



SAN LUIS COASTAL

UNIFIED SCHOOL DISTRICT

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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Through its administration and management, San Luis Coastal Unified School District (SLCUSD) is committed to developing and implementing a Bloodborne Pathogen Exposure Control Plan that requires the participation of all employees throughout the District.

I. PROGRAM OBJECTIVES

The primary objectives of the Exposure Control Plan are to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids; and
2. Comply with the Cal-OSHA Bloodborne Pathogens Standard, 8 California Code of Regulations 5193.

II. RESPONSIBLE PERSONS

The following individuals have the authority and responsibility for implementing and maintaining this plan.

Superintendent: Eric Prater, Ed.D.

Assistant Superintendent: Ryan Pinkerton, Business Services
Diane Frost, Educational Services

Safety Coordinator: Stephen Stewart

The District's policy provides a safe and healthy work environment for all employees by minimizing exposure to bloodborne pathogens.

The District's Safety Committee is responsible for reviewing the District's Bloodborne Pathogen Exposure Control Plan annually. Whenever necessary, the Bloodborne Pathogen Exposure Control Plan will be amended to reflect new or modified tasks and procedures which affect occupational exposure.

The District's Nurses, Principals, and Safety Committee are responsible for conducting facility audits to assess the Bloodborne Pathogen Exposure Control Plan compliance, including examining engineering controls regularly to ensure their effectiveness.

The principal or department manager is responsible for overseeing the implementation of the workplace practice controls at the site, discussed in the Methods of Compliance – Engineering Controls and Work Practice Controls section of this plan.

It is the responsibility of each department to assess and select appropriate personal protective equipment for their staff. The principal or department manager is responsible for ensuring that proper personal protective equipment is available to employees at that site. Employees are responsible for wearing the designated personal protective equipment.

III. RECORDKEEPING

The Human Resources Department will maintain all recordkeeping required annually to ensure compliance under bloodborne pathogens exposure control standards.

IV. 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) causes hepatitis, a potentially fatal liver disease
2. Human Immunodeficiency Virus (HIV), the cause of acquired immunodeficiency syndrome (AIDS)

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

Typical exposures in the school setting include:

1. An employee who has an open sore or injury is in contact with blood or other infectious materials.
2. An employee who comes in contact with infectious materials such as blood, human tissue, or other body fluids that contain blood is not wearing the proper personal protective equipment.

V. EXPOSURE DETERMINATION

Definition of Occupational Exposure: The Bloodborne Pathogens Exposure Control Plan covers any employee with occupational exposure to blood or other potentially infectious materials. 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 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.

Cal/OSHA's Definition of Occupational Exposure: *"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 is the piercing of membranes or skin barriers 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.

Determination of Occupational Exposure: The Cal/OSHA regulations provide for the Hepatitis B vaccination of individual employees who may reasonably anticipate occupational exposure. Accordingly, it is the responsibility of the District 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.

These job classifications, along with their related job tasks and procedures, are identified in the list that follows, entitled "Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens."

Job Classifications with Occupational Exposure to Bloodborne Pathogens

Below are listed the job classifications in the District where some or all employees may handle human blood or other potentially infectious materials and the tasks or procedures which may result in possible exposure to bloodborne pathogens:

| Job Classification | Tasks/Procedures |
|---|---|
| <p>Employees with Occupational Exposure:</p> <ul style="list-style-type: none"> • District Nurses • Health Assistants | <p>Provision of physical care in which blood or blood-tinged body fluids are present.</p> |
| <p>Employees with Potential Occupational Exposure:</p> <ul style="list-style-type: none"> • Special Education Teachers • Instructional Assistants • Paraeducators • Preschool Teachers • Special Education Bus Drivers • Bus Drivers | <p>Provision of physical care or conduct activities with exposure to blood for the developmentally disabled.</p> |
| <ul style="list-style-type: none"> • School Secretaries • School Support Assistants • Athletic Coaches • Police Services • Campus Monitors | <p>Provisions of first aid.</p> |
| <ul style="list-style-type: none"> • Custodians | <p>OSHA does not generally consider maintenance personnel, janitorial or housekeeping staff in non-healthcare facilities to have occupational exposure. However, a custodian who cleans the school first-aid room is more likely to have occupational exposure than a custodian who cleans offices.</p> |
| <ul style="list-style-type: none"> • Science Teachers | <p>Provision of contact with biohazardous materials.</p> |

VI. HEPATITIS B VACCINATION PROGRAM

Hepatitis B vaccinations shall be provided to those employees determined by the District to have occupational exposure to blood and other potentially infectious materials and be eligible for vaccination. Upon request, employees who are not considered to have occupational exposure to blood and other potentially infectious materials may be eligible for vaccination as well.

The District recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, the District has implemented a Hepatitis B Vaccination Program and 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 the Exposure Determination section to identify those employees who will be offered the vaccine (p 3). The vaccination is a series of 3 injections at zero, one, and six months. Field trials of the vaccines have shown 80-90 percent efficacy in preventing infections. For information regarding how employees may receive these vaccinations, please contact the Human Resources Department.

Vaccinations are performed under the supervision of a health care professional. Employees taking part in the vaccination program are listed under the section Determination of Occupational Exposure (p 2). The completed "Vaccination Declination Form" shall be maintained by Human Resources. If any employee signs the "Vaccination Declination Form" but chooses to receive the vaccination later, the District will make it available at that time.

Employees who are designated first-aid providers are not mandatorily eligible for pre-exposure vaccination. Still, they may be eligible for vaccination if the employee renders assistance during a first-aid incident involving the presence of blood or infectious materials. 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 regularly.

VII. METHODS OF COMPLIANCE

Several areas must be addressed to minimize exposure to bloodborne pathogens in our District effectively. They will be reviewed with employees during bloodborne pathogens- related training and disseminating literature on Universal Precautions and the Spread of Infectious Diseases.

Universal Precautions

Universal precautions are an approach to infection control. According to the concept of universal precautions, all human blood and body fluids are treated as if known to be infectious.

In the school setting, precautions shall include:

- Handwashing
- Using gloves and other appropriate protective equipment
- Careful trash disposal
- Using disinfectants

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.

Engineering and Work Practice Controls

Engineering controls refer to controls that isolate or remove the workplace's bloodborne pathogens hazard (e.g., sharps disposal containers).

Work practice controls are controls designed to reduce the likelihood of exposure by altering how a task is performed.

Handwashing: Thorough handwashing is the single most effective means of preventing the spread of infectious diseases and should be practiced routinely by all personnel and taught to students as routine hygienic practices.

All employees shall wash hands and any other skin with soap and water and flush mucous membranes with water immediately, or as soon as possible, 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 removing 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 your hands and place it in a safe location at this time.
- Wash vigorously for 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. Use the paper towel to turn off the faucet and discard it in the appropriately marked closable container.
- Apply hand cream after frequent handwashing. Use lotion to prevent skin irritation, breakdown, and subsequent infection.
- Liquid disinfectant or towelettes could be substituted temporarily. (Employees with frequent exposure to body fluids should not wear hand jewelry in the workplace.)

Handwashing Facilities

Handwashing facilities, antiseptic solutions, or towelettes (to be used as an immediate but temporary measure in places where handwashing facilities are not available) will be readily accessible. Handwashing facilities refer to facilities with an adequate supply of running potable water, soap, and single-use towels or hot air-drying machines. (8 CCR 5193(d))

Personal Protective Equipment

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.). (8 CCR §193(d))

All personal protective equipment used in the District 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 be repaired or replaced as needed to maintain its effectiveness. Employees shall be responsible for notifying their immediate supervisor of the need to repair or replace such materials.

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 properly. Any garment penetrated by blood or other infectious materials will be removed immediately or as soon as possible. All potentially contaminated personal protective equipment will be removed before leaving a work area. The user shall decontaminate glasses/goggles, reusable gloves, and barrier masks by soaking these articles in an Environmental Protective Agency (EPA-registered germicide or a fresh solution of 1-part bleach to 10 parts water for at least 5 minutes.

Disposable (single use) latex 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. They will be readily accessible for use in emergencies and providing regular care (e.g., in school health offices, cafeterias, and athletic training rooms). Gloves shall also be used during decontamination procedures. *(Please refer to the Housekeeping section on page 8 for additional information on decontamination.)*

- Disposable (single use) latex 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 reuse.
- Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, deteriorated or when their ability to function as a barrier is compromised.

Contaminated Needles and Sharps

Broken glassware or other sharps, which may be contaminated, shall not be picked up directly with the hands but shall be picked up 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. They 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 (e.g., health room, science classroom, etc.), replaced immediately when full, and shall not be allowed to overfill. Sharps containers are located in the health office at each site.

When moving containers of contaminated sharps from the area of use, the containers will be closed immediately before removal or replacement to prevent spilling or protrusion of contents.

The disposable sharps container shall be disposed of by a registered waste hauler. A backup sharps container shall always be available. An extra supply of sharp boxes will be located at the school site.

Waste Disposal

Disposal of contaminated sharps and other 'regulated waste' must be following the Medical Waste Management Act ("Act"). (*Health and Safety Code, §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 and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Medical waste under the Act consists of biohazardous and sharps waste.

Biohazardous waste is not typically found in the school setting includes waste that contains recognizable fluid blood. In the event of unusual circumstances, the regulated waste must be double-bagged in leak-proof, appropriately labeled, red color-coded plastic bags tied and transported following all applicable state and local regulations.

Sharps waste includes any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including:

- Hypodermic needles
- Syringes
- Blades
- 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 that contain non-fluid blood (e.g., 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 medical waste.

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.

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 benchtops where blood or other body fluids are present.

Housekeeping Practices

Decontamination: Gloves shall be worn during decontamination procedures. All contaminated work surfaces will be decontaminated after completing associated tasks/procedures immediately or as soon as possible, after any spill of blood or other potentially infectious materials. At the end of the work shift if the surface may have become contaminated since the previous cleaning. Contaminated furniture, toys, educational materials, and equipment shall be decontaminated with an EPA-registered germicide or a solution of 1-part bleach to 10 parts water.

Equipment and tools that have become contaminated with blood or other potentially infectious materials shall also be decontaminated. Equipment that becomes contaminated will be examined before reuse, servicing, or shipping and decontaminated, as necessary.

The District shall assure that the worksite is maintained in a clean and sanitary condition and shall determine and implement an appropriate facility cleaning schedule where body fluids are present. Schedules shall be as frequent as necessary depending on the school area, the type of surface to be cleaned, and the amount and type of soil present.

Custodial and maintenance staff shall wear appropriate personal protective equipment, including general-purpose utility gloves, during the cleanup of blood or other potentially infectious materials.

All blood and body fluid spills shall be immediately contained and, as soon as practicable, cleaned up by appropriately-trained staff equipped to work with potentially infectious materials.

Initial cleanup of blood or other potentially infectious materials from all surfaces, including sinks, work areas, equipment, floors, car/bus seats, etc., should be followed with applying an appropriate disinfectant.

All waste baskets should be lined with a disposable plastic bag. In areas where blood is likely to be present, physical care is provided, or personal care occurs (e.g., health office, restrooms, locker rooms, science classrooms/labs, etc.), disposable plastic bags should be replaced daily.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials (e.g., athletic uniforms and towels) should be handled as little as possible and with minimum agitation. Contaminated laundry should be bagged at the location of use in a biohazard labeled or red color-coded, leak-proof bag. Contaminated laundry should not be sorted or rinsed in the area of use.

If laundry facilities are available and the contaminated laundry is to be laundered at school, the bag will be transported to the site. The use of universal precautions will always be maintained.

Labels and Signs

The following items shall be properly labeled:

- Containers of regulated waste
- Sharps disposal containers
- Contaminated laundry bags and containers
- Contaminated equipment (e.g., athletic and shop equipment)

VIII. FIRST-AID INCIDENTS INVOLVING THE PRESENCE OF BLOOD OR INFECTIOUS MATERIALS

Before the end of the work shift, designated first-aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether an actual exposure incident has occurred, have a duty to report such incidents. The report must contain the information required of employees involved in occupational exposure incidents, as provided below. The report is used to determine if the employee was involved in an occupational exposure incident and the types of prophylaxis and follow-up treatment required considering the incident. The report shall be recorded on a list of such first aid incidents, which shall be made available to all employees upon request.

The Hepatitis B vaccination will be made available to all first aid providers who rendered assistance during an incident involving the presence of blood or other potentially infectious material, and the procedures for post-exposure evaluation and follow-up discussed below shall be followed.

IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP

It is the employee's responsibility to ***immediately report*** (that **same** day) the occurrence of an occupational exposure incident. Contact Human Resources to start a report. An occupational exposure incident is defined as *a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or infectious material, resulting from the performance of an employee's duties.*

The employee's report must contain the following information:

1. Name of the first-aid provider who rendered assistance or employee who suffered an occupational exposure incident
2. Date and time of the incident
3. Description of the first-aid incident, including:
 - a. Whether blood or other potentially infectious materials were involved
 - b. Source of the blood or infectious material
 - c. Circumstances under which the incident occurred, i.e., accidental or unusual circumstances
 - d. Description of where the incident occurred
 - e. Description of the personal protective equipment used
4. Explanation as to whether, in the opinion of the employee, an 'occupational exposure' incident occurred

The employee may use the Occupational Exposure Incident Form for preparing such a report (available in Appendix D).

In response to a report of an occupational exposure incident, the District will:

1. Investigate the circumstances surrounding the exposure incident; and
2. Make immediately available to the employee involved in the occupational exposure incident a confidential medical evaluation and follow-up, including at least the following elements:
 - a. Documentation of the route(s) of exposure, and
 - b. The circumstances under which the exposure incident occurred.

Employee Information

The Human Resources Department shall distribute to employee's information provided by the California Department of Education (CDE) regarding acquired immune deficiency syndrome (AIDS), AIDS-related conditions, and hepatitis B. This information shall include, but not be limited to, and any appropriate methods employees may use to prevent AIDS and hepatitis B exposure. Also, information concerning the availability of a vaccine to prevent contraction of hepatitis B and that the employee's health plan benefits may cover this vaccination's cost. Information shall be distributed at least annually or more frequently if the CDE supplies new information. (*Health and Safety Code 120875, 120880*)

Information and Training

The Human Resources Department shall ensure that all employees with occupational exposure participate in a training program containing the elements required by state regulations, during working hours and at no cost to the employee. This program shall be offered during the first year of assignments to tasks where occupational exposure may occur, at least annually and whenever a change of tasks or procedures affects the employee's exposure. (*8 CCR 8193(g)*)

Designated first-aid providers shall receive training that includes the specifics of reporting first-aid incidents that involve blood or other body fluids which are potentially infectious. (*8 CCR 5193(g)*)

Records

Upon an employee's initial employment and at least annually after that, the Human Resources Department, shall inform employees with occupational exposure of the existence, location, and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records. (*8 CCR 3204*)

Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law. (*8 CCR 5193(h)*)

Upon request by an employee, or a designated representative with the employee's written consent, the Human Resources Department shall provide access to a record in a reasonable time, place, and manner, no later than 15 days after the request is made. (*8 CCR 3204(e)*)

Records shall be maintained as follows: (*8 CCR 3204(d), 5193(h)*)

1. Medical records shall be maintained for the duration of employment plus 30 years.
2. Training records shall be maintained for three years from the date of the training.
3. The sharps injury log shall be maintained five years from the date the exposure incident occurred.
4. Exposure records shall be maintained for at least 30 years.
5. Each analysis using medical or exposure records shall be maintained for at least 30 years.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Appendices:

- A. SOME FACTS ABOUT INFECTIOUS DISEASES FOR YOUR PROTECTION
- B. TRAINING CLASS SIGN-IN FORM
- C. HEPATITIS B DECLINATION FORM
- D. OCCUPATIONAL EXPOSURE INCIDENT REPORT FORM
- E. EXPOSURE DETERMINATION WORKSHEET

APPENDIX A



Some Facts about Infectious Diseases for Your Protection

UNIVERSAL PRECAUTIONS

Universal Precautions can prevent the spread of infectious diseases. Protect yourself from infectious diseases by taking these simple precautions.

WASH your hands with liquid soap – not bar soap – and running water:

- Before preparing food, before and after eating
- After using the restroom
- Before and after administering first aid
- After contact with any body fluids (blood, saliva, vomitus, feces, urine, semen, menstrual flow, wound drainage, nasal discharge, etc.)
- After removing disposable gloves

USE disinfectants:

- Clean all areas soiled with blood and body fluids (tabletops, sinks, toilets, desks, etc.) with a fresh solution of one-part chlorine bleach to 10 parts water, or with a disinfectant approved by the Environmental Protection Agency (EPA)

WEAR disposable gloves whenever you are:

- Touching any body fluids, particularly blood
- Examining the mouth or assisting with dental care
- In physical contact with anyone who has open cuts, lesions, etc. Do not reuse gloves; throw them away after each use

USE care when disposing of trash:

- Use trash containers lined with plastic bags when disposing of refuse that contains blood/body fluids
- Put needles, syringes, or other sharp objects in special puncture-proof containers. Do not bend, break, or recap needles
- Tie plastic bags and discard each day

What is AIDS/HIV Infection?

AIDS (Acquired Immune Deficiency Syndrome) is the advanced stage of HIV (Human Immunodeficiency Virus) infection. The virus attacks the body's immune systems, leaving it open to life-threatening infections and malignancies. The virus may also directly attack the central nervous system. Persons infected with HIV often have no apparent symptoms and usually appear to be in good health. Over 50% of persons in the United States of America who have been diagnosed with AIDS (the advanced stage of HIV) have died.

What is Hepatitis B?

Hepatitis B is an infection of the liver caused by a virus present in blood and other infected persons' body fluids. Less than 50% of the people who become infected show symptoms of illness. Like Hepatitis A, the symptoms include fatigue, mild fever, muscle/joint aches, nausea, vomiting, loss of appetite, and abdominal pain. In some patients, the urine turns dark, and the skin becomes yellow. Symptoms may begin to appear up

to six months after exposure to the virus. Death is not common in Hepatitis B, but 5-10% of those infected become long-term carriers. Up to 25% of the carriers may develop chronic severe liver disease.

How Are They Spread?

Both HIV and Hepatitis B can be spread in the following ways:

- Any sexual activity involving direct contact with semen, blood, or vaginal secretions of an infected person
- Sharing intravenous (IV) needles and syringes with someone infected
- Penetrating the skin with unsterile objects, such as those used for tattooing, ear-piercing, etc.
- Direct contact of infected blood with cuts, broken skin, or mucous membranes of the eye or mouth
- Receiving blood transfusions or blood products from someone infected (an HIV screening test has been used since 1985 that has reduced the risk of AIDS to 1 in 68,000 in California.)
- Being born to an infected mother

How Can HIV & Hepatitis B Be Prevented?

In the Classroom

The way you are most likely to be exposed to AIDS/HIV infection and Hepatitis B in the school setting is when your broken skin comes directly in contact with an infected person's blood.

The spread of Hepatitis B may sometimes occur in special education settings and classrooms attended by developmentally delayed students who became Hepatitis B carriers while in a hospital or residential facilities. The risk of transmitting Hepatitis B in these special education classroom settings can be almost eliminated by good environmental and personal hygiene. Ask your physician about receiving a protective vaccine.

Other Settings

Sexual intercourse and sharing intravenous equipment are the behaviors that most often transmit the viruses that cause Hepatitis B and HIV infections. The major risk of exposure to Hepatitis B, HIV/AIDS, and sexually transmitted diseases in general, can be virtually eliminated if:

- Your sexual relationship is mutually monogamous, and neither you nor your partner is infected.
- You refrain from sharing intravenous equipment.

Proper use of condoms combined with water-based lubricants containing spermicide during sexual intercourse will significantly reduce the risk of transmission of these diseases. Intravenous equipment and any equipment used to penetrate the skin should not be shared.

The most common infectious diseases found in schools are:

- Common colds
- Flu
- Impetigo
- Pink eye
- Strep throat
- Chickenpox

You will be less likely to come in contact with:

- Hepatitis B
- HIV (the AIDS virus)
- Sexually Transmitted Diseases

Universal Precautions Can Protect You

- Taking universal precautions will result in fewer illnesses, in general, for you and the people around you.

Medical Confidentiality

The confidentiality of all medical information concerning students and coworkers must be maintained, especially for HIV/AIDS infection. **Sharing HIV/AIDS infection information is prohibited by law and is punishable by a fine in California.**

It is unlikely that you will know who is infected with the viruses that cause HIV/AIDS, Hepatitis B, or many other diseases at school and in other public settings. Using universal precautions can protect you and prevent the spread of disease.

APPENDIX B



TOPIC: Bloodborne Pathogens Exposure Control Plan DATE(S): _____

LOCATION: _____ INSTRUCTOR: _____

LENGTH OF CLASS _____ HRS.

TRAINING CLASS SIGN-IN

| | NAME-PRINTED | SIGNATURE | DEPARTMENT/SITE |
|----|--------------|-----------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

The instructor provided training in the following subject(s) and distributed to all employees in attendance the following printed material:

- Explanation of the epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- Explanation of the District Exposure Control Plan and how to obtain a copy
- Recognition of tasks and activities that may involve risk of exposure
- Methods use and limitations that will reduce or prevent exposure
- Universal precautions
- Engineering controls
- Explanation of signs and warning labels
- Work practices
- Housekeeping practices
- Personal protective equipment – types, selection, use, location, removal, handling, decontamination, and disposal
- HBV vaccine – efficiency, safety, method of administration, benefits, and cost
- Procedures to follow when exposure occurs – reporting and medical follow-up
- Post-exposure evaluation and follow-up

APPENDIX C



**Hepatitis B Declination Form
Bloodborne Pathogens Exposure Control Plan**

I _____ understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been allowed to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, at this time, I decline receipt of the hepatitis B vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

In the future, if I continue to have occupational exposure to blood or other potentially infectious materials and I desire to receive the hepatitis B vaccine, I may receive the vaccination series at no charge to myself.

Name: _____

Signature: _____

Job Title: _____

Date: _____

APPENDIX D



**Occupational Exposure Incident Report Form
Bloodborne Pathogens Exposure Control Plan**

This form must be completed by each employee involved in an incident. Please send completed forms to Human Resources:

Exposed Employee: _____ *Date Reported:* _____

Job Title: _____ *Date of Exposure:* _____

Location of Incident: _____ *Time of Exposure:* ____ : ____ am / pm

Potentially Infectious Materials Involved:

Type: _____ *Source:* _____

Type: _____ *Source:* _____

Type: _____ *Source:* _____

Circumstances of Exposure (*What were you doing at the time of the incident?*)

Were Human Resources Contacted? Yes No

How did the incident occur? (*Accident, equipment malfunction, etc.?*)

Please list the Personal Protective Equipment used:

In your opinion, did an Exposure Incident Occur? (i.e., a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other infectious material.)

Yes No *Please explain:* _____

Signature of Exposed Employee: _____

Home Address: _____

Telephone: _____

Telephone: _____

APPENDIX E



**Exposure Determination Worksheet
Bloodborne Pathogens Exposure Control Plan**

The completion of this form is optional. Please send completed forms to Human Resources:

Work Site: _____ *Date:* _____

Job Classification: _____

Tasks and Procedures:

Exposure Risk (indicate if the risk is routine or occasional):

Additional Comments:

Supervisor Signature:

Employee Signature:

Received by:

Date:
