

BLOODBORNE PATHOGENS

INTRODUCTION

A. Purpose

The purpose of this document is to serve as San Dieguito Union High School District's written Exposure Control Plan in compliance with Cal-OSHA GISO 5193 "Bloodborne Pathogens." This plan ensures that designated employees (as defined herein) are:

1. aware of potential hazards from exposure to bloodborne pathogens
2. advised of the appropriate procedures to avoid exposure.

B. Background

Certain pathogenic microorganisms can be found in the blood of infected individuals. These "bloodborne pathogens" may be transmitted from the infected individual to other individuals by blood or certain body fluids. Because it is the exposure to the blood or other body fluids that carries the risk of infection, individuals whose occupational duties place them at risk of exposure to blood and other potentially infectious materials are also at risk of becoming infected with these bloodborne pathogens and developing disease. 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).

C. Scope

This OSHA Standard applies to San Dieguito Union High School District designated employees with occupational exposure to blood, body fluids or other potentially infectious materials:

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|---------------------------------------|---------------------|
| Special Education Teachers | Nurses |
| Special Education Bus Drivers | Health Clerk |
| Special Education Instructional Asst. | Coaches |
| Special Education Bus Attendants | Trainers |
| Administrators | Custodians |
| School Plant Supervisors | Maintenance Workers |

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

MANAGEMENT COMMITMENT

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

A. Policy Statement

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

B. Responsibility

The responsibilities described below are intended to encompass and limit involvement for this program, first, to those individuals whose primary job activities include day-to-day exposure to blood and body fluids; and secondly, to those individuals whose additional job activities include the potential for exposure. District Nurses, as healthcare professionals, are charged with contributing their utmost to establish and maintain the safest and most healthful practices while providing care for district students and staff.

1. The Superintendent of the San Dieguito Union High School District is responsible for the district's Occupational Safety and Health (OSH) Policy and the Bloodborne Pathogens Exposure Control Plan. The Superintendent has appointed the District Safety Officer with the responsibility for the implementation and administration of the Bloodborne Pathogens Exposure Control Plan.
2. The School Board, Superintendent, School Principals and Managers shall 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 OSHA compliance.
3. Employees who may have occupational exposure as healthcare professionals and employees whose job duties include potential for exposure to blood and body fluids, shall be knowledgeable about the contents of this document and the appropriate safe work practices necessary to avoid exposure. Questions regarding

bloodborne pathogens or the contents of this plan should be directed to the District Safety Officer, District Safety Committee members or School/Worksite Safety Committee Member.

4. It shall be the responsibility of the Safety Officer to:
 - a) determine, maintain and update the CPR and First Aid Certification for all designated employees;
 - b) review the district's bloodborne pathogen exposure control efforts and practices and report the effectiveness of each effort to the Safety Council annually;
 - c) coordinate and act as the key representative for outside inspection of district site(s) by insurance carriers, federal, state and local agencies.
5. It shall be the responsibility of school and work site safety committees to conduct facility audits to assess exposure control compliance.
6. The District Safety Officer and District Nurses shall coordinate, implement and monitor the training, medical testing, vaccinations, post-exposure evaluation and follow-up, post-exposure prophylaxis, and recordkeeping required annually to ensure San Dieguito Union High School District compliance in accordance with bloodborne pathogens exposure control standards.

This Exposure Control Plan will be reviewed and updated as necessary by the District Safety Council and, will reflect new or modified tasks and procedures which affect occupational exposure.

District Safety Council will review this plan annually to revise employee positions with assignments which include potential occupational exposure to bloodborne pathogens.

EXPOSURE DETERMINATION (SCOPE & APPLICATION)

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

- a) District Nurses in the treatment of injured or ill students/staff; Health Clerk and other clerical staff;

- b) Custodial staff in cleanup of classrooms, hallways and restrooms and responding to spills and disposal of waste;
- c) Physical Education Teachers, Coaches and Trainers in treatment of cuts, bruises and exposure to body fluids;
- d) Special Education Teachers, Instructional Assistants, Bus Drivers and Bus Attendants in clean up of spills, changing diapers and disposal of waste;
- e) Science and Technology Teachers and Maintenance and Grounds staff in use of equipment/materials, and sharp objects which may cause cuts, abrasions and exposure to body fluids.
- f) All staff with first aid/CPR skills who may be called on to assist injured or ill students/staff; and
- g) All district staff who in performing the duties, participate in emergency planning efforts or in providing assistance to ill or injured students, staff or the public may be exposed to body fluids.

METHODS OF COMPLIANCE**A. Universal Precautions**

Universal precautions is an approach to infection control. According to the concept of Universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Universal precautions shall be used to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluids 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, splattering and generation of droplets of these substances.

1. Handwashing

Handwashing is the single most effective means of preventing the spread of infections.

- a) Handwashing facilities shall be available.

- b) Hands and other skin surfaces shall be washed with soap and water.
- c) Mucous membranes shall be flushed with water immediately.
- d) When handwashing facilities are not immediately available, appropriate antiseptic hand cleanser, in conjunction with clean cloth/paper towels or antiseptic towelettes, shall be used. Hands shall be washed with soap and running water as soon as possible.

2. 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 patient is anticipated.

- a) Latex gloves shall be worn when:
 - touching blood and body fluids, mucous membranes, or non-intact skin of all patients
 - handling items or surfaces soiled with blood or body fluids
 - performing venipuncture and other vascular access procedures.

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.

- b) Gloves shall be changed after each patient.
- c) Disposal (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.
- d) Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- e) Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when

their ability to function as a barrier is compromised.

- f) Masks, in combination with eye protection devices, such as goggles or glasses with side shields or chin-length faceshields, shall be worn whenever splashes, spray, splatter or droplets of blood or other body fluids may be generated, and eye, nose or mouth contamination can be reasonably anticipated.
3. Personal Protective Equipment Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or touch the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Required personal protective equipment (PPE):

- a) must be readily accessible to employees in the appropriate sizes and provided at no cost to the employee;
 - b) 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;
 - c) shall be cleaned and laundered at no cost to the employee;
 - d) shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. If a garment is penetrated by blood or other body fluids, the garment shall be removed as soon as possible.
 - e) standard PPE for nursing staff and First Aid Providers shall be provided for their use;
 - f) shall be removed prior to leaving the work area.
4. Sharp Precautions (for qualified staff only)

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

instruments; during disposal of used needles; and when handling sharp instruments after procedures. First Aid practices for all others shall not involve the use of needles or other sharp instruments. Precautions are as listed below.

- a) To prevent 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 a mechanical device or a one-handed technique.
- b) Shearing or breaking of contaminated needles is prohibited.
- c) After use, disposable syringes and other sharp items shall immediately be placed in puncture-resistant containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, replaced at least every six months, and not be allowed to overfill.
- d) Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - puncture resistant;
 - labeled;
 - leakproof on the sides and bottom;
 - so constructed as to not allow employees to reach by hand into them.
- e) When moving containers of contaminated sharps from the area of use, the containers shall be:
 - closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping;
 - placed in a secondary container if leakage is possible.

The second container shall be:

- closable;
- constructed to contain all contents and prevent leakage during handling, storage, transport or shipping; and

- appropriate labeled and color coded.

- f) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

5. CPR Precautions

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, pocket masks or other ventilation devices shall be used. Such equipment shall be stored in the nurses/school office.

6. 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 patient care and from handling patient-care equipment until such examination occurs.

7. Work Area Precautions

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

B. Cleaning and Decontamination of Blood or other Body Fluids

Blood and other body fluids which are spilled will be cleaned up by trained district custodial staff.

C. 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 transmission of infections to patients or healthcare workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary, unless directly contaminated with blood or body fluids. General housekeeping support for 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.

D. Waste

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

1. Regulated Waste, Medical Waste and Biohazardous 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:
 - closable;
 - constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - appropriately labeled and color-coded;
 - 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.

E. Laundry

1. Universal precautions shall be observed with all used laundry. Each laundry hamper shall be labeled with a red "Biohazard" sticker or a laundry bag labeled as "Biohazard". Used laundry shall be stored in a "leak resistant" container such as a plastic bag, and the bag shall be labeled with a red "Biohazard" sticker. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall not be sorted or rinsed in the use location.
2. Laundry support shall be provided by outside vendors utilizing bloodborne pathogen exposure control guidelines as outlined by Cal-OSHA.

F. Sterilization and Disinfection

1. Standard sterilization and disinfection procedures for patient-care and laboratory 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 shall be thoroughly cleaned before being exposed to germicide, and the manufacturer's instructions for use of the germicide shall be followed.

G. Designated Emergency First Aid Responders

Universal precautions shall be followed as discussed (section IV.A). Latex 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, PPE, such as gloves, coveralls and boots, must be used. All blood and body fluids/materials shall be disposed of as "medical waste."

VACCINATION AGAINST BLOODBORNE PATHOGENS

- A. All employees covered in this plan shall be offered at no cost to themselves--after the employee has received the training outlined in Section VII and within 30 working days of initial assignment--vaccination against the Hepatitis B virus (HBV) in accordance with current recommendations of the U.S. Public Health Service.
- B. Employees accepting or declining the vaccine must complete a Hepatitis B Vaccination Form.
- C. If vaccines against other bloodborne pathogens (e.g., Human Immunodeficiency 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

- A. Medical Evaluation

If an employee reports an exposure incident to blood or other potentially infectious material, a confidential medical evaluation shall be made immediately available to the exposed employee, including at least the following items.

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 employee, 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 C) is signed and received.
- a) If the employee does not consent to serological testing, consent to a baseline blood collection may be given. The sample shall be preserved untested for at least 90 days.
 - b) If within 90 days of the exposure incident the employee chooses to have the sample tested, this shall be done promptly using the stored sample as baseline and a current sample to document seroconversion. Without a preserved sample, baseline seroconversion to a specific incident cannot be proven.
5. The district shall provide to the healthcare professional responsible for the employee's hepatitis B vaccination:
- a) a copy of this regulation (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; and
 - e) all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
- B. Exposed Employees

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

C. 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.

D. Employee 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.

E. 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;
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.

COMMUNICATION OF HAZARDS TO EMPLOYEES (TRAINING)

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 10 days of their new job duties. Training shall be repeated at least once per year. Training shall include the following items:

- A. a general explanation of the epidemiology and symptoms of bloodborne diseases;
- B. an explanation of the modes of transmission of bloodborne pathogens;
- C. an explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
- D. an explanation of the appropriate methods of recognizing tasks and other activities that

- may involve exposure;
- E. an explanation of regulated and non-regulated waste, appropriate waste disposal methods and required signs and labels;
 - F. an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
 - G. information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
 - H. an explanation of the basis for selection of personal protective equipment;
 - I. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge;
 - J. information on the appropriate actions to take and persons to contact in an emergency involving exposure;
 - K. an explanation of the procedure to follow if an exposure incident occurs, including the methods of reporting the incident and the medical follow-up that will be made available; and
 - L. information on the post-exposure evaluation and follow-up;

The majority of the items listed above will be covered on a videotape. Each training session shall allow an opportunity for interactive questions and answers. Attendance shall be recorded.

RECORDKEEPING

The medical record for each employee covered under this plan will include the following items:

- A. the employee's name and social security number;
- B. 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 the vaccine;
- C. a copy of all results of examinations, medical testing and follow-up procedures regarding

this plan;

- D. copies of any healthcare professional's written opinion; and
- E. a copy of the information provided to the healthcare professional.

These medical records shall be retained for at least the duration of employment plus 30 years in accordance with Cal-OSHA GISO 3204 "Access to Employee Exposure and Medical Records."

The district shall ensure that employee medical records are:

- 1. kept confidential; and
- 2. not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

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 3 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 Cal-OSHA and NIOSH for examination and copying.

Employee training records shall be provided upon request for examination and copying to employees and employee representatives.

Employee medical records shall be provided upon request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

REFERENCE

1991 FED-OSHA Standards for Occupational Exposure to Bloodborne Pathogens 12/06/91 - effective 03/06/92