CONTROL PROGRAM FOR OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

AS MANDATED BY: 29 CFR 1910.1030 and CCR TITLE 8, GISO 5193

Prepared by MCOE in cooperation with Merced County Schools Insurance Group I
Terri Prichard CSP, CET, CPSI
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Remember, as an employee of Merced County Office of Education, you must:

1. Use Universal Precautions whenever you perform a task involving blood or other potentially infectious body fluids.

2. Report all incidents of exposure to blood or other body fluids.
   Examples of these are:
   - Getting someone else's blood into your blood through a cut or open wound.
   - Getting stuck with a needle or other blood/body fluid contaminated sharp.
   - Getting splashed in the face with body fluids.
   - Any chance exposure that results in blood or body fluid getting into your blood.

3. If you need personal protective equipment please notify your supervisor or site secretary.
   Available PPE includes:
   - Latex gloves
   - Spill Kits
   - First Aid Kits with CPR masks

   **If you have a blood or other body fluid spill**

   **CALL A CUSTODIAN.**
   They have the right equipment for the job.

If you have any questions see your Supervisor or the District Safety Officer.
The Merced County Office of Education recognizes the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030 and Title 8 GISO 5193, as promulgated by the United States Department of Labor, Occupational Safety and Health Administration (OSHA) and Cal-OSHA. Merced County Office of Education, during the course of operations, has procedures and controls to reduce the exposure to occupational incidents involving bloodborne infectious disease in general and both Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) in particular.

I. Purpose
   The purpose of the bloodborne pathogens standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

   Employees should follow good general principals when working with bloodborne pathogens. These include:

   • Minimize the potential for exposure to bloodborne pathogens.
   • Never underestimate the risk of exposure to bloodborne pathogens.
   • Institute work practice and engineering controls to eliminate or minimize exposure to bloodborne pathogens.

II. Objectives of the Plan
   A. To protect Merced County Office of Education employees from the health hazards associated with bloodborne pathogens.
   B. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

III. Responsibilities
   A. The Superintendent is responsible for exposure control for Merced County Office of Education employees.
   B. Departments will develop a list of affected employees to include job title, work location and an explanation of potential exposures. Each department's list will be kept on file in their own department and a copy filed with the District Safety Officer.
   C. Supervisors will be responsible for providing information and training to all employees who have the potential for exposure. Supervisors will enforce the use of all procedures to control exposure to bloodborne pathogens, and when necessary, utilize disciplinary action procedures for non-compliance.
   D. It is important that employees:
      1. Know what tasks they perform that may have occupational exposure.
      2. Attend training sessions.
      3. Plan and conduct all operations in accordance with work practice controls.
      4. Develop good personal hygiene habits.
   F. The MCOE Safety Officer will be responsible for:
      1. Assisting in determining hazard exposure and positions that have potential for exposure.
      2. Providing personal protective equipment to reduce the chances of exposure.
      3. Providing necessary supplies for sanitation and waste disposal.
4. Communicating hazards to employees through the use of labels, signs, etc.
5. Training custodial staff in proper waste disposal procedures.
6. Maintaining the control of the bloodborne pathogens program.
7. Arranging for a knowledgeable person to provide training to employees with potential for exposure.
8. Reviewing compliance of procedures at least annually.

G. The Employee Resources Manager will be responsible for:
1. Assisting in determining hazard exposure and positions that have potential for exposure.
2. Preparing the required exposure determination.
3. Referring employees with potential for exposure for training and documenting training accordingly.
4. Maintaining initial employee training documentation.
5. Tracking required training and immunization status in a computer database.
6. Providing employees with potential for exposure with an Authorization to Administer HBV form.
7. Maintaining employee medical records.

Note: independent contractors may perform any and all of the above tasks and responsibilities.

IV. Review Requirements. This plan will be reviewed annually and updated under the following circumstances:

A. Annually, on or before June 30th of each year.

B. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of Merced County Office of Education employees.

C. Whenever jobs are revised such that new instances of occupational exposure may occur.

D. Whenever new functional positions are established that may involve exposure to bloodborne pathogens.

Note: independent contractors may perform any and all of the above tasks and responsibilities.
V. Hazard Exposure Determination

Merced County Office of Education may perform medical procedures as outlined in the California Department of Education’s published Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils. In addition to these procedures, exposure to bloodborne pathogens is determined to be from routine and emergency first aid treatment of common workplace and classroom injuries.

Bloodborne pathogens are defined as microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Immunodeficiency virus (HIV), hepatitis A (HAV) and hepatitis B (HBV) that can be transmitted through human body fluids such as blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and saliva (in dental settings) and other media if contaminated with HIV/HAV/HBV. Note: Feces, urine, nasal secretions, sputum, sweat, tears or vomitus may be disposed of in the usual manner unless they contain visible blood. However, all body fluids should be treated as if contaminated.

The primary exposures to bloodborne pathogens, other than sexual, pre-natal transmission and sharing of intravenous drug use equipment is unprotected contact with body fluids. Casual contact, such as interviewing, sharing restroom facilities, handshaking or embracing does not provide a significant exposure.

Employee groups not specifically designated by the District as affected employees may use the Hazard Determination Worksheet form to petition to be included as having potential occupational exposure. The petition should be submitted to the District Safety Officer in writing. The District Safety Officer will evaluate the request and notify the employee of the District’s decision within 10 working days.
Merced County Office of Education has determined that the following job classifications and responsibilities include employees with potential occupational exposure:

<table>
<thead>
<tr>
<th>Typical Job Classifications</th>
<th>Associated Tasks/Procedures</th>
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<tbody>
<tr>
<td>Special Education Certificated staff*, Instructional Aides, Nurses, Health Aides, Site Program Secretary, and other staff who perform any of the associated tasks/procedures.</td>
<td>Specialized health care procedures; feeding students; rendering first aid; interaction which results in a student spitting at, biting or bleeding on an employee; toileting or diaper changing students, where blood may be mixed with other body fluids; clean up of blood, saliva, vomitus or semen; inspection of students for possession of weapons or drugs; and performance of aural exams.</td>
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<tr>
<td>*Coordinator/Principal, Social Worker, Special Education Teachers (SH, CH, OH, VI, Adaptive PE, Itinerant, Resource, Permit), Speech Therapists, Audiologists, Program Specialists, and Psychologists.</td>
<td></td>
</tr>
<tr>
<td>Court and Community Schools Teachers, Instructional Aides, Specialists, Campus Supervisor, and all other staff who perform any of the associated tasks/procedures.</td>
<td>Interaction which results in a student spitting at, biting or bleeding on an employee, inspection of students for possession of weapons or drugs, rendering first aid.</td>
</tr>
<tr>
<td>Outdoor School Principal, Naturalists and all other staff who perform any of the associated tasks/procedures.</td>
<td>Interaction which results in a student spitting at, biting or bleeding on an employee, inspection of students for possession of weapons or drugs, rendering first aid.</td>
</tr>
<tr>
<td>Regional Occupational Program Director, Counselor, Teachers of subjects where the associated tasks/procedures are likely to occur (nursing, dental, special education, auto service, auto body, auto body paint, print shop, machine shop, floral, welding), and all other staff who perform any of the associated tasks/procedures.</td>
<td>Interaction which results in a student spitting at, biting or bleeding on an employee, demonstration of any medical/dental procedure where the potential exists for contact with blood or saliva, handling or cleaning of tools or equipment that may be contaminated with blood or saliva, inspection of students for possession of weapons or drugs, rendering first aid.</td>
</tr>
<tr>
<td>Custodians - all departments</td>
<td>Clean up of blood, saliva, vomitus or semen, handling, repair, or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomitus.</td>
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<tr>
<td>Maintenance Staff</td>
<td>Handling, repair, or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomitus.</td>
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<tr>
<td>Bus Drivers – All Departments</td>
<td>Administration of emergency/routine first aid.</td>
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<td>Head Start Bus Aides</td>
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<td>Head Start Transportation Supervisor</td>
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<td>Head Start Staff, including: Associate Teacher, Family Support Services Provider, Health Services Manager, Health Services Supervisor Home Visitor, Interpreter/Translator Parent Involvement Supervisor, Preschool Aide Preschool Teacher Assistant, Site Supervisor Special Services Manager, Master Teacher, Teacher I, Teacher II.</td>
<td>Interaction which results in a student spitting at, biting or bleeding on an employee, demonstration of any medical/dental procedure where the potential exists for contact with blood or saliva, handling or cleaning of tools or equipment that may be contaminated with blood or saliva. Administration of emergency/routine first aid. Handling, repair, or maintenance of any classroom items that may be contaminated with blood, saliva or vomitus.</td>
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VI. Methods of Compliance

A. Universal Precautions. The following universal precautions and general safety rules have been established for preventing the spread of viral and bacterial organisms (namely: HIV/HAV/HBV). In all cases, the Universal Precautions and General Safety Rules should be followed. Remember, under Universal Precautions, all blood and certain body fluids are assumed to contain bloodborne pathogens.

1. Before and immediately after providing patient care, wash exposed areas (hands, arms, etc.) with anti-bacterial soap.
2. Wear the required personal protective equipment for the medical care given.
3. Treat all human body fluids and items soiled with human body fluids, (blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated HIV/HBV/HAV, and saliva (in dental settings) and other media if contaminated with HIV/HAV/HBV. NOTE: FECES, URINE, NASAL SECRETIONS, SPUTUM, SWEAT, TEARS OR VOMITUS NEED NOT BE TREATED AS CONTAMINATED UNLESS THEY CONTAIN VISIBLE BLOOD. However, all body fluids should be treated as if contaminated.
4. No smoking, eating, drinking or storage of food products is permitted in patient treatment areas. Non-medical items, such as clothing and personal effects should not be stored in the treatment facility
5. Patient treatment areas will be maintained in a sanitary condition at all times. Patient treatment areas will be disinfected daily with anti-bacterial/viral solution (at least 10% Chlorine Bleach or equivalent). The 10% chlorine bleach solution should be made fresh at least monthly and should be stored in an opaque container to prevent degradation. All contaminated equipment will be disinfected before being used again.
6. To avoid special handling, all clothing contaminated with human body fluid will be presoaked (sprayed on the effected areas) with the anti-bacterial/viral solution before being sent to the laundry. (Note: Gloves and eye protection should be worn when handling contaminated clothing until presoaked for 10 minutes)
7. Any spills of body fluid will be presoaked (sprayed on the effected areas) with the anti-bacterial/viral solution before being removed (Note: Gloves and eye protection should be worn when handling contaminated clothing).
8. Medical wastes (those soiled with covered human body fluids) will be treated following the Medical Wastes Treatment and Disposal Procedures (see section VII, part C), before being discarded as ordinary wastes.
9. Any suspected exposure to HIV/HAV/HBV by human body fluid contact (via needle sticks etc.) should be reported to the District Safety Officer immediately.
10. The Universal Precautions must be observed throughout the different areas of the District to prevent contact with blood and other potentially infections materials.

B. Engineering Controls. The following engineering controls will be used throughout Merced County Office of Education facilities:
1. Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) will be made readily accessible.
2. Concentration of bleach and water should be 1 to 10 for decontamination purposes.
3. Mechanical means (dustpan, brush, tongs or forceps, etc.) will be made readily accessible to all employees who have potential exposure.
4. First aid kits will be equipped with gloves, hand wipes and CPR masks.
VII. **Work Practice Controls.** In addition to engineering controls, Merced County Office of Education facilities use a number of work practice controls to help eliminate or minimize employee exposure.

A. Supervisors are responsible for overseeing the implementation of work practice controls.
B. Merced County Office of Education will adopt the following work practice controls as part of its compliance program:
   1. Employees will wash their hands immediately, or as soon as possible after removal of potentially contaminated gloves or other personal protective equipment.
   2. Following any contact of body areas with blood or any other infectious materials, employees will wash their hands and any other exposed skin with soap and water as soon as possible. They should also flush exposed mucous membranes with water.
   3. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
   4. Equipment, which becomes contaminated, must be examined prior to servicing or shipping, and decontaminated as necessary.
   5. When a new employee is hired or an employee changes jobs, that employee will be trained in the tasks/procedures pertaining to their new job classification and any work practice controls with which the employee is not experienced.

C. Medical waste and Disposal Procedures

   1. All medical wastes (those soiled with covered human body fluids) will be placed in a red, leak-proof container marked either Biohazard or Medical Waste. All other wastes will be discarded following customary procedures. (Note: soiled feminine hygiene/sanitary napkins, soiled facial tissues etc. are not considered a biohazard or medical waste. Pretreatment is not necessary; however, employees should wear personal protective equipment and wash hands with anti-bacterial soap.)
   2. Don and use the required personal protective equipment for the medical care given.
   3. At the end of each day, all accumulated medical wastes will be treated to remove biohazards using the following procedure:
      - Prepare a solution of 10 percent chlorine bleach to water (approximately 2 cups of chlorine bleach to 1 gallon of water.
      - Pour solution over the medical wastes and thoroughly saturate.
      - Let stand for 10 minutes and then drain into the sink
      - Discard as ordinary waste.

      (Caution: Sharp objects (broken glass, hypodermic needles etc. should not be handled by hand to prevent accidental punctures and/or lacerations)

   4. Decontaminate medical wastes container with appropriate cleaning methods and return for use again.
   5. Wash hands and exposed areas with anti-bacterial soap.
   6. Regulated waste (including used bandages, feminine hygiene products and other potentially infectious materials) will be discarded or bagged in containers that are:
      - closable
      - constructed to contain the contents and prevent fluid leakage
      - red in color or labeled with an appropriate biohazard warning label
   a. If outside contamination of a regulated waste container occurs it also must be placed in a secondary container and the aforementioned procedures followed. As with primary containers, the secondary container must be closed prior to handling, shipment or storage.
   b. The disposal of all regulated waste will be in accordance with applicable Federal, State and Local regulations
c. Contaminated laundry including stretcher covers, uniforms, smocks etc. will be prohibited from rinsing or sorting in its originating location.

d. Bag contaminated laundry at the location where it is used. The containers must be red in color or properly labeled with the biohazard warning.

e. Employees who have contact with contaminated laundry must wear appropriate gloves and any other personal protective equipment that is needed.

VIII. **Personal Protective Equipment.** Personal protective equipment is the employee's last line of defense against bloodborne pathogens. Because of this, Merced County Office of Education will provide (at no cost to employees) the personal protective equipment that they need to protect them against such exposure.

A. This equipment includes, but is not limited to gloves, safety glasses or face shields/masks and resuscitation valves.

B. Supervisors are responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

C. All personal protective equipment will be inspected periodically and repaired or replaced as needed to maintain its effectiveness.

D. Reusable personal protective equipment will be cleaned, or decontaminated.

E. Personal protective equipment that cannot be decontaminated will be disposed of according to biohazard rules and regulations.

F. Any garments penetrated by blood or other infectious materials are to be removed immediately, or as soon as possible.

G. All potentially contaminated personal protective equipment must be removed prior to leaving a work area.

H. Gloves will be worn in the following circumstances:
   1. Whenever employees anticipate hand contact with potentially infectious material.
   2. When handling or touching contaminated items or surfaces.

IX. **Housekeeping.** Maintaining facilities in a clean and sanitary condition is an important part of the bloodborne pathogens compliance program.

A. Decontaminate all contaminated work surfaces with 10% Chlorine bleach or another appropriate disinfectant.

B. Remove and replace all protective coverings (plastic bags or wrap, aluminum foil, absorbent materials), which has been used to protect or cover equipment (such as trash containers, first response stretchers, etc.) and environmental surfaces.

C. Inspect and decontaminate all trash containers, bins, pails and similar receptacles which have a reasonable likelihood for becoming contaminated.

D. Make sure broken glassware that may be contaminated is cleaned using "mechanical means" such as a brush and dustpan, tongs, forceps etc. It must not be picked up directly with the hands.

X. **Hazard Communication.** One of the most obvious warnings of possible exposure to bloodborne pathogens is a biohazard label. Because of this, Merced County Office of Education will implement a comprehensive biohazard warning labeling program using labels or red color-coded containers. The following items shall be labeled:

* Containers of regulated waste
* Sharps disposal containers
* Other containers used to transport other infectious materials
* Contaminated equipment.
XI.  Training

A.  Training will be provided at the time of initial assignment and at least annually thereafter.
B.  Training records will be maintained for 3 years from the date on which the training occurred.
C.  The content of the training program will include as a minimum:
   •  An accessible copy of the standard and an explanation of its contents
   •  Explanation of the epidemiology and symptoms of bloodborne diseases
   •  Modes of transmission of bloodborne pathogens
   •  Explanation of Merced County Office of Education Exposure Control Plan and how to obtain a copy
   •  Recognition of tasks and activities that may involve risk of exposure
   •  Use and limitations of methods that will reduce or prevent exposure
   •  Universal precautions
   •  Engineering controls
   •  Explanation of signs, warning labels and/or color coding
   •  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 if an exposure occurs - reporting and medical follow-up
   •  Post exposure evaluation and follow-up

E.  Training will be documented on the Control of Bloodborne Pathogens Training Documentation form and will contain the following information:
   •  Date of training session
   •  Contents / summary of the training sessions
   •  Names and job title of employee attending the training session
   •  Name of instructor

XII.  Hepatitis B Virus (HBV) Vaccination Program.  Employees recognize that even with good adherence to all exposure prevention programs, exposure incidents can occur.  As a result, Merced County Office of Education will implement a Hepatitis B vaccination program.

A.  This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens.  The choice for HBV vaccinations is not mandatory.  If an employee chooses not to have the vaccination at the time of the initial offering, they will have the opportunity to be vaccinated when they are ready.  Merced County Office of Education will document the offer, acceptance or declination and vaccination dates with the Authorization to Administer Hepatitis B Vaccine form.
B.  Employees that transfer to a new job, or their job is reclassified to include exposure to bloodborne pathogens, will be offered HBV vaccinations within 10 working days of the transfer or reclassification.
C.  The vaccination program consists of a series of 3 inoculations over a six-month period.
D.  As part of their bloodborne pathogens training, school employees will receive information regarding hepatitis vaccination, including its safety and effectiveness.
E.  Vaccinations will be performed under the supervision of a licensed physician.

This table illustrates the Hepatitis B Virus (HBV) Vaccination Program
XIII. **Post Exposure Treatment and Notification.** An occupational exposure is defined as blood or body fluid contact from a known or unknown HIV/HAV/HBV carrier to the affected employee through an open sore or injury by a contaminated sharp object. Should an employee be occupationally exposed, Merced County Office of Education will provide for the employee to be tested for HIV/HAV/HBV at Merced County Office of Education expense. Following the report of exposure, Merced County Office of Education will contact the exposure source and request that the person be tested for HIV/HAV/HBV at District expense. The request is not mandatory and if refused, will not affect that employee’s future employment or that student’s class enrollment.
The exposed employee will be directed to a Health Care Professional (HCP). The HCP will receive from the district:
1. A copy of the District Bloodborne Pathogens Exposure Control Plan
2. The job description of the employee.
3. An incident report that explains the route of exposure and circumstances associated with the exposure.
4. Source individual’s HIV/HBV status.
5. Employee’s Hepatitis B vaccine status and other relevant medical information.

The HCP will:
1. Evaluate the exposure incident.
2. Arrange for testing of the employee and the source individual.
3. Provide counseling.
4. Evaluate any reported illnesses.

**NOTE: DURING ALL PHASES OF POST EXPOSURE, THE CONFIDENTIALITY OF THE AFFECTED EMPLOYEE AND EXPOSURE SOURCE WILL BE MAINTAINED.**

The HCP will send a written evaluation to the employer including:
1. Documentation that the employee was informed of evaluation results and the need for further follow up.
2. Indication of whether the hepatitis B vaccine is indicated and if the vaccine was received.

The District will then send a copy of the HCP’s written evaluation, within 15 business days of the receipt, to the exposed employee and the exposure source including:
1. The results of any HIV/HAV/HBV test conducted.

Following the initial blood test at time of exposure, seronegative employees will be re-tested again at 6 weeks, 12 weeks and 6 month intervals to determine if transmission has occurred. During this period, the employee will follow the recommendations provided by the doctor, U.S. Public Health Service, or local Health Department.

Merced County Office of Education will use the **Record of Bloodborne Pathogens Exposure and Treatment** form to document the exposure and offer of medical assistance to the affected employee and use the **Medical Consent for Bloodborne Pathogens Testing** form for the exposure source.

**XIV. Reporting and Recordkeeping.** The Merced County Office of Education Personnel Office will maintain any reports required by the OSHA/Cal-OSHA. All reports (medical records, notice of HBV vaccinations, results of medical testing and follow-up procedures, and exposure reports) will be maintained for the duration of employment plus 30 years. Training records will be maintained for 3 years from the date on which the training occurred. Occupationally contracted HBV or HIV will be recorded by the Risk Management Office on the OSHA 200 log of Occupational Injuries and Illness form if treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine is prescribed by a physician.

**XV. Accessibility of Standard and Plan.** Employees may request a copy of the Exposure Control Plan by submitting a written request to the Merced County Office of Education Safety Officer.
XVI. **Definitions:**

**BIOHAZARD LABEL:** A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word "biohazard" on the lower part of the label.

**BLOODBORNE PATHOGENS:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human Immunodeficiency virus (HIV).

**CONTAMINATED:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**CONTAMINATED LAUNDRY:** Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

**CONTAMINATED SHARPS:** Contaminated objects that can penetrate the skin including, but not limited to needles, scalpels, broken glass or broken capillary tubes and exposed ends of dental wires.

**DECONTAMINATION:** The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**ENGINEERING CONTROLS:** Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

**EXPOSURE CONTROL PLAN:** A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

**EXPOSURE INCIDENT:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**HAV:** Hepatitis A virus

**HBV:** Hepatitis B virus.

**HIV:** Human Immunodeficiency virus.

**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:** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
PERSONAL PROTECTIVE EQUIPMENT: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

REGULATED WASTE: 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.

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

WORK PRACTICE CONTROLS: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).
HEPATITIS B VACCINE INFORMATION
RECOMBIVAX HB

THE DISEASE
Hepatitis B is a viral infection caused by hepatitis B virus (HBV), which causes death in 1-2% of patients. Most people with hepatitis B recover completely, but approximately 5-10% can become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

THE VACCINE
Hepatitis B vaccine is harvested and purified from germination cultures of a recombinant strain of yeast. This vaccine may contain up to 4% yeast protein. THIS VACCINE AGAINST HEPATITIS B IS FREE OF ASSOCIATION WITH HUMAN BLOOD OR BLOOD PRODUCTS.

A high percentage of healthy people who receive three doses of vaccine achieve high levels of surface antibody (anti-HBS) and protection against hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. FULL IMMUNIZATION REQUIRES THREE DOSES OF VACCINE OVER A SIX-MONTH PERIOD, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization. The duration of immunity is unknown at this time. The first dose is at a time you wish to start. The second dose is one month later. The third dose is five months after the second dose.

POSSIBLE VACCINE SIDE EFFECTS:
The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of injection. Low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use. Anyone who has had a previous reaction to Hepatitis B Vaccine, is allergic to yeast, is pregnant, nursing, has a febrile illness (fever) or an active infection should delay the vaccination and consult his or her private physician.
HEPATITIS B (HBV) VACCINE WAIVER

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<th>INFORMATION</th>
<th>VALUE</th>
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<tr>
<td>NAME</td>
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<td>SCHOOL DISTRICT</td>
<td>MCOE</td>
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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.

DATE

<table>
<thead>
<tr>
<th>SIGNED</th>
<th>WITNESS</th>
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</table>
What is a Bloodborne Pathogen? A microorganism that lives in your blood and causes disease. Bloodborne pathogens include:

<table>
<thead>
<tr>
<th>Virus</th>
<th>How spread</th>
<th>Severity of illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Epidemics of Hepatitis A are caused by fecal contaminated food or water. Sporadic cases are spread by household or sexual contact. 33% of Americans have evidence of past infection (immunity).</td>
<td>Acute. Symptoms may appear two to six weeks after contact. Usually lasts less than two months.</td>
</tr>
<tr>
<td>B</td>
<td>HBV can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Spread by contact with infected blood, sexual contact with infected person, drug use and from mother to child at birth. Hepatitis B is not spread through food or water, sharing eating utensils, breastfeeding, hugging, kissing, coughing, sneezing or by casual contact.</td>
<td>Acute. 90 percent. Symptoms resolve in 3-4 mos. Chronic. 10 percent. Possibility of cirrhosis, liver failure and liver cancer. About 30% of persons have no signs or symptoms. Signs and symptoms are less common in children than adults. Death from chronic liver disease occurs in 15%-25% of chronically infected persons.</td>
</tr>
<tr>
<td>C</td>
<td>Primarily spread through contact with infected blood. 60% are related to IV drug use. “Silent epidemic”-as many as 70% of those infected don't know even know it. 4 million people in the US are infected. 8,000 to 10,000 deaths a year and may increase to 30,000 in the next two decades.</td>
<td>Acute. 15 to 25 percent. Chronic.55%-85% of infected persons Chronic liver disease: 70% of chronically infected persons Deaths from chronic liver disease: 1%-5% of infected persons may die. Leading indication for liver transplant. May be cured with treatment.</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV is the human immunodeficiency virus. It is the virus that can lead to Acquired Immune Deficiency Syndrome, or AIDS. HIV cannot reproduce outside the human body. It is not spread by: • Air or water. • Insects, including mosquitoes. Studies conducted by CDC researchers and others have shown no evidence of HIV transmission from insects. • Saliva, tears, or sweat. There is no documented case of HIV being transmitted by spitting. • Casual contact like shaking hands or sharing dishes. • Closed-mouth or “social” kissing</td>
<td>AIDS is the late stage of HIV infection, when a person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. Some individuals with HIV develop flu-like symptoms, but others have no symptoms at all. People living with HIV may appear and feel healthy for several years. CDC estimates that over 1.1 Million persons aged 13 years and older are living with HIV infection in the US, including 16% who are unaware of their infection.</td>
</tr>
</tbody>
</table>

**Signs and symptoms of Hepatitis (All forms)**

- Fever
- Tiredness
- Loss of appetite
- Nausea
- Abdominal discomfort
- Dark urine
- Jaundice (yellowing of the skin and eyes)

**Note:** Some persons with hepatitis virus infection may not have any signs or symptoms of the disease.

**Remember:** A person could be HIV or HBV positive and have no symptoms at all. You can’t tell by looking. Treat every person, every needle, and every body fluid as if it’s infected.

**Risk Groups – Individuals at Risk for Exposure to Bloodborne Pathogens**

- Injection drug users
- Sexual/household contacts of infected persons
- Infants born to infected mothers
- Health care workers
- Low socioeconomic level
- Hemodialysis patients
- Infants/children of immigrants from disease-endemic areas
- Sexually active heterosexuals and homosexuals
- Sexually active homosexuals

**CDC National AIDS Hotline**
1-800-342-AIDS
Spanish: 1-800-344-SIDA
TDD: 1-800-243-7889

**CDC National Prevention Information Network**
P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

**American Liver Foundation**
(800) 223-0179 (GOLIVER)
http://www.liverfoundation.org

**CDC, Hepatitis Branch:** [http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm)

**CDC:** [http://www.cdc.gov](http://www.cdc.gov)
WORK TASKS WITH A RISK OF EXPOSURE
- Providing First Aid and Giving or applying medication or ointment to a student or self.
- Handling food, preparing bottles, or feeding children.
- Using the toilet, assisting a child in using the toilet, or changing diapers.
- Contacting a person's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
- Cleaning up a person, the room, bathroom items, or toys.
- Custodial duties: Cleaning bathrooms, emptying trash, using contaminated tools or equipment.

UNIVERSAL PRECAUTIONS WILL BREAK THE CHAIN OF INFECTION
"Universal precautions," are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens.

PERSONAL PROTECTIVE EQUIPMENT
- Wear Personal Protective Equipment, like Gloves ---
- Gloves can be made of Latex or non-latex materials and must be provided by your employer.
- Practice good personal hygiene and sanitation.

HANDWASHING - HOW TO WASH HANDS
1. Use warm, running water and a liquid, soap. Antibacterial soaps may be used, but are not required.
2. Wet the hands and apply a small amount of liquid soap to hands.
3. Rub hands together vigorously until a soapy lather appears. Sing Happy Birthday! Be sure to scrub.
4. Dry hands with a clean, disposable towel.
5. Turn the faucet off using the towel.
6. Discard the used towel in a trashcan lined with a fluid-resistant (plastic) bag.
7. Use hand lotion to prevent chapping of hands
8. When assisting a child in hand washing. Assist the child in performing all of the steps and then wash your own hands, between fingers, under fingernails, and around the tops and palms of the hands.
9. Rinse hands under warm running water. Leave the water running while drying hands.
   - If gloves are being used, hands should be washed immediately after gloves are removed. Use of gloves alone will not prevent contamination.
   - Rubbing hands together under running water is the most important part of handwashing.
   - Towelettes, wipes, or waterless hand cleaners should not be used as a substitute for washing hands with soap and running water.

CLEANING UP A BODY FLUID SPILL – CALL A CUSTODIAN
Remember – Bloodborne Pathogens are generally found in blood, semen or vaginal secretions or other Potentially Infectious Material (OPIM). Body fluids like Vomit, Urine, Nasal Secretions, Sputum, Sweat, Tears and Fecal Matter, and are not considered to be infected – unless there is visible blood. When you are dealing with a body fluid spill containing blood, semen, or vaginal secretions, please follow these steps:
1. Put on gloves
2. Absorb the spill with an appropriate absorbent powder – like Sani-Sorb
3. Sweep up the dried materials using a few pieces of cardboard and place into a bag along with the scrapers. Double bag and throw into the trash.
4. Apply or spray an antimicrobial on the surface – be sure to let it remain on the surface for a minute. If using bleach – a 10% bleach solution will do the trick - however, there are many anti-microbial products, other than bleach that are available. Read and follow label instructions.
5. Wipe up with a paper towel and discard
6. Discard the used gloves and face mask, if used.

WHY DO I HAVE TO KNOW AND USE UNIVERSAL PRECAUTIONS?
- People can spread an infection to other people before showing any symptoms of illness.
- People can carry and spread germs without ever getting sick themselves.

WHAT IS AN EXPOSURE. When someone else’s blood gets into your blood through a cut or open wound, a needle stick, or a human bite that breaks the skin or any other contamination that gets through broken skin, follow these steps:
1. Wash the exposed area thoroughly with soap and water.
2. Report it to your supervisor, IMMEDIATELY
3. Seek immediate medical attention

USE UNIVERSAL PRECAUTIONS EVERY TIME

School Buses are stocked with clean-up kits. During your pre-check inspection, check to make sure a kit is stocked in the bus. Kits may contain:
- Bag – heat sealed
- Antiseptic wipes
- Anti-microbial towelettes
- Plastic bag
- Biohazard bag
- Gloves
- Absorbent powder
- Bag with scoop
- Paper towel
- Face Mask
- Hand Sanitizer
- Small scraper
Follow the Directions on the kit. After you have used the kit, please notify your supervisor to get a replacement kit for the bus.
True or False? Answer the following by placing a T or F in the blank provided:

1. _______ Providing first aid or cleaning up a body fluid spill are tasks that could expose me to bloodborne pathogens.

2. _______ There is a vaccine available for all bloodborne pathogens.

3. _______ Bus drivers are provided with a clean-up kit in the bus and custodians have the supplies to clean up a body fluid spill.

4. _______ I don’t have to wear gloves if I’m using a mop to clean up a body fluid spill or contacting OPIM.

5. _______ Anti-bacterial soap and water can kill bloodborne pathogens like hepatitis B and C viruses

6. _______ Universal Precautions requires that you consider every person and all blood to be potentially infectious.

7. _______ HIV is airborne and can be contracted by being in the same room with an infected individual.

8. _______ I will not be informed if an individual in my school is infected with Hepatitis or HIV.

9. _______ I have already been exposed to Hepatitis C, so that means I don’t have to use Universal Precautions.

10. _______ Any material that is contaminated with blood should be soaked with a disinfectant, like 10% Chlorine Bleach, double bagged, and then discarded in the trash.

Fill in the blank:

11. If I get someone else’s blood INTO my blood, for example, with a needlestick or puncture, I should take these three steps.

   1. __________________________________________

   2. __________________________________________

   3. __________________________________________

Which answer is the most correct?

12. _______ Which of the following will prevent or reduce your risk of exposure to bloodborne pathogens?

   a. washing hands with soap and water after exposure
   b. wearing protective gloves when exposure is possible
   c. being given Hepatitis B vaccination series
   d. treating all blood products and body fluids as if infected.
   e. all of the above will reduce your risk of exposure.
Bloodborne Pathogen Exposure Control Program

TRAINING DOCUMENTATION

Name _____________________________________________

Please Print

Social Security Number (last 4 digits) or Employee ID Number: ______________________

School District: __________________________

Job Title: ___________________________ Work Site __________________________

Trainer: Terri Prichard

I have received training on the School District’s Exposure Control Plan for Bloodborne Pathogens. The contents on this training included:

- An accessible copy of the standard and an explanation of its contents
- Explanation of the epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- Explanation of the Exposure Control Plan and how to obtain a copy
- Recognition of tasks and activities that may involve risk of exposure
- Use and limitations of methods that will reduce or prevent exposure
- Universal precautions
- Engineering controls
- Explanation of signs, warning labels and/or color coding
- 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 if an exposure occurs - reporting and medical follow-up
- Post exposure evaluation and follow-up

_________________________  _______________________
Employee’s Signature      Date

_________________________
Trainer’s Signature