



Exposure Control Plan for Bloodborne Pathogens

Introduction

Purpose

The purpose of the Harvest Ridge Cooperative Charter School's Exposure Control Plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids; and
2. Comply with the Cal-OSHA Bloodborne Pathogens Standard, 8 California Code of Regulations 5193.

Background

Blood and body fluids may contain pathogens which are small organisms which can cause serious disease. Two of the most common bloodborne diseases are:

1. Hepatitis B Virus (HBV) which causes hepatitis, a potentially fatal liver disease.
2. Human Immunodeficiency Virus (HIV), the cause of Acquired Immunodeficiency Syndrome (AIDS).

HBV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin.

In the school setting the most common way exposure may occur is when an employee who has an open sore or injury is in contact with blood or other infectious materials, or when an employee is not wearing the proper personal protective equipment to protect against contact with infectious materials such as blood, human tissue or other body fluids that contain blood.

Management Commitment/Responsibility

The development and implementation of an exposure control plan requires the commitment of management and participation of all employees throughout the district.

➤ Policy Statement

It is the policy of Harvest Ridge Cooperative Charter School to provide a safe and healthy work environment for all employees by minimizing the exposure to bloodborne pathogens.

➤ Responsibility

It shall be the responsibility of the School's Safety Committee to review the School's Bloodborne Pathogen Exposure Control Plan annually. Whenever necessary, the Exposure Control Plan will be amended to reflect new or modified tasks and procedures which affect occupational exposure.

It shall be the responsibility of the School's Nurse, Executive Director, and Safety Committee to conduct facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.

The school office will maintain all recordkeeping required annually to ensure compliance in accordance with bloodborne pathogens exposure control standards.

The Executive Director is responsible for overseeing the implementation of the workplace practice controls at the school, which are discussed in the Methods of Compliance – Engineering Controls and Work Practice Controls section of this handbook.

The Executive Director is responsible for assessing and selecting appropriate personal protective equipment for their staff, and ensuring that appropriate personal protective equipment is available to employees at that site. Employees are responsible for wearing the designated personal protective equipment.

The school office is responsible for maintaining the training records outlined in Recordkeeping – Training Records section of this handbook.

Exposure Determination

Definition of Occupational Exposure:

Any employee with occupational exposure to blood or other potentially infectious materials is covered by the Exposure Control Plan. Potentially infectious materials include the following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Occupational exposure is defined by Cal-OSHA as “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.” (Parenteral is the piercing of membranes or skin barriers through such events as needle-sticks, human bites, cuts and abrasions.) Further, to be considered “occupational exposure,” the contact must result from the performance of an employee’s duties.

Determination of Occupational Exposure

The Cal-OSHA regulations provide for the Hepatitis B vaccination of certain employees who may reasonably anticipate occupational exposure. Accordingly, it is the responsibility of the School to identify and list the following:

1. Each job classification in which all the employees have reasonably anticipated occupational Exposure.
2. Each job classification in which some of the employees have occupational exposure.

These job classifications along with their related job tasks and procedures are identified in the list that follows, entitled “Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens.”

Hepatitis B vaccinations shall be provided to those employees determined by the School to have occupational exposure to blood and other potentially infectious materials, and to be eligible for vaccination (*see Hepatitis B Vaccination Program section*). Upon request, employees who are not considered to have occupational exposure to blood and other potentially infectious materials may be eligible for vaccination as well.

Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens

Below are listed the job classifications at Harvest Ridge where some or all employees may handle human blood or other potentially infectious materials, and the tasks/procedures which may result in possible exposure to bloodborne pathogens:

Job Classification	Tasks/Procedures
Employees with Occupational Exposure: <ul style="list-style-type: none"> ● School Nurse ● School Secretary 	Provision of physical care in which blood or blood-tinged body fluids are present.
Employees with Potential Occupational Exposure: <ul style="list-style-type: none"> ● Instructional Assistants ● Teachers ● Executive Director ● Custodian 	Provisions of first aid. OSHA does not generally consider maintenance personnel, janitorial or housekeeping staff in non-healthcare facilities to have occupational exposure. However, a custodian who cleans the school first-aid room/bathroom is more likely to have occupational exposure than a custodian who cleans offices.

Hepatitis B Vaccination Program

The School recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, the School has implemented a Hepatitis B Vaccination Program, as well as procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

This program is available, at no cost, to all eligible employees who have occupational exposure to bloodborne pathogens. See the Exposure Determination section to identify those employees who will be offered the vaccine. The vaccination is a series of 3 injections at zero, one, and six months. Field trials of the vaccines have shown 80-90 percent efficacy in preventing infections. For information regarding how employees may receive these vaccinations, please contact the Executive Director.

Vaccinations are performed under the supervision of a healthcare professional. Employees taking part in the vaccination program are listed under the section Determination of Occupational Exposure. The completed "Hepatitis B Vaccination Declination Form" (*Appendix A*) shall be maintained by the School. If any employee signs the "Vaccination Declination Form" but at a later date chooses to receive the vaccination, the School will make it available at that time.

Employees who are designated first-aid providers are not mandatorily eligible for pre-exposure vaccination, but may be eligible for vaccination in the event the employee renders assistance during a first-aid incident involving the presence of blood or infectious materials. See discussion regarding such vaccination under the section regarding Post Exposure Evaluation and Follow-up.

Exception

Designated first-aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.
 - a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
 - b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example , a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance.

Methods of Compliance

There are a number of areas that must be addressed in order to effectively minimize exposure to bloodborne pathogens in our school and will be reviewed with employees during bloodborne pathogens-related training and/or through the dissemination of literature on Universal Precautions and the Spread of Infectious Diseases.

Universal Precautions

Universal precautions are an approach to infection control. According to the concept of universal precautions, all human blood and body fluids are treated as if known to be infectious.

In the school setting, precautions shall include:

- Hand-washing,
- Using gloves and other appropriate protective equipment,
- Careful trash disposal, and
- Using disinfectants.

Universal precautions shall be used within the school setting at all times to prevent contact with blood or other potentially infectious materials.

All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Engineering and Work Practice Controls

Engineering controls refers to controls which isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers).

Work practice controls are controls designed to reduce the likelihood of exposure by altering the manner in which a task is performed.

Hand-washing: Thorough hand washing is the single most effective means in preventing the spread of infectious diseases and should be practiced routinely by all personnel and taught to students as routine hygienic practices.

All employees shall wash hands and any other skin with soap and water, and flush mucous membranes with water immediately, or as soon as possible, following contact of such body areas with blood or other potentially infectious materials.

Employees shall wash their hands immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.

How to wash hands:

- Wet hands with running water and apply soap from a dispenser. Lather well. You may wish to remove all jewelry from hands and place in a safe location at this time.
- Wash vigorously for 15-20 seconds. Soap suspends easily-removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris.
- Rinse well under running water with water draining from wrist to fingertips.
- Leave water running, dry hands well with paper towel. Use the paper towel to turn off faucet and discard in appropriately marked closable container.
- Apply hand cream after frequent hand-washing. Use lotion to prevent skin irritation, breakdown and subsequent infection.
- Liquid disinfectant and/or towelettes could be substituted temporarily. (Employees with frequent exposure to body fluids should not wear hand jewelry in the workplace.)

Hand-washing facilities:

Hand-washing facilities or antiseptic solutions and/or towelettes (to be used as an immediate but temporary measure in places where hand-washing facilities are not available) will be readily accessible. Handwashing facility refers to facilities where there is an adequate supply of running potable water, soap, and single-use towels or hot air drying machines. (8 CCR 5193(d))

Personal Protective Equipment

Personal protective equipment is specialized clothing or equipment, worn or used by an employee for protection against a hazard (e.g., gloves, eye protection, etc.). (8 CCR §193(d))

All personal protective equipment used in the School to provide a barrier against bloodborne pathogens will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes.

All personal protective equipment will be inspected periodically and be repaired or replaced as needed to maintain its effectiveness. Employees shall be responsible for notifying their immediate supervisor of the need for repair or replacement of such materials.

Reusable personal protective equipment will be cleaned, laundered and decontaminated, as needed, at no cost to the employees. Personal protective equipment that cannot, for whatever reason, be decontaminated will be disposed of. Any garment penetrated by blood or other infectious materials will be removed immediately, or as soon as possible. All potentially contaminated personal protective equipment will be removed prior to leaving a work area. Glasses/goggles, reusable gloves and barrier masks shall be decontaminated by the user by soaking these articles in an EPA (Environmental Protective Agency) registered germicide or a fresh solution of 1 part bleach to 10 parts water for at least 5 minutes.

Disposable (single-use) latex gloves should be used when contact with blood or body fluids is anticipated (such as a bloody nose). Gloves will be standard components of first-aid supplies and will be readily accessible for use in emergencies and when providing regular care (e.g., in school office, classrooms, playground, and kitchen). Gloves shall also be used during decontamination procedures. *(Please refer to the Housekeeping section for additional information on decontamination.)*

- Disposable (single-use) latex gloves shall be replaced as soon as practical when contaminated, torn, punctured or unable to function as a barrier. They shall not be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, deteriorated or when their ability to function as a barrier is compromised.

Contaminated Needles and Sharps

Broken glassware or other sharps, which may be contaminated, shall not be picked up directly with the hands, but shall be picked up utilizing any mechanical means – such as a broom, dustpan or tongs. Gloves should be worn during this procedure.

Contaminated sharps shall NOT be recapped, broken or bent, and should be discarded immediately into easily accessible containers that are closable, puncture resistant, leak-proof on sides and bottom, and properly labeled.

Containers should be located as close as possible to the immediate area where sharps are used (e.g., health room, science classroom, etc.), replaced immediately when full and shall not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spilling or protrusion of contents.

The disposable sharps container shall be disposed of by a registered waste-hauler. A backup sharps container shall be available at all times. An extra supply of sharp boxes will to be located at the school site.

Waste Disposal

Disposal of contaminated sharps and other 'regulated waste' must be in accordance with the Medical Waste Management Act ("Act"). (Health and Safety Code, §25015 and following.) Cal-OSHA defines "regulated waste" as:

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Medical waste under the Act consists of biohazardous and sharps waste.

Biohazardous waste is not normally found in the school setting includes waste which contains recognizable fluid blood. In the event of unusual circumstances, the regulated waste must be double-bagged in leakproof, appropriately labeled, red color coded plastic bags tied and transported in accordance with all applicable state and local regulations.

Sharps waste includes any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including:

- Hypodermic needles
- Syringes
- Blades
- Needles with attached tubing

- Broken glass items contaminated with medical waste

Non-regulated waste may be disposed of as regular trash and includes the following:

- Waste such as disposables which contain non-fluid blood (e.g., dressing, gauze, cotton rolls, towels, rags, etc., with small amounts of dried blood or other body fluids). Please note that feminine hygiene products, band-aids or dressings with small amounts of dried blood are NOT considered to be medical waste.

All waste baskets should be lined with disposable plastic bags. It is important to note that if a contaminated item, such as a band aid or a small dressing, contains dried blood it may be disposed of as regular trash.

Work Area Restrictions

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids are present.

Housekeeping Practices

Decontamination: Gloves shall be worn during decontamination procedures. All contaminated work surfaces will be decontaminated after completion of associated tasks/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 if the surface may have become contaminated since the previous cleaning. Contaminated furniture, toys, educational materials and equipment shall be decontaminated with an EPA registered germicide or a solution of 1 part bleach to 10 parts water.

Equipment and tools which have become contaminated with blood or other potentially infectious materials shall be decontaminated by using an EPA registered germicide or a solution of 1 part bleach to 10 parts water prepared daily. Equipment which becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

The District shall assure that the work site is maintained in a clean and sanitary condition, and shall determine and implement an appropriate facility cleaning schedule where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the school, the type of surface to be cleaned, and the amount and type of soil present.

Custodial and maintenance staff shall wear appropriate personal protective equipment, including general purpose utility gloves during cleanup of blood or other potentially infectious materials.

All blood and body fluid spills shall be immediately contained and, as soon as practicable, cleaned up by appropriately-trained staff equipped to work with potentially infectious materials.

Initial clean-up of blood or other potentially infectious materials from all surfaces including sinks, work areas, equipment, floors, car/bus seats, etc., should be followed with the application of an appropriate disinfectant.

All waste baskets should be lined with a disposable plastic bag. In areas where blood is likely to be present, physical care is provided, or personal care occurs (e.g., school office, restrooms, classrooms, etc.), disposable plastic bags should be replaced daily.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials (e.g., athletic uniforms and towels) should be handled as little as possible and with minimum agitation. Contaminated laundry should be bagged at the location of use in a biohazard labeled or red color coded, leak-proof bag. Contaminated laundry should not be sorted or rinsed in the location of use.

If laundry facilities are available and the contaminated laundry is to be laundered at school, the bag will be transported to the site. The use of universal precautions will be maintained at all times.

Labels and Signs

The following items shall be properly labeled:

- Containers of regulated waste
- Sharps disposal containers
- Contaminated laundry bags and containers
- Contaminated equipment (e.g. athletic and shop equipment)

First Aid Incidents Involving the Presence of Blood or Infectious Materials

Designated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether an actual exposure incident has occurred, have a duty to report such incidents before the end of that day's work shift. The report must contain the information required of employees involved in occupational exposure incidents, as provided below. The report is used in determining whether the employee has been involved in an occupational exposure incident, and the types of prophylaxis and follow-up treatment required in light of the incident. The report shall be recorded on a list of such first aid incidents, which shall be made available to all employees upon request.

Following a first aid incident involving the presence of blood or other potentially infectious material, the Hepatitis B vaccination will be made available to all first aid providers who rendered assistance during the incident, and the procedures for post-exposure evaluation and follow-up, discussed below, shall be followed.

Post-Exposure Evaluation and Follow-Up

It is the employee's responsibility to *immediately report* (that same day) the occurrence of an occupational exposure incident. Please *call* the **Executive Director at 1-916-259-1425**. An occupational exposure incident is defined as *a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or infectious material, resulting from the performance of an employee's duties*.

The employee's report must contain the following information:

1. Name of the first aid provider who rendered assistance or employee who suffered an occupational exposure incident.
2. Date and time of the incident.
3. Description of the first aid incident, including:
 - a. Whether blood or other potentially infectious materials were involved;
 - b. Source of the blood or infectious material;
 - c. Circumstances under which the incident occurred, i.e. accidental or unusual circumstances;
 - d. Description of where the incident occurred
 - e. Description of the personal protective equipment used.
4. Explanation as to whether, in the opinion of the employee, an 'occupational exposure' incident occurred.

The employee may use the Occupational Exposure Incident Form for preparing such a report (available in Appendix B).

In response to a report of an occupational exposure incident, the School will:

1. Investigate the circumstances surrounding the exposure incident; and
2. Make immediately available to the employee involved in the occupational exposure incident, a confidential medical evaluation and follow-up, including at least the following elements:
 - a. Documentation of the route(s) of exposure, and
 - b. The circumstances under which the exposure incident occurred.

Employee Information

The Executive Director, or designee, shall distribute to employees information provided by the California Department of Education (CDE) regarding acquired immune deficiency syndrome (AIDS), AIDS-related conditions, and hepatitis B. This information shall include, but not be limited to, any appropriate methods employees may use to prevent exposure to AIDS and hepatitis B, including information concerning the availability of a vaccine to prevent contraction of hepatitis B, and that the cost of this vaccination may be covered by the health plan benefits of the employee. Information shall be distributed at least annually or more frequently if there is new information supplied by the CDE. (*Health and Safety Code 120875, 120880*)

Information and Training

The Executive Director, or designee, shall ensure that all employees with occupational exposure participate in a training program containing the elements required by state regulations, during working hours and at no cost to the employee. This program shall be offered during the first year of assignments to tasks where occupational exposure may take place, at least annually thereafter, and whenever a change of tasks or procedures affects the employee's exposure. (8 CCR 8193(g))

Designated first aid providers shall receive training that includes the specifics of reporting first-aid incidents which involve blood or other body fluids which are potentially infectious. (8 CCR 5193(g))

Records

Upon an employee's initial employment and at least annually thereafter, the Executive Director, or designee, shall inform employees with occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records. (8 CCR 3204)

Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law. (8 CCR 5193(h))

Upon request by an employee, or a designated representative with the employee's written consent, the Executive Director, or designee, shall provide access to a record in a reasonable time, place and manner, no later than 15 days after the request is made. (8 CCR 3204(e))

Records shall be maintained as follows: (8 CCR 3204(d), 5193(h))

1. Medical records shall be maintained for the duration of employment plus 30 years.
2. Training records shall be maintained for 3 years from the date of training.
3. The sharps injury log shall be maintained 5 years from the date the exposure-incident occurred.
4. Exposure records shall be maintained for at least 30 years.
5. Each analysis using medical or exposure records shall be maintained for at least 30 years.

Appendix A

Hepatitis B Declination Form



Hepatitis B Declination Form
Bloodborne Pathogens Exposure Control Plan

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 the hepatitis B vaccine, at no charge to myself. However, at this time I decline receipt of the hepatitis B vaccination. I understand that my declining this vaccine, I continue to be at risk of acquiring hepatitis B which is a serious disease.

If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I desire to receive the hepatitis B vaccine, I may receive the vaccination series at no charge to myself.

Name: _____

Signature: _____

Job Title: _____

Date: _____

Appendix B

Occupational Exposure Incident Report Form



This form must be completed by each individual employee involved in an incident. Please send completed forms to the Executive Director:

Exposed Employee: _____ Date Reported: _____

Job Title: _____ Date of Exposure: _____

Location of Incident: _____ Time of Exposure: _____:_____ am / pm

Potentially Infectious Materials Involved:

Type: _____ Source: _____

Type: _____ Source: _____

Type: _____ Source: _____

Circumstances of Exposure (*What were you doing at the time of the incident?*)

Was the School's Insurance Authority notified? Yes No

How did the incident occur? (*Accident, equipment malfunction, etc.?*)

Please list the Personal Protective Equipment used:

In your opinion, did an Exposure Incident Occur? (i.e., a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other infectious material.)

Yes No Please explain: _____

Signature of Exposed Employee: _____

Home Address: _____

Telephone #: _____

Telephone #: _____

Appendix C

Exposure Determination Worksheet



Exposure Determination Worksheet
Bloodborne Pathogens Exposure Control Plan

The completion of this form is optional. Please send completed forms to the Executive Director:

Work Site: _____

Date: _____

Job Classification: _____

Tasks and Procedures:

Exposure Risk (*indicate if risk is routine or occasional*):

Additional Comments:

Supervisor Signature:

Employee Signature:

Received by: _____

Date: _____