

PLEASANT VALLEY SCHOOL DISTRICT

**Bloodborne Pathogen
Exposure Control
Plan**



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INTRODUCTION

Purpose

The purpose of this document is to service as Pleasant Valley School District (hereto referred to as the District) written Exposure Control Plan in compliance with Title 8, California Code of Regulation, General Industry Safety Order 5193, "Bloodborne Pathogens." This plan ensures that affected employees (as defined herein) are:

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

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 exposure to blood or certain body fluids; for example, when contaminated blood or other potentially infectious material enters through a break in the skin through mucous membrane or through blood stream directly.

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 becoming infected with these bloodborne pathogens, developing disease and, in some cases, dying, must be protected. 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, 1991, Fed/OSHA issued standards for occupational exposure to these bloodborne pathogens. The Federal standard became effective March 6, 1991. On October 22, 1992 Cal/OSHA adopted Title 8 California Code of Regulations Section 5193. This regulation became effective January 1, 1993.

Occupational Exposure means reasonably anticipated skin, eye, mucous membranes, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. (Parenteral) means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

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

MANAGEMENT COMMITMENT

The development and implementation of an exposure control plan requires the cooperation and commitment of management and full participation of all employees within the district who are determined to be affected by the bloodborne pathogens standard.

Policy Statement

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



Responsibility

The responsibilities described below are intended to encompass and limit involvement for this program; first, to those individuals whose primary job activities could 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 the district's student and employees.

1. The **Superintendent** is responsible for the District's Occupational Safety and Health (OSH) policy which includes the Bloodborne Pathogens Exposure Control Plan which is integrated within the District's Injury and Illness Prevention Program.
2. The **School Board, the Superintendent, and Administrators** promote the desired attitude toward this safety and health regulation by insisting that their staff comply with rules and practices and themselves promote positive attitudes toward Cal/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 work practices necessary to avoid exposure. Questions regarding bloodborne pathogens or the contents of this plan should be directed to the Health Services Department.
4. It shall be the responsibility of the **Human Resource Certificated/Classified Department** and the **Health Services Department** to:
 - a. determine, maintain, and update 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 annually;
 - c. coordinate and act as the key representative for outside inspection of district site(s) by insurance administrator representatives, and federal, state, and local agencies.

Human Resource Certificated/Classified personnel offices, in conjunction with the **Health Services Department**, shall coordinate, implement and monitor the training, medical test, vaccinations, post-exposure evaluation and follow-up, and recordkeeping required annually to ensure total compliance in accordance with Title 8, California Code of Regulations, General Industry Safety Order 5193 and review the plan annually.

The Pleasant Valley School District’s Exposure Control Plan will be reviewed and updated annually and whenever necessary, will reflect new or modified tasks and procedures which affect occupational exposure.

EXPOSURE DETERMINATION (SCOPE & APPLICATION)

The job classifications for those employees who have or may have occupational exposure and their associated tasks and procedures during which exposure may occur, are listed below:

Job classifications in which <u>ALL</u> employees have occupational exposure	Job classifications in which <u>SOME</u> employees have occupational exposure
School Nurses -Injections, blood sugar testing, urinary tract catheterizations, wound cleaning and dressing, CPR, emergency response, clean-up	SAAs (back-up to the health tech) -Wound cleaning and dressing, blood sugar testing, CPR, emergency response, clean-up
Health Technician -wound cleaning and dressing, blood sugar testing, injections, feeding (oral and G-tube), emergency response, CPR, toileting assistance, clean-up	SOAs assigned to Health Office-Providing first aid, clean-up
Nurses (LVN/RN) -Injections, blood sugar testing, urinary tract catheterizations, feeding (oral and G-Tube), Trach suctioning, toileting assistance, handling blood and other body tissues, other medical procedures, CPR, clean-up	Custodial Staff -Clean-up bathrooms, clean-up accident scenes (vomit/blood) and spills
	Maintenance Staff -Clean-up contaminated equipment/supplies
Special Education Instructional Assistants -toileting assistance, feeding (oral and G-Tube), control of biting and oral secretions, first aid, clean-up	PE Teachers and Sports Team Coaches -Providing first aid, CPR, clean-up
Special Education Teachers -First aid, control of biting and oral secretions, clean-up	All Teachers -Providing first aid, clean-up
Child Care Leaders -blood sugar testing, wound cleaning and dressing, toileting assistance, handling blood and other body tissues, CPR, clean-up	Bus Drivers, Transportation Drivers, and Monitors - Providing first aid, clean-up of vomit, spilled fluid clean-up
Campus Supervisors -Providing first aid	Child Care Assistants -Providing first aid, clean-up
Preschool Teachers -Providing first aid, toileting assistance, CPR, clean-up	Principals, Vice-Principals, and Deans -Providing first aid, CPR, clean-up

METHODS OF COMPLIANCE

(The responsibility for Methods of Compliance shall be accomplished by district administrators and school principals.)

Videos on precautions will be made available to each school and District Office complex.

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 other potentially infectious materials. Under circumstances in which 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.

Hand Washing

Hand washing is the single most effective means of prevent the spread of infections.

1. Hand washing facilities shall be available.
2. Hands and other skin surfaces shall be washed with liquid soap and water.
3. Mucous membranes shall be flushed with water immediately.
4. When hand washing facilities are not immediately available, appropriate antiseptic hand cleanser, in conjunction with clean cloth/paper towels or antiseptic towelette shall be used. Hands shall be washed with soap and running water as soon as possible.



Barrier Precautions

Appropriate barrier precautions shall be routinely used to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any person is anticipated. As a barrier precaution, disposable gloves must be of appropriate materials using intact latex or intact vinyl, of appropriate quality for the procedure performed and of the appropriate size for each employee rendering care.

1. Latex or vinyl gloves shall be worn when:
 - a. touching blood and body fluids, mucous, membranes, or non-intact skin
 - b. handling items or surfaces soiled with blood or infectious body fluids
2. Gloves shall be changed after treatment of each person or incident

3. 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.
4. Disposable (single use) gloves shall not be washed or decontaminated for re-use and must be properly discarded.
5. Utility gloves may be decontaminated for re-use 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.
6. 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.

Other Personal Protective Equipment

Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials 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:

1. Must be readily accessible to employees in the appropriate sizes and provided at no cost to the employees.
2. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
3. Shall be cleaned and laundered at no cost to the employee.
4. 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 fluids, the garment shall be removed and properly discarded as soon as possible.
5. Standard personal protective equipment for Nursing Staff and First Aid providers shall be stored at the First Aid supply storage area for daily use. Personal protective equipment: latex gloves, face shield, goggles, aprons, or gowns, micro shield for CPR.
6. Shall be removed and properly discarded or cleaned by the employee prior to leaving the work area.



Sharps Precautions (and all handling of these 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 other shall not involve the use of needles or other sharp instruments. Precautions are as listed below:

1. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. If recapping or needle removal is an absolute necessity due to a specific medical procedure, it shall be accomplished through the use of the mechanical device or a one-handed technique.
2. Sharing or breaking of contaminated needles is prohibited.
3. 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, replaced at least every six months, and not be allowed to overfill.
4. Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - a. puncture resistant;
 - b. labeled;
 - c. leak proof on the sides and bottom; and
 - d. so constructed as to not allow employees to reach by hand into them.
5. When moving containers of contaminated sharps from the area of use, the containers shall be:
 - a. closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
 - b. placed in a secondary container if leakage is possible.
6. The secondary container shall be:
 - a. closable;
 - b. constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - c. appropriately labeled and color coded.
7. 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.

CPR Precautions

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, disposable micro-shields shall be used. Such equipment shall be stored at the First Aid storage supply cabinet.

Qualified Staff/First Aid Providers Precautions

Qualified Staff/First Aid Providers who have exudative lesions or weeping dermatitis shall be examined as soon as possible. These employees shall refrain from all direct care of ill or injured persons and from handling care equipment until such examination occurs.

Work Area Precautions

1. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.
2. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids or biologicals are present.
3. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Cleaning and Decontamination of Blood or other Body Fluids

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

1. Initiate universal precaution wearing personal protective equipment.
2. Cover the contaminated area with an appropriate absorption powder for the spilled fluids.
3. Clean the area according to procedures and double bag the contaminates and properly discard into a refuse container.
4. Decontaminate the area with appropriate disinfectant and place danger or warning signs if area is wet.
5. Suggestion(s) by Occupational Safety & Health Ventura County Office of Education:
 - a. Blood and body fluids containing blood products which are spilled can easily be cleaned up with the use of an absorbent/disinfectant product.
 - b. Alternative clean-up methods would include use of paper towels to clean up the initial spill and then surfaces shall be wiped with one of the following disinfectants:
 - 1) Chemical germicides that are approved for use as disinfectants.
 - 2) Products registered by the Environmental Protection Agency as being effective agents and approved for use by the district.



Housekeeping

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. 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 other potentially infectious materials; 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 other potentially infectious materials 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 dust pan, tongs, or forceps.

Environmental surfaces such as walls, floors, and other surfaces are not associated with transmissions 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 environmental surfaces, including cabinets and shelves, and non-infectious trash containers within nursing and First Aid areas shall continue to be provided by district custodial staff.

Waste

Contaminated items should be separated into regulated or non-regulated waste containers and handled as described below.

1. Regulated Waste, Medical Waste, and Bio-hazardous Waste

- a. If an outside vendor is used to pick up the regulated waste, the individual plastic red bags should be prepared for pick-up according to the vendor's instructions.
- b. If an outside vendor is not used, regulated waste shall be placed in containers which are:

- 1) closable;
- 2) constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- 3) Appropriately labeled and color-coded; and



- 4) closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping

If outside contamination of the regulated waste container occurs, it shall be placed in a second regulated waste container.

2. Non-regulated Waste

- a. If the contaminated item contains dried blood or has been rinsed into a drain connected to a sanitary sewer and followed with a small amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a locked area until it is collected and transported for disposal in a sanitary landfill.
- b. Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer followed with a small amount of bleach

Laundry

1. If laundry support is needed, it shall be provided by outside vendors utilized bloodborne pathogen exposure control guidelines as outlined by Title 8, California Code of Regulations, General Industry Safety Order 5193.
2. District may choose to purchase disposable products.
3. Employees should not be expected to launder contaminated items.

Sterilization and Disinfection

1. Standard sterilization and disinfection procedures for student-care equipment currently recommended for use in a variety of health care settings are adequate to sterilize or disinfect instruments, devices, or other items contaminated with blood or other body fluids from persons infected with bloodborne pathogens including HBV and HIV.
2. Medical devices or instruments that require sterilization or disinfection (e.g. blood monitoring equipment used for diabetic students) shall be thoroughly cleaned before being exposed to germicide, and the manufacturer's instructions for use of the germicide shall be followed.

Designated Emergency First Aid Responders

Universal precautions shall be followed as discussed (page 7). Latex/vinyl gloves shall be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids. Designated employees shall wear gloves on all emergencies. 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 reasonably anticipated.

During the cleanup of an accident site, personal protective equipment must be used. All blood and body fluids/materials shall be disposed of as “medical waste.”

VACCINATION AGAINST BLOODBORNE PATHOGENS

All employees covered in this plan (those listed on pre-exposure determination at this time) shall be offered at no cost to themselves, after the employee has received the training outlines on page 6 and within 10 working days of initial assignment or as soon as possible, vaccination against the Hepatitis B virus (HBV) in accordance with current recommendations of the U.S. Public Health Service.



New at-risk employees accepting or declining the vaccine must complete the Hepatitis B Vaccination Form (Appendix C).

If vaccines against other bloodborne pathogens (e.g., Human Immuno-deficiency Virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization will be offered to all covered employees in accordance with those recommendations.

POST EXPOSURE EVALUATION AND FOLLOW-UP

The “Bloodborne Pathogens Incident Report” (Appendix E) must be prepared if First Aid is rendered by an employee whose primary job assignment is not first aid and there was a presence of blood or other potentially infectious material (regardless of whether an actual exposure incident occurred.) This report must be submitted to the Principal before the end of the work shift in which the incident occurred. The report must include the names of all First Aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the First Aid incident, including time, date, and whether or not an exposure incident occurred for each employee involved.

The original of the “Bloodborne Pathogens Incident Report” must be kept on file at the location where the incident occurred and a copy forwarded to the Health Services Department. Since medical action needs to begin within twenty-four hours of an exposure incident, an immediate telephone report to the Health Services Department may be necessary. Employees who are sent for medical evaluation, as a result of the incident, must be placed on the district OSHA 200 Log. The “Report” shall be readily available to employees.

A “Bloodborne Pathogens Report Log” must be maintained at the District Office and placed in a file that includes copies of all district “Bloodborne Pathogens Incident Report” forms.

If an unvaccinated employee has rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether or not a specific exposure incident occurred, provisions for the full hepatitis B vaccination series must be made available as soon as possible, but in any event, not later than 24 hours after the incident.

The confidential medical evaluation concerning the exposed employee shall at least contain the following information:

Medical Evaluation

If an employee is determined to have had an exposure to blood or other potentially infectious materials, arrangement for a confidential medical evaluation shall be made, within 24 hours of the incident, for the exposed employee. The evaluation shall include:

1. Documentation of the route(s) and circumstances of exposure.
2. Identification of the source individual, unless impossible.
3. Prompt testing of the source individual’s blood for HBV and HIV as soon as consent is obtained. If consent cannot be obtained, this shall be documented.
 - a. If the source individual’s HBV or HIV status is known to be positive, repeat testing need not be done.
 - b. Results of the source individual’s testing shall be made available to the exposed employees, along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of the source individual.
4. Prompt testing of the exposed employee’s blood for HBV and HIV shall be done as soon as the Medical Evaluation Consent Form (Appendix D) is signed and received.



If the employee does not consent to serological testing, employee signs a waiver and reports to designated M.D. for consultation.

5. The District shall provide to the healthcare professional responsible for the employee’s hepatitis B vaccination:
 - a. A copy of California Title 8, Section 5193 for view (refer to Appendix A).
 - 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.
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer’s responsibility to maintain.

Exposed Employees

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

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.

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.

Written Opinion

Within 15 days of an exposure evaluation, the employee shall be provided with a copy of the physician's written opinion which shall be limited to the following:

1. whether HBV vaccination is indicated and if the employee has received it;
2. that the employee has been informed of the results of the evaluation; and
3. that the employee has been informed about any medical condition resulting from exposure which requires further evaluation or treatment

All other findings of diagnoses shall remain confidential and shall not be included in the written report.

TRAINING OF DISTRICT PERSONNEL

Training Employees on Bloodborne Pathogen Exposure

All employees covered under this standard shall be trained. All reassigned or new employees covered under this plan shall attend a training class within the first ten days of their new job duties. Training shall be repeated at least once per year by the administrator's designee and shall include the following items:

1. A general explanation of the epidemiology and symptoms of bloodborne diseases;
2. An explanation of the modes of transmission of bloodborne pathogens;
3. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;



4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;
5. An explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;
6. 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;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. 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;
10. Information on the appropriate actions to take, and persons to contact, in an emergency involving exposure;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and incident and the medical follow-up that will be made available; and
12. Information on post-exposure evaluation and follow-up.

The majority of the items listed above will be covered on videotape, pamphlets or other material. Each training session all allow an opportunity for interactive questions and answers. Attendance shall be recorded and kept at the site for at least 5 years.

Training records

Training records shall include the following information:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

Training records shall be maintained for five years from the date on which the training occurred. The district shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief of CalOSHA and NIOSH (National Institute for Occupational Safety and Health) for examination and copying.

RECORDKEEPING

The medical record for each employee will be maintained by the designated doctor's office.

A Confidential Incident Report Log must be maintained at the District Office on all bloodborne pathogens incidents which shall include:

1. name of the First Aid provider;
2. description of the incident; and
3. date and time of the incident.

A Sharps Injure Log (Appendix H) shall be maintained at District Office on each exposure incident involving a Sharp. The exposure shall be recorded within 14 days of the date the incident is reported to the district. The information recorded shall include the following, if known or reasonably available:

1. Date and time of the exposure incident
2. Type and brand of sharp involved in the exposure incident
3. A description of the exposure incident, including:
 - a. Job classification of the exposed employee
 - b. Department or work area where the exposure incident occurred.
 - c. The procedure that the exposed employee was performing at the time of the incident.
 - d. How the incident occurred.
 - e. The body part involved in the incident
 - f. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated and whether the injury occurred before during or after the protective mechanism was activated.
 - g. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
 - h. The employee's opinion about whether any other engineering, administrative or work practice could have prevented the injury.
 - i. In-service records maintained by the Health Services Department shall include the following information and be made available to state inspectors:
 - 1) The dates of the training session.
 - 2) The contents or a summary of the training session.
 - 3) The names and qualifications of persons conducting the training.
 - 4) The names and job titles of all persons attending the training session.
 - 5) The medical records for each employee.

- j. The district shall maintain the confidentiality of the affected employee and the exposure source during all phases of the post-exposure evaluation.
- k. 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.
- l. 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. Records shall be maintained as follows:
 - 1) Medical records shall be maintained for the duration of employment plus 30 years.
 - 2) Training records shall be maintained for five years from the date of training.
 - 3) The sharps injury log shall be maintained five years from the date the exposure incident occurred.
 - 4) Exposure records shall be maintained for at least 30 years.
 - 5) Each analysis using medical or exposure records shall be maintained for at least 30 years.

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California Code of Regulations, Title 8, Section 5193

Subchapter 7. General Industry Safety Orders

Group 16. Control of Hazardous Substances

Article 109. Hazardous Substances and Processes

§5193. Bloodborne Pathogens

May be viewed in its entirety at:

<https://www.dir.ca.gov/title8/5193.html>



Appendix B

Guidelines for Preventing the Spread Of Infectious Disease

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 percent of persons who become infected show symptoms of illness. The symptoms are like those of hepatitis A and include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite, and abdominal pain. In some patients the urine turns dark and the skin becomes yellow. The onset of symptoms may appear 6 weeks to 6 months after becoming infected with the virus. Death is uncommon in hepatitis B, but 5 to 10 percent of those infected become long-term virus carriers. Up to 25 percent of carriers may develop serious chronic liver disease.

HOW IS HEPATITIS B SPREAD?

An infected person can transmit hepatitis B as long as the virus remains in the blood. Transmission may occur as early as 4 weeks before any symptoms occur. A small number of people will carry the virus in their blood for years and are known as chronic carriers. Hepatitis B is transmitted by:

1. sexual activity involving semen, blood, or vaginal secretions;
2. sharing with someone who is infected, unsterile instruments used to penetrate the skin such as those used for tattooing, car piercing, and razors;
3. sharing intravenous (IV) needles and/or syringes with someone who is infected;
4. direct contact of infected blood with mucous membrane of the eye and mouth;
5. direct contact of infected blood with broken skin (e.g., cuts);
6. accidental needle sticks with needles containing blood from a virus carrier;
7. sharing toothbrushes; and,
8. being born to an infected mother.

HOW CAN HIV AND HEPATITIS B INFECTIONS BE PREVENTED?

A vaccine for hepatitis B is available from health care providers. The cost of the vaccine may be covered by individual health plan benefits of employers.

Spread of hepatitis B may occasionally 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 hepatitis transmission in these special education classroom settings can be almost eliminated by good environmental and person hygiene (Universal Precautions). Hepatitis B vaccination of susceptible personnel and students can reduce the risk to virtually zero.

Since sexual intercourse and sharing of intravenous equipment are the major behaviors that transmit the viruses that cause hepatitis B and HIV infections, abstinence from these activities eliminates the major risk of exposure for most people. Mutually monogamous sexual relationships between uninfected partners are safe.

Properly used condoms combined with water-based lubricants containing spermicides greatly reduce the risk of transmission during sexual intercourse with an infected person. Intravenous equipment and any equipment used to penetrate the skin should not be shared. For persons who continue to share intravenous equipment, cleaning with household bleach solution and rinsing with water can also reduce transmission by this route.

HIV infection, hepatitis B, and several other viruses are transmitted through sexual intercourse, sharing of blood, and from infected women to their babies during pregnancy or at the time of birth. Essentially all risk of these infections is outside of the work and school environments. However, there is some, although very small, risk of blood exposure at work and at school. Carriers of these viruses do not often show outward signs of infection and often are not aware of being infected themselves. Therefore, ALL blood or blood-containing body fluids must be considered potentially infectious.

The only risk of hepatitis B virus and HIV exposure in the school setting is with direct exposure of infected blood to broken skin or mucous membranes. Unbroken skin is an extremely good barrier to these viruses and there have been no documented cases of transmission in this manner in schools or day care centers. However, to be extremely cautious and because a variety of other infections are likely to be transmitted in this manner, Universal Precautions are recommended.

WHAT ARE UNIVERSAL PRECAUTIONS?

Universal Precautions are precautions used in all situations and not limited to use with individuals known to be carrying a specific virus such as HIV or the virus causing hepatitis B. In the school setting, those precautions should include: hand washing, using gloves, careful trash disposal, using disinfectants, and modification of cardiopulmonary resuscitation (CPR).

HAND WASHING: Hand washing facilities should include soap and running water at a pleasantly warm temperature. Automatic hand dryers can be considered as an alternative to paper towels. Scented soap allows teachers to determine if elementary students have used the soap. Scheduling time for students to wash hand before eating is suggested to encourage the practice. Classroom instruction about proper hand washing can be integrated into health instruction at all grade levels.

USING GLOVES: All staff members who may be required to administer first aid involving blood or to handle body fluids that may contain blood should have access to latex gloves in the areas where the gloves might be required to be used.

TRASH DISPOSAL: Double Bag: Place trash containing blood or any body spills that may contain blood in a plastic bag and tie it off, i.e. grocery bags, place bag in a lined trash container.

If needles, syringes, or lancets are used in the school setting, arrange for a puncture-proof container (Sharps). Place intact needles and syringes in the designated container. Do not bend or break needles. Do not recap needles.

FIRST AID INVOLVING BLOOD AND CPR: Individuals with responsibility for administering first aid in school, on the athletic fields, in the cafeterias, on the playgrounds, and on school buses should have current instruction and certification. That instruction can be provided by certificated school nurses employed by the school districts or by local agencies such as the American Red Cross and the American Heart Association. Gloves are standard components of first-aid supplies in the schools so that they can be readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms. Devices that prevent backflow of fluids from the mouth of a victim being given CPR also should be readily accessible to those persons most likely to be the rescuers in the school setting. A wide variety of devices are available.

USING DISINFECTANTS: At each school site, appropriate and Environmental Protection Agency (EPA) approved disinfectants should be supplied and used. For personal use, regular household chlorine bleach diluted 1:10 and mixed daily (or as needed so that the solution is fresh) is an effective disinfectant for destroying the AIDS and hepatitis B viruses as well as most other disease-causing organisms.

Applying the principle of using Universal Precautions removes the problem of needing to know which persons are infected with which germs in the school setting. Routine use of appropriate precautions eliminates much of the fear of not knowing if a student in the classroom has an infection. Sometimes the parents or the students themselves are afraid to share information about infections. Most often, however, in infected students and their parents do not have that information. This is especially true about HIV-infected persons.

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 system, leaving it vulnerable to life-threatening opportunistic infections and malignancies. The virus also may directly attack the central nervous system. Persons infected with HIV frequently have no apparent symptoms and usually appear to be in good health. More than half of the persons in the United States who have been diagnosed to have AIDS (the advanced stage of HIV infection) have died.

HOW IS HIV INFECTION SPREAD?

Everyone infected with HIV, even a person without apparent symptoms, is capable of transmitting the infections. HIV infection is transmitted by:

1. any sexual activity involving direct contact with semen, blood or vaginal secretion of someone who is infected;
2. sharing intravenous (IV) needles and/or syringes with someone who is infected;
3. penetrating the skin with needles that have been used to inject an infected person;
4. direct contact on broken skin with infected blood;

5. receiving blood transfusion or blood products from someone who is infected (a screening test has been used since 1985 that has reduced this risk to 1 in 68,000 in California (AIDS Update, December, 1988); and,
6. being born to an infected mother.

WHAT IS HEPATITIS C

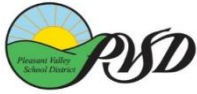
Hepatitis C is also virus that causes inflammation of the liver. Hepatitis C was discovered in the early 1970's but it was not until 1989 that the test specific to the virus became available. Each year, about 150,000 Americans contract hepatitis C, which is a more frequent cause of chronic liver disease than hepatitis B. There are approximately 1 million people in the US with HIV and more than 5 million with hepatitis C. Only 30%-40% of people with acute hepatitis C have symptoms, which tend not to be severe in nature. The symptoms may be mild and flu-like: nausea, fatigue, loss of appetite, fever, headaches, and abdominal pain. The majority of people, as high as 80%, who become infected with hepatitis C go on to develop a chronic infection, becoming carriers in the process. The disease may gradually progress over a period of 10-40 years and 25% of those with chronic disease will develop cirrhosis of the liver. At present, it is the leading cause for liver transplant in the US.

HOW IS HEPATITIS C TRANSMITTED

The virus is found in the blood. It is not clear whether semen or saliva can actually transmit the virus. There is no evidence it can be transmitted through breast milk. It is thought that your blood would have to come into contact with the blood of an infected person. At risk behaviors include IV drug use, even once, intranasal drugs (cocaine), tattooing, body piercing, using other people's razors and toothbrushes, nail files, scissors, having multiple sex partners (5% transmission rate if partner is infected) and/or having had a blood transfusion before 1992, before screening methods were developed.

WHAT IS THE TREATMENT

There is no vaccine currently to prevent the disease. Prevention is following Universal Precautions and avoiding at risk behaviors. FDA has approved Interferon for adults, and other drug combinations are being developed. Anyone with hepatitis C should consult with their Doctor and consider vaccination for hepatitis A and B. As with all chronic liver diseases, eating a well balanced diet, exercising and keeping a positive attitude maintains as healthy a life as possible. Avoid depressing or overwhelming tasks and learn how to pace yourself, and rest when you are tired. Plan physically exhausting tasks in the morning when your energy level is at its peak. Anyone with hepatitis C or B should not drink alcohol.



PLEASANT VALLEY SCHOOL DISTRICT Health Services Department

UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS: Are precautions/guidelines appropriate for preventing the spread of **ALL** infectious disease. **UNIVERSAL PRECAUTIONS** are through hand washing, gloving when needed, and proper disposal of contaminated wastes.

This routine use of appropriate precautions by the staff regardless of knowledge of germs present in the individual student's blood, saliva, nasal discharges, vomit, urine, or feces prevents the transmission/spread of disease and protects the staff.

BASIC HYGIENE GUIDELINES

1. Hand washing should be used routinely especially before and after eating and using the toilet.
2. Use disposable gloves when exposed to body fluids other than your own. They are available through the health office.
3. Use gloves routinely when giving first aid that involves blood or other body fluids (i.e., vomit). Gloves must be changed and hands washed between each person/contact*.
4. Household bleach in a 1:10 solution has been found to be a very effective disinfectant/anti-viral agent. Solution is to be mixed daily because it loses its potency through evaporation.

*The use of gloves does not eliminate the need for hand washing.

When handling the discharges from another person's body, always use these precautions. Use of **UNIVERSAL PRECAUTIONS** removes the need to know which persons are infected with which germs in the school setting.

HANDWASHING: Facilities should include soap, preferably in liquid form, from a dispenser. Hand washing should be done before rendering first aid and after caring for students. **Hands are to be washed after removing gloves.**

GLOVES: Are to be worn by staff members who administer first aid involving blood, open wounds, or handling of body fluids. Disposable gloves should be standard components of first aid supplies. They should be readily accessible to school health offices, classrooms, cafeterias, and locker rooms.

TRASH DISPOSAL: Waste containers are to be lined with plastic bags. Double bag trash containing blood or any body spills that may contain blood. If needles, syringes, or lancets are used in the school setting, these contaminated sharps should be placed in a puncture proof sharps container. Do not bend or break needles. Do not recap needles.

CPR: Devices that prevent back flow of fluids from the mouth of a victim being given CPR should be readily accessible to those persons CPR certified and most likely to be the rescuers in the school settings.



**PLEASANT VALLEY SCHOOL DISTRICT
Health Services Department**

HEPATITIS B VACCINATION FORM

A. Acceptance:

- I accept Pleasant Valley School District's offer for the Hepatitis B (HBV) vaccination.

B. Declination:

- 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 the 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 potential infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.
- I have been previously immunized for Hepatitis B (HBV) and do not require additional vaccination.
- I have been tested for Hepatitis B (HBV) and have been shown to be immune.
- I decline Hepatitis B (HBV) vaccine due to medical reasons.

Name: _____ Location: _____

Signature: _____ Date: _____

Send completed copy to: District Office Health Benefits/Workers Comp
Health Services Department
1st Stop Urgent Care

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Rev. 2/17



**PLEASANT VALLEY SCHOOL DISTRICT
Health Services Department**

**CONFIDENTIAL
Medical Evaluation Consent Form**

A. I consent to have a blood sample collection or serological testing of the sample.

Name: _____
Print Name

Signature: _____ Date: _____

B. I consent to allowing a blood sample collection, but NOT to serological testing at this time. I understand the blood sample will be preserved for at least 90 days. I can request a serological test of the sample at any time within the 90 day period, but understand I must give an additional blood sample to document seroconversion.

Name: _____
Print Name

Signature: _____ Date: _____

C. I do not consent to either a blood sample collection or serological testing.

Name: _____
Print Name

Signature: _____ Date: _____

Source Individual Testing

Circle one of the following:

- A. Source has agreed to testing
- B. Source has refused to be tested
- C. Source cannot be found or identified

Name: _____
Print Name

Signature: _____ Date: _____

Send completed copy to: District Office Health Benefits/Workers Comp Health Services Department



**PLEASANT VALLEY SCHOOL DISTRICT
Health Services Department**

**CONFIDENTIAL
Bloodborne Pathogens Incident Report**

Date: _____ **Time:** _____ **Location:** _____

Name(s) of Responder(s):

Name(s) of Source Person(s): The source individual is the person who is the source of the blood or OPIM involved in an exposure incident.

Type and amount of body fluid(s), blood, or OPIM involved: _____

Route of entry: _____

Description of the exposure incident (when, where, and how it occurred, body part(s) affected, procedure(s) being performed): _____

What protective equipment was used by responder(s)? _____

Exposure from: (splash, splatter, spray, touching, contaminated sharp, item, or device) _____

Other relevant information: _____

Hepatitis vaccination status: _____ In progress _____ Completed _____ Unvaccinated

Send completed copy to: District Office Health Benefits/Workers Comp

Health Services Department



**PLEASANT VALLEY SCHOOL DISTRICT
Health Services Department**

Post-Exposure Evaluation and Follow-Up

Accident Investigation by Employee’s Supervisor

If an employee is involved in an incident where exposure to blood or other potentially infectious materials occurs:

- _____ Investigate the circumstances surrounding the exposure incident
- _____ Make sure that medical consultation and treatment (if required) is provided within 24 hours. Every exposure incident shall be investigated within 24 hours after incident occurs. This is the responsibility of the employee’s supervisor.
- _____ When the incident occurred – date and time
- _____ Where the incident occurred – specific location within the site
- _____ What potentially infectious materials were involved in the incident type of material (blood, or other potentially infectious materials, and route of entry into the body).
- _____ Source of the material (whose blood or body fluid)
- _____ Type of work being performed (employee’s duties as they relate to the exposure incident)
- _____ How the incident was caused
- _____ Whether or not adequate personal protective equipment was being used at the time of the incident
- _____ Actions taken following the incident – cleanup; notification made

After this information is gathered and evaluated, a written summary of the incident and its cause shall be prepared and recommendations made for avoiding similar incidents in the future.

Send completed copy to: District Office Health Benefits/Workers Comp Health Services Department

SHARPS INJURY LOG

District _____

Address _____

Year _____

Incident Number			
Date of Incident			
Time of Incident			
Department			
Job Classification			
Brand and Type of Sharp			
Procedure			
Body Part			
Engineered Sharps Injury Protection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was Protective Mechanism Active	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did Exposure Incident Occur	<input type="checkbox"/> BEFORE ACTIVATION <input type="checkbox"/> DURING ACTIVATION <input type="checkbox"/> AFTER ACTIVATION	<input type="checkbox"/> BEFORE ACTIVATION <input type="checkbox"/> DURING ACTIVATION <input type="checkbox"/> AFTER ACTIVATION	<input type="checkbox"/> BEFORE ACTIVATION <input type="checkbox"/> DURING ACTIVATION <input type="checkbox"/> AFTER ACTIVATION
Description of the Exposure Incident			
Incident Could Have Been Prevented By Engineered Sharps Injury Protection?	EMPLOYEE OPINION: <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYEE OPINION: <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYEE OPINION: <input type="checkbox"/> YES <input type="checkbox"/> NO
Other Recommended Controls:	EMPLOYEE OPINION: <input type="checkbox"/> ADMIN CONTROLS <input type="checkbox"/> WORK PRACTICES	EMPLOYEE OPINION: <input type="checkbox"/> ADMIN CONTROLS <input type="checkbox"/> WORK PRACTICES	EMPLOYEE OPINION: <input type="checkbox"/> ADMIN CONTROLS <input type="checkbox"/> WORK PRACTICES

GLOSSARY

Designated	Employees who are appointed by their employer as emergency response personnel
Disinfectant	A substance that destroys harmful bacteria and Viruses
Epidemiology	A branch of medical science that deals with the incidence, distribution, and control of disease in a population
Exposure	When there is contact with blood or other potentially infectious material on intact skin, clothing, or personal protective equipment.
Exposure Incident	When there is contact with blood or other potentially infectious material involving mucous membranes or abraded skin
Fluids:	
Amniotic	The fluid surrounding an embryo in the womb
Cerebrospinal	A liquid that is comparable to serum and secreted from the blood that is found in the brain and spinal column
Pericardial	The fluid that is found in the sac that surrounds the heart
Pleural	Moistens the lining of the lungs to facilitate movement while breathing
Synovial	A lubricating fluid secreted by a joint or bursa or tendon sheath
Germicide	A substance that kills germs
Hypoallergenic	Diminished potential for causing an allergic reaction
Mucous Membrane	A membrane that lines body passages and cavities which communicate directly or indirectly with the exterior.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions
Pathogens	Viruses and bacteria that cause disease
Percutaneous	Effected or performed through the skin

Prophylaxis	Measures designed to preserve health and prevent the spread of disease
Seroconversion	Development of evidence of antibody response to a disease or vaccine
Serological	The scientific study of blood
Sharp	Any sharp instrument that can lacerate, puncture, or invade tissue
Vascular	Relating to a channel for the conveyance of body fluids such as blood
Venipuncture	A surgical puncture of a vein for the withdrawal of blood or to give intravenous injections

