

Soda Springs School District No. 150 is aware of the risk bloodborne pathogens pose and further recognizes the need to eliminate or minimize occupational exposure.

## **DEFINITIONS**

For purposes of this policy, the following definitions apply:

“Bloodborne pathogens” means infectious microorganisms present in blood that can cause disease in humans, including, but not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

“Engineering controls” means controls that isolate or remove the blood borne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles).

“Occupational exposure” means the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

“Other potentially infectious material (OPIM)” means (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); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

“Personal protective equipment” means specialized clothing or equipment worn by an employee for protection against a hazard. Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields, masks, and/or eye protection.

“Regulated waste” means liquid or semi-liquid blood or other potentially infectious materials; 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.

“Universal precautions” means an approach to infection control. According to the concept all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

“Work practice controls” means controls 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 (2) handed technique).

### **EXPOSURE CONTROL PLAN (ECP)**

The district will develop a written exposure control plan (ECP) designed to eliminate or minimize occupational exposure to bloodborne pathogens (*see Policy No. 980F1, Bloodborne Pathogens: Exposure Control Plan*). The ECP will contain the following:

- General management and responsibilities
- Exposure determination
- Methods of compliance
- Hepatitis B vaccination program
- Post-exposure evaluation and follow-up
- Communication of hazards
- Annual training and review
- Recordkeeping
- Procedures for evaluating exposure incidents

The ECP will identify tasks and procedures, as well as, job classifications where such exposures may occur without regard to the use of personal protective clothing and equipment. It will also set forth the schedule for implementing other provisions of this policy and specify the procedure for evaluating circumstances surrounding exposure incidents.

The ECP will be reviewed and updated annually, and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

### **METHODS OF COMPLIANCE**

The district and its employees will take proper precautions to eliminate or minimize contact with blood or other potentially infectious materials. Such precautions will include, but are not limited to:

1. All employees will utilize universal precautions to prevent contact with blood or other potentially infectious materials, and treat all bodily fluids as potentially infectious.
2. Engineering controls and work practice controls will be used to eliminate or minimize exposure to bloodborne pathogens.

3. Personal protective equipment designed to prevent blood or other potentially infectious materials from passing through an employee's clothing, skin, or mucus membranes will be used when handling contaminated materials.
4. Housekeeping procedures will be utilized to decrease the opportunity for exposure to blood or other potentially infectious materials. These include a schedule for cleaning and decontaminating all contaminated equipment, surfaces, and waste receptacles; handling and discarding broken glass, and contaminated sharps; regulated wastes; and handling and labeling contaminated laundry.
5. Strict labeling procedures will be used to identify contaminated or potentially infectious material.
6. Hand washing facilities will be provided and readily accessible to employees. Employees must wash their hands and any other skin immediately or as soon as feasible after contact with blood or other potentially infectious materials.
7. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
8. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on counter-tops or bench-tops where blood or other potentially infectious materials are present.
9. All work-sites will be maintained in a clean and sanitary condition, and all equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
10. Regulated waste (e.g., contaminated sharps) will be placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
11. All receptacles intended for reuse that have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis, and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

### HEPATITIS B VACCINATION

The district will provide all employees who have occupational exposure with a hepatitis B vaccine at no cost to the employee and within ten (10) working days of their assignment. Employees who refuse the vaccination must sign a declination form (*see Policy No. 980F2, Bloodborne Pathogens: Hepatitis B Vaccine Declination Form*). They may, however, opt to receive the vaccination at a later date.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

If bloodborne pathogen exposure occurs or if there is a breach in protocol, the employee will notify the superintendent or designee and complete the documentation. The district will arrange for medical evaluation and treatment by a licensed physician or healthcare professional, as needed. The confidential medical evaluation will include documentation regarding the circumstances of exposure; identification and testing of the source individual, if feasible; testing of the exposed employee's blood, if he or she consents; post exposure prophylaxis; and/or counseling and evaluation of reported illnesses.

The licensed physician or healthcare professional will provide a written opinion to the employee within fifteen (15) days of the completion of the evaluation. All diagnosis will remain confidential unless the employee files a Worker's Compensation claim.

**EMPLOYEE TRAINING**

All employees having responsibilities that may result in occupational exposure will participate in training conducted by properly qualified individuals. The training will cover content as outlined in Policy No. 402.50P, Bloodborne Pathogens: Exposure Control Plan, and will be provided on the following occasions:

1. At the time of initial assignment to tasks where exposure may take place.
2. On an annual basis for employees with occupational exposure.
3. When changes or modifications of tasks or procedures affect the employee's occupational exposure.

**RECORD KEEPING**

The district will maintain an employee's confidential medical records for the duration of their employment plus thirty (30) years. Medical records will be made available to the employee upon written request.

Training records will be maintained for each employee and kept for at least three (3) years. The training records will contain the following information:

1. Dates of training sessions.
2. Contents or a summary of the training sessions.
3. Names and qualifications of the individual(s) who conducted the training.
4. Names and job titles of all individuals who attended each training session.

The district will establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The log will be maintained for at least five (5) years, and the information will be recorded and maintained in such manner so as to protect the confidentiality of the injured employee. The sharps injury log will contain, at a minimum:

1. The type and brand of device involved in the incident.
2. The department or work area where the exposure incident occurred.
3. An explanation of how the incident occurred.



**LEGAL REFERENCE:**

Federal Occupational Safety & Health Administration (OSHA), 29 CFR 1910.1030,  
*Occupational Exposure to Bloodborne Pathogens Standard* (1991).

**ADOPTED: March 18, 2015**

**AMENDED:**