

BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

Arvin Union School District

June 15, 2020

The Arvin Union School District 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 district 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.

PROGRAM ADMINISTRATION

- The District Superintendent is responsible for implementation of the ECP. They will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
 - 737 Bear Mountain Blvd. Arvin, CA 93203/661-854-6500
- Those employees who are determined to have occupational exposure to blood or Other Potentially Infectious Materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- The MOT Director will provide and maintain all necessary Personal Protective Equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. They will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
 - 737 Bear Mountain Blvd. Arvin, CA 93203/661-854-5293
- The Human Resources Manager will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
 - 737 Bear Mountain Blvd. Arvin, CA 93203/661-854-6500
- The Human Resources Manager, will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
 - 737 Bear Mountain Blvd. Arvin, CA 93203/661-854-6500

EMPLOYEE EXPOSURE DETERMINATION

The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency. "Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties. At this facility, the following job classifications are in this category:

Job Classification	Task / Procedure
School Nurse	First Aid/Health and Hygiene Care
District Health Clerk	First Aid/Health and Hygiene Care
Health Aid / Special Education Teacher	First Aid/Health and Hygiene Care/Toileting
Bus Drivers/Custodian/Site MOT Leads	First Aid/Clean-up
After School Coaches/Athletic Director	First Aid/Emergency Clean up

In addition, Cal/OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or OPIM, they are required to be listed in order to clearly understand which employees are considered to have a potential for occupational exposure to blood or OPIM. The job classifications and associated tasks for these categories are as follows:

Job Classification	Task / Procedure
Administrators	First Aid
Clerk/Secretary/Campus Supervisor	First Aid
After School Sports Coaches	First Aid
Noon and Gate duty personnel	First Aid
Teachers/Instructional Assistants	First Aid
Cafeteria Workers	First Aid

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

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 Human Resources Manager. If requested, the district will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Superintendent or designee 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.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Hand washing
- Sharps containers

Handling, storage, treatment, and disposal of all regulated waste shall be in accordance with Health and Safety Code 6.1, Section 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

Disposable Sharps

- Contaminated sharps shall be discarded immediately, or as soon as feasible, in containers that are closable, puncture resistant, leak proof on sides and bottom, and properly labeled.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
- Sharps disposal containers are inspected and maintained or replaced by the District Nurse whenever necessary to prevent overfilling. The containers shall be maintained upright throughout use, replaced routinely, and not be allowed to overfill.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of the contents during handling, storage, transport, and shipping.
- The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents,

and prevent leakage during handling, storage, transport, or shipping. The second container shall be properly labeled to identify its contents.

- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

Other Regulated Waste

In the event regulated waste is generated, it shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

This facility identifies the need for changes in engineering controls and work practices through employee interviews. We evaluate new procedures and new products regularly by literature reviewed, supplier info, and products considered.

Personal Protective Equipment Provision (PPE)

All personal protective equipment used at this facility will be provided without cost to employees where occupational exposure remains after institution of engineering and work practice controls. Personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Training in the use of the appropriate PPE for specific tasks or procedures is provided by the MOT Director. The types of PPE available to employees are as follows:

Personal Protective Device	Task or Procedure
Gloves	First Aid/Cafeteria service
Masks	First Aid/Exposure to spray
Safety glasses	Maintenance/Upkeep
Safety gloves	Maintenance/Upkeep
Coveralls	Exposure to spray/materials

• PPE Use

The Director of MOT shall ensure that the employee uses appropriate PPE unless the supervisor shows that the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard

to the safety of the worker or co-worker. When the employee or supervisor 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.

- PPE Accessibility

The Director of MOT and Warehouse Foreman shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

- PPE Cleaning and Disposal

All personal protective equipment will be cleaned or disposed of by the employer at no cost to the employees. All necessary repairs or replacements will be made by the employer at no cost to the employee.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Containers shall be labeled and color-coded as a biohazard.

Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or OPIM, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided the integrity of the gloves is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks, Eye, Face Protection, and Respirators

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields are required to be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

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 appropriate manners. The MOT director will give specific instruction upon request.
- 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.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- 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.

Used PPE must be discarded in an appropriate manner as defined specifically by the MOT director. All questions are to be referred to the MOT director.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

Disposal in appropriate containers as marked. Questions are referred to the District Nurse for specific directions.

The procedure for handling other regulated waste is:

Disposal in appropriate containers as marked. Questions are referred to the District Nurse for specific directions.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded. Sharps disposal containers are available in school site nurses offices.

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.

Laundry

Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.

The following contaminated articles will be laundered:

- aprons
- towels

Laundering will be performed by the MOT Department or Cafeteria Department.

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 [bags](#) marked with the biohazard symbol for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:
 - Gloves
 - Eye glasses

Labels

The District Nurse shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM. However, it is not anticipated that labels and signs will be necessary as those conditions requiring labels and signs are not likely to exist. The label shall include the universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste the word BIOHAZARD WASTE or SHARPS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red. Employees are to notify the Superintendent or designee if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Regulated waste red bags or containers must also be labeled.

The following labeling methods are used on district sites:

- specimens/biohazard label, red
- contaminated laundry/biohazard label, yellow

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

HEPATITIS B VACCINATION

The Superintendent or designee will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. 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.

However, if an employee declines the vaccination, the employee must sign a declination form (see “HEPATITIS B VACCINE DECLINATION” form in appendix A). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at District Office.

Vaccination will be provided contracted by District Office made available to employees:

- at a reasonable time and place
- performed by or under the supervision of a licensed physician/or licensed healthcare professional and;
- provided according to the recommendations of the U. S. Public Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

- Hepatitis B vaccination

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the Superintendent *at*: 661-854-6500

An immediately available confidential medical evaluation and follow-up will be conducted by District Nurse or Contracted Facility.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the district 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.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Superintendent or designee 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 Superintendent or designee 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 Superintendent or designee provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation. The healthcare professional's written opinion for HBV vaccination and post-exposure follow up shall be limited to the following information:

- Whether vaccination is indicated for employee and if employee has received such vaccination.
- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

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

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The 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 District Nurse 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 Superintendent or designee will ensure that appropriate changes are made.

EMPLOYEE TRAINING

The District Nurse shall ensure that training is provided to the employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of previous training. Training shall be provided at no cost to the employee and at a reasonable time and place. Training shall be tailored to the education and language level of the employee, offered during a normal workshift. The training will be interactive and cover the following elements:

- An accessible copy of the standard and an explanation of its contents.
- A discussion of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- Explanation of the Arvin Union School District Bloodborne Pathogen Exposure Control Plan and method of obtaining a copy.
- An explanation of appropriate methods for recognition of tasks that may involve exposure to blood or OPIM.
- An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, administrative or work practice controls, personal protective equipment (PPE).
- Information on the types, use, location, removal, handling, decontamination, and disposal of PPE's.
- An explanation of the basis of selection of PPE's
- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it 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 procedures to follow if an exposure incident occurs, including the method for reporting the incident. The medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log.
- Information on the evaluation and follow-up required after an employee exposure incident.
- An explanation of the signs, labels, color coding systems.
- An opportunity for interactive questions and answers.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in the provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

The person conducting the training shall be knowledgeable in the subject matter.

All employees who have occupational exposure to bloodborne pathogens receive initial and

annual training conducted by the District Nurse or Contracted Medical Facility. Training materials for this facility are available on-line through SISC.

RECORDKEEPING

Training Records

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

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 Superintendent or designee.

OSHA Recordkeeping

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

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 Superintendent or designee.

Medical Records

The Director of Human Resources is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept at the District Office. If you contract for post exposure follow up and Hepatitis B vaccination evaluation, make sure that your contract language includes provisions for recordkeeping that are consistent with the requirements of Cal/OSHA Bloodborne Pathogens Standard #5193.)

Medical records shall be maintained in accordance with Title 8, California Code of Regulation, Section 3204. These records shall be kept confidential, not disclosed without employee's written consent, and must be maintained for at least the duration of employment plus 30 years at the district office. The Superintendent or designee is responsible for maintenance of the required medical records.

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:

Arvin Union School District Superintendent or designee

737 Bear Mountain Blvd.

The records shall include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
- A copy of all results of examination, medical testing, and follow-up procedures.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances.
- A confidential copy of the healthcare professional opinion.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. 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.

The employee's records shall be made available to the employee or with the employee's written consent to his designated representative for examination and copying upon request in accordance with CCR-GISO, Section #3204.

The Sharps Injury Log shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

Evaluation and Review

The Director of Human Resources is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed. When a review of this program is conducted, those employees who are potentially exposed to injuries from contaminated sharps shall be solicited to obtain their input on the effectiveness of this program to reduce exposure to contaminated sharps.

Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Chief of DOSH shall be contacted for final disposition in accordance with the Section 3204.

APPENDIX A

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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

Employee's name (please print)_____

Employee's signature_____ Date:_____

APPENDIX B

Labeling Requirements

Item	No Label Required	Biohazard Label	Red container
Regulated waste bags		X and	X
Sharps containers (disposable and/or reusable)		X	
Refrigerator/freezer holding blood or other potentially infectious material		X	
Containers used for storage, transport, or shipping of blood or OPIM		X or	X
Blood/blood products for clinical use	X		
Individual specimen containers of blood or OPIM remaining in facility	X* or	X or	X
Contaminated equipment needing service (e.g., dialysis equipment, suction apparatus)		X plus a label specifying where the contamination exists	
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal		X	
Contaminated laundry	X* or	X or	X
Contaminated laundry sent to another facility that does not use universal precautions		X or	

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