.
2. When cleaning small amounts of blood off surfaces, non-latex gloves should be worn. The blood should be cleaned up with a paper towel, which is then discarded in a covered wastebasket that is double or triple bagged. The

contaminated surface should be cleaned with 10% bleach solution or disinfectant from head custodian. Hands should be washed immediately after non-latex gloves are removed.

3. If a large spill of blood or OPIM occurs, the area should be immediately covered with dry absorbent provided by plant operations. Students should be removed from the area and custodians called for cleanup and disinfection.
4. Wear non-latex gloves if first aid must be provided to **anyone**. Non-latex gloves should be discarded after first aid is provided and hand washed immediately.
5. Do not pick up glass or other sharp objects with bare hands. Call a custodian for cleanup.
6. As soon as possible, remove any clothing that becomes contaminated with blood. Until laundered, contaminated clothing should be kept separately from other clothing.
7. Do not recap needles. Place all sharps in red sharps container.
8. Bandages or articles with large amounts of blood should be placed in red biohazard bags. Call for pickup and special handling.
9. Non-disposable equipment contaminated with blood or OPIM should be cleaned in hot soapy water then disinfected in a 10% bleach solution.
10. A barrier device (i.e. micro shield, Laerdal mask) will be used when performing CPR to limit exposure to saliva, mouth sores, or other body fluids.

Personal Protective Equipment

1. Disposal non-latex gloves for wear while administering first aid or handling OPIM.
2. Breathing barrier device for use when performing CPR.
3. Full-face shield or goggles for use when there is a risk of aerosolized blood droplets by splashing or from medical procedures.

Goose Creek CISD Bloodborne Pathogen Plan

Job Classification – Special Education teachers and aides working with developmental, adaptive behavior, and special medical needs to students.

WORK TASK	POTENTIAL EXPOSURE SITUATION
First Aid	Exposure to blood or other potentially infectious material (OPIM)
Special medical procedures	Exposure to blood or OPIM
Perform CPR in emergency situations	Mouth to mouth contact with saliva or OPIM
Worksite cleanup – small spills	Exposure to blood or OPIM
Restraining violent students	Risk of being bitten. Exposure to blood or OPIM
Diapering or providing toileting activities	Exposure to feces or urine

Safe Work Practices for Certain Special Education Personnel

1. Hands and other skin surfaces should be washed with soap and water after contact with blood or body fluids and after removal of non-latex gloves. Antiseptic hand cleaners need to be used when soap and water are not available. Hands should be

- washed as soon as possible.
2. When cleaning small amounts of blood off of surfaces, gloves should be worn. The blood should be cleaned up with a paper towel, which is then discarded in a waste basket lined with a plastic liner. Custodians should be called to apply the appropriate disinfectant. Hands should be washed immediately after non-latex gloves are removed.
 3. Wear non-latex gloves if first aid must be provided to **anyone**. Non-latex gloves should be discarded after first aid is provided and hands washed immediately.
 4. Do not pick up glass or other sharp objects with bare hands. Call a custodian for cleanup.
 5. Remove any clothing as soon as possible that becomes contaminated with blood. Until laundered, contaminated clothing should be kept separately from other clothing.
 6. Wear non-latex gloves when diapering or providing toileting activities for students. Wash hands immediately after removing non-latex gloves.
 7. Use mouth barrier (i.e. micro shield, ambu bag) if required to perform CPR.
 8. Report to school nurse or principal immediately if blood exposure incident occurs (see definition of exposure incident).

Personal Protective Equipment

1. Disposable non-latex gloves for use when administering first aid, diapering, or handling blood or OPIM.
2. Barrier device (micro shield, ambu bag for certain students) for performing rescue breathing.

Goose Creek CISD Bloodborne Pathogen Plan

Job Classification – Head Custodians/Custodial Staff

WORK TASK	POTENTIAL EXPOSURE SITUATION
Cleaning sinks, toilets, other bathroom fixtures	Contact with blood and other body fluids
Cleanup of vomitus, other body fluids	Contact with possible infectious fluids or materials
Removal/disposal of waste	Contact with feminine sanitary items and other potentially contaminated materials. Handling disposed syringe, needles or other sharps or soiled bandages and linen if cleaning school clinic
General site cleanup	Contact with potentially infectious materials (personal items, sharps, etc.)

Safe Work Practices for Custodians

The following safe work practices apply to the general duties of a custodian. Practices should be implemented to prevent exposure to bloodborne pathogens.

1. Employees must wear non-latex gloves whenever they anticipate cleaning blood spills, body fluids, or other contaminated waste.
2. Custodial bloodborne pathogens spill kits shall be used for cleanup of bloodborne pathogens.
Spill kits contain the following:

Absorbent powder	Shoe covers	Antiseptic towelettes
Non-latex gloves	Apron	Spray disinfectant
Face shield	Scrapers	Red biohazard bag
3. Hands and skin surfaces should be washed immediately with water and antiseptic soap if contaminated with blood or body fluids.
4. Hands must be washed immediately after the removal of non-latex gloves.
5. Clothing which becomes contaminated with blood or body fluids during custodial work must be removed as soon as possible and laundered.
6. Custodial equipment and other surfaces that become contaminated with blood or body fluids should be cleaned with disinfectant immediately.
7. Glassware or other sharps which may be contaminated must be picked up with broom and dustpan. If needle or razor blade is found contact the Head Custodian immediately.
8. When cleaning carpet with blood or body fluids use absorbent powder, thoroughly remove absorbent and extract carpet with disinfectant. Extractor, hose, and power head should be disinfected upon completion.
9. Wear non-latex gloves to handle laundry that could be contaminated with blood or body fluids.
10. Wear non-latex gloves if assisting with first aid on another employee.

Personal Protection Equipment

1. Custodial bloodborne pathogens spill kits for use when anticipating possible exposure to bloodborne pathogens.

Goose Creek CISD Bloodborne Pathogen Plan

Job Classification – Plumbers and Electricians

WORK TASK	POTENTIAL EXPOSURE SITUATION
Working with sewer lines	Contact with blood, body fluid, feminine sanitary items, soiled bandages, needles or sharp
Administration of first aid	Contact with blood or other body fluids

Safe Work Practices for Plumbers and Electricians

1. Employees must wear heavy-duty rubber gloves whenever they anticipate touching blood, body fluids and contaminated waste as they conduct their duties.
2. Hands and other skin surfaces should be washed immediately and thoroughly with water and antiseptic cleaner if contaminated with blood or body fluids.
3. Eye protection must be worn while working on sewer lines, toilets, sinks or other potentially infectious items or equipment.
4. Clothing which becomes contaminated with blood or other body fluids during work must be removed as soon as possible and properly laundered.
5. Equipment which becomes contaminated with blood or other body fluids should be cleaned immediately with a bleach solution of 10 parts water to one part bleach. Exception: carpets or fabrics should be cleaned with proper custodial disinfectant.
6. Report any exposure to your supervisor immediately.

Personal Protective Equipment

1. Heavy-duty rubber gloves must be worn when anticipating handling contaminated waste.
2. Eye protection for use when working on potentially infectious items or equipment.

Goose Creek CISD Bloodborne Pathogen Plan

Job Classification – Bus Drivers and Bus Aides

WORK TASK	POTENTIAL EXPOSURE SITUATION
Administering first aid	Contact with blood or other body fluids

Performing CPR, if certified	Contact with saliva, open sores in or around mouth, and other body fluids
Cleanup of spilled body fluids	Contact with vomitus, blood, other body fluids
Restraint of violent students	Contact with body fluids, possibility of being bitten

Safe Work Practices for Bus Drivers and Bus Aides

1. Universal precaution will be followed at all times.
2. Disposable non-latex gloves must be worn when there is reasonable expectation of touching blood, body fluids, or contaminated waste while performing duties. If non-latex glove is torn it must be replaced immediately.
3. Hands and other skin surfaces should be washed immediately or hand sanitizer used if contaminated with blood or body fluids.
4. Clothing which becomes contaminated with blood or body fluids should be removed as soon as reasonably possible.
5. Each bus should be equipped with spill cleanup kits for removal of blood or body fluids. Follow all directions enclosed in kits.
6. CPR mouthpieces will be available to those employees who may reasonably be expected to perform CPR.
7. Report any accidental contact with body fluids to supervisor immediately.

Personal Protective Equipment

1. Disposable non-latex gloves for wearing while administering first aid.
2. Breathing barrier device for use when performing CPR.

Goose Creek CISD Bloodborne Pathogen Plan

Personal Protective Equipment

Task	Gloves	Gown	Eye Mask	Protective Equipment	Devices Dust Pan
Non Contact Class Activities					
Taking vital signs or administering medication. Contact with intact skin.					
Diapering	X				
Contact with non-intact skin or mucous membranes	X	*	*	*	
Invasive procedures such as catheterization, suctioning	X	*	*	*	
Handling soiled towels, dressing or other materials	X	*	*	*	
Picking up broken glass or sharps					*
Cleaning contaminated equipment	X				
Providing CPR	*		*CPR Mask		

*Only if blood spattering likely

Gloves – Disposable non-latex gloves are not to be washed or decontaminated for reuse. They should be replaced when damaged and after each use. Hands should be washed every time gloves are removed.

Stronger utility gloves may be decontaminated for reuse provided they are not damaged or torn. They must be discarded if cracked, torn, or punctured.

Masks – Breathing mask with one-way valves are available to medical personnel and facemasks are not usually needed but will be provided on an individual basis if needed.

Eye protection devices will be provided on individual basis as needed.

Goose Creek CISD

Bloodborne Pathogens Glossary

Antibodies: serum proteins present after a previous illness or vaccination; measured by blood titer for a specific organism

Antigen: substance that induces the formation of antibodies

Asymptomatic: without systems of illness – for example: individuals with HIV infection do not know they are infected until their blood is tested for antibodies. A person infected with the hepatitis B virus may not turn yellow (jaundice).

Biohazardous: infected or potentially infectious material

Body fluids: blood, saliva, urine, feces, cerebrospinal fluid, semen, vaginal secretions, synovial fluid, fluids around heart, lungs, and in the peritoneum, and amniotic fluid

Blood: means human blood, human blood components, and products made from human blood

Bloodborne Pathogens: microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).

Carrier: a person who harbors a specific pathogenic organism and does not have symptoms

Contaminated: the presence of the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface

Contaminated laundry: laundry which has been soiled with blood or other potentially infectious materials or laundry that may contain sharps

Contaminated sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires

Decontaminate: to use physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to extent that are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal

Disposal sharps: syringes, lancets, broken glass contaminated with blood, etc.

Engineering controls: devices (e.g. sharp disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace

Exposure incident: direct contact with blood; body fluids containing blood, semen, or vaginal secretions; unidentified body fluids; or through a needle stick, cut, bite, eye-splash, or mouth splash

Hand washing facilities: means a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines

Immune response: reaction of the body to substances in blood that are foreign or are interpreted as foreign

Immune system: those white blood cells, lymph glands, and antibodies that provide protection against foreign substance in the body

Incubation period: interval between exposure to infection and the appearance of the first symptom

HBV: Hepatitis B Virus

HIV: Human Immunodeficiency Virus

Mucous membrane: type of cell layer that lines passages in the body that potentially are exposed to air

Mucous membrane exposure: splash or droplets of blood or OPIM into eyes, lips, head of penis or an opening into body, i.e. mouth, nose, vagina, rectum, etc. The potential for bloodborne pathogens to enter the bloodstream through intact mucous membranes exists.

Occupational exposure: reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials resulting from the performance of an employee's duties

OSHA: Occupational Safety and Health Administration

Other Potentially Infectious Materials (OPIM):

1. Human body fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures; any body fluid that is visibly contaminated with blood; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human, living or dead;
3. Cell; tissue or organ cultures; a culture medium or other solution; or blood, organ, and other tissues from experimental animals infected with HIV and HBV.

Parental: piercing the mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions

Pathogen: a microorganism or substance capable of producing a disease

Personal protective equipment: specialized clothing or equipment worn to avoid a hazard

Prophylaxis: observing rules necessary to prevent disease

Regulated waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release a quantity of blood (3-4 ounces) or other potentially infectious materials in a liquid or semi-liquid state if compressed; contaminated sharps; and pathological and biological wastes with dried blood or other potentially infectious materials should be handled with caution; they may contain moist areas capable of releasing these materials during handling.

Skin exposure: the potential for an infectious agent to enter the body through an opening in the external covering of the body. Intact skin is not likely to be penetrated by pathogens, but tiny nicks, hangnails, or cuts may exist without a person being aware of them. Keep skin clean, wash with soap and water, and dry.

Source individual: any individual, living or dead, from whom blood or other potentially infectious materials may cause occupational exposure to an employee

Sterilize: to use a physical or chemical procedure to destroy all microbial life, i.e. microscopic cells, infectious or not

Titer: a standard of strength per volume of blood that indicated the presence of antibodies or chemical substance

Universal precautions: an approach to infection control, whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens

Vaccine: a suspension of an infectious agent prepared in a laboratory and administered for the purpose of establishing resistance to a specific disease

Virus: a minute organism that is a parasite, dependent on nutrients inside the cell of other organisms for its metabolic and reproductive needs

Work practice controls: procedures that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique)

GOOSE CREEK CISD

BLOODBORNE PATHOGEN PLAN

FORMS

CONFIDENTIAL

Attachment D

Goose Creek CISD Employee Exposure Report

Campus _____ Date _____
Employee's Name: _____ Position: _____
Date and Time of Incident: _____ Location: _____
Source of Exposure: _____
Route of Possible Exposure: _____
Circumstances under which possible exposure occurred: _____

First Aid Treatment _____

Nurse: _____ Principal: _____ Date: _____

To be completed by physician

Employee informed of laws and regulations concerning disclosure of identity of source individual: Yes _____ No _____

Comments: _____

Employee informed of signs and symptoms that should be watched for and reported to physician: Yes _____ No _____

Employee offered blood collection testing: Yes _____ No _____ Date _____
Employee refused blood collection: Yes _____ No _____ Date _____
Employee refused blood testing: Yes _____ No _____ Date _____
Post-exposure prophylaxis recommended Yes _____ No _____ Date _____

Please have employee sign that above areas were completed or refused at doctor's office.

Employee Signature _____ Date _____

Written opinion from physician attached: Yes _____ No _____ Date _____

Post-exposure medical evaluation completed by: _____

Print Name

Physician's Signature _____ Date _____

Please return report to: _____

Date

Goose Creek CISD

Attachment E

Supervisor's Accident Investigation Report
of Possible Work Related or On-the-Job Incident/Injury

Employee Name _____
Employee Address _____
City, State, Zip _____
Phone Number _____
Date of Birth _____
Social Security Number _____
Date Hired _____
Sex _____ Male _____ Female
Marital Status _____ Married _____ Unmarried _____ Separated _____ Unknown
Occupation/Job Title _____
Employment Status _____ Full-time _____ Part-time
Rate of Pay \$ _____
_____ weekly _____ semi-weekly _____ monthly _____ hourly
Number of days worked per week _____
Gross amount of last paycheck \$ _____
Date of Injury/illness _____
Time Employee Began Work _____ a.m. _____ p.m.
Time of Occurrence _____ a.m. _____ p.m.
Date Employee Notified _____
Supervisor Name _____
Supervisor Phone No. _____
Type of Injury/Illness _____
Part of Body Affected _____
Cause of Injury _____
Department or location where accident or illness exposure occurred _____

All equipment material or chemicals employee was using when accident or illness exposure occurred _____

Describe the sequence of events and include any objects or substances that directly injured the employee or made employee ill. _____

Physical/Health Care Provider Name _____
Physician's Address _____
City, State, Zip _____
Hospital Name _____
Hospital Address _____
Hospital City, State, Zip _____
Witness _____
What should be done to prevent repeat of similar incident? _____

Investigated by _____
Title _____ Date _____ Phone Number _____
Employee Signature _____
Date this report completed _____