

Administrative Regulation

PERSONNEL: GENERAL

Bloodborne Pathogen Exposure

A. PURPOSE

The purpose of this document is to serve as the Berryessa Union School District's Exposure Control Plan in compliance with Cal-OSHA guidelines for "Bloodborne Pathogens." This plan ensures that designated employees (as defined herein) are:

1. Aware of potential hazards from exposure to bloodborne pathogens.
2. Advised of appropriate procedures to avoid exposure.
3. Advised of school district's responsibility in the event of exposure.

B. BACKGROUND

Bloodborne pathogens are certain pathogenic microorganisms which are present in human blood and can cause disease in humans. The bloodborne pathogens may be transmitted from the infected individual to other individuals by blood or certain body fluids that carry the risk of infection; individuals whose occupational duties place them at risk of exposure to blood and other potentially infectious materials are also at risk of becoming infected with these bloodborne pathogens. The most significant bloodborne pathogens are Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

Very few Berryessa Union School District employees are likely to be at risk of exposure to bloodborne pathogens. However, to minimize this risk to our employees, Berryessa Union School District has implemented the Exposure Control Plan.

C. EXPOSURE DETERMINATION

All employees in the following job classifications have occupational exposure to bloodborne pathogens:

ADMINISTRATIVE SECRETARY-PRINCIPAL
COMPUTER CLERK
COACH
DAY CUSTODIAN
HEALTH CLERK
LEAD CUSTODIAN
NIGHT CUSTODIAN
NURSE
PARAEDUCATOR I & II
SCHOOL CLERK
SPECIAL DAY CLASS TEACHER

Employees in the job categories listed above have occupational exposure to bloodborne pathogens when performing the following tasks and procedures:

- a) cleaning waste from bodily fluid spills, i.e. vomit;
- b) cleaning area where blood spills may have occurred administering first aid; and
- c) utilizing needles in injections for bee sting allergy or general allergy.

OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or 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 needle sticks, human bites, cuts and abrasions).

Other **POTENTIALLY INFECTIOUS MATERIALS** include the following human body fluid: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (In a school district environment it is highly unlikely employees will be exposed to these materials).

D. **EXPOSURE CONTROL PRACTICE/METHODS OF COMPLIANCE**

Effective immediately, the following Exposure Control Practices are to be followed at all times:

UNIVERSAL PRECAUTIONS

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Universal precautions shall be used to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids should be considered 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.

Hand Washing

Hand washing is the single most effective means of preventing the spread of infections.

All employees must wash their hands and other exposed skin with soap and water, or flush mucous membranes with water as soon as feasible, following contact with blood or other potentially infectious materials. When hand-washing facilities are not feasible, employees named in the above classifications will be supplied with antiseptic hand cleanser and clean paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, employees are still required to wash his/her hands with soap and running water as soon as feasible after exposure may have occurred.

BARRIER PRECAUTIONS/PERSONAL PROTECTIVE EQUIPMENT

Appropriate barrier precautions shall be routinely used to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.

1. Gloves

Latex gloves must be worn when touching blood and body fluids, mucous membranes, or broken skin, or for handling items or touching surfaces moist with blood or body fluids. Gloves must be worn when giving injections. Care must be taken to avoid contacting other objects with contaminated gloves. New gloves must be worn for each student receiving aid. Hands must be washed after glove removal. The use of gloves is also required under the following circumstances:

- a) if provider's hands are abraded, chapped or cut;
- b) when examining abraded or non-intact skin with active bleeding; and
- c) during cleansing of body fluids or decontaminating procedures.

2. Equipment

Needles and other sharp instruments must be handled with extreme caution to prevent infection with HIV, Hepatitis, or other bloodborne diseases. Contaminated sharp instruments are not to be recapped, purposely bent or broken, removed from disposable syringes or otherwise manipulated by hand. Contaminated needles are never to be placed in a pocket.

Sharp instruments are to be disposed of in puncture-resistant containers, which shall be located as close as practical to the area of use (health room in school office.)

HANDLING BIOHAZARDOUS WASTE

Items that contain dried blood are considered non-regulated waste and can be disposed in plastic-lined trash containers. Dispose of fluid blood and other body fluids by carefully pouring them down a drain connected to a sanitary sewer (toilet). Then, clean the surface with soap and water, and disinfect with a solution of one part bleach to ten parts water. Keep trash containers closed until they are emptied, and be sure to disinfect mops and cleaning tools. Place "sharps" (needles) in a labeled, puncture-and-leak-proof container, and properly dispose of them.

E. VACCINATION AGAINST BLOODBORNE PATHOGENS

1. All employees assigned to classifications identified in Section C above shall be offered at no cost to themselves vaccination against Hepatitis B virus (HBV). This vaccination will be offered within ten days of initial assignment.
2. Hepatitis B vaccine and vaccination series will be made available at a location designated by the Berryessa Union School District and will be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.
3. The Hepatitis B vaccine and vaccination series will be provided according to current recommendations of the U.S. Public Health Service at the time it is provided.

4. Employees accepting or declining the vaccine must complete the Hepatitis B Vaccination Form. (See attachments)
5. If an employee declines and later, while still employed in Berryessa Union School District, decides to accept the vaccine, it will be provided to her/him at no cost.
6. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at some future date, such a booster dose shall be made available at no cost to the employee.

F. POST-EXPOSURE EVALUATION AND FOLLOW-UP FOR UNVACCINATED FIRST AID RESPONDERS

1. Each employee is required to immediately report any exposure incident to the school office/health room or immediate supervisor. This incident should be reported on the "Incident Log" maintained in the nurse's office. An exposure incident is a specific eye, mouth, or 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.
2. Following a report of an exposure incident, the employee should follow the policy for making a Worker's Compensation claim and seeing a physician for follow-up care and counseling.
3. The medical evaluation and follow-up will be performed at a medical facility designated by Berryessa Union School District pursuant to an appointment made by the employee, within 24 hours of incident.
4. The medical examination shall include:
 - a) document of the route(s) and circumstance of exposure;
 - b) identification of the source individual, unless Berryessa Union School District determines that identification is not feasible or prohibited by law;
 - c) prompt testing of the source individual's blood for HBV, HCV, and HIV as soon as consent is obtained. If consent cannot be obtained, this shall be documented. If the source of individual's HBV, HCV, or HIV status is known to be positive, repeat testing need not be done. Results of the source individual's testing shall be made available to the exposed employee, along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of the source individual;
 - d) prompt testing of the exposed employee's blood for HBV, HCV, and HIV shall be done as soon as consent is obtained; and
 - e) if the employee does not consent to blood testing, consent to take a blood sample may be given. The sample shall be preserved untested for at least 90 days. If within 90 days of the exposure incident the employee elects to have the sample tested, such testing shall be done as soon as possible.

G. INFORMATION PROVIDED TO THE HEALTH CARE PROFESSIONAL

1. Berryessa Union School District shall provide to the health care professional responsible for an employee's Hepatitis B vaccination the following information:
 - a) a copy of the OSHA Bloodborne Pathogen regulations.
 - b) a description of the exposed employee's duties as they relate to the exposure incident.
 - c) documentation of the route(s) of exposure and circumstances under which the exposure occurred.
 - d) results of the source individual's blood testing, if available; and
 - e) all medical records relevant to the appropriate treatment of the employee including vaccination status which is maintained by the employer.

H. WRITTEN OPINION

Berryessa Union School District shall obtain and provide the employee with a copy of the physician's written opinion within 15 days of the completion of the evaluation. The written opinion shall be limited to the following:

- a) whether HBV vaccination is indicated and if the employee has received it;
- b) that the employee has been informed of the results of the evaluation; and
- c) that the employee has been informed about any medical condition resulting from exposure which requires further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

I. EMPLOYEE TRAINING AND INFORMATION

Berryessa Union School District will provide training and information to all employees covered under this standard. Training will be provided during work hours and at no cost to the employee. Training will be provided at the time of the initial assignment, annually thereafter, and whenever modifications of tasks or procedures affect the employee's occupational exposure.

The training program will contain the following elements:

1. A general explanation of the epidemiology and symptoms of bloodborne diseases.
2. An explanation of the modes of transmission of bloodborne pathogens.
3. An explanation of the employee's Exposure Control Plan and information as to where an employee can obtain a copy.
4. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure.
5. An explanation of the use and limitations of methods that will prevent or reduce exposure including, appropriate engineering controls, work practices and personal protective equipment.
6. Information on the types, proper use, location, removal, handling, decontamination, and

- disposal of personal protective equipment.
7. An explanation of the basis for selection of personal protective equipment.
 8. 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.
 9. Information on the appropriate actions to take, and persons to contact, in an emergency involving exposure.
 10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 11. Information on the post-exposure evaluation and follow-up.
 12. An explanation of the signs and labels and/or color coding required to label regulated waste (if applicable).

The training will allow an opportunity for interactive questions and answers. Attendance shall be recorded.

J. **RECORD KEEPING**

1. Medical records

Berryessa Union School District will establish and maintain medical records that will include the following:

- a) the name and social security number of the employee;
- b) a copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination;
- c) a copy of results of examinations, medical testing, and follow-up procedures;
- d) a copy of the health care professional's written opinion; and
- e) a copy of the information provided to the health care professional by the employer.

These medical records shall be maintained by Berryessa Union School District for at least the duration of employment plus 30 years in accordance with the law.

2. Incident log

An incident log must be maintained on all first aid incidents in which exposure to bloodborne pathogens may have occurred.

This log shall include:

- a) name of first aid responder;
- b) description of the incident;
- c) date and time of the incident; and
- d) determination of whether or not an exposure occurred.

3. Training Logs

Berryessa Union School District shall maintain the following training records:

- a) the dates of the training sessions;
- b) the contents and/or summary of the training session;
- c) the names and qualifications of persons conducting the training; and
- d) the names and job titles of all persons attending the training sessions.

Training records shall be maintained for three years from the date on which the training occurred.

Employee training records shall be provided upon request for examination and copying to employees and employee representatives.

Employee medical records shall be provided upon request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

Berryessa Union School District shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief of Cal-OSHA for examination.

This Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions within occupational exposure.

***PLEASE PRINT, SIGN AND DATE THIS FORM AND RETURN TO PERSONNEL SERVICES
YOU MAY FAX THIS FORM TO PERSONNEL SERVICES AT 408-251-4053***

**BLOODBORNE PATHOGENS TRAINING COMPLIANCE FORM
NOTICE OF RIGHT TO TRAINER ACCESS**

I understand I will be completing a 30-minute online training course on the topic of Bloodborne Pathogens. I understand that according to OSHA regulations, during the training session I must be given the opportunity to ask questions of a qualified trainer if necessary.

I understand that **Personnel Services** can be reached at **408-923-1850** to answer any questions that I have related to bloodborne pathogens training during these times: **8:30 am to 4:00 pm, Monday through Friday.**

Employee Signature: _____ Date: _____

HEPATITIS B VACCINE FORM

Upon completion of the online training course on the topic of Bloodborne Pathogens, complete this form, sign below, and return to Personnel Services. The use of this form is mandatory.

I, the undersigned, have completed the Berryessa Union School District BLOODBORNE PATHOGENS ONLINE TRAINING. I have received Board Policy 4021 and Administrative Regulations 4021.

Check one:

Accept – I understand due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. I **accept** the Hepatitis B vaccination at this time. The vaccine will be made available through a medical facility designated by the District. If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Services at some future date, such booster shall be made available at no charge to me.

Decline – I understand due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I **decline** the Hepatitis B vaccination at this time. I understand 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me. The vaccine will be made available through a medical facility designated by the District.

Employee Name (printed): _____

Employee Signature: _____ Date: _____

PLEASE SIGN AND DATE THIS FORM

**BLOODBORNE PATHOGENS TRAINING COMPLIANCE FORM
NOTICE OF RIGHT TO TRAINER ACCESS**

I understand I will be completing a training course on the topic of Bloodborne Pathogens. I understand that according to OSHA regulations, during the training session I must be given the opportunity to ask questions of a qualified trainer if necessary.

Employee Signature: _____ Date: _____



HEPATITIS B VACCINE FORM

Upon completion of the training course on the topic of Bloodborne Pathogens, complete this form, sign below, and return to Instructor. The use of this form is mandatory.

I, the undersigned, have completed the Berryessa Union School District BLOODBORNE PATHOGENS TRAINING. I have received Board Policy 4021.

Check one:

Accept – I understand due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. I **accept** the Hepatitis B vaccination at this time. The vaccine will be made available through a medical facility designated by the District. If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Services at some future date, such booster shall be made available at no charge to me.

Decline – I understand due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I **decline** the Hepatitis B vaccination at this time. I understand 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me. The vaccine will be made available through a medical facility designated by the District.

Employee Name (printed): _____

Employee Signature: _____ Date: _____

BERRYESSA UNION SCHOOL DISTRICT

INCIDENT LOG: BLOODBORNE PATHOGENS

The following information must be maintained on all first aid incidents in which possible exposure to bloodborne pathogens may have occurred.

Incident: Date/Time _____

Name of Responder: _____

Exposure Occurred Yes _____ No _____

Incident: Date/Time _____

Name of Responder: _____

Exposure Occurred Yes _____ No _____

Form can be duplicated if needed.

BERRYESSA UNION SCHOOL DISTRICT

**MEDICAL RECORD DOCUMENTATION:
BLOODBORNE PATHOGENS**

As a requirement of the Berryessa Union School District responsibility to document records as they relate to Bloodborne Pathogens, the following will be established and maintained.

- a) the name and social security number of the exposed employee;
- b) a copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination;
- c) a copy of all results of examinations, medical testing, and follow-up procedures;
- d) a copy of the health care professional's written opinion; and
- e) a copy of the information provided to the health care professional by the employer.

Approved (3546):

February 8, 1994

Renumbered (3546), Reviewed and Revised:

June 5, 2012