# EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

## I. INTRODUCTION

### A. Purpose

The purpose of this Bloodborne Pathogen Exposure Control Plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;

2. Comply with the Cal/OSHA's Bloodborne Pathogens Standard.

### B. Background

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

1. Hepatitis B virus ("HBV") and Hepatitis C virus ("HCV"), which causes hepatitis, a potentially fatal liver disease; and

2. Human Immunodeficiency Virus ("HIV"), the cause of Acquired Immunodeficiency Syndrome ("AIDS").

HBV, HCV 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 to a bloodborne pathogen can occur is when an employee has an open sore or injury and is in contact with blood or other infectious material, or when an employee is not wearing the proper personal protective equipment to protect against contact with infectious material such as blood, human tissue or other body fluids that contain blood.

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## C. Management Commitment/Responsibility

**The development and implementation of an exposure control plan requires the commitment of management and participation of all employees at every level within the organization.**

1. Policy Statement

It is the policy of UPCS to provide a safe and healthy work environment for all of its employees by minimizing exposure to bloodborne pathogens.

2. Responsibility

a. It shall be the responsibility of the Business and Operations Director to review the organization's bloodborne pathogen exposure control program annually. Whenever necessary, the Exposure Control Plan will be amended to reflect new or modified tasks and procedures, which affect occupational exposure.

b. It shall be the responsibility of the Business and Operations Director to conduct facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.

c. The Business and Operations Director shall coordinate, implement and monitor the training, vaccinations, post-exposure evaluation and follow-up, post-exposure prophylaxis, and record keeping required annually to ensure compliance in accordance with bloodborne pathogens exposure control standards.

d. The Business and Operations Director is responsible for overseeing the implementation of the work practice controls at the school site.

e. The Business and Operations Director is responsible for assessing and selecting appropriate personal protective equipment.

f. The Business and Operations Director is responsible for ensuring that appropriate personal protective equipment is available to employees at the school site. Employees are responsible for wearing the designated personal protective equipment.

g. The Business and Operations Director is responsible for maintaining the training records.

## II. BLOODBORNE PATHOGEN EXPOSURE DETERMINATION

## A. 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, any bodily 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 means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions). Further, to be considered "occupational exposure," the contact must result from the performance of an employee's duties.

## B. 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 organization's responsibility 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.

In identifying the job classification, UPCS must specify the job tasks and procedures in which occupational exposure is reasonably anticipated to occur. These job classifications and related job tasks and procedures are identified in the list that follows, entitled "Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens."

Consequently, Hepatitis B vaccinations shall be provided to those employees determined by UPCS to have occupational exposure to blood and other potentially infectious materials, and to be eligible for vaccination.

**Job Classifications in Which Employees have Occupational Exposure to Bloodborne Pathogens**

Below are listed the job classifications at UPCS 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: | |
| • School Nurses<br>• Health Assistants | Provision of physical care in which blood or blood-tinged body fluids are present. |
| Employees with Potential Occupational | |

Exposure:

| | |
|---|---|
| • Special Education Teachers<br>• Instructional Assistants<br>• Paraeducators<br>• Preschool Teachers<br>• Special Education Bus Drivers<br>• Bus Drivers | Provision of physical care or conduct activities with exposure to blood for the developmentally disabled. |
| • Custodians | OSHA does not generally consider maintenance personnel, janitorial or housekeeping staff in non-health care facilities to have occupational exposure. However, a custodian who cleans the school first-aid room is more likely to have occupational exposure than a custodian who cleans classrooms. |
| • School Secretaries<br>• School Support Assistants<br>• Athletic Coaches<br>• Campus Monitors | Provision of first aid. |
| • Science Teachers | Provision of contact with bio-hazardous materials. |

## III. HEPATITIS B VACCINATION PROGRAM

UPCS recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, the organization has implemented a Hepatitis B vaccination program, as well as set up 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 Section II, Bloodborne Pathogen Exposure Determination, to identify those employees who will be offered the vaccination. The vaccination is a series of either two or three injections. Field trials of the vaccines have shown eighty to ninety percent (80% - 90%) efficacy in preventing infections.

Vaccination for employees with occupational exposure will be made available following the required Bloodborne Pathogens training and within ten (10) working days of initial assignment.

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Vaccinations are performed under the supervision of a health care professional. Employees taking part in the vaccination program are listed under the section Determination of Occupational Exposure. Employees who are eligible, but have declined to take part in the program are listed as well and have signed the "Vaccination Declination Form." (See **Appendix A**). The completed "Vaccination Declination Forms" shall be maintained by UPCS. If any employee signs the "Vaccination Declination Form," but at a later date chooses to receive the vaccination, the organization 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 material. See discussion regarding such vaccination under the section regarding Post Exposure Evaluation and Follow-up.

Designated first aid providers are defined as employees who may run a risk of occupational exposure, however, this risk arises in the context of the performance of a "collateral" duty, and is not performed on a regular basis.

## IV. 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. These include:

### A. 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 an Environmental Protection Agency ("EPA") approved disinfectant known to kill HBV, HCV and HIV. If injectables are given, use of safety syringes are recommended.

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.

### B. Engineering and Work Practice Controls

Engineering controls means controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers). See Section IV D on Contaminated Needles and Sharps.

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

## C. 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.).

All personal protective equipment used at UPCS 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 repaired or replaced as needed to maintain its effectiveness. Employees shall be responsible for notifying his or her 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 in accordance with biohazard rules and regulations. See Section E, Waste Disposal. Any garments penetrated by blood or other infectious materials will be removed immediately, or as soon as practicable. All potentially contaminated personal protective equipment will be removed prior to leaving a work area. Glasses, reusable gloves and barrier masks shall be decontaminated by the user by soaking in an EPA registered germicide or a fresh solution of one (1) part bleach to ten (10) parts water for at least five (5) minutes (if bleach is used, it must be mixed fresh daily).

Disposable (single-use) latex gloves should be used when contact with blood or body fluids is anticipated (such as a runny or bloody nose). Gloves will be standard components of first-aid supplies in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms. Gloves shall also be used during decontamination procedures. In some instances, use of latex free gloves may be appropriate. (See Housekeeping for more information on decontamination.)

- Disposable (single-use) 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.

## D. 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 by 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. Full sharps containers may not be stored more than seven (7) days.

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 primary container must be placed in a secondary container if leakage is possible. The secondary container must be a container, which is closable, leak-proof, red and appropriately labeled (e.g., a red, labeled plastic bag).

## E. Waste Disposal

Disposal of contaminated sharps and other "regulated waste" must be in accordance with the Medical Waste Management Act ("Act"). (Health & Safety Code § 117600 *et al*.) 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 waste and sharps waste.

**Biohazardous waste is not normally found in the school setting.** Biohazardous waste includes waste, which contains recognizable fluid blood. In the event of unusual circumstances, the regulated waste must be double bagged in leakproof, appropriately labeled, color coded red, 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, and needles with attached tubing; and
- Broken glass items contaminated with medical waste.

Non-regulated waste may be disposed of as regular trash and includes waste such as disposables containing non-fluid blood (dressing, gauze cotton rolls, towels, rags, etc., with small amounts of dried blood or other body fluids). Please note that feminine hygiene products and Band-Aids or dressings with

small amounts of dried blood are NOT considered to be medical wastes.

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.

## F. 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 benchtops where blood or other body fluids are present.

## G. 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 last cleaning. Contaminated furniture, toys, educational materials/equipment shall be decontaminated with an EPA registered germicide or a solution of one (1) part bleach to ten (10) parts water.

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

UPCS shall assure that the work site is maintained in a clean and sanitary condition and shall determine and implement an appropriate cleaning schedule for rooms 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 who are 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 use of an appropriate disinfectant.

**All waste baskets should be lined with a disposable plastic bag. In areas where blood is present,**

**physical care is provided or personal care occurs (e.g., health office, restrooms, locker rooms, science classrooms, etc.), disposable plastic bags should be replaced daily.**

## H. 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 a minimum of agitation. Contaminated laundry should be bagged at the location of use in a biohazard labeled or color coded red, 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 where laundry is done. Universal precautions will be used at all times.

Each of these areas will be reviewed with employees during bloodborne pathogens related training (see Section VIII, Information and Training, in this plan for additional information).

## I. Labels and Signs

One of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, UPCS will implement a biohazard warning labeling program or when appropriate, using red "color-coded" containers.

The following items shall be properly labeled:

- Containers of regulated waste (see Section IV.E on Waste Disposal).
- Sharps disposal containers.
- Contaminated laundry bags and containers.
- Contaminated equipment (e.g., athletic equipment, shop equipment).

## V. FIRST AID INCIDENTS INVOLVING THE PRESENCE OF BLOOD OR INFECTIOUS MATERIAL.

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 an incident before the end of the work shift during which the first aid incident occurred. 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 infectious material, the Hepatitis B vaccination will be made available to the first aid providers who rendered assistance during the incident within twenty-four (24) hours, regardless of whether an exposure incident occurred. See Section III

regarding Hepatitis B Vaccination Program.

In the event that it is determined that the first aid incident also constituted an exposure incident, the procedures for post-exposure evaluation and follow-up, discussed below, shall be followed.

## VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP.

It is the employee's responsibility to report the occurrence of an occupational exposure incident, before the end of the work day during which the incident occurred. 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. A description of the first aid incident, including:

    a. Whether potentially infectious materials were involved;
    b. Source of the blood or infectious material;
    c. Circumstances under which the incident occurred, i.e., accidental, 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.

5. The Hepatitis B vaccine was offered to the employee within 24 hours of the incident, whether an exposure occurred or not.

Safety concerns may be reported using the "Employee Safety Contact Report." (See **Appendix B**). In response to a report of an occupational exposure incident, UPCS 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 the circumstances under which the exposure incident occurred; and
    b. Identification and documentation of the source individual, if feasible and not prohibited

by state or local law.

Following such action, the Business and Operations Director will seek to obtain the consent of the identified source individual to test that individual's blood to determine the presence of antibodies to the HIV, HBV or HCV. Once consent is obtained, the testing shall be done as soon as is feasible.

The Business and Operations Director will also seek to obtain the consent of the source individual for subsequent disclosure of the results of the above test by the health care provider and the employer, unless the source individual is already known to be infected. If such consent is obtained, the results of the test will be made available to the exposed employee, accordingly. UPCS will document the refusal of the source individual to provide such consent in order to establish that consent cannot legally be obtained.

If the employee with occupational exposure consents, UPCS will also arrange to collect and test his or her blood for HBV, HCV and HIV status. In addition, an appointment will be arranged for the exposed employee with a qualified health care professional to discuss the employee's medical status.

Finally, the employee will be provided with an evaluation of any subsequent reported illnesses, which are related to the occupational exposure incident. The employee will also be provided with appropriate post-exposure prophylaxis and counseling.

## VII. INFORMATION AND TRAINING

All employees who have the potential for exposure to bloodborne pathogens will be trained and furnished with as much information as possible on this issue. Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given initial or additional training which their new position requires at the time of their new job assignment.

### A. TOPICS

The topics covered in our training program will include but not be limited to:

- An explanation of the symptoms and modes of transmission of bloodborne pathogens.
- An explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment.
- An explanation of the basis for selection of personal protective equipment. Information on the HBV vaccine, including its efficacy, safety and the benefits of being vaccinated.
- An explanation of the procedure to follow if a first aid incident involving the presence of blood, or an exposure incident occurs, method of reporting the incident, and the medical follow-up that will be made available.
- An explanation of the signs, labels, tags and/or color coding used to denote biohazards (e.g., contaminated sharps containers).

- An accessible copy of the Cal/OSHA standard and an explanation of its contents.
- An explanation of the organization's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

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**APPENDIX A**

Vaccination Declination Form

EMPLOYEE NAME: _____

**By signing below, I acknowledge the following:**

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

SIGNATURE: _____ DATE: _____

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