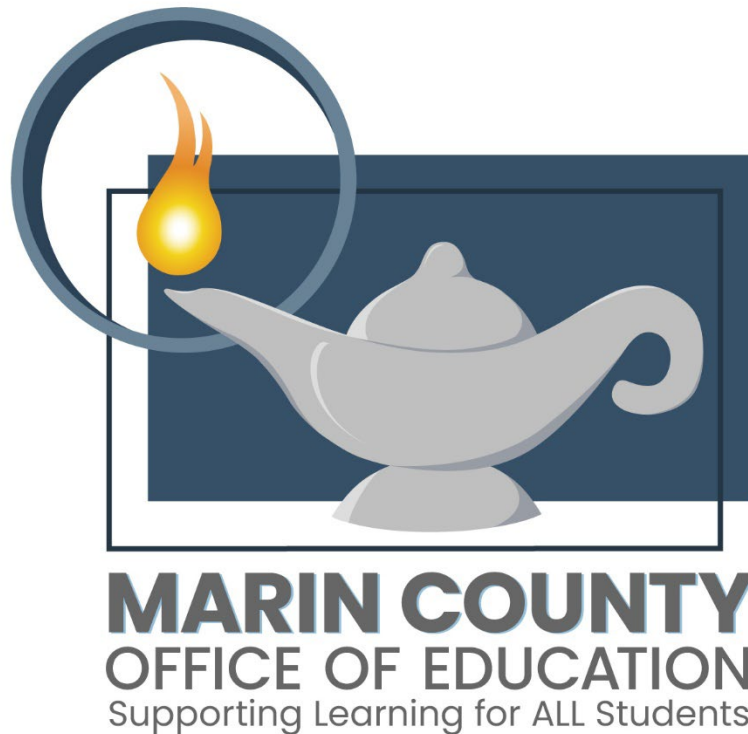


Marin County
Office of Education

**Exposure Control Plan
for Bloodborne Pathogens**

Revised July 2026



Contents

Background	4
Purpose	4
Responsibilities	4
Individual Affected Employees:	4
Supervisors and Managers:	5
Senior Director of Personnel:	5
Program Coordinators:	5
Bloodborne Pathogens Program Coordinators:	5
Affected Employees /Exposure Determination	6
Methods of Compliance and Schedule of Implementation	6
Awareness	7
Workplace Transmission	7
Universal Precautions	7
Engineering and Work Practice Controls	7
Personal Protective Equipment (PPE)	8
Good Housekeeping	9
Contaminated Sharps Discarding and Containment	9
Regulated Waste Disposal	10
Hepatitis B Vaccination	10
Hepatitis A Vaccination	11
Reporting Incidents	11
Post-Exposure Evaluation and Follow-Up	11
Hazard Communication	12
Information and Training	13
Recordkeeping	13
Appendix A	14
Definitions	14
Appendix B	17
Exposure Determination Chart	17
Appendix C	20
Engineering Controls and Inspection Schedule	20
Appendix D	21
Personal Protective Equipment	21
Appendix E	22

Employee Injury / Incident Report	22
Exposure Circumstances	22
Source Individual / Accident Victim	22
Exposed Individual	22
Reporting Information.....	22
Individuals Rendering First Aid.....	22
Appendix F.....	23
Exposure Incident Investigation Form	23
Appendix G.....	24
Sharps Injury Log	24
Appendix H	25
Hepatitis B Vaccination Declination Form	25

Background

On December 6, 1991, OSHA issued its final regulation on occupational exposure to bloodborne pathogens (29 CFR 1910.1030). Based on a review of the information, OSHA has determined that employees face a significant health risk as a result of occupational exposure to blood and other potentially infectious materials (OPIM) because they contain bloodborne pathogens. These pathogens include: HBV, which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immunodeficiency Syndrome (AIDS). The agency has concluded that this hazard can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs, labels and other provisions.

The California version of this legislation became effective on January 8, 1993. The text of the law can be found in Section 5193 of Title 8 of the California Code of Regulations (8CCR5193).

Purpose

The Marin County Office of Education (MCOE) is continuing the implementation of an Exposure Control Plan (ECP) to ensure the well-being and to protect the safety and health of our employees. By implementing this Exposure Control Plan, it is our goal to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials and to provide appropriate treatment if such exposure occurs. This plan has been developed to meet compliance with [California Code of Regulations, Title 8, Section 5193](#) and [OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030](#), and is consistent with the requirements of the Marin County Superintendent of Schools Injury and Illness Prevention Program (IIPP) and [Superintendent Policy 4019.42](#).

Employees are encouraged to read and are required to follow the guidelines and procedures set forth in this plan. Questions regarding the contents of this plan should be brought to the attention of their immediate supervisor.

Responsibilities

There are four major "Categories of Responsibility" that are central to the effective implementation of our Exposure Control Plan. These are:

Individual Affected Employees:

Employees of the MCOE are responsible for knowing what tasks they perform that have occupational exposure, attending documented bloodborne pathogen training (Keenan Safe Schools online module) when required and necessary, plan and conduct all operations in accordance with our work practice controls, and develop good personal hygiene habits. Employees should address any concerns or questions to their supervisor(s).

Supervisors and Managers:

Supervisors and Managers are responsible for exposure control, compliance, and procedures in their respective areas, including the following:

- Ensuring affected employees have training on department-specific safe work practices relative to exposure to blood or other potentially infectious substances/materials and complete bloodborne pathogen training (Keenan Safe Schools online module).
- Monitoring their departments to ensure compliance with the Exposure Control Plan, including always having an adequate supply of protective equipment to comply with the Bloodborne Pathogen Standard ([see Appendix E](#)).
- Annually reviewing tasks and procedures performed within their departments, where work practice controls can be implemented or updated.
- Reporting task and procedure concerns to the IIPP administrator or Exposure Control Plan Committee.

Senior Director of Personnel:

The Senior Director of Personnel is responsible for providing all employees with the appropriate education and training regarding bloodborne pathogens and exposure control practices as well as the following:

- Ensuring that affected employees who are appointed to an affected position are referred for training and, if necessary, are offered the Hepatitis B vaccination series within ten days of hire.
- Coordinating post-exposure follow-ups deemed necessary and communicating with the affected employee.

Program Coordinators:

The MCOE BBP Program Coordinators will assume the overall responsibility for the management and support of our Exposure Control Plan for Bloodborne Pathogens. The Committee will be responsible for reviewing our plan annually in consultation with the IIPP Safety Committee and updating it whenever new procedures are implemented or modified that affect the occupational exposure of our employees.

As part of the annual review, employee feedback will be actively solicited through the comprehensive school site safety plan review process. Employee feedback will be reviewed by the Bloodborne Pathogen Program Coordinators and considered when updating the plan, especially in relation to changes in job tasks, procedures, or equipment.

Bloodborne Pathogens Program Coordinators:

- Assistant Superintendent of Health, Safety and Support (HSS)
- Assistant Superintendent of Personnel
- Senior Director of Personnel
- Director of Special Education
- Director of Maintenance & Operations
- Assistant Director-Walker Creek Ranch

- Special Projects Manager

A copy of this Plan can be found at the following locations:

- In the Workforce Illness Injury and Prevention Program on the Employee Resources section of the MCOE Website
- In the Personnel Office

This Plan will be reviewed annually and, as needed, by the Workforce Illness, Injury, and Prevention Program staff, with input from the Bloodborne Pathogen Program Coordinators.

Affected Employees /Exposure Determination

The purpose of the exposure determination is to identify individuals who meet the definition of occupational exposure as defined by Cal/OSHA and who shall receive training, protective equipment, and vaccination as described in this program. These employees are considered affected employees. "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. In order for an exposure to occur, saliva, vomit, or other body fluid must contain visible blood or have the potential to contain blood.

The Exposure Determination Chart ([Appendix B](#)) shall be referred to for each employee position whose duties may cause exposure to bloodborne pathogens. The determination shall include positions in the following categories:

1. All employees in this position have *potential for exposure* to blood or other potentially infectious material.
2. Some employees in this position have *the possibility for exposure to blood or other potentially* infectious material.
3. Some employees in this position have *remote exposure* to blood or other potentially infectious material.

Methods of Compliance and Schedule of Implementation

There are a number of areas that must be addressed in order to eliminate or minimize exposure to bloodborne pathogens at MCOE facilities. Each of the following areas will be reviewed with our employees during their new employee orientation and annually, which includes bloodborne pathogens-related training for affected employees.

- Awareness
- Workplace Transmission
- Universal Precautions
- Engineering and Work Practice Controls
- Personal Protective Equipment
- Good Housekeeping

Awareness

Occupational exposure to bloodborne pathogens or other potentially infectious materials, may cause an employee to be at risk of acquiring Hepatitis A Virus (HAV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), [Cytomegalovirus \(CMV\)](#), and Human Immunodeficiency Virus (HIV). Blood is the number one course of these viruses in the workplace. The risk of contracting one of these viruses at school is low, but when the need arises you must be prepared to deal with it safely.

Workplace Transmission

Bloodborne pathogens can cause infection by entering your body in a variety of ways including: open cuts, nicks, skin abrasions, dermatitis, acne, and the mucous membranes of your mouth, eyes, or nose. Any employee will take extra caution while working with students with specialized health care needs. Extra caution will be taken when working around broken glass, sharp metal, needles, and knives.

Universal Precautions

Universal precautions shall be observed 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 potentially infectious materials.

Engineering and Work Practice Controls

Work practices are specific procedures you must follow on the job to reduce your exposure to blood or other potentially infectious materials. These work practice controls include:

- Handwashing facilities (or waterless hand sanitizer) will be readily accessible to all employees who have the potential for exposure.
- Employees will wash their hands with soap and water immediately, or as soon as possible, after removal of potentially contaminated or other personal protective equipment.
- Following contact by any skin area with blood or potentially infectious body fluids, employees shall wash with soap and water. They shall also flush any exposed mucous membranes with sterile water at an eye flushing station or with cool or room temperature water.
- Employees will wash their hands with soap and water before and after preparing food, feeding students, and toileting or diapering students.
- Employees must wear disposable gloves when preparing and serving food, and when feeding and toileting/diapering students.
- Eating, drinking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas where there is the potential for exposure to bloodborne pathogens.
- No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or counter tops or bench tops where blood or other potentially infectious materials are present.
- Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and

generation of droplets of these substances, and while wearing the appropriate protective clothing.

- Contaminated needles or other contaminated sharps are not to be recapped or bent but placed in a sharps container for proper disposal. Breaking or shearing of needles is prohibited.
- When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping and be disposed of at a local disposal center.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous (breaking the skin) injury.

Engineering controls shall be maintained on a regular schedule for all MCOE sites. A regular system shall include documentation of maintenance inspections which include the date of inspection, name of employee making the inspection, findings, repair verification if needed and the signature of the employee conducting the inspection.

See Engineering Controls and Inspection Schedule ([Appendix C](#)).

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) deemed necessary will be determined by each job description and may include the following at no cost to the employee:

- Disposable gloves
- Disposable protective gowns
- Face shields/masks
- CPR mouthpieces
- Changing table paper

Program administrators, in collaboration with teachers and nursing personnel, will be responsible for ensuring that all site facilities have appropriate PPE and that it is being appropriately used by staff. Employees will be trained regarding the use of appropriate PPE for their job assignment and tasks/procedures they perform. Additional training will be provided if the employee takes a new position or new task/procedures are added to the present position. All PPE stock will be inventoried at least annually and replenished as needed.

The MCOE shall provide, at no cost to the employee, appropriate personal protective equipment. The MCOE must clean, repair and replace the equipment when necessary. The type and amount of PPE shall be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of a task or procedure.

See Personal Protective Equipment (PPE) ([Appendix D](#)).

Good Housekeeping

A regular schedule for cleaning and decontamination of appropriate areas for each MCOE facility and classroom will be established, following the MCOE practices below. The MCOE site administrator/program manager/classroom teacher will be responsible for establishing the schedule consistent with the requirements and making sure it is carried out.

Employees will observe the following practices:

- All equipment, furniture, toys, tools, and surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials. A bleach solution or Environmental Protection Agency (EPA) approved germicide will be used.
- All surfaces will be cleaned and decontaminated after completion of medical procedures, when surfaces are overtly contaminated, after any spill of blood or infectious material, and at the end of the work shift if the surface may have been contaminated.
- Cleaning procedures for the spill of blood or other potentially infectious material are as follows:
 - Wear gloves.
 - Use paper towels or a commercially prepared absorbent product.
 - Clean area with soap and water.
 - Disinfect with approved disinfectant.
 - Place paper towels, gloves, and absorbent material in a leak-proof disposable bag.
 - Wash your hands with soap and water.
 - Laundry contaminated with blood or other potentially infectious material will be handled as little as possible and not sorted or rinsed where it is used.
 - At all times, universal precautions are to be used when laundry is done, using bleach in an appropriate solution with hot water.
 - Contaminated laundry that is sent offsite is placed and transported in bags or containers that are labeled or color-coded with the biohazard symbol. Bags or containers prevent soak-through and leakage.
 - Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
 - All sharps shall be discarded immediately in sharps containers that are closeable, puncture resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label.

Contaminated Sharps Discarding and Containment

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded in accordance with OSHA 29 CFR 1910.1030.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be

reasonable anticipated to be found, maintained upright throughout use, and replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage is possible, the sharps container must be placed in a secondary container which is closeable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled or color-coded according to the OSHA 29 CFR 1910.1030 standard.

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.

MCOE complies with the Needlestick Safety and Prevention Act (NSPA) by prioritizing the use of engineered sharps injury protection (ESIP) such as self-sheathing needles or retractable devices.

In accordance with Cal/OSHA regulations, MCOE involves non-managerial employees who are directly responsible for using sharps in the identification, evaluation, and selection of safer medical devices. Documentation of this process will be maintained as part of the annual Exposure Control Plan review. Documentation includes, at minimum, a sign-in sheet or attendee list and a brief summary of devices evaluated and selection considerations.

Regulated Waste Disposal

Regulated biowaste shall be placed in containers that are closeable and of the appropriate size to contain all contents. The containers will be strong enough to prevent leakage of fluids during handling, storage and transport. Appropriately labeled biohazard bags or containers will be used by all departments to hold regulated waste items that are soaked with blood or other potentially infectious substances/materials.

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

Disposal of all regulated waste shall be in accordance with applicable state and local regulations. All regulated waste shall be disposed of appropriately.

Hepatitis B Vaccination

The Hepatitis B vaccination shall be made available after the employee has received training in occupational exposure and within 10 working days of initial assignment, at no cost, at a reasonable time and place, under the supervision of licensed healthcare professional and according to the latest recommendations of the U.S. Public Health Services (USPHS). It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that employee is immune, or the vaccine is contraindicated for medical reasons. Employees must sign a declination form if they choose not to be vaccinated but may later opt to receive the vaccine at no cost to the employee. If the employee initially declines the Hepatitis B

vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available. If a routine booster dose of Hepatitis B vaccination is recommended by the USPHS at a future date, such booster doses shall be made available at no cost to the employee.

See [Appendix H](#) for Hepatitis B Vaccination Declination Form.

Hepatitis A Vaccination

In a continued attempt to keep our employees safe, the Hepatitis A vaccination shall also be made available to those employees who wish to receive it, at no cost, at a reasonable time and place, under the supervision of licensed healthcare professional and according to the latest recommendations of the U.S. Public Health Services (USPHS). Employees must sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. If the employee initially declines Hepatitis A vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available. If a routine booster dose of Hepatitis A vaccination is recommended by the USPHS at a later date, such booster doses shall be made available at no cost to the employee. Receiving the Hepatitis A vaccination is entirely voluntary and is not a condition of employment.

Reporting Incidents

All exposure incidents shall be reported as soon as possible to the supervisor. The supervisor shall notify Personnel/HR and follow post-exposure

Unvaccinated designated first aid providers must report any first aid incident involving the presence of blood or other potentially infectious material, regardless of whether an exposure incident occurred, by the end of the work shift. The full hepatitis B vaccination series shall be made available to such employees no later than 24 hours after the first aid incident.

Post-Exposure Evaluation and Follow-Up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor. The supervisor or Senior Director of Personnel will make sure that the employee receives medical consultation and treatment (if required) as expeditiously as possible. A representative of the MCOE shall investigate every exposure incident that occurs. This investigation shall be initiated within 24 hours after notification and shall involve gathering the following information:

- Date and time the incident occurred
- Location the incident occurred
- Type (blood, vaginal secretions, urine, feces, saliva, vomit, semen, etc.) of potentially infectious materials involved in the incident
- Source of material
- Type of work being performed when the incident occurred
- What was the cause of the incident

- Personal protective equipment being used at the time of the incident
- Actions take as a result of the incident

Following a report of an exposure incident, the exposed employee shall obtain a confidential medical evaluation and follow-up documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. Healthcare professionals will be provided specified information to facilitate the evaluation and their written opinion on the need for Hepatitis's B vaccination following the exposure. Information such as the employee's ability to receive the Hepatitis B vaccine must be supplied to Marin County Superintendent of Schools. All diagnoses will remain confidential.

The healthcare professional evaluating the employee will be provided with the following information:

- A copy of this plan, if requested
- A copy of the exposure incident report
- The exposed employees relevant vaccination and medical records
- Other pertinent information

The employee will receive a copy of the evaluating healthcare professionals' written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following: (1) whether the employee needs Hepatitis B vaccination; (2) whether the employee has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

- That the employee was informed of the results of the evaluation.
- That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report. All medical evaluations shall be made by or under the supervision of a licensed healthcare professional (Comp Clinic). All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR 1910.1020.

Hazard Communication

Warning labels (orange or red biohazard symbol) shall be placed on containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials (OPIM), and sharps disposal containers in accordance with Cal/OSHA regulations. Red bags or containers may be used as substitutes for biohazard labels only when this method is used consistently in accordance with that site. Universal precautions must be used in handling all specimens including laundry. Signs must be used to identify restricted areas.

Information and Training

The MCOE shall provide training initially upon job assignment and annually. Employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training will include:

- Making accessible a copy of the regulatory text of the standard
- General information on bloodborne diseases and their transmission
- Exposure Control Plan
 - Engineering and Work Practice Controls
 - Personal Protective Equipment (PPE)
 - Hepatitis B vaccine
 - Response to emergencies involving blood
 - How to handle exposure incidents
 - Post-evaluation and follow-up procedures
 - Signs/labels
 - Questions and Answers

Training documentation will include the following elements, in accordance with Cal/OSHA requirements.

- Dates of training
- Content summary
- Names and qualifications of trainers
- Names and job titles of attendees

Recordkeeping

The MCOE shall maintain accurate records on occupational exposure of each employee pursuant to CCR 8; Section 3204(d). This record shall include

1. The name and social security number of the employee;
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
3. A copy of all results of examinations, medical testing, and follow-up procedures;
4. The employer's copy of the healthcare professional's written opinion; and
5. A copy of the information provided to the healthcare professional.

These records shall be confidential and released only by the employee's written permission or as required by law or regulation. The records shall be maintained for thirty (30) years beyond the end of employment of the employee. Training records will be maintained for three years. Disposal of records will be in accordance with OSHA's standard covering access to records.

MCOE will maintain a Sharps Log ([Appendix G](#)) that is separate from general injury or incident logs. The exposure incident involving a sharp shall be recorded within 14 working days of the date the incident is reported to the MCOE.

The Sharps Log includes:

- Type and brand of device
- Department or work area
- Description of the incident

Appendix A

Definitions

1. **Affected Employee:** An employee who meets the occupational exposure definition based on their job duties. These employees must be included in the District's Bloodborne Pathogens Program.
2. **Bloodborne Pathogens:** Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
3. **Contaminated:** The presence or the reasonable anticipated presence of blood or other potentially infectious substances/materials on an item or surface.
4. **Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious substances/materials or may contain sharps.
5. **Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and ends of dental wires.
6. **Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples: Sharps disposal containers, self-sheathing needles, etc.
7. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious substances/materials that result from the performance of an employee's duties.
8. **Occupational Exposure:** Reasonable anticipated skin, eye, mucous membrane or other parenteral contact with blood or other potentially infectious substances/materials that may result from the performance of an employee's duties.
9. **Other Potentially Infectious Substances/Materials (OPIM):**
 - A. **The following human body fluids are considered OPIM:** Semen, vaginal secretions, menstrual blood, cerebro-spinal fluids, synovial fluids, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids (such as in emergency response).

The following human body fluids are not considered OPIM unless visibly contaminated with blood: urine, feces, vomit, tears, saliva, sweat, and nasal secretions.

- B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - C. HIV-containing cell or tissue cultures, organ cultures and HIV or HBV contaminating culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.
10. **Parenteral:** Piercing mucous membranes or the skin barrier through such events such as needle sticks, human bites, cuts and abrasions.
11. **Personal Protective Equipment:** Specialized equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment.
12. **Universal Precautions:** Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.
13. **Waste**
- A. **Regulated Waste:**

Liquid or semi-liquid blood or other potentially infectious substances/materials, contaminated items that would release blood or other potentially infectious substances/materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious substances/materials and are capable of releasing these substances/materials during handling, contaminated sharps and pathological and other micro-biological waste containing blood or other potentially infectious substances/materials. Includes "medical waste" as regulated by California Health and Safety Code, Chapter 6.1.
 - B. **Unregulated Waste:**

Diapers: For the handling and disposal of diapers, particularly in a childcare or medical setting, OSHA requires the use of proper personal protective equipment (PPE) and waste containment, but does not consider diapers to be "medical waste" unless they are caked with "regulated body fluids".

Feminine Hygiene Products: [OSHA](#) does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. The intended function of products such as sanitary napkins is to absorb and contain blood; the absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood.

Bandages: Bandages that are not saturated to the point of releasing blood or other potentially infectious material (OPIM) when compressed are not considered regulated waste. If a bandage is saturated enough that it would release blood or OPIM if compressed, it becomes regulated waste and must be disposed of in a biohazard container.

14. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (Example: Prohibiting recapping of needles by two-handed technique.)

Appendix B

Exposure Determination Chart

The determination shall include positions with occupational exposure (reasonable anticipated skin, eye, mucous membrane, or other parenteral contact with blood or OPIM that may result from the performance of an employee's duties) in the following categories:

1. All employees' potential for exposure to blood or other potential infectious material
2. Some employees have the possibility for exposure to blood or other potential infectious material
3. Some employees have remote exposure to blood or other potentially infectious material.

Positions	Associated Tasks/Procedures	Exposure Category		
		Remote Exposure (3)	Some Possibility for Exposure (2)	Potential Exposure (1)
Maintenance & Operations				
Custodian/Groundskeeper and Maintenance Technician, Senior Maintenance Technician	Clean up of any identified blood/OPIMs (stated above); handling, repair, or maintenance of any equipment or tools that may be contaminated with OPIMs.			x
Main Office				
All staff serving on the School Emergency Response Team (SERT)	Rendering first aid, physical contact with injured employees.		x	
MCOE main office staff temporarily assigned to a school site	Interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee.	x		
Student Programs				
Administrative support positions assigned to a school site	Interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee.	x		
ROP Teachers and School to Career Liaisons (and other classified staff regularly assigned to school sites)	Interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee; inspection of students for possession of drugs or weapons.	x		
School Nurses and	Specialized Health Care			x

Licensed Vocational Nurses (LVN)	Procedures; rendering first aid; students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee; toileting or diaper-changing students where blood may be mixed with other body fluids; and cleanup of blood/OPIMs.			
Positions	Associated Tasks/Procedures	Exposure Category		
		Remote Exposure	Some Possibility for Exposure	Potential Exposure
		(3)	(2)	(1)
Special Education Teachers and DIS Providers, Occupational Therapists, Paraeducators	Specialized Health Care Procedures; rendering first aid; students that may result in blood/OPIM exposure, such as spitting, biting, or bleeding on an employee; toileting or diaper-changing students where blood may be mixed with other body fluids; and cleanup of blood/OPIMs; inspection of students for possession of drugs or weapons.		x	
Student Program Administrators and School Psychologists	Interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee; inspection of students for possession of drugs or weapons.	x		
Alternative Education Teachers and Paraeducators	Interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee; inspection of students for possession of drugs or weapons.	x		
Mental Health Counseling Providers	Interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee; inspection of	x		

	students for possession of drugs or weapons.			
Walker Creek Ranch				
Managers, Naturalists	Rendering first aid, interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee; inspection of students for possession of drugs or weapons.		x	
Administrative Assistant, Kitchen Staff	Interaction with students that may result in blood/ OPIM exposure, such as spitting, biting, or bleeding on an employee; inspection of students for possession of drugs or weapons.	x		
Conference & Maintenance Staff	Clean up of any identified blood/OPIMs (stated above); handling, repair, or maintenance of any equipment or tools that may be contaminated with OPIMs.			x

Appendix C

Engineering Controls and Inspection Schedule

ENGINEERING CONTROL	INSPECTION PERIOD	COMMENT	RESPONSIBLE POSITION
Glove mount or storage	As needed	Present and in good condition	Maintenance & Operations
Sharps Disposal Containers	Once before use; Monthly during use; Once before disposal.	Ensure outer portion of container remains clean while unit is in use	School nurses
Spill Kits	Beginning of the year; quarterly; and after use (replace/restock after use)		Maintenance & Operations
CPR Masks / First Aid Kits	Annually	Present and in good condition/stocked	Health, Safety, & Support
Hand Washing Stations	Monthly (visual check of water flow, soap, and paper towels); and as needed	Verify operational status and supplies; address deficiencies promptly	Maintenance & Operations

Appendix D

Personal Protective Equipment

ITEM	HOW TO OBTAIN	COMMENT
Single-Use Gloves	Request through department procedures:	Wear nitrile gloves whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, other potentially infectious materials or contaminated items and surfaces. Check for leaks, tears, punctures before each use. Use gloves only one time. Dispose in an appropriate waste container.
Other Gloves	Request through department procedures:	Check for leaks, tears, punctures before each use. Dispose in an appropriate waste container.
Masks	Request through department procedures:	Wear masks whenever there is a likelihood of splash, sprays, mists or the production of respirable droplets. Ensure that the masks fit properly. Dispose of masks in appropriate containers.
Safety Goggles/ Safety Glasses	Request through department procedures:	Wear eye protection whenever there is an opportunity for exposure to blood, blood products, or other potentially infectious materials. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Face Shields	Request through department procedures:	Wear face shields whenever there is an opportunity for exposure to large quantities of blood, blood products or other potentially infectious materials. Wear face shields whenever there is a likelihood of splash, sprays, mists or the production of respirable droplets. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.

Appendix E

Employee Injury / Incident Report

☐ Exposure Incident ☐ First Aid Incident

1. Date of Incident: _____ Time: _____
2. Location of Incident: _____
3. Witnesses: _____
4. Route of Exposure: _____

Exposure Circumstances

- a) Employee's activity at time of exposure: _____
- b) Cause of exposure: _____
- c) Part of body contaminated: _____
- d) Other employees exposed: _____
- e) Blood or OPIM present – describe: _____

Source Individual / Accident Victim

Individual #1

Name: _____

Position: _____

Individual #2 Name: _____

Position: _____

Exposed Individual

Name: _____

Position: _____

Reporting Information

Exposure Incident ID #: _____

Prepared by (Name): _____

Position: _____

Individuals Rendering First Aid

Name	Phone	PPE Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMMEDIATELY TAKE COMPLETED FORM TO PROGRAM ADMINISTRATOR

Appendix F

Exposure Incident Investigation Form

Name of Exposed Employee: _____

Date of Incident: _____

Time of Incident: _____

Location: _____

Potentially Infectious Materials Involved:

Type: _____

Source: _____

Circumstances (work being performed, etc.): _____

How the incident was caused (accident, equipment malfunction, etc.): _____

Personal protective equipment being used: _____

Actions taken (decontamination, clean-up, reporting, etc): _____

Recommendations for avoiding repetition: _____

Signature of Supervisor Investigating Incident

Date _____

Appendix G

Sharps Injury Log

The exposure incident report shall be recorded within 14 working days of the date of the incident involving a sharp is reported to the MCOE. This Sharps Injury Log is maintained separately from general injury or incident records in compliance with Cal/OSHA regulations. It is reviewed regularly to identify trends and improve safety practices.

Date of the exposure incident: _____

Time of the exposure incident: _____

Type and brand of sharp involved in the exposure incident:

Description of the exposure incident:

Position of the exposed Employee:

Department or work area where the exposure incident occurred:

Describe the procedure that the exposed employee was performing at the time of the incident:

Describe how the incident occurred:

List the body part(s) involved in the exposure incident:

Did the sharp have engineered sharps injury protection and was it activated or not?

If there were no ESIP, what is the injured employee's opinion as to whether and how such a mechanism could have prevented the injury?

What is the employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury?

Appendix H

Hepatitis B Vaccination Declination Form

Employee Name: _____

Job Title/Department: _____

Work Location/Site: _____

Date Offered Hepatitis B Vaccination: _____

Declination Statement (OSHA):

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 me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date: _____

Supervisor/Designee Name: _____

Signature: _____ Date: _____

Notes (optional):