

**All Personnel**

**EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS**

Program/site name: \_\_\_\_\_  
(to be completed for each program and/or site)

Address: \_\_\_\_\_

The purpose of the Exposure Control Plan (ECP) is to:

1. Eliminate or minimize employee occupational exposure to diseases transmitted through contact with blood or certain body fluids;
2. Comply with OSHA Bloodborne Pathogens Standard 29 CFR 1910, 1030.

This plan was prepared by Leeds R. Lacy, Jr., Ed.D., Superintendent, on 11/93.

Last reviewed by David A. Miller, Ph.D., Superintendent, on 10/97.

Specify the date for the next annual review: October 1, 1998.

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A copy of this plan and the regulatory text on occupational exposure to bloodborne pathogens is accessible to all employees and is located in the District Administration Office, 1320 Sixth Street, Orland, California.

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The following sections of the Exposure Control Plan will reveal how each of the individual components are to be implemented.

The different components of the plan are to be implemented by:

<i>Compliance Area</i>	<i>Implementation Date</i>
Exposure Risk Determination .....	1993/94
Work Practices (Implementation Methods)	
Information and Training .....	1993/94
Hepatitis Vaccination .....	1993/94
Handwashing .....	1993/94
Personal Protective Equipment .....	1993/94
Housekeeping/Custodial .....	1993/94
Waste Handling and Disposal .....	1993/94
Additional Engineering and Work Practice Controls .....	1993/94
Post-Exposure Evaluation .....	1993/94
Recordkeeping .....	1993/94
Evaluation .....	1993/94

**EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (continued)**

The Exposure Risk Determination is composed of two lists of employees who are at potential risk of occupational exposure incurred without the use of personal protective equipment. OSHA defines "occupational exposure" 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 needle sticks, human bites, cuts and abrasions.)

Each program/site will complete a written assessment of potential occupational exposure. The assessment will identify high risk jobs and high risk tasks. If additional space is required for listing jobs and tasks, the assessment has been attached to this plan. If possible, students or clients who are HBV positive should be identified from the medical enrollment records. School or program confidentiality policies have been followed to ensure the rights of the consumers served by our organization. When necessary, we obtained advice from a medical professional when completing the Exposure Risk Determination.

In the following job classifications, all employees may have contact with blood or potentially infectious materials. Below are the job classifications and the task(s) performed in this position at this program/site in which an occupational exposure may occur.

<i>Jobs</i>	<i>Tasks</i>
1. Nurse	First Aid
2. Custodian	Clean Up
3. Bus Driver	First Aid/Clean Up
4. Office Staff	First Aid
5. School Principal/Assistant Principal	First Aid
6. Health Aide	First Aid

In the following job classifications, some employees may occasionally have contact with blood or other potentially infectious materials when the employee is engaged in high risk tasks. Below are the job classifications and the task(s) performed in this position at this program/site in which an occupational exposure may occur.

<i>Jobs</i>	<i>Tasks</i>
1. Special Education Teacher (example)	Students with aggression (bites)
2. Coach	First Aid
3. Yard Supervisor	First Aid
4. Teacher	First Aid

## EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (continued)

### Information and Training

Education and training should be considered the first line of defense in preventing infections from bloodborne pathogens and creating a work environment which permits the employee to do his/her job safely and effectively.

All employees will receive a basic understanding of information in the following areas:

1. OSHA Bloodborne Pathogens Standard
2. All components of the Exposure Control Plans, including:
  - Descriptions of Hepatitis B (HBV) and AIDS (HIV)
  - How HIV and HBV are transmitted
  - Recognition of tasks and situations which involve exposure
  - Prevention strategies
  - Handling of potentially infectious materials
  - Post-exposure procedures

As a part of the employee orientation process, Universal Precautions Training will be provided to staff within twenty (20) working days of the start of employment. Universal Precautions is an approach to infection control wherein all human blood and certain human body fluids are treated as if known to be infected. All employees will receive annual Universal Precautions Training updates as a part of this organization's commitment to maintaining a safe work environment.

All training materials will be tailored to the education level and language level of the employee, and will be offered during the normal working hours and at a convenient location. The training shall provide an opportunity for interactive questions and answers with the person conducting the training session.

### Hepatitis B Vaccine

The Hepatitis B vaccine series shall be made available to all permanent employees who have been identified in either of the exposure risk assessment lists as having an occupational exposure risk. The vaccination series must be made available within twenty (20) days of employment for new or reassigned staff identified as at risk to exposure, unless the employee has previously received the complete Hepatitis B series or the employee is exempt because anti-body testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Records are maintained of the at-risk employees who have been offered Hepatitis B vaccine free of charge. The vaccine must be made available at a reasonable time and place.

At-risk employees who declined the Hepatitis B vaccine have signed a copy of the OSHA's Hepatitis B vaccine declination. A copy is included in his/her confidential medical record. Employees have the right to change their minds at a later date and are then eligible for vaccination at no cost.

### Handwashing

Handwashing has been identified by medical professionals as one of the most cost effective work practices available for preventing infection by HIV and HBV.

Handwashing is required at this program/site. Employees have been instructed in this procedure and know where facilities are located.

## **EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (continued)**

### Personal Protective Equipment

The use of personal protective equipment is mandatory when employees are engaged in potentially high risk tasks because of the high degree of protection provided when used as instructed. All personal protective equipment is provided without cost to employees. Personal protective equipment has been chosen based upon the anticipated exposure to blood or other potentially infectious materials.

The employee has the right to decline to use PPE when in the employee's professional judgment the use would prevent the delivery of health care or pose an increased hazard to the safety of the worker or co-worker. When an employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The following items of personal protective equipment are available at this program/site free of charge:

Disposable/utility gloves are available in appropriate sizes for all workers at risk of exposure. Hypo-allergenic gloves are available to workers allergic to regular gloves. The gloves are available in the following locations:

Nurse's Office  
Individual Classrooms  
First Aid Kits

Face protection is not required at this program/site.

Protective clothing is not required at this program/site.

Additional protection is indicated when employees work with individuals with documented histories of aggressive behavior, such as biting or scratching. Employees follow prescribed physical management practices, such as wearing long-sleeved shirts, avoiding excessive jewelry, etc.

### Housekeeping

All employees are responsible for following the housekeeping and custodial guidelines even though these tasks are a minor part of the person's job duties. All employees are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage occurs and at the end of the work shift.

Employees have been instructed how to clean a surface with an appropriate disinfectant if there is reasonable likelihood that the area has become contaminated.

Protective gloves are used by all workers who have contact with contaminated materials; other protective equipment is available as required.

Broken glass: Employees have been instructed never to pick up any broken glassware that may be contaminated. A brush or dust pan are available for picking up broken glassware that may be contaminated. The implements used for these purposes are cleaned and decontaminated.

## EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (continued)

### Waste Handling and Disposal

This program/site uses red color coding and/or biohazard labels to mark all hazardous items (a sample of the label is included in this plan). All potentially infectious materials are handled as hazardous waste. Regulated biohazardous waste must be kept in approved containers. The containers must be closed, leakproof, and must be labeled or color coded.

Hazardous items that are so marked include:

1. Red color coding or biohazardous-labeled sharps containers
2. Red color coding or biohazardous-labeled containers of regulated waste

### Disposable Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible. Containers are closeable, puncture resistant on the sides and bottom, leakproof, and are labeled or color coded.

Sharps containers shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used, i.e. the nurse's office, etc. Containers are replaced routinely and not allowed to overfill.

Regulated hazardous waste is disposed of by a company specially authorized to dispose of hazardous waste. Biohazardous-labeled or color-coded waste is not disposed of with the regular garbage. Any questions regarding the local definitions for what is considered a regulated hazardous waste are referred to the local health department.

### Post-exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented.

### Exposure Incident Report

1. An Exposure Incident Report is completed by the school principal or designee, or school nurse.
2. The completed Exposure Incident Report is given to the Exposure Control Plan Administrator. (Note: The Exposure Incident Report cannot be substituted for the Post-Medical Evaluation completed by an authorized health care professional.)
3. Each Exposure Incident Report must be written and contain the following information:
  - a. The identity of the person exposed
  - b. The type of exposure and circumstances of the incident
  - c. The identify of the source individual (the person who was initially infected), if not prohibited by state or local statute or regulations requiring that the individual's name be withheld for privacy reasons
  - d. The date and time of the incident
  - e. Suggestions for changes for improvement in the facilities procedures, environment, or policy to avoid similar incidents in the future.



**EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (continued)**

4. When applicable, the report on decision not to use Personal Protection Equipment is completed by the employee.
5. Employee Medical Record Report shall be completed by the ECP Administrator, or designee, and kept on record at the Orland Unified School District Administration Office in each employee's medical record file.

Post-Exposure Medical Evaluation

Following the reporting of an exposure, the exposed employee shall immediately receive a confidential medical evaluation and medical follow-up conducted by a licensed physician or health care worker at no cost to the employee.

The Post-Exposure Medical Evaluation will be completed by the licensed physician, nurse practitioner or physician's assistant and returned to the ECP Administrator within ten (10) days of the examination.

If employee refuses post-exposure medical evaluation they must sign a Declination of Medical Evaluation form.

Recordkeeping

The following recordkeeping procedures are followed at the district administration office in accordance with OSHA Standard 29 CFR 1910.20. The medical records are kept for at least 30 years after the person leaves employment.

Medical Records

Medical records are confidential and are kept for all employees with occupational exposure in a separate file from all other employee records, and must include:

1. Employee's name and social security number;
2. Hepatitis B vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form, where applicable);
3. All information given to evaluating health care professional in the event of an exposure incident;
4. A copy of the evaluator's opinion.

Written permission is required for access to the employee's medical records.

Employee medical records are available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of OSHA, and/or OSHA compliance officer.

The confidential medical records are kept at the District Administration Office.

Training Records

Records for the training of all workers at risk of occupational exposure are kept at the District Administration Office.

**EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (continued)**

1. The training records shall include:
  - a. Dates of training sessions;
  - b. Materials covered;
  - c. Names and qualifications of trainers;
  - d. Names and titles of trainees.
2. The records are kept for three years from the date of the training session.
3. These records are available upon request to all employees or their representatives.
4. Employee training records are available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of OSHA, and/or OSHA compliance officer.

If this District Administration Office closes, it is understood that the employer must inform the Director at least three months before disposing of the records.

Evaluation of Exposure Control Plan

The plan must be reviewed and updated at least annually. It will be reviewed if necessary to reflect new or modified tasks, procedures, employee positions, or incidents which affect occupational exposure to bloodborne pathogens. It will be updated more frequently if significant changes occur after the plan has been adopted.