



## **EXPOSURE CONTROL PLAN BLOODBORNE PATHOGENS**

In accordance with the Bloodborne Pathogens Regulation in California Code of Regulations, Title 8 (CCR 8), Section 5193, the following exposure control plan (ECP) has been developed:

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### A. Policy

1. It is the policy of Rio School District to provide a safe and healthy work environment for all of its employees by minimizing exposure to bloodborne pathogens such as human immunodeficiency virus (HIV) and hepatitis B virus (HBV). It is the intent of the district to comply with state regulations for dealing with bloodborne pathogens and other potentially infectious materials in the workplace.
2. The Superintendent has established this written Exposure Control Plan to protect employees from possible infection due to contact with bloodborne pathogens. The Governing Board shall determine which employees have occupational exposure to bloodborne pathogens and other potentially infectious materials. The Superintendent or designee may exempt designated first-aid providers from pre-exposure hepatitis B vaccination under the conditions specified by state regulations (CCR 8, Section

5193(f)). Any employee not identified as having occupational exposure may petition to be included in the district's employee training and Hepatitis B vaccination program. In accordance with this Exposure Control Plan, employees identified as having occupational exposure will be offered the hepatitis B vaccination

## B. Responsibilities

The responsibilities for this program are central to the effective implementation of the Exposure Control Plan. All District employees are, in part, responsible for the effective implementation of this program as specifically outlined below:

1. The Superintendent has appointed the Assistant Superintendent of Business Services is the Bloodborne Pathogens Exposure Control Plan administrator (Plan Administrator), and has the authority and the responsibility for implementing and maintaining this Exposure Control Plan.
2. The School Board, Superintendent, Principals and department leaders shall promote the desired attitude towards this program. Principals and Managers will promote effective job practices to protect employees.
3. Office of Certificated and/or Classified Personnel will annually review new or revised job classifications with potential occupational exposure to bloodborne pathogens.
4. School Nurse(s), Risk Manager, and/or other designated Plan Administrator
  - a. Working with all levels of employees to develop and administer the policies or practices required to support the effective implementation of this program.
  - b. Collecting and maintaining a suitable reference library on the Bloodborne Pathogens regulation and related health and safety information on the subject.
  - c. Following current legal requirements for implementing an effective program.
  - d. Conducting periodic inspections of the site to maintain up-to-date information on the implementation of the program, or assisting outside agencies.
  - e. Implementing suitable bloodborne pathogen training programs for employees.
  - f. Maintaining an up-to-date list of employees requiring this training as well as maintaining the appropriate documentation showing the training was completed (i.e.; sign-in sheets, tests, etc.)
  - g. Acting as the District's liaison during any Cal/OSHA inspections concerning this program.
5. Employees are responsible for understanding the ECP and implementing its elements (as necessary) including the following items
  - a. Understanding what work-related tasks they perform which may have occupational exposure to bloodborne pathogens.
  - b. Attending the bloodborne pathogens training sessions as provided.
  - c. Conducting all work practices in accordance with the engineering controls set up and by following established health and safety policies.
  - d. Following good personal hygiene habits.

## C. Exposure Determination

1. Employees in our District have occupational exposure to bloodborne pathogens. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties. Parenteral contact means piercing

mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

2. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions.
  - a. The following bodily fluids are considered OPIM: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.
3. Our policy is to conduct exposure determinations throughout our districts without regard to the use of PPE. This process involves identifying all the job classifications, tasks, or procedures in which our employees may have occupational exposure to blood or OPIM.
4. Job Classifications  
The following jobs have been determined to have an occupational exposure to Bloodborne Pathogens and OPIM.
  - Nurses
  - Health Technicians
  - Custodians
  - Coaches
  - Preschool Para educators
  - Preschool Teachers
  - One to One Para educators

#### D. Methods of Implementation

1. Methods of Compliance
  - a. Universal Precautions
    - 1) Universal Precautions are also called Standard Precautions. These terms are synonymous.
    - 2) In this district, universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM).
    - 3) All blood or other potentially contaminated body fluids shall be considered to be infectious, regardless of the perceived status of the source individual.
    - 4) Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
    - 5) Elements
      - a) **Gloves** – Gloves should be used whenever working with blood or OPIM. Gloves should be made of water impervious material. Care should be taken when removing gloves after use to prevent contamination. Utility gloves can be worn, particularly when dealing with chemicals, and disinfected for future use.

- b) **Hand Washing** – Hands, to above the wrists should be washed after coming into contact with blood or OPIM and after removal of gloves. Hands should be washed with a mild soap, concentrating on rubbing all surfaces of the hands paying particular attention to creases, around nail beds and around thumbs. Handwashing should take at least 30 seconds.
  - c) **Barrier for CPR** – If responding to an emergency and Cardiopulmonary Resuscitation (CPR) is performed; a barrier for rescue breathing must be used. If a breathing barrier is unavailable, compression only CPR must be used.
  - d) **Trash Removal** – Items contaminated with blood or OPIM including materials used to clean up a spill of blood or OPIM must be contained in a sharps container (needles and other sharps), Biohazard bag or a double lined trash bag.
    - i. Exception: Items containing small amounts of dried blood may be disposed in regular trash.
  - e) **Use of Disinfectants** – after cleanup of spilled blood or OPIM the area must be disinfected to prevent the spread of blood borne viruses. Follow instructions on the disinfectant label for amount of dwell time. If using bleach and water mix (1 part bleach 10 parts water), the surface must remain wet for 10 minutes for the disinfecting mixture to be effective.
- b. Engineering Controls
- 1) Engineering controls isolate or remove the bloodborne pathogens hazard from the workplace.
  - 2) Sharps Containers
    - a) All sharps containers for contaminated sharps shall be:
      - Rigid;
      - Puncture resistant;
      - Leak proof on the sides and bottom;
      - Labeled in accordance with subsection D.1.c.4), Labels and Signs.
    - b) At all times during the use of sharps, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be used.
  - 3) Hand Washing Facilities
    - a) This district shall provide hand-washing facilities which are readily accessible to employees.
    - b) When provision for hand-washing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
  - 4) Needles
    - a) Parents of students in need of medications are the primary source of syringe needles.
      - i. The district cannot dictate needles with engineering controls.
    - b) Medication auto-injectors
- c. The Work Practice Controls
- 1) Sharps

- a) Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection D.1.b.2), sharps containers, as applicable.
  - b) At all time during the use of sharps, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be used. Sharps containers should be:
    - i. In locations where blood or OPIM are reasonably anticipated to be found (e.g. health offices);
    - ii. Maintained upright throughout use, where feasible; and
    - iii. Disposed and replaced as necessary to avoid overfilling.
- 2) Hygiene
- a) Employees shall wash hands or any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
  - b) Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
    - i. Do not reuse disposable gloves
  - c) When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- 3) Housekeeping
- a) Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels and Signs”), and closed prior to removal to prevent spillage or protrusion of contents during handling.
  - b) Contaminated sharps are discarded immediately or as soon as possible in containers meeting the requirements of subsection D.1.a), Sharps Containers.
  - c) Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.
  - d) Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.
  - e) Broken glassware should be placed in a glass disposal box.
- 4) Prohibited Practices
- a) Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
  - b) Contaminated sharps shall not be bent, recapped, or removed from devices.
  - c) Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
  - d) Disposable sharps shall not be reused.
  - e) Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

- f) The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
  - g) Mouth pipetting/suctioning of blood or OPIM is prohibited.
  - h) Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
  - i) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.
- 5) Cleanup
- a) Contaminated surfaces will be cleaned and decontaminated immediately or as soon as feasible when:
    - i. First aid or medication administration are completed;
    - ii. There is a spill of blood or OPIM;
    - iii. The surface is overtly contaminated;
    - iv. At the end of the day.
- d. Personal Protective Equipment (PPE)
- 1) Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used.
  - 2) The District provides PPE to prevent exposure at no cost to employees. Equipment is made available as appropriate to the functions of the employee and is available in the event of a first aid emergency.
  - 3) This equipment includes at a minimum:
    - a) Latex surgical gloves designed for protection against bloodborne pathogens;
    - b) Safety glasses or goggles and nose/mouth protection (masks) as appropriate, designed for protection against bloodborne pathogens. Where feasible, face protection will be provided that combines eye and nose/mouth protection in one unit (face shield);
    - c) Protective masks for safely performing CPR procedures.
2. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up
- a. Vaccination
- 1) The hepatitis B vaccination and vaccination series shall be made available at no cost to all employees who have occupational exposure.
  - 2) The hepatitis B vaccination is made available to employees after they receive training about the vaccination and within ten working days of their initial work assignment.
  - 3) The series is made available unless:
    - a) The employee previously received the complete hepatitis B vaccination series; or
    - b) Anti-body testing has revealed the employee is immune; or
    - c) The vaccination series is contraindicated for medical reasons
  - 4) Declining the Hepatitis B Vaccination Series
    - a) The District does not make accepting the hepatitis B vaccination series a condition of employment.
    - b) If an employee with occupational exposure initially declines the hepatitis B vaccination series and at a later time decides to accept it, we will make it available.

- c) Employees who decline to accept the vaccination shall sign the hepatitis B declination statement, found in Appendix A.
  - b. Post Exposure Evaluation
    - 1) After an exposure incident is reported, a confidential medical evaluation will be immediately made available to the exposed employee.
  - c. Follow-up
    - 1) Post exposure medical treatment.
    - 2) Post-exposure counseling is provided to the employee after an exposure incident, if appropriate.
    - 3) A qualified counselor may include a physician administering treatment to the exposed employee, or any other individual with appropriate training.
    - 4) A component of the counseling includes the MMWR recommendations from the Centers for Disease Control and Prevention (CDC).
    - 5) Those recommendations cover the prevention and transmission of bloodborne infections (-including HIV, HBV, and HCV) and other relevant topics
  - d. Information provided to the Healthcare Professional
    - 1) A copy of 8 CCR 5193, "Bloodborne Pathogens"
    - 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 testing, if available
      - a) Parent permission is required for disclosure of student medical records.
    - 5) All medical records relevant to the appropriate treatment of the exposed employee, including:
      - a) Hepatitis B series vaccination status and all vaccination dates
      - b) Medical records regarding the employee's ability to receive the vaccination
        - i. (e.g., information on whether the complete hepatitis B vaccination series was already administered, anti-body testing revealed immunity, or the vaccination was contraindicated for medical reasons).
  - e. Healthcare Professional's Written Opinion
    - 1) The district shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation;
    - 2) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination;
    - 3) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
      - a) That the employee has been informed of the results of the evaluation; and
      - b) That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
    - 4) All other findings or diagnoses shall remain confidential and shall not be included in the written report
3. Communication of Hazards.

## a. Training

- 1) The District shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.
- 2) Training shall be provided as follows:
  - a) At the time of initial assignment to tasks where occupational exposure may take place;
  - b) At least annually thereafter. Annual training for all employees shall be provided within one year of their previous training;
  - c) The District shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created
- 3) On-line training will be provided by Praesidium or Target Solutions training platforms.
  - a) In these training platforms, employees are able to send questions, and will receive answers from experienced trainers.
- 4) In-person training will consist of the following:
  - a) Copy and Explanation of the regulation;
  - b) Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - c) Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
  - d) Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
  - e) Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
  - f) Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  - g) Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
  - h) Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
  - i) Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
  - j) Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical



- follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
- k) Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
  - l) Signs and Labels. An explanation of the signs and labels and/or color coding required by Section 3, Communication of Hazards, paragraph b, Labels and Signs;
  - m) Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.
- b. Labels and signs
- 1) Warning labels shall be affixed to containers of regulated waste.
  - 2) Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting colors.
  - 3) Labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
  - 4) Red bags or red containers may be substituted for labels except for sharp containers or regulated waste bags. Bags used to contain regulated waste shall be color-coded red and shall contain the legend: "BIOHAZARDOUS WASTE" or "SHARPS WASTE."
  - 5) Labeling Requirements Appendix B.
- c. Annual Notification
- 1) The District shall inform employees annually, or if there is new information, more frequently, of the information compiled by the State Department of Education pursuant to Health and Safety Code section 120875.
  - 2) In order to reduce costs, this information will be included as an insert with other regular mailings to the extent practicable.
  - 3) The information provided on Hepatitis B will be provided in conjunction with the information required to be provided on AIDS
  - 4) Sample Notification Appendix C.
4. Recordkeeping
- a. Training Records
    - 1) Training records are completed for each employee upon completion of training. These documents will be kept for at least three years.
    - 2) The Training Records include:
      - a) The dates of the training sessions,
      - b) The contents or a summary of the training sessions,
      - c) The names and qualifications of the persons conducting the training,
      - d) The names and signatures of all persons attending the training sessions.
    - 3) Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.
  - b. Medical Records
    - 1) Medical records are maintained for each employee with occupational exposure in accordance with CCR8, section 3204, "Access to Employee Exposure and Medical Records."

- 2) These confidential records are kept in the Human Resources Department for at least the duration of employment plus 30 years.
  - 3) Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.
  - c. Division of Occupational Safety and Health Recordkeeping
    - 1) The district is not required to keep Cal/OSHA injury and illness records required by Article 2 of Chapter 7 unless the government asks the district to keep the records under Section 14300.41 or Section 14300.42.
      - a) Cal/OSHA or Cal/OSHA's designee
      - b) Bureau of Labor Statistics (BLS), or a BLS designee
    - 2) If requested to be kept, Cal/OSHA injury and illness records are maintained for at least five (5) years following the end of the calendar year covered
  - d. Sharps Injury Log
    - 1) A description of the Sharps Injury Log is included in Section F.
    - 2) Sharps Injury Logs are maintained for at least five (5) years following the end of the calendar year covered.
    - 3) Sharps Injury Log information is provided upon request to the employee or the employee's authorized representative within 15 working days.
      - a) If a copy is requested by anyone, it must have any personal identifiers removed from the report.
- E. Exposure Incident Evaluation
1. The district evaluates the circumstances under which all occupational exposure incidents occur.
  2. This evaluation is conducted as soon as possible after a report of an incident is known.
  3. For each reported exposure incident, the following information is gathered, if possible, and evaluated:
    - a. Date and location of the exposure incident;
    - b. Employee(s) job classification(s);
    - c. Tasks and procedures performed;
    - d. Routes of exposure:
      - 1) Eye,
      - 2) Intact or non-intact skin,
      - 3) Mouth,
      - 4) Other mucous membranes'
      - 5) Parenteral contact.
    - e. Description of sharp(s) or other device(s) involved;
      - 1) Type and brand.
    - f. Personal protective equipment worn;
    - g. Any additional pertinent information.
  4. The Sharps Injury Log will be completed as appropriate.
- F. Sharps Injury Log
1. The Sharps Injury Log is a record of each exposure incident involving a sharp object.
    - a. "Sharp objects" include any sharp object that causes a cut, laceration, scrape or puncture wound, including broken glass, metal shards removed from a wound, or medical instruments.

2. The information recorded shall include the following information, if known or reasonably available:
    - a. Date and time of the exposure incident;
    - b. Type and brand of sharp involved in the exposure incident;
    - c. A description of the exposure incident which shall include:
      - 1) Job classification of the exposed employee;
      - 2) Department or work area where the exposure incident occurred;
      - 3) The procedure that the exposed employee was performing at the time of the incident;
      - 4) How the incident occurred;
      - 5) The body part involved in the exposure incident;
      - 6) If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
      - 7) If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury;
      - 8) The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.
  3. A Sample Sharps Log Appendix D
  4. Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer
  5. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee
- G. Sharps Injury Log Data Evaluation
1. The sharps injury log is used to track devices that are causing injuries and may need to be replaced
  2. The following approaches can be used alone or in combination to create a list of initial priorities for evaluation:
    - a. Determine priorities based on injuries that pose the greatest risk for bloodborne virus transmission
    - b. Determine priorities based on the frequency of injury with a particular device
    - c. Determine priorities based on a specific problem contributing to a high frequency of injuries
- H. Identification and Selection of Engineering Controls
1. Prior to the annual Exposure Control Plan review, the program administrator will review available medication auto-injectors to determine those with appropriate engineered sharps injury protection.
- I. Plan Review
1. The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:
    - a. To reflect new or modified tasks and procedures which affect occupational exposure;
    - b. To include new or revised employee positions with occupational exposure;

- c. To review and evaluate the exposure incidents which occurred since the previous update;
- d. To review and respond to information indicating that the Exposure Control Plan is deficient in any area;
- 2. All employees are encouraged to provide suggestions on improving the procedures they perform in their departments.
  - a. Employees contribute to the review and update of the exposure control plan by:
    - 1) Participating as members of the district safety committee;
    - 2) Reporting issues or potential problems to supervisors,
    - 3) Providing ideas, recommendations, or suggestions.

## METHODS OF COMPLIANCE

### 1. Work Practice Controls

All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

#### 1. Housekeeping

- a) Timely cleanup of any bodily fluid or waste spill
- b) Whenever possible, hard side to hard side trash removal will be practiced.
- c) All staff shall be advised that if a blood or OPIM spill occurs that custodial staff must be advised to ensure appropriate disinfection is practiced.

#### 2. Warning Labels

- a) Warning labels shall be affixed to containers used to store, transport, or ship blood or OPIM, containers of regulated waste, and refrigerators and freezers containing blood or OPIM.
- b) Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting colors.
- c) Labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
- d) Red bags or red containers may be substituted for labels except for sharp containers or regulated waste bags. Bags used to contain regulated waste shall be color-coded red and shall contain the legend: "BIOHAZARDOUS WASTE" or "SHARPS WASTE."

#### 3. Personal Protective Equipment

- a) Personal protective equipment at a minimum will include gloves.
- b) Other possible protective equipment includes
  - i. Apron
  - ii. Face mask/shield
  - iii. Lab coat
  - iv. Barrier for CPR

## HEPATITIS B VACCINATION

The hepatitis B vaccine and vaccination series are made available to all employees who have occupational exposure to bloodborne pathogens. We strongly encourage our employees to be vaccinated. We recognize that all employees with occupational exposure to blood or OPIM are at risk of contracting Hepatitis B (HBV). HBV is a serious, life-threatening disease that can cause jaundice, nausea, fever, and abdominal pain. Approximately 5-10% of patients with the disease develop chronic infections that increase the risk of death from active hepatitis, cirrhosis of the liver, and liver cancer.

Using a vaccine can prevent Hepatitis B. Therefore, maintenance of immunity in employees is an essential part of our prevention and infection control program. Optimal use of immunizing agents (i.e., the hepatitis B vaccination series and hepatitis B immune globulin [HBIG]) protects the health of our employees and their families and patients from the disease.

The hepatitis B vaccination is made available to employees after they receive training about the vaccination and within ten working days of their initial work assignment. Our organization follows the most current recommendations of the Centers for Disease Control and Prevention's (CDC's) Morbidity and Mortality Report (MMWR) for the immunization of employees. (Subscriptions are available free of charge at [www.cdc.gov/subscribe.html](http://www.cdc.gov/subscribe.html)) Employee participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination series. The series is made available unless:

1. The employee previously received the complete hepatitis B vaccination series; or
2. Anti-body testing has revealed the employee is immune; or
3. The vaccination series is contraindicated for medical reasons.

### **Declining the Hepatitis B Vaccination Series**

Our organization does not make accepting the hepatitis B vaccination series a condition of employment. If an employee with occupational exposure initially declines the hepatitis B vaccination series and at a later time decides to accept it, we will make it available. Each employee who declines the hepatitis B vaccination series is required to sign the Hepatitis B Vaccination Declination found in Appendix A of this EPC.

## **POST EXPOSURE EVALUATION AND FOLLOW UP**

Occupational exposure to blood or OPIM requires timely and appropriate postexposure intervention. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status

- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Prior to the initiation of treatment with post-exposure prophylactic (PEP) drugs, our organization verifies that the treatment is in accordance with the most current recommendations of the Centers for Disease Control and Prevention's (CDC) weekly publication, the Morbidity and Mortality Report (MMWR). We make prearrangements to ensure that within three to four hours of an exposure incident, the exposed employee(s) receives the following:

- Confidential medical evaluations with qualified physicians\*
- Lab tests conducted by accredited laboratories
- Treatment and post-exposure PEP drugs when appropriate (e.g., antiretroviral agents, HBIG [hepatitis B immune globulin], the hepatitis B vaccination series, and other drugs)

We also make immediately available to the ex-posed employee(s):

- Counseling
- Follow-up
- Other appropriate services

These prearrangements include keeping a seven-day supply of PEP regimens on-site or linking to off-site providers (e.g., pharmacies) to supply those drugs on a 24-hour basis. Our prearrangements are verified periodically to ensure that the necessary medications, qualified professionals, and other services can be provided in a timely manner.

Our organization ensures that post-exposure evaluation and follow-up are:

- Made available at no cost to our employees at a reasonable time and place
- Performed by or under the supervision of a licensed physician or another licensed health care professional
- Kept current according to the recommendations of the MMWR (A subscription is available at [www.cdc.gov/subscribe.html](http://www.cdc.gov/subscribe.html).)

Physicians or other health care providers from our organization may provide post-exposure evaluation and follow-up to the exposed employee(s). If our organization acts as the evaluating health care professional for the exposed employee(s), all medical information about the employee is restricted to our medical department or office. To comply with 8 CCR 5193, this medical information is not discussed or revealed to supervisors, personnel representatives, or other health care professionals who do not need the information. In addition, if our organization acts as the evaluating health care professional, we advise the employee(s) after an exposure incident of the right to refuse consent to post-exposure evaluation and follow-up from our

organization. If the employee does not consent to these services from our organization, we make immediately available to the employee(s) a confidential medical evaluation and follow-up from a health care professional outside our organization.

### **Information Provided to the Health Care Professional**

The health care professional responsible for the exposed employee's hepatitis B vaccination series is provided a copy of 8 CCR 5193, "Bloodborne Pathogens." In addition, we ensure that the health care professional who evaluates the employee after the occurrence of the occupational exposure incident has the following information:

- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred (Please refer to the booklet Exposure Control Plan for Bloodborne Pathogens.)
- Results of the source individual's blood testing, if available
- A copy of 8 CCR 5193, "Bloodborne Pathogens"
- All medical records relevant to the appropriate treatment of the exposed employee, including:
  - Hepatitis B series vaccination status and all vaccination dates
  - Medical records regarding the employee's ability to receive the vaccination (e.g., information on whether the complete hepatitis B vaccination series was already administered, anti-body testing revealed immunity, or the vaccination was contraindicated for medical reasons).

### **Health Care Professional's Written Opinion**

Our organization obtains a copy of the evaluating health care professional's written opinion within 15 days of the completion of the medical evaluation. A copy of this written opinion is provided to the employee involved in the exposure incident. The health care professional's written opinion is limited to:

- Whether the hepatitis B vaccination series is indicated and the exposed employee has already received such vaccinations
- Post-exposure evaluation and follow-up (i.e., informing the employee about the results of the evaluation and any medical conditions resulting from the exposure to blood or OPIM requiring further evaluation or treatment)

All other findings or diagnoses remain confidential and are not included in the written opinion.



## **Counseling**

Post-exposure counseling is provided to the employee after an exposure incident, if appropriate. Counseling by a qualified counselor is made available to the employee regardless of his or her decision to accept serological testing. A qualified counselor may include the employee's supervisor, a physician administering treatment to the exposed employee, or any other individual with appropriate training. A component of the counseling includes the MMWR recommendations from the Centers for Disease Control and Prevention (CDC). (A subscription to MMWR is available at [www.cdc.gov/subscribe.html](http://www.cdc.gov/subscribe.html).) Those recommendations cover the prevention and transmission of bloodborne infections (-including HIV, HBV, and HCV) and other relevant topics.

## INCIDENT INVESTIGATION

District Exposure Control Plan Coordinator will review the circumstances of all exposure incidents to determine the following:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (O.R., E.R., patient room, etc.)
- Procedure being performed when the incident occurred
- Employee's training

## INFORMATION AND TRAINING

### **Communication of Hazards to Employees**

The District shall inform employees annually, or if there is new information, more frequently, of the information compiled by the State Department of Education pursuant to Health and Safety Code section 120875. In order to reduce costs, this information will be included as an insert with other regular mailings to the extent practicable. The information provided on Hepatitis B will be provided in conjunction with the information required to be provided on AIDS.

### **Training**

The District shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

Training shall be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place;

- At least annually thereafter. Annual training for all employees shall be provided within one year of their previous training.

The District shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

The training program shall contain at a minimum the following elements:

- Epidemiology, symptoms, and modes of transmission of bloodborne diseases
- Exposure control plan we have implemented and how to obtain a copy of the written plan
- Appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM
- The basis for selection of PPE
- Types, proper use, location, removal, handling, decontamination, and disposal of PPE
- Hepatitis B vaccination series, including its efficacy, safety, method of administration, benefits, and the fact that the vaccination will be offered to employees free of charge
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- Procedure to follow if an exposure incident occurs, including the:
  - Method of reporting the incident
  - Medical follow-up that will be made available
  - Procedure for recording the incident in the sharps injury log
- Post-exposure evaluation and follow-up that will be made available to employees
- Signs, labels, and/or color coding that are used

**Appendix "A"**  
**RECORD OF HEPATITIS "B" VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), 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 me. 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Representative

## Appendix "B" LABELING REQUIREMENTS

Item	No Label Needed	Biohazard Label		Red Container
Regulated waste bags		X	and	X
Sharps containers (disposable and/or reusable)		X		
Refrigerator/freezer holding blood or other potentially infectious material (OPIM)		X		
Containers used for storage, transport or shipping of blood or OPIM		X	Or	X
Blood/blood products for clinical use	X			
Individual specimen containers or blood or OPIM remaining in the District	X*	X	Or	X
Contaminated equipment needing service (e.g. dialysis equipment; suction apparatus)		X Plus a label specifying where the contamination exits		
Specimens and regulated waste shipped from the primary District to another facility for service or disposal		X		
Contaminated Laundry	X*	X	Or	X
Contaminated laundry sent to another facility that does not use Universal Precautions		X	Or	X

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\* No label needed if Universal Precautions are used and specific use of container or item is known to all employees.

## **Appendix “C” Sample Annual Notification**

Information on acquired immune deficiency syndrome (AIDS), on AIDS-related conditions, and on Hepatitis B.

### 1. Acquired Immune Deficiency Syndrome (AIDS)

HIV is a virus spread through certain body fluids that attacks the body’s immune system, specifically the CD4 cells, often called T cells. Over time, HIV can destroy so many of these cells that the body can’t fight off infections and disease. These special cells help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body. This damage to the immune system makes it harder and harder for the body to fight off infections and some other diseases. Opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS. Learn more about the stages of HIV and how to know whether you have HIV.

No effective cure currently exists for HIV. But with proper medical care, HIV can be controlled. Treatment for HIV is called antiretroviral therapy or ART. If people with HIV take ART as prescribed, their viral load (amount of HIV in their blood) can become undetectable. If it stays undetectable, they can live long, healthy lives and have effectively no risk of transmitting HIV to an HIV-negative partner through sex. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS (the last stage of HIV infection) in a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

### 2. AIDS-related conditions

Certain serious and life-threatening diseases that occur in HIV-positive people are called "AIDS-defining" illnesses. When a person gets one of these illnesses, he or she is diagnosed with the advanced stage of HIV infection known as AIDS.

The Centers for Disease Control and Prevention (CDC) has developed a list of these illnesses, including multiple types of cancer and pneumonia. No single patient is likely to have all of the conditions listed by CDC. Some of the conditions, in fact, are rare.

### 3. Preventing Exposure to AIDS

Today, more tools than ever are available to prevent HIV. You can use strategies such as abstinence (not having sex), limiting your number of sexual partners, never sharing needles, and using condoms the right way every time you have sex. You may also be able to take advantage of newer HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

If you are living with HIV, there are many actions you can take to prevent passing it to others. The most important is taking medicines to treat HIV (called antiretroviral therapy, or ART) the right way, every day. They can keep you healthy for many years and greatly reduce your chance of transmitting HIV to your partners.

#### 4. Hepatitis B

Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Hepatitis B can range from a mild illness lasting a few weeks to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. An acute infection can range in severity from a mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people, especially adults, are able to clear the virus without treatment. People who clear the virus become immune and cannot get infected with the hepatitis B virus again. Acute infection can — but does not always — lead to chronic infection.
- **Chronic hepatitis B** is a lifelong infection with the hepatitis B virus. Over time, chronic hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death.

#### 5. Preventing Exposure to Hepatitis B

The best way to prevent hepatitis B is by getting vaccinated. The hepatitis B vaccine is safe and effective. Completing the series of shots is needed for full protection.

The hepatitis B vaccine stimulates your natural immune system to protect against the hepatitis B virus. After the vaccine is given, your body makes antibodies that protect you against the virus. An antibody is a substance found in the blood that is produced in response to a virus invading the body. These antibodies will fight off the infection if a person is exposed to the hepatitis B virus in the future.

The hepatitis B vaccination and vaccination series are available at no cost to all employees who have occupational exposure.

The hepatitis B vaccination and vaccination series is also available at low or no cost to employees through the employee health plan benefits.

### Appendix "D" Sample Sharps Injury Log

Establishment/Facility Name: \_\_\_\_\_

#### Sample Sharps Injury Log

Year 2 \_\_\_\_\_

Date	Case/ Report No.	Type of Device (e.g., syringe, suture needle)	Brand Name of Device	Work Area where injury occurred (e.g., Geriatrics, Lab)	Brief description of how the incident occurred (i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured)

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.