LA FERIA INDEPENDENT SCHOOL DISTRICT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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LA FERIA INDEPENDENT SCHOOL DISTRICT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

CHAPTER 81, HEALTH AND SAFETY CODE

SUBCHAPTER H

MINIMUM STANDARD
The exposure control plan is adopted as the minimum standard to implement the Blood borne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304.

Applicability
These minimum standards apply to a governmental unit that employs employees who: provide services in a public or private facility providing health care related services, including a home health care organization; or otherwise has a risk of exposure to blood or other potentially infectious material (OPIM).

Purpose
The Bloodborne Pathogens Exposure Control Plan is to reduce or eliminate occupational exposure to blood borne pathogens and OPIM.

Guidance
This plan is provided by the department to be analogous with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Blood borne Pathogens Standard as specified in Health and Safety Code §81.304. Employers should review the plan for particular requirements as applicable to their specific situation. Governmental units may modify the plan appropriately to their respective practice settings. Employers will need to include provisions relevant to their particular facility or organization in order to develop an effective, comprehensive exposure control plan.

Review
Employer reviews annually the exposure control plan, update when necessary, and document when accomplished.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: La Feria Independent School District

Date of Preparation: August 01, 2022

POLICY - DBB (LEGAL)

The La Feria Independent School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Blood borne Pathogens Standard.

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

- Determination of employee exposure
- Implementation Methods and Controls
- Hepatitis B Vaccine
- Post Exposure Evaluation and Follow Up
- Communication about Hazards to Employees
- Recordkeeping
- Annual Review

PROGRAM ADMINISTRATION

ASSISTANT SUPERINTENDENT OF STUDENT AND SUPPORT SERVICES, Lillian Ramos, is responsible for the implementation of the ECP. **ASSISTANT SUPERINTENDENT OF STUDENT & SUPPORT SERVICES AND HEALTH SERVICES COORDINATOR, Sarah Saldivar, RN** will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures which effect occupational exposure. Contact location and phone number: **203 E. Oleander Avenue, La Feria, TX 78559; 956-797-8300 or 956-797-8470**

HEALTH SERVICES COORDINATOR will maintain and distribute all necessary personal protective equipment (PPE), engineering controls (i.e. sharps containers, labels and red bags) as required by the standard. **ASSISTANT SUPERINTENDENT OF STUDENT & SUPPORT SERVICES** will ensure that adequate supplies of the aforementioned equipment are provided and available in the appropriate sizes. Contact location and phone number: **203 E. Oleander Avenue, La Feria, TX 78559; 956-797-8300 or 956-797-8470.**

HEALTH SERVICES COORDINATOR will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location and phone number: **209 West Jessamine Ave., La Feria, TX 78559; 956-797-8470**

HEALTH SERVICES COORDINATOR will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location and phone number: **956-797-8470.**

EMPLOYEE EXPOSURE DETERMINATION

The La Feria Independent School District Bloodborne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

TITLE	DEPARTMENT / LOCATION
SPECIAL EDUCATION UNIT STAFF MEMBERS	SEVERE AND PROFOUND CLASSROOMS
SCHOOL NURSE / SCHOOL NURSE ASSISTANT	HEALTH SERVICES
ATHLETIC TRAINER	ATHLETIC DEPARTMENT

The job classifications for the above employees encompass the potential occupational exposure risks to blood borne pathogens.

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE	DEPARTMENT / LOCATION	TASK / PROCEDURE
JANITOR	MAINTENANCE	HANDLING REGULATED WASTE

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

- ☐ Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

IMPLEMENTATION METHODS AND CONTROLS

La Feria ISD's plan outlines a schedule and method of implementation for the various elements of the exposure control plan.

Universal Precautions

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or OPIM are considered infectious regardless of the perceived status of the source individual. All La Feria ISD employees will utilize universal precautions.

Engineering and Work Practice Controls

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of theses controls, personal protective

equipment is used. Examples include hand washing facilities, sharps containers, etc. Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Hand Washing

Hand washing facilities are available to the employees who may incur exposure to blood or other potentially infectious materials. Hand washing facilities are in the following locations for staff use: employee lounge, employee and student bathrooms, kitchens, janitorial closets, and special-ed classrooms. If hand washing facilities are not feasible, La Feria ISD provides either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. Waterless disinfectants are located in all classrooms, offices, and cafeterias. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.

Frequent hand washing is the most important technique for preventing the transmission of disease. Employees are to wash hands with soap and running water immediately or as soon as possible after removal of personal protective gloves and/or coming into contact with any potentially infectious material. If an employee incurs an exposure to their skin or mucous membranes, skin should be washed with soap and water for 10 minutes and mucous membranes should be flushed with water or eye irrigation solution for 15 minutes or until all traces of the body fluid has been removed as soon as feasible following contact.

Proper Hand Washing Technique:

1. Wet hands with running water.
2. Apply soap and lather well. Liquid soap is preferred.
3. Wash hands using a circular motion and friction for 10-15 seconds. Include the front and back surfaces of the hands, between the fingers and knuckles, and around the nails and entire wrist. Wash under jewelry as well.
4. Rinse the hands well under warm running water.
5. Dry the hands well with paper towels, turn off the water faucet with a paper towel, and discard the towels.

SEE APPENDIX B

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and biohazard labeled or color-coded. Contaminated needles and other contaminated sharps are not to be bent, recapped, removed, sheared, or purposely broken. The District's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique. Sharps disposal containers are available at all school nurses' offices and as indicated. Sharps disposal containers are inspected and maintained every three months or whenever necessary to prevent overfilling by the **HEALTH SERVICES COORDINATOR.** The District's procedure for the disposal of sharps containers is as

follows: La Feria ISD uses company Mediwaste Disposal 7250 FM 1346 San Antonio Texas 78220 (844) 633-4669 for monthly pickup.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present. School employees should refrain from taking part in these activities in health rooms, first aid stations, or in any area where there are contaminated items or risk of exposure to potential blood borne pathogens.

Collection of Specimens and Contaminated Equipment

As per TDH/TEA – Does not apply to the majority of Texas public schools. Applies to those districts which operate a school-based health center where lab work is performed.

Very few specimens are taken in the school setting. However, if an occasion should arise when a specimen needs to be handled (e.g. urine or stool samples), a healthcare professional must collect the specimen under the specific orders of a physician.

Proper Specimen Handling/Collection Procedure:

1. Wear appropriate personal protective equipment.
2. Specimens of blood or other potentially infectious materials must be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping and the containers must be marked with a red top or labeled with a biohazard warning label.
3. If outside contamination of the specimen container occurs, the primary container must be placed in a second container which prevents leakage during handling and is labeled appropriately.
4. No mouth piping or suctioning of any blood or other body fluids is allowed.

All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

Personal Protective Equipment (PPE)

All personal protective equipment is provided at no cost to our employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which protective equipment is used. Examples of personal protective equipment include gloves, eyewear, masks, etc. All personal protective equipment is fluid resistant.

DEPARTMENT ADMINISTRATORS will provide training in the use of personal protective equipment required for the specified task or procedure that the employee will perform. The types of PPE available to LFISD employees are as follows:

- Gloves
- Eye Protection
- Disposable Masks
- Resuscitation Masks
- Repellent Gown

PPEs can be located at work sites where the risk of occupational exposure to blood borne pathogens can be expected, along with all AEDs, and may be obtained through Departmental Supervisors at the employee's request. **ASSISTANT SUPERINTENDENT OF OPERATIONS** will monitor to ensure that PPEs are used and available.

All personal protective equipment is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to the employees.

All employees using PPEs must observe the following precautions:

All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

Masks in combination with eye protection devices, such as goggles or glasses with side shield or chin length face shields are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

The procedure for handling used personal protective equipment is as follows: Used PPE will be disposed of by double bagging and disposing. Eye protection and resuscitation equipment will be

decontaminated by using an OSHA approved cleanser that is pH neutral and registered by the Environmental Protection Agency, (EPA) as a tuberculocide.

Housekeeping

La Feria ISD ensures that all worksites are maintained in a clean and sanitary condition. La Feria ISD determines and implements an appropriate written schedule for cleaning and an appropriate method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

Daily scheduled cleanings and decontamination are done to areas that may be susceptible to contamination with blood borne pathogens, such as the Nurse Office, health room, rest rooms, and self-contained special education classrooms.

Hard surfaces like floors and high "hand-touch" surfaces, such as light switches, door handles, railings, tables, computer keys, and desks should be cleaned routinely.

Regular cleanings are scheduled for sports equipment: balls, handles, gloves, pads, etc. Regular cleaning and sanitizing of sports equipment that comes in direct contact with the skin of players, such as gymnastic mats, weight benches and football helmets.

Rest rooms are cleaned and disinfected routinely using separate cleaning mops and buckets. All mops and buckets are cleaned regularly.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Proper Housekeeping/Decontamination Procedure:

1. Wear appropriate PPE – gloves.
2. Absorb spill (paper towels or biohazard spill kit).
3. Wash the area well, using and EPA-Approved disinfectant or a 1:10 bleach solution (mix 1 part household bleach in 10 parts of water-replace solution daily).
4. Dispose of all cleaning materials: gloves, soiled towel, and other waste in sealed plastic bags and place in garbage.
5. Wash hands.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

Bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

SEE APPENDIX C

Regulated Waste Disposal

As per TDH/TEA – Does not apply to the majority of Texas public schools. The amount of blood and body fluids disposed of in the normal school environment can be handled similar to the home environment.

The procedure for handling sharps disposal containers: La Feria Independent School District uses the company Mediwaste Disposal 7250 FM 1346 San Antonio Texas 78220 (844) 633-4669.

Laundry Procedures

As per TDH/TEA – Does not apply to the majority of Texas public schools. May have application regarding laundering of athletic uniforms. The plan recommends a "hygienic and common sense approach."

Laundering is performed by **La Feria ISD Athletic Department and Special Education Department.**

The following laundering guidelines should be followed:

Use a **"hygienic and common sense"** approach.
Handle contaminated laundry as little as possible with minimal agitation.
Place wet contaminated laundry in leak-proof, labeled containers/bag before transport.
Wash contaminated clothing/supplies separately from uninfected clothing/supplies.
Wash with detergent appropriate to water temperature.
Dry clothing/supplies thoroughly at highest heat that fabric can tolerate.
Wear the following personal protective equipment when handling and/or sorting contaminated laundry: Gloves.

HEPATITIS B VACCINE

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after blood borne pathogens training and within 10 working days of their initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. Hepatitis B Vaccinations will be coordinated by the District's **HEALTH SERVICES COORDINATOR** and will be announced to employees.

Employees who decline the Hepatitis B vaccine must sign a declination statement **(SEE APPENDIX D)** of this exposure control plan). Documentation of declination will be kept at the main office of **HEALTH SERVICES DEPARTMENT.**

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

POST EXPOSURE EVALUATION AND FOLLOW UP

When the employee incurs an exposure incident, the employee reports to the **SCHOOL NURSE/AIDE or the HEALTH SERVICES COORDINATOR** for initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) and/or assessment. If a nurse is not available, please locate the closest First Aid/CPR certified person and/or administrator. All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

1. Document the route(s) of exposure and how the exposure occurred.
2. Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HBV, and HCV infectivity.
4. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable law and regulations concerning disclosure of the identity and infectivity of the source individual.
5. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV/HCV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that testing will be conducted, then testing is done as soon as feasible.
6. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
7. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident.
8. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
9. The **HEALTH SERVICES COORDINATOR** ensures that the post-exposure evaluation and follow-up are received by the employee and maintains records related to this policy.

Should an exposure incident occur, contact the **HEALTH SERVICES COORDINATOR at 956-797-8470.** **SEE APPENDIX E**

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of La Feria Independent School District after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1. a copy of La Feria Independent School District Exposure Control Plan;
2. a description of the exposed employee's duties as they relate to the exposure incident;
3. documentation of the route(s) of exposure and circumstances under which the exposure occurred;

4. results of the source individual's blood tests (if available); and
5. medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

1. when the employee is sent to obtain the Hepatitis B vaccine or,
2. whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their opinions to:

1. whether the Hepatitis B vaccine is indicated;
2. whether the employee has received the vaccine;
3. the evaluation following an exposure incident;
4. whether the employee has been informed of the results of the evaluation;
5. whether 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 or diagnosis shall remain confidential and shall not be included in the written report); and
6. whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

The **ASSISTANT SUPERINTENDENT OF STUDENT & SUPPORT SERVICES** is designated to assure that the policy outlined here is effectively carried out.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

La Feria ISD identifies the need for changes in engineering controls and work practices through: **employee interviews, the review of circumstances surrounding an exposure incident, the review of District/TDSHS injury reports, etc.** The **CAMPUS ADMINISTRATOR OR DESIGNEE (ASSISTANT SUPERINTENDENT OF STUDENT & SUPPORT SERVICES OR HEALTH SERVICES COORDINATOR IN THE ADMINISTRATORS ABSENCE)** 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 in use at the time
Protective equipment or clothing that was used at the time of the exposure incident (gloves, etc.)
Location of the incident
Procedure being performed when the incident occurred Employee's
training

New procedures and/or new products are evaluated to address the district's needs. If it is determined that revisions need to be made, **ASSISTANT SUPERINTENDENT OF STUDENT & SUPPORT SERVICES** will ensure that appropriate and effective implementation of recommendations are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

Use of Biohazard Labels

As per TDH/TEA – Does not apply to the majority of Texas public schools. Applies to regulated waste, refrigerators, freezers or other containers used to store, transport or ship blood or other potentially infectious materials.

Training

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is conducted within one year of the employee's previous training.

Training for La Feria ISD employees is coordinated by the **HEALTH SERVICES COORDINATOR** and is conducted by persons knowledgeable in the subject matter and includes an explanation of the following:

1. Chapter 96 Blood borne Pathogen Control
2. OSHA Blood borne Pathogen Final Rule;
3. Epidemiology and symptomatology of blood borne diseases;
4. Modes of transmission of blood borne pathogens;
5. La Feria Independent School District exposure control plan (i.e., points of plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
6. Procedures which might cause exposure to blood or other potentially infectious materials;
7. Control methods which are used to control exposure to blood or other potentially infectious materials;
8. Personal protective equipment available with your supervisor;
9. Hepatitis B vaccine program;
10. Procedures to follow in an emergency involving blood or other potentially infectious materials;
11. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12. Post exposure evaluation and follow up;
13. Signs and labels used at the facility; and
14. An opportunity to ask questions with the individual conducting the training.

RECORDKEEPING

Medical Records

According to OSHA's Blood borne Pathogens Standard, medical records are maintained by the **HEALTH SERVICES COORDINATOR.**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20 "Access to Employee Exposure and Medical Records." The **HEALTH SERVICES COORDINATOR** is responsible for maintenance of the required medical records. These confidential records are kept at the **HEALTH SERVICES DEPARTMENT** for the duration of employment plus 30 years.

Employee medical records are provided upon request to the employee or to anyone having written consent of the employee within 15 working days. Such requests should be addressed to **ASSISTANT SUPERINTENDENT OF OPERATIONS, 203 E. OLEANDER AVENUE, LA FERIA, TEXAS 78559**

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the **HEALTH SERVICES DEPARTMENT.**
The training records include: Dates
of the training sessions
Contents or summary of the training sessions
Names and qualifications of persons conducting the training
Names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the **ASSISTANT SUPERINTENDENT OF STUDENT & SUPPORT SERVICES, 203 E. OLEANDER AVENUE, LA FERIA, TEXAS 78559.**

ANNUAL REVIEW

The **ASSISTANT SUPERINTENDENT OF STUDENT & SUPPORT SERVICES AND HEALTH SERVICES COORDINATOR** shall annually review the exposure control plan. The review shall include:

1. a list of new tasks that affect occupational exposure;
2. modifications of tasks and procedures;
3. evaluation of available engineering controls;
4. a list of new employee positions with potential for occupational exposure, and
5. solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

Signature: Lillian Ramos Date: 9-30-22

Assistant Superintendent of Student & Support Services

Signature: Date: 9/30/22

Health Services Coordinator

APPENDIX A

ASSESSMENT TOOL

	YES	NO
1. The exposure control plan is located in all school Nurses' offices and Administrators' offices.		
2. Employees at occupational risk for blood borne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Hand washing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove removal		
8. Employees deposit contaminated sharps in biohazard containers immediately after use		
9. Health Services Coordinator changes filled sharps containers when full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in close proximity to blood or body fluids		
12. Employees do not mouth pipette/suction blood or body fluids		
13. Employees wear the designated fluid resistant personal protective equipment/ attire appropriate for the task at hand		
14. Employees place the contaminated personal protective equipment in the appropriate receptacles		
15. Employees maintain a clean environment at all times		
16. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
17. Employees know the safe procedure for contaminated, broken glass clean up		
18. Employees demonstrate the knowledge of La Feria ISD's policies regarding disposal and placing regular waste and/or biohazard waste in appropriate containers and transporting the waste according to policy		
19. Employees place wet laundry in leak resistance bags or containers and transport used laundry in leak proof containers		
20. Each employee knows his documented hepatitis B vaccine status		
21. Employees know where and to whom to report exposure incidents		
22. An employee occupational exposure protocol is practiced in accordance with U. S. Public Health Service		
23. Employees are oriented and receive annual training to the exposure control plan		
24. Recording and reporting occupational exposures are conducted in accordance with OSHA's Blood borne Pathogens Standard		

25. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		

APPENDIX B

La Feria Independent School District Health Services Department

HEALTH AND PREVENTION

Hand Washing Techniques

Association for Professionals in Infection Control and Epidemiology (APIC) recommends the following procedure for thorough hand washing:

- Wet hands with warm running water.
- Apply hand washing agent (soap) and thoroughly distribute over hands.
- Vigorously rub hands together for 10 to 15 seconds, generating friction on all surfaces of the hands and fingers, including thumbs, backs of fingers, backs of the hands, and beneath the fingernails.
- Rinse hands thoroughly to remove residual soap then dry using paper towels dispensed from holders that require the user to remove them one at a time.
- If the sink does not have foot controls or an automatic shutoff, a paper towel may be used to shut off the faucet to avoid recontamination of the hands.

While there is little evidence to recommend a specific ideal water temperature for effective hand washing, it seems logical to use warm water. Excessively hot water is harder on the skin, dries the skin, and is too uncomfortable to wash for the recommended amount of time. In addition, cold water inhibits the proper lathering of soap.

When using an alcohol-based antimicrobial cleaner, APIC recommends that a vigorous, one-minute rubbing with enough alcohol (3-5ml is generally recommended) to wet the hands completely is the most effective method for hand antisepsis. Failure to cover all surfaces of the hands because of poor technique or use of insufficient amounts of alcohol hand rub solution can leave surfaces contaminated. Also, keep in mind that these alcohol hand rubs are not designed to remove physical dirt, and therefore should be used with another cleaning agent in the presence of physical dirt.

According to the US Centers for Disease Control and Prevention (CDC), "hand washing is the single most important procedure for preventing the spread of infection."

APPENDIX C

La Feria Independent School District Health Services Department HOUSEKEEPING AND DECONTAMINATION

The following is a checklist of actions provided by the Texas Department of State Health Services Infectious Disease Branch that may be taken in the event that a communicable disease or infection occurs in a School Environment. It is based on current best practices in infection control.

Cleaning and disinfecting surfaces that may have come in contact with bacteria or infectious diseases is necessary to keep the environment and our schools healthy.

Education and Training

- Everyone should receive hand hygiene training
- Training should be done in appropriate language and educational level
- Training should be documented

Implementation of Containment Procedures

Infection Care

- Know who to contact: coordinator, administration, healthcare provider, health department
- Know who needs to be excluded from school and/or restricted from participated in events: sports, UIL, etc.
- Know what is required for re-entry into school: MD release, current treatment, coverage of draining wound, etc.
- Persons responsible for care and treatment have access to all needed supplies: gloves, soap, water, bandages, trash bags, etc.
- Prescribed medications taken at school are stored as directed and kept locked

Hygiene

- Everyone performs hand hygiene at appropriate times and placed: cafeteria, bathrooms, etc.
- Running water, soap and paper towels or hand sanitizer should be available in designated areas: cafeteria, bathrooms, classrooms, etc.
- Persons should not share personal items: towels, soap, razors, nail clippers, etc.
- Everyone should be encouraged to shower daily after: students after P.E./athletics

Laundry

- Wash contaminated clothing/supplies separately from uninfected clothing/supplies
- Wash with detergent appropriate to water temperature
- Use bleach when possible
- Dry clothing/supplies thoroughly at highest heat that fabric can tolerate

Environmental Surfaces

- Know who is responsible for cleaning and disinfecting
- Daily scheduled cleanings and decontamination are done to areas that may be susceptible to contamination with blood borne pathogens, such as the Nurse Office, health room, rest rooms, and self-contained special education classrooms
- Initial thorough cleaning and disinfecting of all environmental surfaces has been done with an **EPA-Approved** disinfectant
- All sheets, blankets, pillows, towels, and rugs are laundered as soon as an infection is identified
- Cleaners and disinfectants are available but out of reach of children
- Trash receptacles are accessible for disposal of cleaning materials
- Toilets, showers, bathtubs, and sinks are disinfected after use by infected person(s) and before any other person uses them
- All high touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls, utensils, etc.) are thoroughly cleaned and disinfected with an **EPA-Approved** disinfectant daily
- Items that cannot be disinfected (such as a cracked seat pad) have been discarded

APPENDIX D

HEPATITIS B VACCINE DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be 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.

Campus / Department: _____

Print: _____

Signature: _____

Date: _____

APPENDIX E

La Feria Independent School District
Health Services Department

Guidelines for Reporting Incidents Using The TASB Incident Investigation Record

The TASB Incident Investigation Record is used to assist the District in reducing or preventing future occupational injuries and illnesses. It requests all the information required to be reported by the Texas Workers' compensation Commission (TWCC) for on-the-job injuries, fatalities, and occupational diseases.

As per Superintendent of Schools, an Incident Investigation Record (or other District approved form) **must be** completed for every on-the-job injury. An employee may not refuse to complete the report.

An employee may refuse an assessment by the nurse and/or refuse to see an MD. If this occurs, make sure the refusal is documented in the appropriate areas on the Incident Investigation Record.

If an employee is injured and you are available, you are to perform an assessment, provide first aid, and get a statement from the employee of how the injury occurred, any complaints, etc. Document your findings in the appropriate areas of the Incident Investigation Record. The employee and the campus/department administrator are to complete the other areas of the form. If the employee has obtained an injury that limits their ability to fill out the forms, you will assist them by writing in their statements. As healthcare professionals, we should strive to provide safe and compassionate nursing care to everyone in need.

Depending on the assessment, you can make a recommendation for the employee to see or not to see an MD. We cannot force anyone to see a Doctor. If an employee refuses to see an MD and/or refuses an assessment, and in your judgment the refusal might risk the safety and/or well-being of the employee or others, involve the campus/department administrator.

If you are not available, the campus/department administrator, their designee, and/or the employee can complete all information required on the Incident Investigation Record. The form is not required to be filled out by a Nurse. It does not even require that the employee be assessed by a Nurse. The information requested on the back of the form is directed towards the medical evaluation of a Health Care Provider, the investigation into the injury by the campus/department administrator, and the description of the incident by the employee. What we want to avoid is having an employee that may require immediate medical attention waiting around for an available Nurse to perform an assessment.

The campus/department administrator must sign the bottom of the Incident Investigation Record. In their absence, their designee should sign. If the designee is also unavailable, it can wait 24-48 hours to get an appropriate signature. The **ORIGINAL** form should be routed to the Business Office. In an instance where appropriate signatures are not readily available, a copy should be forwarded to the Business Office and the original with signatures should follow.

A copy of the Incident Investigation Record should also be forwarded to the Health Services Coordinator, the Assistant Superintendent of Operations, and to the campus/department administrator. A **COPY** of the form (completed or not) should also accompany the employee to the Doctor's Office if they seek medical attention.

If the employee **DOES NOT** seek medical attention (refuses or does not need to see an MD), a copy of the form **DOES NOT** need to be forwarded to the Assistant Superintendent of Operations or the Business Office.

I recommend you instruct or guide the office staff at your assigned Campus on the proper procedures for filling out and forwarding the required documentation.

If you ever have any questions or if a special circumstance occurs regarding an on-the-job injury, you may contact **Sarah Saldivar, RN-Health Services Coordinator** at **797-8470** or **Maggie Cantu, Accounts Payable Clerk** at **797-8308**.

APPENDIX F

La Feria Independent School District Health Services Department

Blood & Body Fluid Exposure Management

Bloodborne Pathogens
(Contaminated Sharps Injuries, Needle stick Prevention)

Related Topics: Infection Control

If you experienced a needle stick or sharps injury or were exposed to blood or other body fluid of a patient during the course of your work, immediately follow these steps:

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigates
- Report the incident to your supervisor
- Immediately seek medical treatment

TEXAS Department of State Health Services

La Feria Independent School District Health Services Department

Bloodborne Pathogens
(Contaminated Sharps Injuries, Needle stick Prevention)

Contaminated Sharps Injury Reporting

The Contaminated Sharps Injury Reporting form has been revised. There are now two versions of the form (1) A one page MS word form with drop down lists that allows the form to be saved and use computerized data entry or (2) A three page PDF form for manual completion.

Submit either the one-page MS Word form or the three-page PDF form from above. *DO NOT SEND BOTH FORMS.*

The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Texas Department of State Health Services regional office in which the facility is located. Address information for regional directors can be obtained on the Internet. The local health authority, acting as an agent for the Texas Department of State Health Services will receive and review the report for completeness, and submit the report to:

Texas Department of State Health Services

Emerging and Acute Infectious Disease Branch

PO Box 149347 (Mail code 1960), Austin, Texas 78714-9347

Fax number: 512-776-7616

Copies of the Contaminated Sharps Injury Reporting Form can be also obtained from the Texas Department of State Health Services Public Health Regional Offices.

Last updated March 4, 2021

Department of State Health Services
Infectious Disease Control

Contaminated Sharps Injury Reporting Form

Please complete a form for each exposure incident involving a sharp.
NOTE: If injury occurred BEFORE the sharp was used for its intended purpose, do not complete this form.

Facility where injury occurred:			
Street address (no PO Box):			
City:	County:		Zip Code:
Street address of reporter *(if different from above)*:			Date filled out:
Reporter's Name:	Phone: - -		Reporter's e-mail:

INSTRUCTIONS FOR DROP-DOWN LIST: *Choose (one) response from Drop-down list or enter answer in "Other" field.*

1. Date of injury:	Time of injury: ☐ am ☐ pm	
Age of injured:	Sex of injured: ☐ Male ☐ Female	
2. Type of Sharp Involved: *(Choose only one response from Needles, Surgical Instruments, or Glass Drop-down Lists)*	Needles List or	Other Non-suture needle
	Surgical Instruments List or	Other Surgical
	Glass Items List or	Other Glass
List Brand Name of Sharp:		
3. Original Intended Use of Sharp	A-1 O-2 or Other	
4. When and How Injury Occurred... ☐ before (DO NOT report to DSHS) ☐ during ☐ after the sharp was used for its intended purpose.	4.A If the exposure occurred during or after the sharp was used, was it... How Exposed List or	Other
5. Did the device being used have engineered sharps injury protection?		☐ yes ☐ no ☐ don't know
A. Was the protective mechanism activated?		☐ yes, fully ☐ yes, partially ☐ no ☐ don't know
B. Did the exposure incident occur...		☐ before ☐ during ☐ after activation of the protective mechanism?
6. Was the injured person wearing gloves?		☐ yes ☐ no
7. Had the injured person completed a hepatitis B vaccination series?		☐ yes ☐ no ☐ don't know
8. Was there a sharps container readily available for disposal of the sharp?		☐ yes ☐ no
8.A Did the sharps container provide a clear view of the level of contaminated sharps?		☐ yes ☐ no
9. Had the injured person received training on the exposure control plan in the 12 months before the incident?		☐ yes ☐ no
10. Involved body part:		
11. Job Classification of Injured Person	A-1 M-2 or Other (specify)	
12. Employment Status of Injured Person	or Other (specify)	
13. Location Facility/Agency in Which Sharps Injury Occurred	or Other (specify)	
14. Work Area Where Sharps Injury Occurred	A-1 M-2 or Other	
COMMENTS *(your views, opinions, suggestions)*		

INSTRUCTIONS: The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Department of State Health Services regional office in which the facility is located. Address information for regional directors can be obtained on the Internet at www.dshs.state.tx.us
The local health authority, acting as an agent for the Department of State Health Services will receive and review the report for completeness, and mail the report to: Infectious Disease Control (IDC), Department of State Health Services, PO Box 149347, Austin, Texas 78714-9347 or fax to 512 458 7616.
Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/ reporting or from Department of State Health Services regional offices.

TEXAS
Department of
State Health Services

INFECTIOUS DISEASE CONTROL

CONTAMINATED SHARPS INJURY REPORTING FORM

The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Texas Department of State Health Services (DSHS) regional office in which the facility is located. Address information for regional directors can be obtained on the DSHS webpage at http://www.dshs.state.tx.us/regions/default.shtm. The local health authority, acting as an agent for the Texas Department of State Health Services will receive and review the report for completeness, and submit the report to: IDEAS, Texas DSHS, 1100 West 49th Street, T-801, Austin, Texas 78756-3199. Obtain copies at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting or from Texas Department of State Health Services regional offices.

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

NOTE: If the injury occurred BEFORE the sharp was used for its original intended purpose, *do not* submit this form

Facility (agency/institution) **where injury occurred:**			
Street address (no post office box):			
City:	**County:**	**Zip code:**	
Street address of reporter if different from facility where injury occurred:			
Date:	Reporter's Name:		
	Reporter's Telephone:	Reporter's e-mail:	
1. Date of injury:	**Time of injury:** ☐am ☐pm	**Age of injured:**	**Sex of injured:** ☐M ☐F
2. Type and Brand of sharp involved (*Check one box*)		**List brand name of sharp:**	

Needles

- ☐ Arterial catheter introducer needle
- ☐ Blood gas syringe
- ☐ Central line catheter needle (cardiac, etc.)

Disposable Syringe

- ☐ Insulin
- ☐ 20-gauge needle
- ☐ 21-gauge needle
- ☐ 22-gauge needle
- ☐ 23-gauge needle
- ☐ 24/25-gauge needle
- ☐ Tuberculin

- ☐ Drum catheter needle
- ☐ IV catheter stylet
- ☐ Needle on IV line (includes piggybacks & IV line connectors
- ☐ Needle, not sure what kind
- ☐ Pre-filled cartridge syringe
- ☐ Spinal or epidural needle
- ☐ Suture needle
- ☐ Syringe, other type
- ☐ Unattached hypodermic needle
- ☐ Vacuum tube blood collection holder/needle
- ☐ Winged steel needle (includes butterfly, winged-set type devices)

Other

- ☐ Other vascular catheter needle (cardiac, etc.)
- ☐ Other non-vascular catheter needle (ophthalmology, etc.)
- ☐ Other nonsuture _____

Surgical Instruments *(or other sharp items)*

- ☐ Bone chip/chipped tooth
- ☐ Bone cutter
- ☐ Drill bit/bur
- ☐ Electro-cautery device
- ☐ Fingernails/teeth
- ☐ Huber needle
- ☐ Lancet (finger or heel stick)
- ☐ Microtome blade
- ☐ Pickups/forceps/ hemostats/clamps
- ☐ Pin (fixation, guide pin)
- ☐ Pipette (plastic)
- ☐ Razor
- ☐ Retractors, skin/bone hooks
- ☐ Scalpel, disposable
- ☐ Scalpel, reusable
- ☐ Scissors
- ☐ Sharp item, not sure what kind
- ☐ Specimen/test tube (plastic)
- ☐ Staples/steel sutures
- ☐ Towel clip
- ☐ Trocar
- ☐ Vacuum tube (plastic)
- ☐ Wire (suture/fixation/guide wire)
- ☐ Other sharp _____

Glass

- ☐ Capillary tube
- ☐ Glass slide
- ☐ Glass item, not sure what kind
- ☐ Medication ampule/vial/IV bottle
- ☐ Pipette
- ☐ Specimen/test tube
- ☐ Vacuum tube
- ☐ Other glass item: _____

3. Original intended use of sharp (*check one box*)

☐ Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection

☐ Contain a specimen or pharmaceutical (glass vial)

☐ Cutting

☐ Dental ☐ Extraction ☐ Hygiene ☐ Orthodontic ☐ Periodontal ☐ Restorative ☐ Root Canal

☐ Dialysis

☐ Draw arterial blood sample...*If used to draw blood was it* ☐ direct stick *or* ☐ drawn from a line

☐ Draw venous blood sample

☐ Drilling

☐ Electrocautery

☐ Finger Stick/heel stick

☐ Heparin or saline flush

☐ Injection, intra-muscular/subcutaneous/intra-dermal, or other injection through the skin (syringe)

☐ Obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy)

☐ Other injection into (or aspiration from) IV injection site or IV port (syringe)

☐ Remove central line/porta catheter

☐ Start IV or set up heparin lock (IV catheter or winged set-type needle)

☐ Suturing ☐ deep ☐ skin

☐ Tattoo

☐ Unknown/not applicable

☐ Wiring

☐ Other _____

4. When and How Injury Occurred...

☐ Before (DO NOT report to DSHS) ☐ during ☐ after the sharp was used for its intended purpose

If the exposure occurred during or after the sharp was used, was it (*check one box*)

☐ Activating safety device

☐ Between steps of a multistep procedure (carrying, handling, passing/receiving syringe/instrument, etc.)

☐ Device malfunctioned

☐ Device pierced the side of the disposal container

☐ Disassembling device or equipment

☐ Found in an inappropriate place (eg. Table, bed, linen, floor, trash)

☐ Interaction with another person

☐ Laboratory procedure/process

☐ Patient moved during the procedure

☐ Preparation for reuse of instrument (cleaning, sorting, disinfecting, sterilizing, etc.)

☐ Recapping

☐ Suturing

☐ Use of sharps container

☐ Unsafe practice

☐ Use of IV/central line

☐ Other _____

5. Did the device being used have engineered sharps injury protection? ☐ yes ☐ no ☐ do not know

A. Was the protective mechanism activated? ☐ yes ☐ no ☐ do not know

B. Did the exposure incident occur ☐ before ☐ during ☐ after activation of the protective mechanism

6. Was the injured person wearing gloves? ☐ yes ☐ no ☐ do not know

7. Had the injured person completed a hepatitis B vaccination series? ☐ yes ☐ no ☐ do not know

8. Was there a sharps container readily available for disposal of the sharp? ☐ yes ☐ no

Did the sharps container provide a clear view of the level of contaminated sharps? ☐ yes ☐ no

9. Had the injured person received training on the exposure control plan in the 12 months prior to the incident? ☐ yes ☐ no

10. Involved body part (*check one box*) ☐ hand ☐ arm ☐ leg/foot ☐ face/head/neck ☐ torso (front or back)

11. Job Classification of injured person (*check only one box*)

- ☐ Aide (e.g. CAN, HHA, orderly)
- ☐ Attending physician (MD, DO)
- ☐ Central supply
- ☐ Chiropractor
- ☐ Clerical/administrative
- ☐ Clinical lab technician
- ☐ Counselor/social worker
- ☐ CRNA/NP
- ☐ Dentist
- ☐ Dental assistant/technician
- ☐ Dental hygienist
- ☐ Dental student
- ☐ Dietician
- ☐ EMT/ paramedic
- ☐ Fellow
- ☐ Firefighter
- ☐ Food service
- ☐ Hemodialysis technician
- ☐ Housekeeper/laundry
- ☐ Intern/resident
- ☐ Law enforcement officer
- ☐ Licensed vocational nurse
- ☐ Maintenance staff
- ☐ Medical student
- ☐ Morgue tech/autopsy tech
- ☐ Nurse midwife
- ☐ Nursing student
- ☐ OR/surgical technician
- ☐ Pharmacist
- ☐ Physician assistant
- ☐ Physical therapist
- ☐ Phlebotomist/venipuncture/IV team
- ☐ Psychiatric technician
- ☐ Public health worker
- ☐ Radiologic technician
- ☐ Registered nurse
- ☐ Researcher
- ☐ Respiratory therapist/technician
- ☐ Safety/security
- ☐ School personnel (not nurse)
- ☐ Transport/messenger
- ☐ Volunteer
- ☐ Other _____

12. Employment Status of Injured Person (*check one box*)

☐ Employee ☐ Student ☐ Contractor/contract employee ☐ Volunteer ☐ Other _____

If not directly employed by reporter, name the employer/service/agency/school: _____

13. Location/Facility/Agency in which sharps injury occurred (*check one box*)

- ☐ Blood bank/center/mobile
- ☐ Clinic
- ☐ Correctional facility
- ☐ Dental facility
- ☐ EMS/Fire/Police
- ☐ Home health
- ☐ Hospital
- ☐ Laboratory (freestanding)
- ☐ Medical examiner office/morgue
- ☐ Outpatient treatment (e.g. dialysis, infusion therapy)
- ☐ Residential facility (e.g. MHMR, shelter)
- ☐ School/college
- ☐ Other _____

14. Work Area where Sharps Injury Occurred (*check one box*)

- ☐ Ambulance
- ☐ Autopsy/pathology
- ☐ Blood bank center/mobile
- ☐ Central supply
- ☐ Critical care unit
- ☐ Dental clinic
- ☐ Dialysis room/center
- ☐ Emergency department
- ☐ Endoscopy/bronchoscopy/ cystoscopy
- ☐ Field (non EMS)
- ☐ Floor (not patient room)
- ☐ Home
- ☐ Infirmary
- ☐ Jail unit
- ☐ Laboratory
- ☐ L & D/Gynecology unit
- ☐ Medical/Outpatient clinic
- ☐ Medical/surgical unit
- ☐ Nursery
- ☐ Patient/resident room
- ☐ Pediatrics
- ☐ Pre-op or PACU
- ☐ Procedure room
- ☐ Rescue setting (non ER)
- ☐ Radiology department
- ☐ Seclusion room/psychiatric unit
- ☐ Service/Utility area (e.g. laundry)
- ☐ Surgery/operating room
- ☐ Other _____

COMMENTS:

APPENDIX G

DEFINITIONS

Amniotic fluid — the fluid surrounding the embryo in the mother's womb.

Antibody — a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Antigen — any substance which stimulates the formation of an antibody.

Biohazard label — a label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Bulk blood and body fluids — bulk quantities (dripping, pourable) or items saturated with whole blood and blood components, blood specimens, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, amniotic fluid, peritoneal fluid, peritoneal dialysate, pericardial fluid, pleural fluid, and other body fluids visibly contaminated with blood. Collection devices or reservoirs not emptied prior to disposal should also be treated as infectious waste.

Cerebrospinal fluid — a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.

Clinical laboratory — a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated — the presence or 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 infected materials or may contain sharps.

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

Decontamination — the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of

transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls — include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers, self-sheathing needles, and needleless systems.

Exposure control plan — a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods that are capable of protecting employees from exposure to blood borne pathogens and meets the requirements spelled out by the OSHA Blood borne Pathogens Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure incident — a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand-washing facilities — a facility providing an adequate supply of running potable water, soap, and single-use towels, medicated towelettes, or hot air drying machines.

HBV— hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus

Human tissue — recognizable human tissue. It must be buried, incinerated, or rendered completely unrecognizable. Nonhuman tissues are only considered infectious if they are known or suspected to contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible human host could result in an infectious disease.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are *not* included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

1) items soiled (not saturated) with body fluids (for example, bandages, tampons, sanitary napkins)
2) items soiled with body fluids not included in the definition of infectious waste (for example, diapers)
3) intravenous tubing with needles detached

Medical consultation — a consultation which takes place between an employee and a licensed health-care professional for the purpose of determining the employee's medical condition

resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.
Microbiological lab wastes — cultures and lab equipment that have come in contact with infectious agents.
Mucous membranes — a surface membrane composed of cells that secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract.

Mucus — a thick liquid secreted by glands lining the nasal passages, the stomach and intestines, the vagina, and so forth.

Needleless systems — devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. Examples include IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle.

Occupational exposure — a 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.

OSHA — the Occupational Safety and Health Administration of the U.S. Department of Labor; the federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

Other potentially infectious materials (OPIM) — (1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in which 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; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral — piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Pathogen — a bacteria or virus capable of causing infection or disease.

Pericardial fluid — fluid from around the heart.

Pericardium — the sheath of tissue encasing the heart.

Peritoneal fluid — the clear straw-colored serous fluid secreted by the cells of the peritoneum.

Peritoneum — the lining membrane of the abdominal (peritoneal) cavity, composed of a thin layer of cells.

Personal protective equipment— specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves; gowns; laboratory coats; face shields or masks and eye protection equipment; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment can be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Pleural — the membrane lining the chest cavity and covering the lungs, made up of a thin sheet of cells.

Pleural fluid — fluid from the pleural cavity.

Production facility — a facility engaged in industrial-scale, large-volume, or high-concentration production of HIV or HBV.

Prophylaxis — the measure carried out to prevent diseases.

Regulated waste — liquid or semi-liquid 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.

Research laboratory — a laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Serous fluids — liquids of the body, similar to blood serum, which are in part secreted by serous membranes.

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize — the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synovial fluid — the clear amber fluid usually present in small quantities in a joint of the body (for example, the knee or elbow).

Universal precautions — an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if we know them to be infectious for HIV, HBV, HCV, and other blood borne pathogens.

Vascular — pertaining to or composed of blood vessels.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed.