



Bloodborne Pathogens Exposure Control Plan

**Williamson County Schools
1320 West Main Street
Franklin, TN 37064**

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**Exposure Control Plan
Annual Review and Revision Log**

Review Date	Reviewed by	Revisions
January 2024	School Health	Created & published complete plan
July 2024	School Health	Plan reviewed, no changes

BLOODBORNE PATHOGEN STANDARD

INTRODUCTION

The Occupational Safety and Health Administration (OSHA) has developed a standard to protect employees from pathogens carried in the blood when on the job. The three most common bloodborne pathogens include HIV (Human Immunodeficiency Virus), the virus that causes AIDS, hepatitis B and hepatitis C. Hepatitis can cause chronic liver disease, cancer, and even death. This standard requires that employees consider blood and other body fluids from all individuals to be potentially infectious (Universal Precautions).

EXPOSURE CONTROL PLAN

The Williamson County School System is committed to providing a safe and healthful work environment for its employees. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Bloodborne Pathogens."

The ECP is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Employee determination of exposure
- Implementation of various methods of exposure control, including:
 - Universal Precautions
 - Engineering and Work Practice Controls
 - Personal Protective Equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

PROGRAM ADMINISTRATION

The Director of School Health or his/her designee is responsible for implementation of the ECP. He/She will maintain, review, and update the exposure control plan (ECP) at least annually or whenever necessary to include new or modified tasks and procedures to reduce exposures to bloodborne pathogens.

Employees determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP.

The Director of School Health or his/her designee will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Director of School Health or his/her designee will ensure that adequate supplies of the aforementioned equipment are available in appropriate sizes.

The district Health Services department has developed a bloodborne pathogen training program to be assigned upon hire and annually prior to the first day of school to appropriate staff in the professional development program utilized by the district and viewed by new employees upon entry into the school. The school administrator or his/her designee will be responsible for verifying completion of the training. The Director of School Health will be responsible for making the written ECP available to employees, OSHA and NIOSH representatives.

Employees covered by the bloodborne pathogen standard receive an explanation of the ECP, including epidemiology, symptoms, and transmission of bloodborne pathogen diseases during their initial training at new hire. It will also be reviewed in the annual refresher training. All employees can review and print this plan at any time via the WCS school district website, at www.wcs.edu, and a hard copy will be available in each school building front office.

The Director of School Health is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Contact information for the Director of School Health and School Administrators can be found on the school district website, www.wcs.edu.

EMPLOYEE EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure control determination concerning which employees may reasonably anticipate occupational exposure to blood and other potentially infectious material. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered exposed even if they wear personal protective equipment).

- Performing health procedures or in rendering first aid.
- Working directly with students who frequently bite or whose body fluids require contact by an employee.
- Handling sharps that have been used by others working with human blood or with blood products.

- Cleaning up blood or other potentially infectious materials.

The following is a list of job classifications in Williamson County Schools in which all employees are considered to be at risk for occupational exposure to bloodborne pathogens:

1. **School Nurses**
2. **School Administrators** trained in the administration of an epinephrine auto-injector, and/or rendering first aid in the absence of the school nurse.
3. **School Office Staff (Unlicensed Assistive Personnel)** trained to provide blood glucose testing, administration of an epinephrine auto-injector, or rendering first aid in the absence of the school nurse.
4. **Teachers or Paraprofessionals** who care for high-risk students (those students who drool, bite, or are incontinent of stool or urine), may administer an epinephrine auto-injector, or render basic first aid.
5. **WCS Custodians** who clean up blood and body fluid spills on the school premises.
6. **First Responder** team members

The following departmental job titles are those in which some of the persons with that job title have some occupational exposure. The tasks these people perform where there is potential for exposure to blood are listed.

1. **Bus Drivers and aides** trained in rendering first aid and/or who may have to clean up blood or body fluid spills if such should happen when they are transporting students.
2. **Physical Education teachers** who may encounter blood or body fluid spills if a student is injured during PE class.

Employee Risk Determination by Job Category	All Have Exposure	Some Have Exposure
Athletic Coaches		X
Bus Drivers/Aides		X
Custodians	X	
P.E. Teachers		X
Maintenance		X
Teachers		X
School Nurse/ Substitute Nurse	X	
Special Education Teachers/ Paraprofessionals		X
School Office Staff		X

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

Universal precautions refer to all blood and other potentially infectious materials (OPIM) containing blood. All school personnel will utilize universal precautions, which are intended to prevent transmission of infection, as well as decrease the risk of exposure for school personnel and students. It is not possible to identify all infected individuals; therefore, precautions must be used with every individual.

While these precautions do not specifically apply to other body fluids and wastes such as saliva, sputum, feces, tears, nasal secretions, vomitus, and urine – unless blood is visible in the material – these can be sources of other infections and should be handled as if they are infectious.

The most crucial step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine and emergency situations. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper documentation of spills are essential techniques of infection control. All individuals should respond to situations by practicing universal precautions.

Engineering and Work Practice Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering and work practice controls used are listed below:

Hand Washing

Good hand washing is crucial to prevent the transfer of contamination from your hands to other parts of your body or other surfaces you may contact later. Hand washing requires the use of soap and water and vigorous scrubbing for at least 20 seconds. Rinse well with running water and dry hands with paper towels and turn off water with a paper towel.

Hands should be washed:

- Before physical contact with individuals and after contact is completed
- After contact with any potentially contaminated equipment. If hands (or other skin) come into contact with blood or body fluids, or soiled objects, wash immediately before touching anything else.
- Hands should be washed whether gloves are worn or not and after gloves are removed.
- When access to hand washing facilities is not feasible, alcohol-based hand sanitizer should be used. When hand sanitizer is used, hands should be washed with soap and running water as soon as feasible.
- After using the toilet, diapering, or assisting with personal hygiene.
- Before eating.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Their use is intended to reduce the risk of contact with blood and body fluids and to control the spread of infectious agents. Training in the use of appropriate PPE for specific tasks or procedures is provided by the district's Health Services Department.

The types of PPE available to employees, as needed, are as follows:

- Gloves
- Eye protection
- Face masks
- Pocket resuscitation masks
- Gowns (in unique situations)

PPE is in the health clinic at each school and may be obtained through its nurse. Special Education classrooms should obtain their gloves through their supervisor. Hypoallergenic gloves or other similar alternatives can be obtained by the Health Services Department for school personnel upon request.

All employees using PPE must observe the following precautions:

- Wear appropriate gloves when there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces.
- Replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised.
- Remove PPE after it becomes contaminated and before leaving the work area. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. Pocket mouth to mouth resuscitation devices designed to isolate first-aid response personnel from direct contact with fluids will be provided and used. These will be examined yearly by the school nurse and replaced as needed.

Disposal of Waste

The term "regulated waste" refers to the following categories of waste which require special handling:

- Liquid or semi-liquid blood or 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 capable of releasing these materials during handling;
- Contaminated sharps; and
- Pathological and microbiological wastes containing blood or OPIM.
- Regulated waste is to be placed in containers which 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.
- Needles, syringes, and other sharp, disposable objects should be placed in special puncture-proof containers and disposed of as regulated waste.

- Do not bend, recap, or remove contaminated sharp objects by hand. Handle contaminated sharp objects carefully and wear gloves.
- Biohazard sharps containers will be provided to each school health clinic for sharps collection. Containers will be maintained and replaced by the school nurse before they overfill. When sharps disposal containers are three-fourths full, the school nurse will contact the Health Services department assistant for a replacement and next steps.
- A band-aid, towel, sanitary napkin, or other absorbed waste that does not release waste if compressed would not be considered regulated waste.
- Bodily wastes such as urine, vomitus, and feces should be disposed of in the sanitary sewer system. Sealed ostomy pouches and used urinary catheterization products should be placed in a plastic bag and disposed of in waste containers lined to protect employees from physical contact with the contents.

Housekeeping

The school system will ensure that the worksite is maintained in a clean and sanitary condition and will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.
- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM. Gloves are to be worn when decontaminating environmental surfaces or cleaning equipment.
- Broken glassware or other sharp objects which may be contaminated shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

Laundry

Linen soiled with blood or OPIM shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linen.

- Soiled linen shall be placed in bags that prevent leakage where it is generated. It is to be laundered as soon as possible.
- The employee responsible for soiled linen should always wear gloves to prevent contamination.
- Hands or other skin surfaces shall be washed thoroughly and immediately after contact with OPIM.

Williamson County Schools ensures that this information is conveyed to all affected employees so that appropriate precautions will be taken.

Other Measures

- Food preparation, eating, drinking, applying cosmetics or lip balm, or handling contact lenses is prohibited in any area designated for first aid or where exposure involving blood or OPIM is likely, such as the school clinic.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed to minimize splashing, spraying, spattering, and generation of droplets of these substances.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.

Labels shall include the following legend:



- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels. The Director or his/her designee is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Sarah Winters, Health Services Supervisor, if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Williamson County Schools identifies the need for changes in the engineering controls and work practice controls through review of OSHA records, employee interviews, and School Health Advisory Committee activities.

Williamson County Schools evaluates new procedures and new products regularly by literature review, supplier information, and products considered.

HEPATITIS B VACCINATION

The Hepatitis B vaccination series is available at no cost to school personnel who have been determined to be at risk for occupational exposure to bloodborne pathogens after initial training and within 10 days of initial assignment. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series; or
2. Antibody testing reveals that the employee is immune; or
3. Medical evaluation shows that vaccination is contraindicated.

The Hepatitis B vaccine series will be provided by the Williamson County Health Department during their hours of operation. The Director of School Health may provide the employee with the proper Hepatitis B Vaccination Request Form to receive the vaccine series. (See Appendix B for specific details)

School employees who decline the vaccine must sign a declination form (Appendix A). Employees who decline may request and obtain the vaccination later at no cost. The declination forms should be kept in the employee's personnel file.

EXPOSURE INCIDENT EVALUATION AND FOLLOW UP

An exposure incident is specific eye, mouth, other (mucous membrane, non-intact skin (cut, rash, etc.)), or parental contact (sharps stick) with blood or other potentially infectious materials, which result from the performance of job duties (such as response to an injury or assault).

Following initial first aid (cleaning the wound, flushing eyes or other mucus membranes), the employee should:

1. Notify immediate supervisor, school administrator and school nurse. Each exposure incident will be evaluated to determine what caused the incident. This will include evaluation of work procedures used, policies, failures of control and engineering controls.
2. Exposed employee or their supervisor should immediately report exposure incident to Risk Management (615-790-5466) and complete the [Tennessee Employer's First Report of Work Injury](#) including the route of exposure and circumstances under which the exposure occurred.

Following the report of an exposure incident, Williamson County Schools will make immediately available to the exposed employee, a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the routes of exposure and circumstances under which the exposure occurred.
2. Identification and documentation of the source individual (unless WCS can establish that identification is infeasible or prohibited by state or local law).
3. Consent to have the source individual tested as soon as possible to determine HIV and HBV infectivity.
 - a. If consent is not obtained, WCS shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

- b. If the source individual is already known to be HIV or HBV positive, new testing need not be performed.
 - c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
4. Collection and testing of the employee's blood for HIV and HBV serological status.
- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - b. If the employee consents to baseline blood collection but does not give consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Following the report of an exposure incident, a confidential medical evaluation including the aforementioned testing will be conducted by an authorized physician on the Panel of Physicians, selected by the employee. The Panel of Physician's can be found in the [Worker's Compensation Guidelines](#). The employee should be provided with:

- Post exposure prophylaxis (vaccination) when medically indicated, as recommended by the U.S. Public Health Service;
- Counseling; and
- Evaluation of reported illnesses.

Information Provided to the Healthcare Professional

The school system shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of the bloodborne pathogen standard;
- A description of the school system employee's job duties as they relate to the exposure incident;
- A report of the specific exposure, including route of exposure and circumstances under which the exposure occurred;
- Relevant employee medical records, including hepatitis B vaccination status;
- Results of the source individual's blood testing, if available

Healthcare Professional's Written Opinion

Following the post-exposure evaluation, the employer shall obtain and provide a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. This opinion is limited to:

- Whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- A statement that the employee has been informed of the results of the evaluation and told of the need, if any, for further evaluation or treatment of any medical conditions resulting from exposure to blood or OPIM.
- All other findings or diagnoses are to remain confidential.
- If necessary, an update to the OSHA 300 log should be reported.

Risk Management will provide a copy of the completed written opinion to the employee within 15 days after it is returned to them from the evaluating physician.

Procedures for evaluating the circumstances surrounding an exposure incident:

The Director of School Health or his/her designee will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time;
- Work practices followed;
- A description of the device being used (including type and brand);
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.);
- Location of the incident (classroom, restroom, cafeteria, etc.);
- Procedure/activity being performed when the incident occurred;
- Employee training.

The Director of School Health will record all percutaneous injuries from contaminated sharps in Exposure Incident Log.

If revisions to this ECP are necessary, the Director of School Health or his/her designee, will ensure that changes are made. Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.

RECORDKEEPING

Training Records

The school will maintain and keep accurate training records for three years and should include:

- Training dates
- Content or a summary of the training
- Names and qualifications of trainers
- Names and job titles of trainees

These records are to be provided upon request to the employee or employee’s authorized representative within 15 working days of the request. Documentation is kept via the school’s Professional Development platform.

Exposure Records

An exposure incident log shall be established and maintained. Any needlestick injury or cut from a sharp object that is contaminated with another person’s blood or other potentially infectious material shall be recorded on the exposure incident log and the OSHA 300 log. The incident log shall be maintained for 5 years after the end of the calendar year.

- The exposure incident log shall record all sharps related incidences.
- The log shall include the date of an injury, the type and brand of the device involved, the department or work area where the incident occurred and an explanation of how the incident occurred.

- The log is reviewed annually by the Director of School Health and maintained for at least five years.
- If a copy is requested by anyone, all personal identifying information is to be removed from the report.
- In the event, that an employee develops a chronic illness, time off work, or death, because of an exposure incident to blood or OPIM, the exposure should be recorded/updated on the OSHA 300 log.

Williamson County Schools

Exposure Incident Log

Date	Employee Name	Department/ Work Area	Type/Brand of Device	Explanation Of incident

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, all personal identifiers shall be removed from this report. *(OSHA standard - 1910.1030(h)(5)(iii), 1904.33(a))*

REFERENCES

OSHA Fact Sheet

https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf

Occupational Safety and Health Administration: OSHA

Quick Reference Guide to the Bloodborne Pathogens Standard

Center for Disease Control

<https://www.cdc.gov/niosh/stopsticks/bloodborne.html>

Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communication Standards

<https://www.osha.gov/Publications/osha3186.pdf>

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

Recordkeeping Requirements

<https://ohsonline.com/articles/2019/10/30/safety-training-records-requirements-and-recommendations.aspx#:~:text=The%20bloodborne%20pathogens%20standard%20states,for%200at%20least%20>



Hepatitis B Vaccination Acceptance/Declination Form

Employee Name and ID # _____ / _____

Employee Title and Work Site _____

The following statement of declination of Hepatitis B vaccination must be signed by any employee who chooses not to accept the vaccine. The statement can only be signed by the employee who has received information regarding HBV, the Hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the Hepatitis B vaccination later if they remain occupationally at risk for HBV.

Hepatitis B is a serious liver infection caused by HBV. For some people, HBV infection becomes chronic, meaning it lasts more than six months. Most people infected with Hepatitis B as adults recover fully, even if their signs and symptoms are severe. Infants and children are more likely to develop a chronic HBV infection. A vaccine can prevent hepatitis B, but there is no cure if you have it. HBV is a very hardy virus and can survive in dried blood on the surface for up to seven days. Hepatitis B can spread from mother to child at birth or soon after, through sexual contact, contaminated blood transfusions, needles, or exposure to HBV containing infectious materials through an open sore.

Check only one item below:

I accept the Hepatitis B vaccination series. I have read information about the Hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine and request the vaccine be given to me at this time. I further assert that I am not pregnant, hypersensitive to yeast, nor am I suffering from chronic health issues. I release Williamson County School District from any liability in connection with the vaccine and its administration, I understand that I must receive each of the three shots in the vaccination series to achieve the protection afforded by the vaccination.

I decline the Hepatitis B vaccination. I understand that due to my risk of occupational exposure to blood and 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 the HBV vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. If in the future, I continue to have occupational exposure to blood or other potential infectious materials, I can receive the vaccination series at no charge to me.

I decline because I have already completed the Hepatitis B vaccination series.

Employee Signature

Date



Protocol to Obtain Hepatitis B Vaccination

1. If an employee indicates acceptance of the Hepatitis B vaccine upon hire, Human Resources will provide contact information for the Director of School Health.
2. The employee may reach out to the Director of School Health by phone or email to request the Hepatitis B vaccination series.
3. The Director of School Health or designee will use the exposure control chart outlined in the plan to verify if employee is at a risk of exposure.
4. Once verified, the Director of School Health or designee will provide the employee with the appropriate form.
5. The employee is responsible for completing the form and submitting it to the designated person at the health department listed on the form.
6. Once received, the health department will schedule the appointment with employee to receive series.
7. It is the employee's responsibility to go to the Health Department two months in a row, then 5 months later to complete the series of three shots.
8. If an employee declined the vaccination series at hire, and later decide they would like to receive the vaccination series, they may follow the process outlined above.

Contact information for the Director of School Health can be found on the Williamson County Schools website, www.wcs.edu. The Director of School Health or may be contacted to answer any questions about the vaccination series or process.