



Washington Unified School District Bloodborne Pathogens Exposure Control Plan

The following exposure control plan has been developed in accordance with the Cal/OSHA Bloodborne Pathogens Standard.

I. Purpose

The purpose of Washington Unified School District's Exposure Control Plan is to:

1. Eliminate or minimize employee occupational exposure to blood or other potentially infectious materials;
2. Comply with the Cal-OSHA Bloodborne Pathogens Standard, CCR Title 8 Section 5193.

II. Management Commitment/Responsibility

The development and implementation of an exposure control plan requires the commitment of management and participation of all employees at every level within the district.

It shall be the responsibility of the *Risk/Benefits Manager* to:

- Coordinate the review of the district's bloodborne pathogen exposure control program annually;
- Coordinate vaccinations, post-exposure evaluation and follow-up, and associated medical record keeping;
- Maintaining training records documented by site administrators, managers, and/or supervisors.

It shall be the responsibility of the *Maintenance, Operations and Transportation Department* to:

- Conduct facility inspections to assess exposure control and compliance, including examination of engineering controls on a regular basis to ensure their effectiveness;
- Arrange for the disposal of potentially hazardous waste;
- Immediately upon notification, contain and clean up potentially infectious materials using appropriate personal protective equipment.

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

- Oversee the implementation of the work practice controls at the respective site;
- Coordinate and document trainings;
- Assess and select appropriate personal protective equipment;
- Ensure appropriate personal protective equipment is available to employees;
- Actively participate in reviewing and updating the Exposure Control Plan, especially with respect to the procedures performed by employees in their respective work areas/departments.

It shall be the responsibility of *school nurses* to:

- Ensure the proper disposal of sharps collected in the biohazard containers in the nurse's/health office
- Provide training to employees.

It shall be the responsibility of *all employees* to:

- Wear designated personal protective gear when required;
- Participate in trainings;
- Immediately notify the supervisor if repair or replacement of any personal protective equipment is necessary;
- Report the occurrence of an occupational exposure incident (as defined in Section IV under Post Exposure Evaluation) to the supervisor or Risk/Benefits Manager before the end of the workday in which the incident occurred.

The *Superintendent* remains ultimately responsible for the implementation and maintenance of the District's Exposure Control Plan.

III. Exposure Determination

The State of California (Cal-OSHA) requires employers to perform an exposure determination concerning which employees may have occupational exposure to blood or other potentially infectious material. The exposure determination is made without regard to the use of personal protective equipment; employees are considered to be exposed even if they wear personal protective equipment. Occupational Exposure is defined by Cal-OSHA as "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."

Employees belonging to the following WUSD job classifications may reasonably anticipate occupational exposure to bloodborne pathogens and are, therefore, entitled to a free pre-exposure Hepatitis B vaccination series:

- School Nurses
- Health Clerks
- High and Middle School Coaches
- Campus Aides and Noon Duty Supervisors
- Preschool teachers and Paraeducators/Assistants as defined when working with young children who require assistance with toileting
- Special Education Teachers as defined when working with severe, profound, and/or medically fragile students
- Special Education Paraeducators/Assistants as defined when working with severe, profound, and/or medically fragile students
- Special Education Bus Drivers as defined when working with severe, profound, and/or medically fragile students
- Daytime campus custodians
- Maintenance as defined when working with plumbing
- Designated First Aid providers including crossing guards, paraeducators and school secretaries.

The following is a list of all tasks and procedures in which employees may experience occupational exposure:

- Cleaning-up blood
- Cleaning up body fluid
- Rendering first aid
- Breaking-up fights
- Controlling bleeding
- Applying bandage(s)
- Diapering
- Assisting with toileting

IV. Hepatitis B Vaccination and Post Exposure Evaluation

WUSD shall make the Hepatitis B vaccination series available to all employees who have occupational exposure (as listed under Section III Number 1) and post exposure follow-up to employees who have had an exposure incident. All medical evaluations and procedures including the Hepatitis B vaccination series and post exposure follow-up are:

- Made available at no cost to employees
- Made available to employees at a reasonable time and place
- Performed by or under the supervision of a licensed physician or another licensed healthcare professional; and
- Provided according to the recommendations of the U.S. Public Health Services

Hepatitis B Vaccination

Vaccinations for employees with occupational exposure (as defined in Section III) will be made available following the required Bloodborne Pathogen Training and within 10 working days of initial assignment.

Participation in pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination, but at a later date, which still under the standard, decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis vaccination shall sign a Cal/OSHA required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Services at a future date, such booster doses shall be made available.

Reporting Incidents

All exposure incidents shall be reported, investigated, and documented. It is the employee's responsibility to report the occurrence of an occupational exposure incident, before the end of the workday during which the incident occurred. An occupational exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or infectious material, resulting from the performance of an employee's duties.

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 services shall be made available to such employees no later than 24 hours after the first aid incident.

When a nurse or licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that the use of an engineering control would jeopardize an individual's safety or the success of a nursing procedure involving the individual, the nurse should document that incident in writing and provide a copy to the supervisor and the Risk/Benefits/Manager within 24 hours.

Post Exposure Evaluation

Following a report of an exposure incident, the exposed employee will be provided with a Workers' Compensation claim form and employee report of sharps injury and shall receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, if feasible and not prohibited by state or local law;
- The Risk/Benefits Manager will seek consent of the source individual to test that individual's blood to determine Bloodborne Pathogen infectivity
 - The district will document the refusal of the source individual to provide such consent, in order to establish that consent cannot be legally obtained.
 - If the source individual consents, the individual's blood shall be tested as soon as feasible.
- With the source individual's consent, results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- Counseling and evaluation of reported illness shall be provided.
- Confidentiality of the affected employee and the exposure source will be maintained

The health care professional will be provided with a copy of CCR Title 8 Sec 5139; a description of the employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records maintained by the district relevant to the appropriate treatment of the employee, including vaccination status.

V. Methods of Compliance

Universal Precautions

Universal Precautions shall be observed at all times to prevent contact with blood or other potentially infectious material. All blood will be considered infectious regardless of the perceived status of the source individual. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Engineering and Work Practice Controls

Engineering Controls isolate or remove the bloodborne pathogens from the workplace while work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed.

Hand washing:

All employees shall wash their hands and any other skin with soap and water and flush exposed mucous membranes with water immediately, or as soon as possible, following any contact with blood or other potentially infectious materials or after removing gloves. Hands should be washed thoroughly with soap and running water for 15 to 20 seconds, even if proper protective equipment is used. In a situation where running water is not available, liquid disinfectant and/or towels are to be substituted temporarily. Hand washing facilities or antiseptic solutions and/or towels should be readily accessible to all employees.

Personal Protective Equipment:

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes.

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

All personal protective equipment will be cleaned or disposed of by the District at no cost to the employee.

Employees are responsible for notifying their supervisor of the need for repair or replacement of such materials. All repairs or replacement will be made by the employer at no cost to the employee.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible.

All personal protective equipment will be removed prior to leaving the work area and placed in an appropriately designated area or container.

Gloves:

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or other potentially infectious materials, and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use. They are to be replaced when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided the integrity of the gloves is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration, or when their ability to function as a barrier is compromised.

Contaminated Needles and Sharps:

Broken glass, needles, or other sharp items, which may be contaminated with blood, should not be handled with bare hands. The employee should wear gloves and retrieve the object using a broom, dustpan, or tongs.

Contaminated sharps should not be recapped, broken, or bent and should be discarded immediately into the sharps containers located in the nurse's/health office.

Waste Disposal:

Sharps waste: Red biohazard containers should be replaced immediately when full and should not be allowed to overflow. When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spilling or protrusion of contents. The primary container must be placed in a secondary container if leakage is possible. The secondary container must be a container, which is closeable, leak-proof, red, and appropriately labeled (e.g, a re, plastic bag)

Biohazard waste, which contains recognizable fluid blood, is not normally found in the school setting. In the event of unusual circumstances, the regulated waste must be double bagged in leak-proof, appropriately labeled, red plastic bags tied and transported in accordance with all applicable state and local regulations.

Non-regulated waste, which contains non-fluid blood, may be disposed of as regular trash. Please note that Band-aids, dressings and feminine hygiene products with small amounts of dried blood can be disposed of as regular trash.

Work Area Restrictions:

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids are present.

Housekeeping Practices:

The District shall assure that the work site is maintained in a clean and sanitary condition and shall determine and implement an appropriate cleaning schedule for rooms where body fluids are present.

Custodial and maintenance staff shall wear appropriate personal protective equipment, including general-purpose utility gloves during cleanup of blood or other potentially infectious materials.

All blood and body fluid spills shall be immediately contained and as soon as practicable cleaned up by appropriately trained staff who is equipped to work with potentially infectious materials. Initial clean-up of blood or other potentially infectious materials from all surfaces including sinks,

work areas, equipment, floors, car/bus seats, etc., should be followed with the use of an appropriate disinfectant, such as bleach solutions or EPA registered germicides.

All wastebaskets should be lined with a disposable plastic bag. In areas where blood is present, physical care is provided or personal care occurs (health office, restrooms, locker rooms, etc.) disposable bags should be replaced daily.

Laundry Procedures:

Laundry contaminated with blood or other potentially infectious materials (athletic uniforms, towels) should be handled as little as possible and with a minimum of agitation. Contaminated laundry should be bagged at the location of use in a biohazard labeled or color-coded red, leak-proof bag. Contaminated laundry should not be sorted or rinsed in the location of use. Employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

Labels and Signs:

One of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, the district will implement a biohazard warning labeling program using the universal biohazard symbol and the legend BIOHAZARD or, when appropriate, using red color-coded containers.

The following items should be properly labeled: containers of biohazardous waste; sharps disposal containers; contaminated laundry bags and containers; and contaminated equipment.

VI. Training

All employees who have the potential for exposure to bloodborne pathogens will be provided with training during work hours and at no cost to the employee. Employees will be retrained annually. Additionally, all new employees, as well as employees changing job functions will be given training as required by their new position at the time of their job assignment.

Designated First Aid providers shall receive training that includes the specifics of reporting first aid incidents, involving blood or bodily fluids, which are potentially infectious.

Training Topics

The topics covered in the training program will include, but may not be limited to:

- An accessible copy of the Cal-OSHA standard and an explanation of its contents (CCR Title 8 Section 5139);
- An explanation of the District's exposure plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the symptoms and modes of transmission of bloodborne pathogens;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment;

- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the HBV vaccine, including its efficacy, safety, the benefits of being vaccinated, and eligibility for a free HBV vaccine;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, method of reporting the incident, and the medical follow-up that will be made available;
- An explanation of the signs, labels, tags, and/or color coding used to denote biohazards (e.g, contaminated sharps containers);
- An opportunity for interactive questions and answers with the person conducting the training sessions.

VII. Record Keeping

Medical Records

Medical and exposure records will be maintained in accordance with Title 8, California Code of Regulation, Section 3204. These records shall be kept confidential, not disclosed without the employee's written consent, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name and social security number of the employee;
- A copy of the employee's Hepatitis B Vaccination status or declination form including dates of any vaccinations and medical records relative to the employees ability to receive vaccination;
- Copies of the results of the examinations, medical testing and follow-up procedures;
- A copy of information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

Sharps Log

Incident involving sharps should be recorded on the Sharps Log within 14 days after the incident is reported. The Sharps Log should be maintained for 5 years from the date exposure occurred.

The Sharps Log should be reviewed periodically to determine the frequency of use of the types and brands of sharps involved in exposure incidents.

Training Records

Training Records will be maintained for three years from the date of training. The following information will be documented:

- The dates of training sessions;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training session.



**Washington Unified School District
Sharps Injury Log**

Date and Time of Incident: _____

Type and brand of sharp involved: _____

Job Classification of the Employee: _____

Location where incident occurred: _____

Work performing at the time of incident: _____

How the incident occurred: _____

Body part involved in incident: _____

Did the sharp have engineered sharps injury protection?

Yes. Was the protective mechanism activated? _____
Did the injury occur before, during or after the protective mechanism was
activated? _____

No. What is the opinion of the injured employee as to whether or how such a
mechanism could have prevented the injury? _____

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

Return Completed Form to Risk/Benefits Manager, District Office



Employee's Report of Sharps Injury

Employee's Name: _____

Position Title: _____ Work Location: _____

Date and Time of Incident: _____

Type and brand of sharp involved: _____

Location where incident occurred: _____

Work performing at the time of incident: _____

How the incident occurred: _____

Body part involved in incident: _____

Did the sharp have engineered sharps injury protection?

Yes. Was the protective mechanism activated? _____
Did the injury occur before, during or after the protective mechanism was
activated? _____

No. Do you think a protective mechanism could have prevented the injury? If
so, how? _____

Do you think any other engineering, administrative or workplace practice could have
prevented the injury? _____

Employee signature: _____ Date: _____

Return Completed Form to Risk/Benefits Manager, District Office