



Oxnard School District



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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Blood borne Pathogens Exposure Control Plan

In accordance with the Bloodborne Pathogens (BBP) Regulation in California Code of Regulations, Title 8 (CCR 8), Section 5193, the following exposure control plan has been developed.

Policy Statement

It is the policy of the Oxnard School District (OSD) to provide a safe and healthy work environment for all its employees by minimizing exposure to bloodborne pathogens such as human immunodeficiency virus (HIV, hepatitis B virus (HBV) and hepatitis C (HCV). It is the intent of the district to comply with state regulations for dealing with bloodborne pathogens and other potentially infectious materials in the workplace.

Background

Blood and body fluids may contain pathogens which are small organisms which can cause serious disease. Three of the most common bloodborne diseases are:

1. Hepatitis B Virus (HBV) which causes hepatitis, a potentially fatal liver disease.
2. Hepatitis C (HCV) which causes hepatitis, a potentially fatal liver disease.
3. Human Immunodeficiency Virus (HIV), the cause of acquired immunodeficiency syndrome (AIDS).

HBV, HCV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin. At the present time there is no vaccine for Hepatitis C (HCV), but there is treatment for the disease.

In the school setting the most common way exposure may occur is when an employee who has an open sore or injury is in contact with blood or other infectious materials, or when an employee is not wearing the proper personal protective equipment to protect against contact with infectious materials such as blood, human tissue or other body fluids that contain blood.

Responsibility

The development and implementation of an exposure control plan requires the commitment of management and participation of all employees throughout the district.

Responsibility

It shall be the responsibility of all employees to:

- Conducting all work practices in accordance with the engineering controls set up and by following established health and safety policies.
- Wear designated personal protective gear when required.
- Following good personal hygiene habits.
- Attend bloodborne pathogens training as provided.
- Report the occurrence of an occupational exposure incident as defined in this policy to the supervisor or Risk Management before the end of the workday in which the incident occurred.
- Cooperate with all incident reporting procedures.
- Participate with incident investigation and statements as necessary
- Immediately notify the supervisor if repair or replacement of any personal protective equipment is necessary.

It shall be the responsibility of Site Administrator, Manager, Supervisor to:

- Promote effective job practices to protect employees.
- Participate in facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.
- Oversee the implementation of the work practice controls at each site.
- Assess and select appropriate personal protective equipment.
- Ensure appropriate personal protective equipment is available to employees.
- Coordinate and document trainings.

It shall be the responsibility of school nurses to:

- Participate in facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.
- Ensure the proper disposal of sharps collected in the biohazard containers, EPI Pens, and medication in the health offices.
- Collect and dispose annually expired EPI Pens and expired/unclaimed medication at school sites.
- Implement bloodborne pathogens, training programs for employees
- Conduct Automated External Defibrillator (AED) training and oversee the monthly inspection/documentation of AED units district wide.

It shall be the responsibility of Risk Manager to:

- Participate in facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.
- Coordinate the review of the district's bloodborne pathogens control program annually.
- Coordinate vaccination, post-exposure evaluations and follow-up, and associated medical record keeping.
- Arrange for the disposal of sharps containers, EPI Pens, and expired/unclaimed medication
- Maintaining training records documented by site administrators, managers and/or supervisor
- Annual Automated External Defibrillator (AED) staff training and oversee monthly AED inspection program district wide.

Employee Exposure Determination

Made without regard as to use of personal protective equipment (PPE) and clothing)

Occupational Exposure – *Means 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.*

Exposure Incident – *Means a specific eye, mouth, or other mucous membrane, membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.*

Parenteral Contact – *Means piercing mucous membranes or the skin barrier through such events as needlestick, human bites, cuts and abrasions.*

Determination of Occupational Exposure

The Cal OSHA regulations provide for the Hepatitis B vaccination of certain employees who may reasonably anticipate occupational exposure. Accordingly, it is the responsibility of the 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.”

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 to be eligible for vaccination (*see Hepatitis B Vaccination Program section*). 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.

Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens

The Oxnard School District has determined that all employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series upon commencing the following job assignments:

Occupation	Exposure
School Nurse Health Care Technicians	Routinely provide emergency first aid to students or bodily fluids are present. As appropriate provides specialized health care services.
Health Care Assistants Office Assistants Attendance Technicians School Office Managers School Secretaries Bus Drivers	Routinely provide first aid to student or bodily fluids are present.
Campus Assistants	Routinely provide emergency first aid to students or bodily fluids are present.
Lead Custodian Custodian Plumbers	Cleaning areas contaminated with blood, sewage or other potentially infectious materials.
Physical Education Teachers Sports Coaches	May be required to assist with first aid to student or bodily fluids are present.
Paraeducator General Education Paraeducator – Hearing Impaired (oral speech) Paraeducator – Hearing Impaired (sign language)	Routinely provide first aid to student or bodily fluids are present.
Paraeducator Special Education Paraeducator II/III	Provision of physical care in which blood or other potentially infectious materials. First aid/CPR, toilet assistance, feeding, oral health assistance, control of biting, control of oral secretions.
Teacher Special Day Class	May be required to assist with first aid to student or bodily fluids are present.
Special Education Teacher	May be required to assist with first aid to student or bodily fluids are present.
Adaptive PE Teacher	May be required to assist with first aid to student or bodily fluids are present.
Principal Assistant Principal	May be required to assist with first aid to student or bodily fluids are present.

Vaccination Against Bloodborne Pathogens

The Hepatitis B Vaccination series 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 4). The vaccination is performed under the supervision of a health care professional in a series of three injections over a six-month period. The employee is responsible for ensuring completion of series of three injections in six months. Any missed injections the employee will be responsible for cost.

If an employee chooses to decline the HBV vaccination series, the employee must sign a “Vaccination Declination Form” and shall be maintained by Risk Management. If any employee signs the “Vaccination Declination Form” but at a later date chooses to receive the vaccination, the district will make it available at that time.

Petition to Request Hepatitis B (HBV) Vaccination Series

Employees in job classifications determined to have some occupational exposure to potentially infectious materials and staff members that encounter exposure to bloodborne pathogens shall contact District Nurses and/or Risk Management Department and submit in writing request for the Hepatitis B vaccination series. Each request will be evaluated on an individual basis. If occupational exposure is confirmed, the district will consider possible engineering controls, work practice controls and/or offering the Hepatitis B vaccination series.

Methods of Compliance

There are several areas that must be addressed in order to effectively minimize exposure to bloodborne pathogens in our district and will be reviewed with employees during bloodborne pathogens-related training and/or through the dissemination of literature on Universal Precautions and the Spread of Infectious Diseases.

Universal Precautions

Persons handling human blood or other potentially infectious materials shall practice universal precautions and other appropriate measures to reduce exposures to bloodborne pathogens. Universal precautions are an approach to infection control where all human blood and certain body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) Hepatitis C (HCV), and other bloodborne pathogens. All employees will utilize universal precautions.

In the school setting, precautions shall include:

- Hand washing
- Using gloves and personal 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 - refers to controls which isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers, and sharps with engineered sharps injury protection, using a broom and a dustpan instead of picking broken glass up by hand).

Work practice controls - are controls designed to reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Both engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The specific engineering controls and work practice controls used are:

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

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

How to wash hands:

- Wet hands with running water and apply soap from a dispenser. Lather well. You may wish to remove all jewelry from hands and place in a safe location at this time.
- Wash vigorously for 15-20 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 paper towel. Use the paper towel to turn off faucet and discard in appropriately marked closable container.
- Apply hand cream after frequent handwashing. Use lotion to prevent skin irritation, breakdown and subsequent infection.
- Hand sanitizer and/or towelettes could be substituted temporarily. (Employees with frequent exposure to body fluids should not wear hand jewelry in the workplace.)

Hand-washing facilities:

- Hand-washing facilities, appropriate hand sanitizer and/or towelettes (to be used as an immediate but temporary measure in places where hand-washing facilities are not available) shall be available to all employees. Hand-washing facility refers to facilities where there is an adequate supply of running potable water, soap, and single-use towels or hot air-drying machines. (8 CCR 5193(d))
- All First Aid kits utilized by athletic coaches and staff supervising off-campus activities will contain hand sanitizer or antiseptic towelettes. When the employee is able to access a hand washing facility, they are expected to wash their hands as soon as possible.
- It is the responsibility of each supervising employee to make sure the First Aid kits are properly stocked before leaving the school site. The Athletic coaches will ensure approved disinfectant/sanitizing supplies are available for proper decontamination. Supplies will also be available in the Health Office.
- Employee shall be trained annually by School Nurse and are required to comply with proper hand washing techniques.

- Proper signage (handwashing, sanitizing and proper glove use) shall be posted in each Special Ed restroom(s) to ensure safe practices as followed by all staff.

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/face protection) (8 CCR §193(d)). All personal protective equipment used in the OSD is 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 (OPIM) to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes.

The supervisor will ensure that appropriate personal protective equipment is readily accessible at the work site, distribute personal protective equipment at no cost to employees and train employees on the proper use of personal protective equipment.

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 for repair or replacement of 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. 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 prior to leaving a work area. Glasses/goggles, reusable gloves and barrier masks shall be disinfected, rinsed and reused.

Gloves

Disposable (single use) non-latex or nitrile gloves must be used when contact with blood or other potentially infectious materials (OPIM), mucous membranes, and non-intact skin is anticipated (such as a bloody nose). Gloves will be standard components of first-aid supplies and will be readily accessible for use in emergencies and when 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 11 for additional information on decontamination.)

- Disposable (single use) non-latex or nitrile gloves shall be replaced as soon as practical when contaminated, torn, punctured or unable to function as a barrier. They shall not be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for re-use 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.
- Wear appropriate face and eye protections when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

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, and should be discarded immediately into easily accessible containers that are closable, puncture resistant, leak-proof on sides and bottom, and properly labeled.

Containers should be located as close as possible to the immediate area where sharps are used (e.g., health room, science classroom, etc.), replaced immediately when full and shall not be allowed to overfill.

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

The disposable sharps container shall be disposed of by the Health Nurse. A back-up sharps container shall be available at all times. An extra supply of sharp boxes will be located in Risk Management.

Work Area Restrictions

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids are present.

Cleaning and Decontamination of Blood or Other Body Fluids

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

Wearing appropriate PPE, initial clean-up of surfaces including floors 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.

Contaminated equipment, tools, furniture, toys, educational materials, sinks, work areas, and cars/bus seats shall be sanitized/decontaminated with PDI Sani-Cloth AF3 germicide disposable wipes EPA #9480-9. Equipment which becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

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. Trash removal of items contaminated with blood or OPIM must be contained in a double lined trash bag.

Housekeeping Practices

The district shall assure that the work site is maintained in a clean and sanitary condition and shall determine and implement an appropriate cleaning schedule for rooms where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the school, 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 cleaning gloves during cleanup of blood or other potentially infectious materials.

Waste Disposal

Disposal of contaminated sharps and other 'regulated waste' must be in accordance with 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 normally found in the school setting includes waste which contains recognizable fluid blood. In the event of unusual circumstances, the regulated waste must be double bagged in leak-proof, appropriately labeled, red color-coded plastic bags tied and transported in accordance with all applicable state and local regulations.

Trash Removal – Items contaminated with blood or OPIM including material used to clean up a spill of blood or OPIM must be contained in a sharp container (needles and other sharps). Biohazard bag or a double lined trash bag.

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 which 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 to be 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.

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 location of use.

Labels and Signs

The following items shall be properly labeled:

- Containers of regulated waste
- Sharps disposal containers shall be marked with “Biohazard” labels
- Contaminated laundry bags and containers
- Contaminated equipment (e.g., athletic and shop equipment)

First Aid Incidents Involving the Presence of Blood or Infectious Materials

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 **immediately**. The report must contain the information required of employees involved in occupational exposure incidents, as provided below. The report is used in determining whether the employee has been involved in an occupational exposure incident, and the types of prophylaxis and follow-up treatment required in light of 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.

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

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.

Post-Exposure Evaluation and Follow-Up

Reporting an exposure incident right way permits immediate medical follow-up. Early action is crucial. Prompt reporting also can help the worker avoid spreading bloodborne infection to others.

Should an exposure incident occur the affected employee must contact their site administrator or supervisor immediately (that same day). The employee shall complete the Occupational Exposure Incident Form for preparing such a report (available in Appendix B).

This also includes an exposure event that occurs after hours if blood or other potentially infectious materials were present. Such an event on weekends or during field trips shall be reported as soon as possible (injury, fight etc.)

The site administrator or supervisor shall notify the School Nurse or Risk Management Department at extension 2440. An occupational exposure incident is defined as *a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or infectious material, resulting from the performance of an employee's duties.*

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.
1. Explanation as to whether, in the opinion of the employee, an “occupational exposure” incident occurred.

The employee shall complete the Occupational Exposure Incident Form for preparing such a report (available in Appendix B).

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.
 - b. The circumstances under which the exposure incident occurred.
 - c. Obtain consent and have the source individual tested to determine HIV, HCV and HBV infectivity. If the source individual is already known to be HIV, HCV, and/pr HBV positive, new testing need not to be performed.
 - d. Assure exposed employee is provided with the source individual’s test results and with applicable information

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Health Services and Risk Management will review the circumstances of all exposure incidents to determine if any procedural revisions are needed.

If it is determined that revisions are needed, Health Services and Risk Management will ensure that appropriate changes are made to the Exposure Control Plan.

Employee Information

The Superintendent, or designee, 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, any appropriate methods employees may use to prevent exposure to AIDS and hepatitis B, including information concerning the availability of a vaccine to prevent contraction of hepatitis B, and that the cost of this vaccination may be covered by the health plan benefits of the employee. Information shall be distributed at least annually or more frequently if there is new information supplied by the CDE. (*Health and Safety Code 120875, 120880*)

Training

The Superintendent, or designee, 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 take place, at least annually thereafter, 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 which involve blood or other body fluids which are potentially infectious. (8 CCR 5193(g))

Employee shall receive Hepatitis B, C or HIV, training on the best defense to minimize the risks of workplace exposure to such potentially fatal illnesses.

Recordkeeping

Training records shall be kept for each employee upon completion of their training. These documents will be kept for at least three years in Risk Management.

Medical Records

Upon an employee's initial employment and at least annually thereafter, the Superintendent, or designee, 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 Superintendent, or designee, 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 3 years from the date of training.
3. The sharps injury log shall be maintained 5 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.

Sharps Injury Log

All injuries from contaminated sharps are to be recorded in a Sharps Injury Log. All incidences must include at least:

- Date/Time of the exposure incident
- Type and brand of the sharp involved (syringe, suture needle) in exposure incident
- Department or work area where the incident occurred.
- Explanation of how the incident occurred
- The body part involved in the exposure incident

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

CONTRACTORS

Contractors shall maintain and enforce an Injury and Illness Prevention Program as required by State law, and in signing any contractual agreement with the district, make the following certification:

"CONTRACTORS is aware of the provisions of California Labor Code, Division 5, and of the California Code of Regulations, Title 8, and shall maintain an active comprehensive Injury and Illness Prevention Plan – including applicable standards (e.g., Ergonomic, HazCom, Bloodborne Pathogens) – in accordance with such provisions before commencing the performance of the contractual agreement. The Injury and Illness Prevention Plan shall be available to Oxnard School District upon request."

Appendix A

Some Facts about Infectious Diseases

For Your Protection

SOME FACTS ABOUT INFECTIOUS DISEASES

Universal Precautions can prevent the spread of Infectious diseases.

UNIVERSAL PRECAUTIONS

Protect yourself from infectious diseases by taking these simple precautions!

chlorine bleach to 10 parts water.

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.); and
- After removing disposable gloves.

WEAR disposable gloves whenever you will be:

- Touching any body fluids, particularly blood.
- Examining the mouth or assisting with dental care; and
- Coming in physical contact with anyone who has open cuts, lesions, or 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 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.

USE disinfectants.

- Clean all areas soiled with blood and body fluids (tabletops, sinks, toilets, desks, etc.) PDI Sani-Cloth AF3 germicide disposable wipes EPA #9480-9 or with a fresh solution of one part

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. More than half of the 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 body fluids of infected persons. Less than 50% of the people who become infected show symptoms of illness. The symptoms – like those of Hepatitis A – 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 serious chronic 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/or syringes with someone who is 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 who is 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 the blood of an infected person.

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 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; and
- You refrain from sharing intravenous equipment.

Proper use of condoms combined with water-based lubricants containing spermicide during sexual intercourse greatly reduces 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
- Chicken pox

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

It is important that the confidentiality of all medical information concerning students and coworkers be maintained, especially for those who have HIV/AIDS infection. **Sharing information about someone who has HIV/AIDS infection is prohibited by law and is punishable by fine in California.** At school and in other public settings it is unlikely that you will know who is infected with the viruses that cause HIV/AIDS, Hepatitis B, or many other diseases. Taking universal precautions can protect you and prevent the spread of disease. You will not need to know who is infected or which diseases they may be carrying if you always use Universal Precautions.

Appendix B

Occupational Exposure Incident Report Form Bloodborne Pathogens Exposure Control Plan

This form must be completed by each individual employee involved in an incident. Please send completed forms to Risk Management:

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?*)

Was the School Nurse notified? 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 membrane, non-intact skin, or parenteral contact with blood or other infectious material.*)

Yes No Please explain: _____

Signature of Exposed Employee: _____

Home Address: _____ Telephone/Cell #: _____

Appendix C



Oxnard Elementary School District

HEPATITIS B VACCINE RECORD

To the employee:

I understand that due to my potential for occupational exposure to blood or other potentially infectious material (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 me.

ACCEPT _____ (Initials) Date: _____

PART A. I **accept** to participate in the voluntary Hepatitis B vaccination program. I have been provided with information and have had the opportunity to ask questions about the benefits and risks of the Hepatitis B vaccination. I also understand that the series of inoculations are very expensive and are provided to me at no cost, as long as I schedule my appointments and receive all injections. I will take full responsibility to receive all three injections at 0, 1 month and 6 months.

DECLINE _____ (Initials) Date: _____

PART B. I **decline** the Hepatitis B vaccination at this time. 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 given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B virus (HBV), 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 request and receive the vaccination series at no charge to me.

Print Employee's Name

Last 4-digits of social security number

Employee Signature

Date

Medical Clinic: _____		
1 st Injection _____ Date	Lot # _____	_____ Technician Initials
2 nd Injection _____ Date	Lot # _____	_____ Technician Initials
3 rd Injection _____ Date	Lot # _____	_____ Technician Initials

RETURN FORM TO RISK MANAGEMENT UPON COMPLETION

White – Risk Management upon completion Pink – Medical Facility Yellow – Employee Goldenrod – Risk Management

REVISION HISTORY

Date	Description
8/2010	Program created
6/2011	Revised contents
8/2012	Revised contents
6/2013	Revised contents
7/2014	Revised contents
6/2015	No changes
6/2016	Revised contents
7/2017	Revised contents
9/2019	Revised contents
7/2022	Updated District Logo
7/2024	Revised contents added appendices