



BLOODBORNE PATHOGENS PROGRAM

**Per requirements of
CCR Title 8 Section 5193**

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Chino Valley Unified School District (CVUSD) has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with OSHA's Bloodborne Pathogens, CCR Title 8 Section 5193 requirements.

The District's Safety Director, Risk Management and Human Resources in collaboration with applicable departmental Directors, has the authority and responsibility to ensure that all elements of the exposure control plan are in place and implemented. Employees can access the plan by requesting a copy from the Risk Management department.

Purpose

The purpose of this Exposure Control Plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, if any, and those employees potentially exposed through Good Samaritan, collateral duty events, provide information and training to employees exposed to blood and OPIM, and comply with OSHA's Bloodborne Pathogen Standard, CCR Title 8 Section 5193.

Exposure determination

Employees subject to the Cal OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned or collateral job duties. It is our policy to provide evaluation and treatment of employees who sustain actual or potential exposure to blood or OPIM for those who assist an injured employee but are not required to by job description.

Table 1 lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials during regular job activities. Exposure determinations are made without regard to use of PPE.

Table 1: Employees at risk due to job description activities	
Job classification	Task or exposure
School Nurse(s)	Blood or other bodily fluids (Other Potentially Infectious Material) from injury / illness
Health Technician(s)	Blood or other bodily fluids (Other Potentially Infectious Material) from injury / illness
Teacher of Developmentally disabled	Blood or other bodily fluids (OPIM) from injury / illness
Assistant of Developmentally disabled	Blood or other bodily fluids (OPIM) from injury / illness
Speech Therapist	Those students that require lip manipulation

Table 2 lists job classifications and tasks in which employees may have occupational exposures to blood or other potentially infectious materials during collateral duties.

Table 2: Employees who may be at risk based on potential collateral duties

Job classification	Task or exposure
CPR / First Aid trained staff	Providing Good Samaritan aid to co-workers and third parties
Principal	Blood or other bodily fluids (OPIM) from injury / illness
Assistant Principal	Blood or other bodily fluids (OPIM) from injury / illness
School Psychologist	Blood or other bodily fluids (OPIM) from injury / illness
School Counselor	Blood or other bodily fluids (OPIM) from injury / illness
Secretary	Blood or other bodily fluids (OPIM) from injury / illness
Custodian	Blood or other bodily fluids (OPIM) from injury / illness
Maintenance classifications	Blood or other bodily fluids (OPIM) from injury / illness
Construction classifications	Blood or other bodily fluids (OPIM) from injury / illness
Transportation classifications	Blood or other bodily fluids (OPIM) from injury / illness

Compliance Methods

Universal precautions

Universal precautions are an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult or impossible-to-identify body fluids as potentially infectious.

Engineering and work practice controls

Use the following controls to eliminate or minimize occupational exposure.

Sharp containers

Place used knife blades, nails, and other sharp objects (i.e. needles, broken glass) in a sharps container. Replace containers routinely and do not allow overfilling. Place reusable sharps in metal trays for decontamination. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Work practices

Only those employees specifically trained in safe handling of blood or OPIM will clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach to water. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable

antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Personal Protective Equipment (PPE)

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal on an annual basis and as needed.

Storage area

Storage location for bloodborne pathogen response kits and protective gear are located in designated locations at each campus.

Supplies may include disposable gloves, face shields, impervious disposable coveralls and booties, resuscitation devices, large, heavy-duty plastic bags and ties, sharps containers, biohazard signs or labels, absorbent pressure dressings for wounds, antiseptic towelettes, disposable absorptive material for cleaning up spilled blood, rubber gloves, and bleach solutions or germicides.

PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds (i.e. employee injury) must wear disposable gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with approved disinfectant after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss.

Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place used PPE in a biohazard container or in a plastic bag with a biohazard label. PPE must not be taken from the work site.

Housekeeping

Employees who have received bloodborne pathogen training and who have been included in the exposure control plan may be authorized by CVUSD to clean up spills and other work. Contact your supervisor if you are unsure.

Clean and decontaminate all equipment and working surfaces immediately in which blood or body fluids that may be contaminated with blood are handled, or as soon as feasible. Cordon off areas where surfaces are overtly or potentially contaminated with blood or OPIM until proper disinfection of the area can be completed. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.

Use chemical germicides, solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning, or other effective disinfecting substances. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used.

Broken glass items must NOT be picked up directly with the hands. Use a mechanical means, such as a brush and dustpan, tongs, or forceps. Handle as a biohazardous waste if contaminated or if unsure of contamination status. Decontaminate equipment used to pick up glassware with a 1:10 bleach solution or an approved germicide.

Contaminated laundry

Handle non-disposable linen, such as street clothes, or any other clothing visibly contaminated with blood or OPIM using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag.

Employees cannot wash contaminated items at home. Any non-disposable items will be disinfected and cleaned in an appropriate area as designated by the District's Safety Director.

Regulated waste

"Regulated Waste" means waste that is any of the following:

- (1) Liquid or semi-liquid blood or OPIM;
- (2) Contaminated items that:
 - (A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM;
 - and
 - (B) Are capable of releasing these materials when handled or compressed.
- (3) Contaminated sharps.

Place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. CVUSD will contract a third-party biohazard waste hauler when regulated waste requires disposal.

Labels and signs

Affix warning labels to laundry bags, containers of regulated waste, and containers used to store or transport blood or OPIM. Red bags or red containers can be used instead of labels.

Hepatitis B vaccine

For all staff identified in "Table 1: Employees at risk due to job description activities", CVUSD will offer pre-exposure vaccination and "Table 2: Employees who may be at risk based on potential collateral duties" above will immediately be, but no longer than 24 hours, provided the option of Hepatitis B vaccination in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident

occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident.

Employees who have been offered but decline to take the vaccination must sign a declination statement (see attached). Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

The District will schedule vaccinations at CVUSD's current industrial clinic and will keep employees' vaccination records in their confidential medical files.

Exposure incident and post-exposure evaluation and follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is CVUSD policy to include Good Samaritan acts performed by an employee at the work site.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

CVUSD's industrial clinic provides hepatitis B vaccinations and medical evaluations and post-exposure follow-up after an incident and has a copy of the Bloodborne Pathogen Standard, CCR Title 8 Section 5193.

Information provided to the health care professional

The District will ensure that the health care professional who evaluated the employee after an exposure incident receives the following information:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status

Health care professional's written opinion

The District's Human Resources Department or Safety Director will provide the employee with a copy of the health care professional's written opinion within 15 days after completion of the evaluation.

Limit the health care professional's written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional's written opinion for the post-exposure evaluation to the following information:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment.

Emergency contact information

In the event an accident, injury, or potential bloodborne pathogen exposure occurs, please contact the District's Safety Director or the Human Resources Department IMMEDIATELY.

Training and training records

All employees who have occupational exposure or potential exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. Additionally, all supervisors and managers receive bloodborne pathogens training on an annual basis to ensure that they have an awareness level on the subject to ensure ongoing compliance with the requirements of this regulation.

The training program will include the following topics:

- Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
- Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
- District's Exposure Control Plan. An explanation of the District's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
- 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;
- Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

- Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
- 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;
- Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- 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;
- Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the District is required to provide for the employee following an exposure incident;
- Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and
- Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session

The District's Safety Director ensures training is provided to employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained for, at least, three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

Recordkeeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, social security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OSHA's *Access to Employee Exposure and Medical Records standard, CCR Title 8 Section 3204*. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee's medical file:

- The results of any examination, medical testing, and follow-up procedures.
- A copy of the treating physician's written opinion to the District.
- A copy of all information provided by the District to the health care professional regarding the exposure incident.

Record every needle stick on the OSHA 300 Log and/or the Sharps Injury Log. Record all other exposure incidents that result in medical treatment, (e.g., amma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) on the OSHA 300 log. Retain OSHA 300 and Sharps Injury Log records for five years.

Plan evaluation and review

Review the exposure control plan and update it at least annually. The District's Safety Director is responsible for the annual review and will sign and date this exposure plan when the review has taken place.

Statement of Declination

The following statement must be signed by every employee who declines the hepatitis B vaccine. The statement can only be signed by the employee after he or she has received training about hepatitis B, hepatitis B vaccination, and the method and benefits of vaccination. Employees must be told that the vaccine and vaccination are provided at no charge. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Employee's statement of declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's signature _____ **Date** _____

Specific BBP Controls

Job Description / Activity	Control Method	When Used
Emergency Response of a CPR First Aid Certified employee to a victim.	Donning of specific PPE as discussed in CPR First Aid certification course and any additional PPE required by CVUSD management	During emergency response
Treatment by School Nurse	Donning of specific PPE as discussed in CPR First Aid certification course and any additional PPE required by CVUSD management	During treatment of all injured / ill patients