I. INTRODUCTION

The Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 Bloodborne Pathogens Standard adopted by Virginia Occupational Safety and Health (VOSH) was issued in 1991 to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, hepatitis B virus (HBV), hepatitis C virus (HCV) and the Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood or certain other body fluids containing these viruses. Occupational transmission has been identified through routes like needlestick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV occurs much more often than transmission of HIV and HCV. However, all possible measures must be employed when performing any task or procedure that presents risk of occupational exposure to any bloodborne pathogen.

All Williamsburg-James City County (WJCC) Public School employees or staff who may be exposed to blood and other potentially infectious materials (OPIM) in the performance of tasks and procedures as part of the duties as described by their job classification are included in this exposure control plan. This plan will be renewed and updated as necessary by the Supervisor of Health Services in conjunction with the Risk Management as appropriate. Copies of this plan are available for review by any employee.

II. EXPOSURE RISK DETERMINATION

A. The following job categories in lists A and B encompass the potential occupational exposure risks and will be offered the pre-exposure hepatitis B vaccine series (Please note that ANY WJCC employee who has an exposure incident during working hours will be offered a post-exposure evaluation and medical treatment if indicated, up to and including the hepatitis B vaccine series):

**LIST A**
1. WJCC Health Services Staff
2. All Special Education Teachers and Teacher Assistants of “at-risk” student populations (i.e., those students who drool, bite, or are incontinent of stool or urine)
3. Head Custodian and daytime designee

**LIST B** (See Supervisor of Health Services for risk assessment consultation)
1. Occupational Therapists, Physical Therapists, and Speech Therapists who serve “at risk” student populations
III. METHODS OF COMPLIANCE

A. Universal (Standard) Precautions

All blood or OPIM shall be handled as if contaminated by a bloodborne pathogen according to OSHA 29 CFR 1910.1030 Bloodborne Pathogens Standard. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. This will apply to all WJCC employees and staff.

B. Hand washing and other general hygiene measures

Hand washing is a primary infection prevention/control measure. Appropriate hand washing must be diligently practiced.

1. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment (PPE).
2. Employees shall wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
3. Employees shall remove gloves and wash immediately following any diabetic monitoring procedure and shall put on new gloves before handling any medical items for application to another student.
4. In work areas where provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes or waterless disinfectant will be available. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
5. 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.
6. Food and drink shall not be permitted in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

C. Sharps Management

1. Consideration of appropriate commercially available and effective safe needle systems is encouraged to minimize occupational risk of exposure.
2. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.
3. Immediately or as soon as possible after use, contaminated sharps shall be placed in an appropriate container in accordance with OSHA standards.
4. Sharps containers shall be puncture resistant, labeled and color-coded (red), leak proof on the sides and bottom, and maintained upright throughout use. Containers are to be easily accessible and located as close as is feasible to the immediate area where sharps are used.

5. Contaminated broken glass is also to be placed in disposable sharps containers.

6. Sharps containers will be available in each school clinic.

7. Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly closed, secured and safely transported to the Health Services office by the school nurse for proper storage and disposal per OSHA standards.

8. If outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the OSHA standards. When moving containers of contaminated sharps from the area of use, the containers shall be
   a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
   b. Placed in a secondary container if leakage is possible – the second containers shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and color-coded (red) in accordance with OSHA standard

D. Personal Protective Equipment (PPE)

All PPE’s will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear PPE’s when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure.

1. All WJCC employees will wear gloves when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, or non-intact skin; will contact mouth, nose, or eyes; when handling or touching contaminated items or surfaces; and/or when handling or touching food or other items to be ingested. Latex and power free gloves are available.
   a. Disposable gloves will be made available in all applicable workstations, including but not limited to: school clinics, kitchens, service kitchen, housekeeping carts, and designated custodian closet(s).
      • Disposable gloves shall be replaced immediately as feasible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
      • Disposable gloves are not to be re-used.
   b. Utility gloves may be decontaminated for re-use if the gloves are in good condition. Gloves shall be discarded when cracked, peeling, torn, punctured, when they show other signs of deterioration, or when their ability to function as a barrier is compromised.
2. Masks and eye protection shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

3. Employees who handle contaminated clothing or materials are to wear protective gloves and other appropriate PPE’s.

E. Containment Procedures

The workplace will be maintained in a clean and sanitary condition. A written custodial procedure, proscribing the appropriate methods and frequency 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 shall be followed. Guidelines will be available for each custodian in the Custodial Services Supervisor Manual in every school building in the custodial services office.

1. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM. Contaminated work surfaces shall be cleaned and 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; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

2. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.

3. Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan or tongs.

4. All custodian or designated staff must wear appropriate PPE’s while cleaning restrooms and within contact with OPIM.

5. Contaminated clothing or materials shall be handled as little as possible with a minimum of agitation.

6. All contaminated clothing or materials shall be placed in the container/bag where it was used and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.

7. Employees will be informed of regulated waste hazards through a system of color-coded labels and through a training program as discussed in Section VI of this written plan.
   a. Warning labels shall be affixed to containers of regulated waste. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color, and is to be either an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol and the test “BIOHAZARD”; or
   b. Red bags or red containers may be substituted for the warning label.
IV. HEPATITIS B VACCINATION PROTOCOL

General statement of policy

All employees who have been identified as having exposure to bloodborne pathogens will be offered the hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost to them should they experience an exposure incident on the job.

All medical evaluations and procedures including the hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to all employees at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician’s assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service. A copy of the bloodborne pathogens standards will be provided to the healthcare professional responsible for the employee’s hepatitis B vaccination.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no cost to the employee.

The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

Any exposed employee who chooses not to take the hepatitis B vaccination will be required to sign a declination statement (Appendix A).

The hepatitis B vaccination series will be made available to workers who initially decline vaccination, but later decides to accept vaccination.

All designated employees who choose to obtain the hepatitis B vaccination (Appendix A) will be referred to the designated health care professionals for evaluation for any contraindications. Results of testing will be given to employee by healthcare provider (Appendix B). If no contraindications exist and there is no documented immunity, the employee will start the vaccination series.

V. EVALUATION AND FOLLOW-UP PROCEDURES OF EXPOSURE INCIDENTS
A. An exposure incident is 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.

B. Employees who experience an exposure incident must immediately report their exposure to their supervisor and the nurse if available. The following steps must be followed:

1. Follow the required protocol for reporting a workplace injury (contact Company Nurse at 1-888-770-0925) and provide a full explanation of circumstances under which the exposure incident occurred.

2. If advised, report to the identified provider from the WJCC Worker’s Compensation Panel of Physician’s for evaluation and follow-up.

3. Complete the Occupational Exposure Incident Report immediately following the exposure incident and forward to the Supervisor of Health Services at Central Office (Appendix C).

4. Have the Source Individual Consent Form for Minor Child form completed if feasible (Appendix D)

C. When an employee reports an exposure incident, he/she should immediately be offered a confidential medical evaluation and follow-up including the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.

2. Identification and documentation of the source individual unless identification is infeasible.

3. The exposed employee’s blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV and HIV serological status. Baseline testing must be completed with 30 days of the incident. If the employee consents to baseline blood collection but does not give consent at the time for HIV serologic 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.

   4. Per§§ 22.1-271.3 and 32.1-45.1 of the Code of Virginia blood from the source individual will be tested as soon as feasible as the person whose body fluids were involved in the exposure shall be deemed to have consented to HBV, HCV, and HIV testing. NOTIFICATION OF PHYSICIAN(S) OR OTHER LOCATIONS RECEIVING SOURCE PATIENTS MUST TAKE PLACE AS SOON AS POSSIBLE AND PRACTICAL.

5. If the person to be tested is a minor, consent shall be obtained from the parent, guardian, or person standing in loco parentis (Code of Virginia § 32.1-45.1). If consent is withheld, the school board may petition the juvenile and domestic relations district court for an order requiring testing. Whenever any person is directly exposed to the body fluids of a school board employee in a manner that may transmit these viruses, the school board employee will be deemed to have consented for testing for these viruses.
If the source individual’s blood is available, the blood shall be tested and the results documented at the sources expense. The exposed employee will be informed of the results.

6. The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illnesses.

D. The following information will be provided to the healthcare professional responsible for evaluating the exposed employee:

2. A description of the exposed employee’s duties as they relate to the exposure incident.
3. The documentation of the route(s) of exposure and circumstances under which exposure occurred.
4. Results of the source individual's blood testing, if applicable.
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

E. The employee shall be provided with a copy of the healthcare professional’s written opinion upon request. The written opinion will be limited to the following information:

1. The employee has been informed of the results of the evaluation.
2. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report.

F. Utilize the Post-Exposure Report/Checklist (Appendix E) for completion of post-exposure activities.

VI. EMPLOYEE TRAINING

Employees will complete training regarding bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually. Employees are responsible to access the training on a yearly basis.

The following content will be included:

1. Explanation of the bloodborne pathogens standard
2. General explanation of the epidemiology, modes of transmission, and symptoms of bloodborne diseases
3. Explanation of this exposure control plan and how it will be implemented
4. Procedures which may expose employees to blood or other potentially infectious materials
5. Control methods that will be used at WJCC Public Schools to prevent and/or reduce the risk of exposure to blood or other potentially infectious materials
6. Explanation of the basis for selection of personal protective equipment
7. Information about the hepatitis B vaccination program, including the benefits and safety of vaccination
8. Information on procedures to use in an emergency involving blood or other potentially infectious materials
9. What procedure to follow if an exposure incident occurs
10. Explanation of post-exposure evaluation and follow-up procedures
11. Explanation of warning labels and/or color coding

VII. RECORD-KEEPING PROCEDURES

Procedures are in place for maintaining both medical and training records. If WJCC Public Schools should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three (3) months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three-month period.

A. A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020. These medical records will be kept by the medical provider chosen from the WJCC Panel of Physicians. The record shall include the following:
   1. Employee name and employee ID number
   2. Copy of the employee’s hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccination
   3. Copy of examination results, medical testing, and any follow-up procedures
   4. Copy of the healthcare professional’s written opinion
   5. Copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B vaccination as a prophylactic and/or after an exposure incident

B. Confidentiality of medical records: The records will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee’s expressed written consent, except as required by law or regulation. Employee medical records required under 29 CFR 1910.1030 shall be provided upon request for examination and copying
to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.1020.

C. Training records: Training records shall be maintained through the Safe Schools electronic training records for three (3) years from the date on which the training occurred. Upon completion of the Safe School training module(s), employees may download a copy of the completion certificate for their records. Additional copies can be requested through the Human Resources Department.
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN
Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

___ I wish to receive the Hepatitis B vaccination. I realize this is a three-shot series and I am responsible for receiving all three shots over the six-month period.

___ I decline the 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 an occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

____________________________________
Signature

____________________________________
Printed Name

____________________________________
Position

____________________________________
Employee Identification Number

____________________________________
Date

Copy: Personnel Confidential Record
Employee has been informed of the results of the post exposure evaluation. Employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

*Employees must take this this form to their healthcare appointment*

____________________________________
Health Care Provider Signature

____________________________________
Date

____________________________________
Employee Signature

____________________________________
Date
APPENDIX C

OCCUPATIONAL EXPOSURE INCIDENT REPORT FORM
(This form must be completed by each employee involved in an incident)

Name of Employee Exposed: ___________________________ Employee ID: ___________________________

Address: ___________________________________________ Phone: ___________________________

Date of Incident: _________________ Time: _________________ Location: ___________________________

Potentially Infectious Materials Involved: ___________________________________________________________

Name of Source Individual: ___________________________

Address: ___________________________________________ Phone: ___________________________

Type of Potentially Infectious Material (PIM): _______________________________________________________

Circumstances (what was employee doing at time of incident?): _______________________________________

____________________________________________________________________________________________

How did incident occur (accident, equipment malfunction, etc.)? _______________________________________

____________________________________________________________________________________________

Personal Protective Equipment being used: ___________________________________________________________

Wound care given: ___________________________ By Whom: ___________________________

Date of last tetanus: ___________ Complete Hepatitis B vaccine series: Yes ___ No ___

If yes, date completed: _______________

Date of last HIV test (N/A if never tested): ___________________________________________________________

I (do) (do not) request to be evaluated and tested for HIV and hepatitis B and C viruses by a physician designated by one of Williamsburg-James City County Public Schools’ Panel of Physicians. I understand that the testing is not mandatory and that all expenses for the testing will be paid by Williamsburg-James City County Public Schools. Following the initial testing, additional testing will be scheduled at 6 weeks, 12 weeks and 6 months to determine if a Bloodborne Pathogen has been transmitted. I understand that I will be provided the test results, counseled by a physician designated by Williamsburg-James City County Public Schools and that all information regarding the exposure, HIV/HBV testing and test results will remain confidential.

Date Form Completed: ___________________________ Employee Signature: ___________________________

Please forward under confidential stamp to James City County Risk Management Office
APPENDIX D

SOURCE INDIVIDUAL CONSENT FORM FOR MINOR CHILD

_______________________________ has been identified as the source of blood or bodily fluid involved in an occupational exposure incident at ________________________, on ________________________, 20____. Pursuant to OSHA/VOSH regulations governing bloodborne pathogens, the Exposure Control Plan enacted by Williamsburg-James City County Public Schools, and §§ 22.1-271.3 and 32.1-45.1 of the Code of Virginia concerning deemed consent to testing for bloodborne pathogens, I have been requested to consent to the testing of my minor child (name)________________________’s blood to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV) and the Hepatitis B or C Viruses. Accordingly,

____ I grant my consent for the testing of my minor child, ______________________’s blood and/or bodily fluid in order to ascertain whether the HIV virus or Hepatitis B or C viruses are present. I understand that, based on the Code of Virginia Section 32.1-45, I am obligated to pay for any testing under these circumstances.

____ I refuse to grant consent for testing of blood.

Dated: ______________________ 20____

________________________________________
Parent/Guardian’s Signature if Minor

________________________________________
Parent/Guardian’s Printed Name if Minor
APPENDIX E

POST-EXPOSURE REPORT/CHECKLIST

To be completed by School Nurse. Use this report as a checklist of POST-EXPOSURE EVALUATION and FOLLOW-UP PROCEDURES.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee furnished with documentation regarding exposure incident.</td>
<td></td>
</tr>
<tr>
<td>Source individual identified. Name of source individual:</td>
<td></td>
</tr>
<tr>
<td>Source individual’s blood tested and results given to exposed employee.</td>
<td></td>
</tr>
<tr>
<td>☐ Check here if consent has not been able to be obtained.</td>
<td></td>
</tr>
<tr>
<td>Appointment arranged for employee with health care professional. Professional’s name:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed employee’s blood collected and tested. Documentation forwarded to health care professional:</td>
</tr>
<tr>
<td>☐ Bloodborne Pathogens Standard – provided to medical provider</td>
</tr>
<tr>
<td>☐ Description of exposed employee’s duties</td>
</tr>
<tr>
<td>☐ Description of exposure incident, including routes of exposure</td>
</tr>
<tr>
<td>☐ Source individual’s blood testing results (if done) released to employee</td>
</tr>
<tr>
<td>☐ Company Nurse notified for Workers’ Compensation</td>
</tr>
</tbody>
</table>
Acknowledgments

Original Expose Control Plan prepared by: Kathleen McNutt, Health Services Coordinator

Date Originally Prepared: 10/1992

Reviewed and Revised by: Janice Fowler, MSN, RN, 08/2022