



Bloodborne Pathogens Exposure Control Plan

1.0 Purpose

To establish the requirements of an Exposure Control Plan as defined in OSHA's Bloodborne Pathogens Standard 29 CFR 1910.1030 and Cal OSHA's Bloodborne Pathogens Standard CCR Title 8, Section 5193.

To establish requirements and work practices to control routine occupational exposures to blood and other potentially infectious materials (OPIMs).

2.0 Scope

The requirements of this Exposure Control Plan apply to district employees in job classifications which have routine job duties and tasks with reasonably anticipated occupational exposures to blood or other potentially infectious materials (OPIMs).

3.0 Definitions

Bloodborne Pathogens: Pathogenic micro-organisms that are present in human blood which can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus, Hepatitis C virus and human immunodeficiency virus (HIV).

Other Potentially Infectious Materials (OPIM): Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids.

Occupational Exposure Incident: An occupational exposure involving specific mouth, eye, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

4.0 Responsibilities

 Name of person or position is responsible for coordinating the implementation of the requirements of the Exposure Control Plan and for monitoring compliance.

Supervisors of employees determined to fall within the scope of this Exposure Control Plan, are responsible for ensuring that employees are provided with the required training and for establishing departmental exposure control measures and for providing PPE.

(usually HR Dept) is responsible for coordinating the plan's Hepatitis B Vaccine requirements and for coordinating the plan's occupational exposure incident procedures.

5.0 Exposure Determination

Job classifications in which employees' routine job duties have reasonably anticipated exposures to blood or OPIMs are:

Custodial Employees

Custodial employees that have routine duties which may include, but not limited to, the cleaning and sanitizing of surfaces and areas which may be contaminated with blood or OPIMs.

Special Program Instructors and Instructional Assistants

Routine duties may include, but not limited to the toileting of students, the handling of contaminated laundry and the cleaning and sanitizing of surfaces and areas which may be contaminated with blood or OPIMs.

Special Program Bus Drivers

Special Program Bus Drivers that have routine job duties which may include, but not limited to, the transport and care of special program students and the cleaning and sanitizing of vehicle surfaces which may be contaminated with blood or OPIMs.

School Nurses and Designated Primary First Aid / CPR Providers

Routine job duties include, but not limited to, providing first aid treatment to injured students and employees. This duty may involve treatment during the presence of blood or OPIMs.

Campus Security / Some Administrative Staff

Routine job duties involve responding to incidents with reasonably anticipated exposures to blood or OPIMs.

Physical Education Job Classifications

Routine duties have reasonably anticipated exposures to blood or OPIMs.

Job Classifications where employees may have exposures to blood or OPIMs when performing non-routine collateral job duties:

First Aid / CPR Trained Employees (non-routine collateral duty – not designated as a Primary First Aid Provider)

These are employees who are trained by the district in First Aid / CPR but are not designated as Primary First Aid Providers, that have a non-routine collateral duty to provide emergency first aid / CPR treatment to injured students and employees. This duty may involve providing treatment during the presence of blood or OPIMs.

Please Note: Although the pre-exposure Hepatitis B vaccine series is not required to be offered to these employees, OSHA does require that these employees receive the training required by the standard.

Please Note: If one of these employees renders emergency first aid assistance during the presence of blood, regardless of whether or not an exposure incident occurs, OSHA requires that the employee be offered the Hepatitis B vaccine within 24 hours.

6.0 Employee Training Requirements

The training content required by the OSHA BBP Standard will:

- Be provided to all employees identified above before performing their routine job duties where exposures are reasonably anticipated. Training will be provided at least annually thereafter.
- Provide an explanation of the content of the OSHA Standard and explain how employees can access a copy of the regulatory text of the Standard.
- Explain the contents of the district's Exposure Control Plan and how employees can obtain a copy of the plan.
- Explain the epidemiology, symptoms and modes of transmission of bloodborne pathogens.
- Instruct employees on how to recognize tasks and procedures which may involve exposures.
- Instruct employees on the methods and limitations to control exposures (engineering controls) and the required use, selection, limitations, care, maintenance, decontamination and/or disposal of personal protective equipment.
- Provide employees with information regarding the availability and benefits of the Hepatitis B vaccine (see Form C requirement below) and provide the opportunity for employees to ask questions of the person(s) providing the training.
- Inform employees of the procedures to be followed after an occupational exposure incident.

Form A, *Bloodborne Pathogens Training Session Attendance Roster* will be completed to document training session attendance.

Form B, *Bloodborne Pathogens Training Session Content*, shall be completed to provide a summary of the topics and procedures covered during each training session.

These training records will be maintained by the employees' supervisor for three years from the date the training was provided.

Training will be provided annually.

7.0 Hepatitis B Vaccination

The district shall make available, at no cost, to all employees identified above as having job duties with reasonably anticipated exposures, the Hepatitis B vaccination series, after the required training has been completed and within 10 days of job duty assignment.

If the employee declines to accept the vaccination, the OSHA Standard requires the employee to sign a statement acknowledging that the vaccination was made available and that the employee chose to decline at that time.

If the employee initially declines the vaccination, but at a later date, while still covered by the Standard, decides to accept the vaccination, the district shall make the vaccination available to the employee at no cost to the employee.

Any employee involved in an occupational exposure incident, who has not been vaccinated, must be offered, when medically indicated, a post-exposure protective vaccination, at no cost to the employee. (see section 11)

The district will ensure that the vaccinations, evaluations and any lab tests are performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.

Form C, Hepatitis B Vaccination Consent / Decline Statement, will be used to document the employee's consent or decline of the vaccine series. This form is to be completed at the end of the employee's initial Bloodborne Pathogens training session and sent to HR.

8.0 Engineering and Work Practice Controls

Universal Precautions: All employees are to observe "Universal Precaution Practices" which assume that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. It is best to avoid direct skin contact with body fluids especially if breaks in the skin are present.

Hand washing Facilities and Procedures: The district will provide hand washing facilities which are readily accessible to employees. When the provision of hand washing facilities is not feasible, the district will provide antiseptic hand cleansers in conjunction with clean cloth/paper towels or antiseptic wipes. Employees will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible after the removal of gloves or other protective equipment following any potential exposure.

Containment of Contaminated Needles and Sharps: Contaminated needles and sharps will be placed in designated puncture-resistant, labeled, leak-proof, and closable containers. The district will provide these containers and make them readily accessible to trained personnel as close as is feasible to the immediate area where needles and sharps are found. Contaminated needles and sharps are to be considered "regulated wastes" and will be disposed of as bio hazardous waste.

Containment of Other Contaminated Wastes: All other contaminated wastes will be placed in sealed, leak-proof and labeled containers. The district will provide these containers and make them readily accessible to designated personnel.

Eating, Drinking, Smoking, Applying Cosmetics or Lip Balm, and Handling Contact Lenses: These practices are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

9.0 Personal Protective Equipment

The appropriate personal protective equipment will be provided by the district at no cost to the employee and will be accessible to applicable employees. Use of this personal protective equipment will be required whenever there is the potential for exposure.

Gloves: Gloves shall be used when it can be reasonably anticipated that the employee may have hand contact with contaminated materials. Disposable (single use) gloves shall not be washed or decontaminated for reuse. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

Masks, Eye Protection, and Face Shields: Masks in combination with eye protection devices, such as goggles or glasses, with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Aprons and Other Protective Body Clothing: Depending upon the task and the degree of exposure anticipated, employees shall wear protective aprons or similar protective outer garments to prevent skin contamination and the contamination of the employee's regular clothing.

The district will make provisions for the laundering, cleaning, repairing, replacing and/or disposing of required personal protective equipment to maintain its effectiveness.

10.0 Housekeeping

Sanitation procedures and schedules will ensure a clean and sanitary worksite environment.

Written decontamination procedures will be appropriate for the type of contamination present on contaminated surfaces and/or on equipment intended for reuse.

11.0 Bloodborne Pathogens Occupational Exposure Incident Procedure

Any employee involved in an occupational exposure incident, as defined above, must inform his/her Supervisor and Human Resources immediately (prior to the end of the work shift).

REPORT OF EXPOSURE INCIDENT

Following a report of an exposure incident, the Supervisor and Human Resources will document the route(s) of exposure, and the circumstances under which the exposure incident occurred and identify the source individual (unless the district can establish that identification is infeasible or prohibited by state or local law). **Form D, *Bloodborne Pathogens Incident Post Exposure Report* will be used to document this requirement.**

POST EXPOSURE MEDICAL EVALUATION / TREATMENT

The district will make immediately available to any employee who has had an occupational exposure incident, a confidential post-exposure medical evaluation, counseling and follow-up, and when medically indicated offer a post exposure protective vaccine at no cost to the employee. Human Resources will use **Form E, *Bloodborne Pathogen Exposure Incident - Employee's Consent for Exchange of Information***, to document exposure information which will be provided to the employee's designated physician and to document the employee's consent for the exchange of information between Human Resources and the designated physician.

SOURCE INDIVIDUAL HISTORY / CONSENT FOR TESTING AND EXCHANGE OF INFORMATION

Human Resources will seek to obtain consent of the source individual (or that of the source individual's parent or legal guardian if the source individual is a minor):

- To exchange information between the source individual's physician, the exposed employee's physician and the Human Resources Department, AND
- To test the source individual to determine HBV or HIV infectivity. If the source individual's infectious status is already known then the test process need not be repeated.

If consent is given, the infectivity status shall be made available to the exposed employee's health provider. **Form F, *Source Individual History and Consent for Testing and Exchange of Information***, will be used to document the requirements of this section.

If the test to determine infectivity is performed on the source individual, the results will be documented by the source individual's physician on **Form G *Physician Statement on Source Individual***.

The exposed employee shall be informed of the laws and regulations relating to the confidentiality and disclosure of the identity and infectious status of the source individual.

REFUSAL OF CONSENT BY SOURCE INDIVIDUAL

Should the source individual (or the source individual's parent or legal guardian if the source individual is a minor) refuse consent for testing, then Human Resources shall document the refusal on **Form H, *Source Individual Refusal for Blood Testing***.

EXPOSURE INCIDENT RECORDS

All records and copies of forms related to exposure incidents and follow-up procedures will be maintained by the Human Resources Department.

12.0 OSHA Regulated "Biohazard" Wastes

Regulated Biohazard Wastes found in school settings include:

Contaminated Gloves, Gowns or Aprons

Contaminated Cleaning Rags or Paper Towels

Contaminated Absorbents

Contaminated Bandages

Contaminated Disposable Table Covers

Contaminated Needles and Sharps

Contaminated Mop Heads, Laundry, Clothing or other OPIM not intended for reuse.

Biohazard Regulated waste shall be placed in containers (plastic bags) which are closable, leak-proof, and labeled or color-coded as containing biohazard materials.

Contaminated sharps and needles shall be placed in puncture resistant, leak-proof closable containers that are identified by red color or labeled with biohazard identification.

Containers with sharps and needles will be disposed of according to district procedures.

Each site shall have a specially designated, labeled trash container for the disposal of biohazard materials in a secure area. The contents in these containers will be disposed of routinely according to applicable regulations.

FORMS
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

FORM / TITLE

- A BLOODBORNE PATHOGENS TRAINING SESSION ATTENDANCE ROSTER**
- B BLOODBORNE_PATHOGENS TRAINING CONTENT CHECKLIST**
- C HEPATITIS B VACCINE CONSENT / DECLINE STATEMENT**
- D BLOODBORNE PATHOGENS INCIDENT - POST EXPOSURE REPORT**
- E EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION**
- F SOURCE INDIVIDUAL'S HISTORY AND CONSENT FOR EXCHANGE OF INFORMATION**
- G PHYSICIAN'S STATEMENT ON SOURCE INDIVIDUAL**
- H SOURCE INDIVIDUAL'S REFUSAL FOR BLOOD TESTING**

FORM B

BLOODBORNE PATHOGENS TRAINING CONTENT CHECKLIST

Classification of Employees Trained: _____

Date of Training: _____ **Trainer:** _____

Required Topics (General)

- ___ **OSHA Standard Summary and Access to Information**
- ___ **District Exposure Control Plan Summary and Access to Information**
- ___ **Bloodborne Pathogens: Epidemiology, Symptoms and Modes of Transmission**
- ___ **Hepatitis B Vaccinations**
- ___ **Recognizing Occupational Exposure Hazards and Situations**
- ___ **Engineering Controls (Hand Washing Facilities, Containers)**
- ___ **Personal Protective Equipment**
- ___ **Universal Precautions**
- ___ **Housekeeping Procedures**
- ___ **Work Practice Controls**
- ___ **Regulated Wastes and Disposal Procedures**
- ___ **Exposure Incident Procedures**

Required Topics (Job Specific)

- ___ **Custodial Procedures**
- ___ **First Aid / CPR Precautions**
- ___ **Special Programs Procedures and Precautions**
- ___ **Other:** _____

FORM C

HEPATITIS B VACCINE CONSENT / DECLINE STATEMENT

Employee: _____

SS#: _____

Job Classification: _____ Location: _____

Date of Bloodborne Pathogens Training: _____ Trainer: _____

During the Bloodborne Pathogens training session I was informed that due to my job duties or procedures, I have reasonably anticipated occupational exposures to blood or other potentially infectious materials and that I have the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

Check one below:

I wish to receive the Hepatitis B vaccination series (three doses). I have no known sensitivity to yeast or any preservatives. Also (for women only) if I am pregnant, I am advised to consult with my private medical practitioner regarding the administration of the Hepatitis B vaccine.

I do not wish to receive the Hepatitis B vaccination series (three doses). I have been informed that by declining this vaccine, I may have an occupational exposure risk of acquiring the Hepatitis B infection which can be a serious disease.

Employee's Signature: _____ Date: _____

CONSENT AFTER INITIAL WAIVER DOCUMENTATION

After initially declining the vaccine, I have now decided to receive the Hepatitis B vaccination series (three doses).

Employee's Signature: _____ Date: _____

FORM D

BLOODBORNE PATHOGENS INCIDENT POST EXPOSURE REPORT

Date of Exposure: _____ Time of Exposure: _____

Reported By: _____ Date Reported: _____

EXPOSED EMPLOYEE

Exposed Employee: _____ Job Classification: _____

District Location: _____ Work Phone: _____

Home Address: _____

Home Phone: _____

SOURCE INDIVIDUAL

Source Individual: _____ Employee Student Other

District Location: _____

Home Address: _____

Home Phone: _____

EXPOSURE CIRCUMSTANCES

Description of incident including route(s) and circumstances of exposure:

Report Completed By: _____ Date: _____

FORM E

**BLOODBORNE PATHOGENS EXPOSURE INCIDENT
EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION**

Exposed Employee: _____ Job Classification: _____

Home Address: _____ Home Phone: _____

EXPOSURE HISTORY

Date of Exposure: _____ Time of Exposure: _____

Description of incident including route(s) and circumstances of exposure:

EXPOSED EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION

I hereby authorize an exchange of information pertaining to my occupational exposure to blood or OPIMs to occur between Human Resources Department and my designated health provider.

My Health Provider's Name: _____

Health Provider's Address: _____

Phone: _____

Employee's Signature: _____

Date: _____

FORM F

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT

SOURCE INDIVIDUAL'S HISTORY AND CONSENT FOR EXCHANGE OF INFORMATION

I am aware that I, or my child, has been identified as a source individual in an occupational exposure incident where a school district employee may have been exposed to blood or other potentially infectious body fluids.

I hereby authorize an exchange of information to occur between my or my child's health provider, the Human Resources Department and the exposed employee's health provider.

CONSENT TO EXCHANGE INFORMATION BETWEEN:

A. District Address Here

B. Exposed Employee's Health Provider:

Address: _____

Phone: _____

C. Source Individual's Health Provider:

Address: _____ Phone: _____

I am aware of the risks to the exposed employee and I have agreed to blood testing to be performed for Hepatitis B and HIV. I have been informed that in consenting to this testing, this information will be released to the exposed employee's physician, to the exposed employee and to the HR Dept.

Signature of Source Individual / Parent / Guardian:

Date: _____

FORM G

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT

PHYSICIAN'S STATEMENT ON SOURCE INDIVIDUAL

To: Source Individual's Designated Physician

Name: _____

Source Individual: _____

Address: _____ Phone: _____

The above source individual has been identified as a source in a potential bloodborne pathogens exposure incident. The source individual or the individual's parent / guardian has been informed of the required OSHA procedure following such an incident and has given consent for the exchange of information and for the testing of the source individual to determine the Hepatitis B / HIV infectivity status.

Please see the attached consent form F.

As the source individual's designated physician, please provide the following results of the source individual's infectivity to the District Name Here Human Resources Department and to the exposed employee's physician (see form D).

Results of:

HBsAG _____ Date: _____

HIV: _____ Date: _____

Physician Signature: _____

Date: _____

FORM H

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT

SOURCE INDIVIDUAL'S REFUSAL FOR BLOOD TESTING

Source Individual: _____

Parent or Guardian (if source individual is a student): _____

Address: _____ Phone: _____

Date that Source Individual, Parent or Guardian was notified: _____

Notified By: _____, [District Name Here] HR Dept.

Please read, sign below and return to [District Name Here]

I have been informed by the District Name that I / my child has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious body fluids.

I am aware of the risks to the employee and I have declined blood testing to be performed for Hepatitis B and HIV. I have been informed that if I had consented to this testing, this information would have been released to the exposed employee, to the exposed employee's physician and to the District Name HR Dept.

Signature of Source Individual, Parent or Guardian

Date: _____

Please Return to: [District Address Here]