

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

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EXPOSURE CONTROL PLAN

I. INTRODUCTION

A. Introduction Policy/Administration

The Inyo County Office of Education is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our county office in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including: Universal precautions, Engineering and work practice controls, Personal protective equipment, Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.
 - 1. Responsibility
 - a. It shall be the responsibility of the County Superintendent to review the county office 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 Superintendent's office to conduct facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.
 - c. The Superintendent's office 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 Department Supervisor is responsible for overseeing the implementation of the work practice controls at that site, which are discussed in Section IIIB.
 - e. The Superintendent's office (in consultation with each Department) is responsible for assessing and selecting appropriate personal protective equipment.

- f. The Department Supervisor is responsible for ensuring that appropriate personal protective equipment is available to employees at that site. Employees are responsible for wearing the designated personal protective equipment.
- g. The Personnel Department is responsible for maintaining the training records outlined in Section VIII B.

Employees are encouraged to read and are required to follow the guidelines and procedures set forth in this plan. Questions regarding the contents of this plan should be brought to the attention of their immediate supervisor.

A copy of this Plan can be found on the County Office website (www.inyocoe.org).

B. Background

Blood and body fluids may contain pathogens, which are small organisms that can cause serious disease. Two 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.
 - Hepatitis

Hepatitis has been categorized into several distinct forms. Hepatitis A accounted for approximately 28,500 cases in 1988. Hepatitis B was reported 23,200 times and 2,620 cases of Non-A/Non-B were reported as well as 2,470 cases of unspecified diagnosis. The United States Public Health Service (USPHS) believes that the actual number of infections is many times the reported number. Hepatitis A is a viral infection caused by a picornavirus and is commonly transmitted by the fecal-oral route. Therefore, it is not considered in this plan.

Non-A / Non-B Hepatitis

Non-A / Non-B Hepatitis has been shown to be transmitted by the fecal-oral route and parentally. Parentally transmitted, Non-A / Non-B Hepatitis can make up as much as 40% of the acute viral Hepatitis in the United States. Transfusion patients and parental drug users are considered the groups most at risk. Healthcare staff who frequently work with blood may be at risk. However, little is known about person to person transmission of this disease.

Hepatitis B

A specific virus known as a DNA virus causes the Hepatitis B infection. The incubation period can be as long as 160 days with an average of 120. The symptoms and signs include anorexia, malaise, nausea, vomiting, abdominal pains, and jaundice. Chronic carriers of the disease are common. This chronic stage of the disease is more common in the younger individual. The carrier is capable of passing the disease to others. The body fluids containing the highest concentrations of the virus are the blood and blood fluids. The potential risk for workers handling these fluids is obvious.

Although not transmitted through the fecal-oral route, HBV is transmitted through the use of contaminated needles or sexual contact. Transmission through blood transfusions is rare only because of donor and blood supply screening. Transmission through close personal contact can occur also.

Although about 300,000 people in the United States are infected with the virus annually, as many as 1,000,000 may be carriers of the disease. Workers exposed to infected blood are the most at risk. The USPHS lists those at highest risk as medical and dental employees and staff in institutions and classrooms for Special Education. Vaccines are available for prevention and post-exposure situations.

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

HIV is transmitted through sexual contact and exposure to infected blood. Although the virus has been isolated from many body fluids, it is known to be transmitted through contact with blood, semen, and vaginal secretions. The reservoir of infection in the United States has surpassed 1,5000,000 people and is increasing as more become infected annually. Therefore, the potential risk for the healthcare worker is probably increasing.

HBV, HCV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin.

II. 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 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.

Occupational exposure is defined by Cal-OSHA as "reasonably anticipated skin, eye, mucous membrane, or parenteral con-tact with blood or other potentially infectious materials that may result from the performance of an employee's du-ties." (Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, 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 responsibility of the County Office 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.

HEPATITIS-B VACCINATION EXPOSURE DETERMINATION FOR SCHOOL EMPLOYEES

INYO COUNTY OFFICE OF EDUCATION

Can you reasonably anticipate as a result of performing your job duty to face contact with blood or other potentially infectious materials?

IF YES

Is your job title in category "A" or "B"?

<u>IF NO</u>

You are not subject to the bloodborne pathogen regulation.

CATEGORY A

- First Aid care providers
- Special Education Teachers
- Alternative Education Teachers
- ROP Teachers
- Instructional Aides
- Community Connection for Child Care employees
- Custodians
- Bus Drivers (who transport handicapped students)
- Secretary (with First Aid care responsibility)

If your job title is in category A, you may choose to participate in either the <u>PRE OR POST</u> exposure vaccination program. **CATEGORY B**

- Caretaker

- Bus Drivers (other than those who who transport handicapped students)

If your job title is in category B, you may choose to participate in the <u>POST</u> exposure vaccination program.

If you decline to participate in the pre-exposure program, you will be required to sign a hepatitis-B immunization consent waiver form.

III. HEPATITIS B VACCINATION PROGRAM

The county office recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, the county office 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. 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 80-90 percent efficacy in preventing infections.

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

Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series,
- 2) antibody testing reveals that the employee is immune, or
- 3) medical evaluation shows that vaccination is contraindicated.

Vaccinations are performed under the supervision of a health care professional through the Inyo County Public Health Clinic.

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 the Personnel Department. If any employee signs the "Vaccination Declination Form" but at a later date chooses to receive the vaccination, the county office will make it available at that time.

Employees who are designated first-aid providers are not mandatorily eligible for preexposure 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 county office. These include:

A. Universal precautions

Universal precautions is an approach to infection control. According to the concept of universal pre-cautions, 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. Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Personnel Department. If requested, the county office will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The County Superintendent is responsible for reviewing and updating the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Engineering and Work Practice Controls

The following engineering and workplace controls shall be used to eliminate or minimize employee exposure. The County Office shall continually evaluate these controls compared with new or more advanced equipment and substitute new methods as determined by the County Superintendent or designee.

<u>Engineering controls</u> means controls that isolate or re-move the bloodborne pathogens hazard from the workplace. These shall be maintained on a regular schedule. A regular system will include documentation of maintenance inspection, date, employee making the inspection, findings, repair verification if needed, and signature of employee inspection (Appendix B)

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

1. **Hand washing:** Thorough hand washing is the single most effective means in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as routine hygienic practices.

All employees shall wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately, or as soon as practicable, following contact of such body areas with blood or other potentially infectious materials.

Employees shall wash their hands immediately, or as soon as possible after removal of gloves or other personal protective equipment.

How to wash hands:

Wet hands with running water and apply soap from a dispenser. Lather well. You may wish to remove all jewelry from hands and place in a safe location at this time. Wash vigorously for 15 to 20 seconds. Soap suspends easily-removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse well under running water with water draining from wrist to fingertips. Leave water running. Dry hands well with a paper towel and then turn off the faucet with paper towel. Discard the towel in appropriate container. Apply hand cream after frequent hand washing. Use lotion to prevent skin irritation, breakdown and subsequent infection. In some situations running water is not available. Liquid disinfectant and/or towelettes should be substituted temporarily. (Employees with frequent exposure to body fluids should `not wear hand jewelry in the workplace.)

2. **Hand washing facilities:** These shall be readily available. Hand washing will be done as soon after hand contamination as possible. If water is not available, an anti-septic hand cleaner must be used with clean cloth, paper towels, or anti-septic towelette/wipes.

The County Office identifies the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, new legislation, changes in staffing and/or pupil needs. We evaluate new procedures and new products regularly by product descriptions, newsletters, and Self-Insured Schools of California (SISC) guidance.

D. Personal Protective Equipment (PPE)

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 in the Inyo County Office of Education 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 their supervisor of the need for repair or replacement of such materials.

Training in the use of the appropriate PPE for specific tasks or procedures is provided by supervisors.

The types of PPE available to employees are as follows:

Disposable (single-use) gloves should be used when contact with blood or body fluids is anticipated (such as a 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 in classrooms. Because not all gloves are completely impermeable, hand washing after glove removal is required. Disposable gloves shall never be re-used. Gloves are worn when hand contact with potentially infectious materials is anticipated, or when handling or touching contaminated items or surfaces.

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.

- <u>Face and Eye Protection</u>: (i.e. safety glasses, goggles, face shields/masks) will be used whenever splashes or sprays may generate droplets of infectious materials.
- <u>Protective Clothing</u>: (coveralls) are worn whenever potential exposure to the body is anticipated.

PPE is located within sites and department offices and may be obtained through each Department or Maintenance. Supervisors will issue PPE and PPE will be available upon request. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.

• Used PPE may be disposed of in plastic lined waste containers (trash) unless saturated with blood or other potentially infectious materials.

• Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

• Never wash or decontaminate disposable gloves for reuse.

• Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

• Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

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 Housekeeping)

• 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).

• Used disposable gloves shall be dropped into a closeable plastic bag for disposal.

E. Housekeeping Practices

The County Office shall develop a Schedule of Disinfection for any work surface, which may become contaminated by the HIV, HCV or HBV virus. The type of chemical utilized shall be approved for the highest antimicrobial activity in order to kill the viruses.

Protective coverings shall be replaced as soon as it is feasible.

All waste containers should be lined with disposable plastic liners. 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.

Regulated waste shall be disposed of in accordance with local, State and Federal regulations.

Other waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups.

All containers shall be inspected for leakage potential. Secondary containers shall be available if leakage is possible.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

All containers holding contaminated material shall comply with CCR, Title 8, Chapter 4.

F. Contaminated Needles and Sharps

To the extent that sharps are used, sharps disposal containers will be inspected and maintained or replaced by the department it is located in and/or Maintenance every month during use or whenever necessary to prevent overfilling.

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, replaced immediately when full and shall not be allowed to overfill. Full sharps containers may not be stored more than 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.

The disposable sharps container shall be disposed of in accordance with the County of Inyo (Northern Inyo Hospital, 150 Pioneer Lane, Bishop, CA 93514). A backup sharps container shall be available at all times.

G. Waste Disposal

Disposal of contaminated sharps and other "regulated waste" must be in accordance with the Medical Waste Management Act ("Act"). (Health & Saf. Code, sec. 25015, and following.) 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 during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Medical waste under the Act consists of:

- 1. Biohazardous waste and
- 2. Sharps waste

It is not anticipated that the County Office would generate any biowaste. In the event that biowaste is present, the Maintenance Supervisor, or designee, shall be contacted for proper disposal.

Regulated biowaste shall be placed in containers, which are closeable and are of the appropriate size to contain all contents. The containers will be strong enough to prevent leakage of fluids during handling, storage, and transport. Red

Biohazardous waste includes waste, which contains recognizable fluid blood. In the event of unusual circumstances, the regulated waste must be double bagged in leak

proof, appropriately labeled, color coded red, plastic bags tied and trans-ported in accordance with all applicable state and local regulations.

<u>Sharps waste</u> 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;
- Broken glass items contaminated with medical waste.

Non-regulated waste may be disposed of as regular trash and includes the following:

 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, 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.

H. 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 bench tops where blood or other body fluids are present.

I. Laundry Procedures

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use either red bags or bags marked with the biohazard symbol for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:
 ✓ Disposable Gloves.

J. Labels and Signs

The following labeling methods are used on county office sites:

• Contaminated laundry/biohazard, red-orange stickers or red bag/container

See Appendix C

Each department is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into any county office site. Employees are to notify their immediate supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

See appendix C for a list of the district's labeling requirements by item.

V. POST-EXPOSURE EVALUATION AND FOLLOW-UP.

Should an exposure incident occur, contact the Personnel Department at (760) 878-2426.

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.

In the event of an exposure to possible infection by blood or other body fluid (especially involving a needle stick or sharps injury), immediately follow these steps without delay:

- 1. Wash needle sticks and cuts with soap and water
- 2. Flush splashes to the nose, mouth, or skin with water
- 3. Irrigate eyes with clean water or saline
- 4. Report incident to supervisor

5. The exposed employee shall receive medical consultation and treatment (if required) as expeditiously as possible from the Inyo County Public Health Department and Northern Inyo Hospital.

Following initial first aid, the following activities will be performed:

- Supervisor/Department Head will assist in gathering all necessary information from exposed employee
- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless ICOE can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

- Post Exposure Flow Chart
- Post Exposure Evaluation
- Bloodborne Pathogen Exposed Individual Consent Form
- Bloodborne Pathogen Source Individual Consent Form
- Post Exposure Report/Checklist

Administration of Post-Exposure Evaluation and Follow-up:

The Personnel Department ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Personnel Department ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure.
- Circumstances of exposure.
- If possible, results of the source individual's blood test.

Relevant employee medical records, including vaccination status. The Personnel Department will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident:

The County Superintendent or designee will review the circumstances of all exposure incidents to determine:

- the engineering controls in use at the time,
- the work practices followed,
- a description of the device being used (including type and brand),
- the protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.),
- the location of the incident (nurse's office., playground, etc.),
- the procedure being performed when the incident occurred, and
- the employee's training.

The County Superintendent will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions (including evaluation of safer devices, adding employees to the exposure determination list, etc.) to this ECP are necessary, the County Superintendent will ensure that appropriate changes are made.

VI. INFORMATION AND TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Self Insured Schools of California (SISC) through "GetSafetyTrained". All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard,
- an explanation of our ECP and how to obtain a copy,
- an explanation of methods to recognize tasks and other activities,
- that may involve exposure to blood and OPIM, including what constitutes an exposure incident,
- an explanation of the use and limitations of engineering controls, work practices, and PPE,
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE,
- an explanation of the basis for PPE selection,
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge,
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM,
- 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,
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident,
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility, and
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at ICOE.

VII. RECORD KEEPING

A. MEDICAL RECORDS

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Personnel Department is responsible for maintenance of the required medical records. These confidential records are kept in the ICOE Personnel Department for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to:

Director, Personnel & Credentials Inyo County Office of Education P.O. Drawer G 555 S. Clay Street Independence, CA 93526

B. TRAINING RECORDS

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years at ICOE.

The training records include:

- the dates of the training sessions,
- the contents or a summary of the training sessions,
- the names and qualifications of persons conducting the training, and
- the names and job titles of all persons attending the training sessions.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the ICOE Director, Personnel & Credentials.

C. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's recordkeeping requirements (29 CFR 1904). This determination and the recording activities are done by the Personnel Department.

D. Sharps Injury Logs

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log (See Appendix E). All incidences must include at least:

- the date of the injury,
- the type and brand of the device involved (syringe, needle),
- the department or work area where the incident occurred, and
- an explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

ADDITIONAL INFORMATION: List of County Health Officers (See Appendix F) **APPENDIX A**

HEPATITIS B VACCINE DECLINATION

In accordance with 8 CCR 5193 and 29 CFR 1910.1030, the COE makes the hepatitis B vaccine available to employees who may reasonably be expected to have contact with blood or other potentially infectious materials in the performance of their duties. Any employee who declines this vaccine is required to read and sign the following statement:

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 myself.

Employee Name (Please print)

Signature

Date

APPENDIX B

BLOODBORNE PATHOGENS EXPOSURE

ENGINEERING CONTROLS AND INSPECTION SCHEDULE

ENGINEERING CONTROL	INSPECTION PERIOD	COMMENT
Glove Boxes	Monthly	Monthly Cleaning
Sharp Disposal Containers	Once before use; Monthly during use; Once before disposal	Ensure outer portion of container remains clean while unit is in use
Hand Washing Facilities	Once every six months	Daily cleaning

APPENDIX C

AUTHORIZED LABELING



BIOHAZARD

Or in the case of Regulated Waste the Legend:

BIOHAZARD WASTE

As described in Health & Safety Code Sections 25080-25082.

These labels shall be fluorescent orange or red-orange or predominately so, with lettering and symbols in contrasting color.

APPENDIX C2

Labeling Requirements

Reviewed annually, and whenever necessary, to remove/add items as needed.

ltem	No Label Required	Biohazard Label	Red container
Regulated waste bags		X and	Х
Sharps containers		X	
(disposable and/or			
reusable)			
Refrigerator/freezer		X	
holding blood or other			
potentially infectious			
material			
Containers used for		X or	Х
storage, transport, or			
shipping of blood or			
OPIM			
Blood/blood products	Х		
for clinical use			
Contaminated laundry	X* or	X or	Х
Contaminated laundry		X or	
sent to another facility			
that does not use			
universal precautions			

* No label needed if universal precautions are in use and specific use of container or item is known to all employees.

BLOODBORNE PATHOGENS EXPOSURE INCIDENT DETERMINATION



POST EXPOSURE EVALUATION CONFIDENTIAL

Name of Exposed Employee:
Social Security No.:
School Site:
Date of Incident:
Description of the circumstances under which the exposure incident took place (include route of exposure and job description as it relates to exposure):
Is the source individual known? Yes No
If yes, identify:
Did the source individual give consent to determine Bloodborne Pathogen infectivity? Yes No Result of testing: Has testing been previously conducted or source individual already known to be infected with HBV. HCV
or HIV?
Yes No
Date the results of the source individual's testing were made available to the exposed employee?
Was consent given by the exposed employee to test blood for HBV, HCV or HIV serological status? Yes No
(If yes to HBV, HCV testing and no to HIV, arrangements must be made to preserve the sample for 90
days.)
Sample to be preserved at the following location:
Has the exposed employee previously received the HBV vaccination? Yes No
If yes, date of vaccination:

(Attach	p	hysic	cian	's	re	port)
V	1					

BLOODBORNE PATHOGEN EXPOSED INDIVIDUAL CONSENT FORM CONFIDENTIAL

According to Cal-OSHA Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

When an Exposure Incident occurs, the employer is required to identify and document the source individual. In addition, the employer must request that the source individual's blood be tested as soon as feasible for the following: HBV, HCV, and HIV.

With respect to this Exposure Incident occurring on (insert date), the source individual was identified and consented to testing _____ declined testing ____.

In addition, the employer is required to offer the exposed individual blood testing. The testing shall include HBV, HCV, and HIV. You have the option of consenting to HBV and HCV while declining the test for HIV. If you decline the test for HIV, your blood sample will be held by the medical facility for six months in the event you reconsider.

I understand the above and hereby decline testing

Date

I understand the above and hereby consent to testing

Consented to Testing

Declined Testing

Date

BLOODBORNE PATHOGEN SOURCE INDIVIDUAL CONSENT FORM CONFIDENTIAL

According to Cal-OSHA Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

When an Exposure Incident occurs, the employer is required to identify and document the source individual. In addition, the employer must request that the source individual's blood be tested as soon as feasible for the following: HBV, HCV, and HIV.

Results of source individual's testing shall be made available to the exposed employee pursuant to applicable confidentiality laws and regulations.

I understand the above and hereby decline testing

Date

I understand the above and hereby consent to testing

Date

POST-EXPOSURE REPORT/CHECKLIST

Use this report as a checklist of POST-EXPOSURE EVALUATION and FOLLOW-UP PROCEDURES.

ΑCTIVITY	
Employee furnished with documentation regarding exposure incident.	
Source individual identified.	
Name of source individual:	
Source individual's blood tested and results given to exposed employee.	
Check here if consent has not been able to be obtained.	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with health care professional.	
Professional's name:	
Documentation forwarded to health care professional:	
Bloodborne Pathogens Standard	
Description of exposed employee's duties	
Description of exposure incident, including routes of exposure	
Result of source individual's blood testing	
Employee's medical records	

APPENDIX E

SHARPS INJURY LOG

Please complete a Log for each employee exposure incident involving a sharp

School Site:		Departmen	nt:			
Address:			Pag	ge #	of	
City:		State:		Zip Code:		
Date Filled Out:	Зу:		Phone No.:			
<u>Date of Injury</u> //	<u>Time of Injury</u> : ○a.m. ○p.m.	• N	<u>Sex</u> 1 ○ F	Age		
Description of the exposure incide	ent:					
Job Classification: • Staff • School Nurse • Teacher • Teacher / Studen • Student • Custodial / Hous	t Aid ekeeping	Departmen • Classroor • Gym • Service /	nt/Location m ○ Nurse Of ○ Playgrou Utility Area	fice nd		
• Other		• Other				
Procedure: Draw venous blood He Draw arterial blood Cu Injection, through skin Start IV/set up heparin lock Unknown / not applicable Other 	Did the Exposure Incident Occur: • During use of sharp • Disassembling • Between steps of a multi-step procedure • After use and before disposal of sharp • While putting sharp into disposal container • Sharp left, inappropriate place (table, chair, etc.) • Other					
Body Part: (check all that apply) \circ Finger \circ Face / Head \circ Hand \circ Torso \circ Arm \circ Leg	Identify sharp in (if known) Type: Brand: Model: (e.g., 18g. needle/AF "no stick" syri	avolved:	Did the device Engineered sha O Yes O M Was protective O Yes-fully O Did the exposun O Before O D	being used arps injury No O Dor mechanism Yes-partia re incident c During O Aft	have protection? n't Know activated? lly \circ No occur: ter activation	
Exposed employee: If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? • Yes • No Please explain below:						

<u>Exposed employee:</u> Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury? \circ Yes \circ No Please explain below:

APPENDIX F

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*From the California Health Officers Directory, May 2019