



OCEANSIDE
UNIFIED • SCHOOL • DISTRICT

Exposure Control Plan For Bloodborne Pathogens

Revised August 2023

I. INTRODUCTION

A. Purpose

Oceanside Unified School District (OUSD) aims to provide a safe and healthful workplace for employees. Our organization's policy is to establish, implement, and maintain an effective exposure control plan (ECP) as required by the bloodborne pathogens (BBP) regulation in California Code of Regulations, Title 8 (8 CCR), Section 5193. This written plan is designed to prevent or minimize employees' occupational exposure to blood and Other Potentially Infectious Materials (OPIM). The plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (8 CCR 3203).

This plan ensures that employees (as defined herein) are:

1. Aware of potential hazards from exposure to bloodborne pathogens
2. Advised of the appropriate procedures to avoid exposure

B. Background

Certain pathogenic microorganisms can be found in the blood of infected individuals. These bloodborne pathogens may be transmitted from the infected individual to other individuals by blood or certain body fluids, for example, when blood contaminated needles are shared by intravenous drug users. Because it is the exposure to the blood or other body fluids that carries the risk of infection, individuals whose occupational duties place them at risk of exposure to blood and OPIM are also at risk of becoming infected with these bloodborne pathogens, developing disease and, in some cases, dying. Infected individuals are also capable of transmitting the pathogens to others. The two most significant bloodborne pathogens are hepatitis B virus (HBV) and human immunodeficiency virus (HIV). On December 6, 1992, FED-OSHA issued standards for occupational exposure to these bloodborne pathogens. The standard became effective March 6, 1992.

C. Scope and Exposure Determination

This OSHA Standard applies to OUSD designated employees with occupational exposure to blood or OPIM. The job classification for those employees who may have occupational exposure and their associated tasks and procedures during which exposure may occur are listed below:

Occupation	Exposure
School Nurses	Routinely provide emergency first aid to students and staff. As appropriate provides specialized health care services
Health Technicians*	Routinely provide first aid to students and staff. As appropriate provides specialized health care services *
Licensed Vocational Nurses*	Routinely provide emergency first aid to students and staff. As appropriate, provides specialized health care services
Athletic Coaches and Trainers	Routinely provide first aid to members of athletic teams
Paraprofessionals*	May be required to provide emergency first aid, toileting assistance or specialized health care *
Special Education Teachers*	May be required to provide emergency first aid, toileting assistance or specialized health care *
Instructional Staff of the Medical Assistant Program	Routinely provide instruction in use of sharps and blood withdrawal exercises
Adaptive P.E. Teachers	May be required to provide emergency first aid or toileting assistance

Special Education Preschool Teachers	May be required to provide emergency first aid and toileting assistance
Special Education Preschool Paraprofessionals	May be required to provide emergency first aid, toileting assistance, and specialized healthcare procedures
School Bus Drivers and Attendants for Special Education Students	May be required to provide emergency first aid
Maintenance Staff; Custodians	May come in contact with body fluids while performing their jobs, handling regulated waste, cleaning up spills or equipment
Campus Supervision Staff	May be required to respond to incidents or emergencies, transport injured students, and provide emergency first aid. Offers intervention assistance with physically aggressive students
Duty Supervisors	May be required to provide basic first aid to students
Afterschool Program Staff	May be required to provide basic first aid to students

*including substitutes for this position

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. (Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.)

OPIM include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any other body fluids that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

II. MANAGEMENT COMMITMENT

The development and implementation of a Bloodborne Pathogens Exposure Control Plan (BBP/ECP) requires the commitment of management and full participation of all employees at every level within the district.

A. Policy Statement

It is the policy of the OUSD to provide a safe and healthful work environment for all its employees by minimizing exposure to bloodborne pathogens.

B. Responsibility

The responsibilities described below are intended to encompass and limit involvement for this program, first, to those individuals whose primary job activities include day-to-day exposure to blood and body fluids; and secondly, to those individuals whose additional job activities include the potential for exposure.

Nursing staff, as healthcare professionals, are charged with contributing their utmost to establish and maintain the safest and most healthful practices while providing care for OUSD students.

1. The Superintendent/Designee of OUSD is responsible for the district's Occupational Safety and Health (OSH) policy and the BBP/ECP. The Superintendent has appointed the Associate Superintendent of Human Resources (ASHR) with the responsibility for the implementation and administration of the BBP/ECP.
2. The School Board, the Superintendent, Directors, Site Administrators, and Coordinators shall promote the desired attitude toward this safety and health regulation by insisting that their staff comply with rules and practices, and they themselves promote positive attitudes toward OSHA compliance.

3. Employees who may have occupational exposure as healthcare professionals and employees whose job duties include potential for exposure to blood and body fluids, shall be knowledgeable about the contents of this document and the appropriate safe work practices necessary to avoid exposure. Questions regarding bloodborne pathogens or the contents of this plan should be directed to the ASHR.
4. The school site health office will provide classroom bloodborne pathogens kit to teachers on a yearly basis. The kit is in a quart-sized Ziploc bag and includes instructions for universal precautions, sterile 4x4 gauze pads, band aids, antiseptic wipes and non-sterile vinyl gloves.
5. It shall be the responsibility of ASHR or a HR designee to:
 - a) Determine, maintain, and update the CPR and First Aid Certification for all designated employees
 - b) Review the district's bloodborne pathogen exposure control efforts and practices and report the effectiveness of each effort to the Superintendent whenever necessary; and
 - c) Coordinate and act as the key representative for outside inspection of district site(s) by insurance carriers, federal, state, and local agencies
6. The ASHR (or HR designee) shall coordinate, implement, and monitor the training, medical testing, vaccinations, post-exposure evaluation and follow-up, post-exposure prophylaxis and recordkeeping required annually to ensure OUSD's compliance in accordance with BBP/ECP standards.

The OUSD Exposure Control Plan will be reviewed and, whenever necessary, reflect new or modified tasks and procedures which affect occupational exposure.

III. METHODS OF COMPLIANCE

A. Universal Precautions

Universal precautions is 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.

Universal precautions shall be used to prevent contact with blood or OPIM. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered 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.

1. **Handwashing** is the single most effective means of preventing the spread of infection.
 - a) Handwashing facilities shall be available.
 - b) Hands and other skin surfaces shall be washed with soap and water.
 - c) Mucous membranes shall be flushed with water immediately.
 - d) When handwashing facilities are not immediately available, appropriate antiseptic hand cleanser, in conjunction with paper towels or antiseptic towelettes shall be used. The towelettes will be available in First Aid kits. Hands shall be washed with soap and running water as soon as possible.

2. Appropriate **Barrier Precautions** shall be routinely used to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any individual is anticipated.
- a) Vinyl gloves shall be worn when:
 - Touching blood and body fluids, mucous membranes of non-intact skin of all individuals
 - Handling items of surfaces soiled with blood or body fluids
 - b) Disposable gloves must be of appropriate materials using intact vinyl, of appropriate quality for the procedure performed and of the appropriate size for each employee rendering care.
 - c) Gloves shall be changed after handling each individual
 - d) Disposable (single use) gloves shall be replaced as soon as practicable if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - e) Disposable (single use) gloves shall not be washed or decontaminated for reuse.
 - f) Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must 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.
 - g) Masks, in combination with eye protection devices such as goggles or glasses with side shields or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other body fluids may be generated, and eye, nose or mouth contamination can be reasonably anticipated.
3. **Personal Protective Equipment** will be considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, 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.

Required personal protective equipment (PPE):

- a) Must be readily accessible to employees in the appropriate sizes and provided at no cost to the employee
 - b) Vinyl gloves shall be readily accessible to those employees
 - c) Shall be cleaned and laundered at no cost to the employee; most protective garments are one time use
 - d) Shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. If a garment is penetrated by blood or other body fluids, the garment shall be removed as soon as possible
 - e) Standard ppe for nursing staff and first aid providers shall be available for daily use; and
 - f) Shall be removed prior to leaving the work area
4. **Sharp Precautions** (for qualified staff only)

Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.

First Aid practices for all others shall not involve the use of needles or other sharp instruments. Precautions are as listed below:

- a) To prevent needlestick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
- b) Shearing or breaking of contaminated needles is prohibited.
- c) After use, disposable syringes and other sharp items shall immediately be placed in puncture-resistant containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, and not be allowed to overfill.
- d) Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - puncture resistant
 - labeled – name, address and phone number of site. Note the date container is opened on the label. Container must be disposed of at the end of the school year
 - leakproof on the sides and bottom; and
 - So constructed to not allow employees to reach by hand into them.
- e) 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 contents during handling, storage, transport, or shipping; and
 - placed in a secondary container if leakage is possible. The second container shall be:
 - o sealed
 - o constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
 - o appropriately labeled and
 - o closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
- f) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

5. CPR Precautions

To minimize any risk during emergency mouth-to-mouth resuscitation, mouthpieces, pocket masks, or other ventilation devices shall be used. Such equipment shall be stored in all District health offices and First Aid kits.

6. Qualified Staff/First Aid Providers Precautions

Qualified Staff/First Aid Providers who have exudative lesions or weeping dermatitis shall be examined by a physician as soon as possible to prevent cross infection with staff and students. These employees shall refrain from all direct individual care and from handling individual care equipment until such examination occurs.

7. Work Area Precautions

- a) Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.
- b) 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.
- c) Mouth pipetting/suctioning of blood or OPIM is prohibited.

B. Cleaning and Decontamination of Blood or Other Body Fluids

Blood and other body fluids which are spilled will be cleaned up as follows:

Wearing appropriate PPE, initial cleanup will be with chemical absorbent, mop and/or paper towels as appropriate. Use of medical grade disinfectant as appropriate. Disposal of used cleaning materials as appropriate.

C. Housekeeping

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated at the end of each work shift.

Cleaning and decontamination shall be done immediately, or as soon as feasible upon visible contamination, but no later than the end of the work shift.

Broken glassware which may be contaminated shall not be picked up directly with the hands. Mechanical means shall be used, such as a brush and dustpan, tongs, or forceps.

All surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to patients or healthcare workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary, unless directly contaminated with blood or body fluids.

General housekeeping support for all surfaces, including cabinets, shelves, countertops, floors, and non-infectious trash containers within nursing and first aid areas shall continue to be provided by District custodial staff.

D. Waste

Regulated biowaste shall be placed in containers, which are closeable and are of the appropriate size to contain all contents. The containers will be strong enough to prevent leakage of fluids during handling, storage and transport. Biohazard Waste labels will be affixed to all containers that will be used to hold items that are soaked with blood or other potentially infectious substances/materials.

Disposal of all regulated waste shall be in accordance with applicable state and local regulations. All waste containers must be closed and properly labeled prior to pick-up. If outside contamination of the waste container occurs, it shall be placed in a second clean container before pickup.

The warehouse picks up all contaminated sharps that has been properly labeled and boxed for shipment.

E. Laundry

1. Universal precautions shall be observed when handling laundry that is contaminated with body fluids, e.g., athletic clothing.
2. Contaminated laundry shall be prepared for offsite cleaning, at the location where it was used, by employees utilizing proper personal protective equipment. Laundry support shall be provided by a third-party vendor.

IV. VACCINATION AGAINST BLOODBORNE PATHOGENS

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to 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 chooses to decline vaccination, the employee must sign a declination form (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 by the Human Resources department. Vaccination will be performed at a designated occupational clinic.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

V. POST EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur the District's procedures for reporting a work-related injury will be followed.

A. Employee Incident Report

This report must be submitted to the immediate supervisor before the end of the work shift in which the incident occurred.

Unvaccinated first aid providers must report any first aid incident involving the presence of blood or other potentially infectious material, regardless of whether an exposure incident occurred.

In addition, a "Sharps Injury Log" must be completed whenever the exposure involves a sharp instrument/ device.

B. Medical Evaluation

If an employee reports an exposure incident to blood or other potentially infectious material a confidential medical evaluation, post-exposure evaluation, and follow-up shall be made immediately available to the exposed employee, at no cost. The following items shall be included:

1. Documentation of the route(s) and circumstances of exposure.
2. Identification of the source individual, unless impossible or prohibited by law
3. With the consent of the exposed employee, provision for the collection and testing of the employee's blood for hepatitis B, hepatitis C, and HIV serological status.

4. Provision for post-exposure prophylaxis, when medically indicated.
5. The district shall provide to the healthcare professional responsible for the employee's hepatitis B vaccination:
 - a) a copy of the regulation
 - b) a description of the exposed employee's duties as they relate to the exposure incident
 - c) documentation of the route(s) of exposure and circumstances under which exposure occurred
 - d) results of the source individual's blood testing, if available; and
 - e) vaccination status which is the employer's responsibility to maintain.

C. Exposed Employees

Exposed employees shall be counseled by a knowledgeable healthcare professional regarding their exposure and any medical and/or legal implications.

D. Post-Exposure Prophylaxis

If medically indicated and requested by the employee after appropriate counseling any prophylactic procedures recommended by the U.S. Public Health Service shall be made available.

E. Employees Contracting Illness

Employees contracting illness as a result of occupational exposure shall be evaluated and followed with appropriate medical care. Appropriate reports of occupational illness shall be made.

VI. COMMUNICATION OF HAZARDS TO EMPLOYEES (TRAINING):

All employees covered under this standard shall be trained. All new employees covered under this plan shall attend a training class within the first 10 days of employment. Training shall be repeated at least once per year. Training shall include the following items:

- a. A general explanation of the epidemiology and symptoms of bloodborne diseases
- b. An explanation of the modes of transmission of bloodborne pathogens
- c. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan
- d. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure
- e. An explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
- g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
- h. An explanation of the basis for selection of personal protective equipment
- i. Information on the hepatitis b vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
- j. Information on the appropriate actions to take, and persons to contact, including the immediate supervisor, in an emergency involving exposure
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available, and
- l. Information on the post-exposure evaluation and follow-up

Each training session shall allow an opportunity for interactive questions and answers. Attendance is mandatory and shall be recorded.

For school related exposure incidents occurring outside normal operating hours, employees shall receive a medical exam within 2 hours at a district designated occupational clinic.

VII. RECORDKEEPING

The District shall maintain accurate records on occupational exposure of each employee pursuant to CCR 8, Section 3204(d). These records shall be confidential and released only by the employee's written permission or as required by law or regulation. The records shall be maintained for thirty (30) years beyond the end of employment of the employee.

Content of Records:

1. Name and social security number
2. Copies of hepatitis B vaccination status and other relevant records
3. Copies of all results of examination, medical testing, and follow-up
4. Copies of any healthcare professional's written opinion
5. Copy of the information provided to the healthcare professional

Training records shall include the following information and shall be maintained for 3 years from the date on which the training occurred.

1. The dates of the training sessions
2. Contents or a summary of the training sessions
3. Names and qualifications of trainers
4. Names and job titles of all persons attending

The Sharps Injury Log will be maintained as a record of each exposure involving a sharp.

- The original of the Sharps Injury Log must be kept on file at the location where the incident occurred of no less than 5 years from the date of incident, and a copy forwarded to the WC/RTW Technician.
- Information about employees who are sent for medical evaluation as a result of the is kept by the WC/RTW Office.

Appendix A: Hepatitis B Vaccine Declination Form

Hepatitis B Vaccine Declination Form

Employee Name:	Employee ID:
Site:	Department

In accordance with 8 CCR 5193 and 29 CFR 1910.1030, Oceanside Unified School District makes the Hepatitis B vaccine available to employees who may reasonably be expected to have contact with blood or OPIM in the performance of their duties. Any employee who declines this vaccine is required to read and sign the following statement:

I understand that due to my occupational exposure to blood or OPIM 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____ Date _____

SHARPS INJURY LOG

Incident Information	Date of Incident:	Time of Incident:
	Date reported:	To Whom?
	Location of Incident (Site):	
	Type and Brand of sharp involved in the incident:	

Description of Exposure Incident	Job Classification of the exposed employee:	
	Department or work area where the exposure incident occurred:	
	Procedure that the exposed employee was performing at the time of the incident:	
	Describe how the incident occurred:	
	Body Part(s) Involved:	
	Did the device have engineered sharps injury protection (ESIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, was the protective mechanism activated at the time of the exposure incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, does the injured employee believe that a protective mechanism could have prevented the exposure incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the employee have an opinion about whether any other engineering, administrative or work practice control could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		

Report taken by (Printed Name):	
Job Title:	Contact Number:
Signature:	Date:

Distribution:

*Keep originals with the site's ECP/BBP Program file

*Copies to be made available to authorized personnel upon request, including but not limited to:

- WC/RTW Office
- Human Resources
- Cal/OSHA