



**Pittsburg
Unified School District**

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

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Board Approved:**

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BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

MISSION

It is the policy of Pittsburg Unified School District (the District) to protect the health and safety of employees, students, guests, and the environment. This goal can be met through the development of a comprehensive and effective environmental health and safety plan known as the Injury and Illness Prevention Program (IIPP) that endeavors to eliminate unsafe conditions and minimize the impact of hazardous situations. Such a program can benefit the District and community by reducing illness and injury to students and personnel, preventing property damage, and preserving the environment. The District will make every reasonable effort to promote, create, and maintain a safe and healthful environment. This can only be realized by adherence to basic safety principles, sound management practices, and compliance with applicable federal, state, and local codes, laws, and standards.

SECTION I PURPOSE

To establish the requirements of an Exposure Control Plan as defined in OSHA's Bloodborne Pathogens Standard 29 CFR 1910.1030 and Cal/OSHA's Bloodborne Pathogens Standard CCR Title 8, Section 5193.

To establish requirements and work practices to control routine occupational exposures to blood and other potentially infectious materials (OPIM).

SECTION II SCOPE

The requirements of this Exposure Control Plan apply to district employees in job classifications which have routine job duties and tasks with reasonably anticipated occupational exposures to blood or other potentially infectious materials (OPIM).

SECTION III DEFINITIONS

Bloodborne Pathogens: Pathogenic micro-organisms that are present in human blood which can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus, Hepatitis C virus and human immunodeficiency virus (HIV).

Other Potentially Infectious Materials (OPIM): Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, 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.

Occupational Exposure Incident: An occupational exposure involving specific mouth, eye, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

SECTION IV RESPONSIBILITIES

Dorothy Epps, Assistant Superintendent of Human Resources is responsible for coordinating the implementation of the requirements of the Exposure Control Plan and for monitoring compliance.

Supervisors of employees determined to fall within the scope of this Exposure Control Plan, are responsible for ensuring that employees are provided with the required training and for establishing departmental exposure control measures and for providing Personal Protective Equipment (PPE.)

The Human Resources Department is responsible for coordinating the plan's Hepatitis B Vaccine requirements, and for coordinating the plan's occupational exposure incident procedures.

SECTION V EXPOSURE DETERMINATION

Job classifications in which employees' routine job duties have reasonably anticipated exposures to blood or OPIM are:

Custodial Employees

Custodial employees that have routine duties which may include, but not limited to, the cleaning and sanitizing of surfaces and areas which may be contaminated with blood or OPIMs.

Special Program Instructors and Instructional Assistants

Routine duties may include, but are not limited to the toileting of students, the handling of contaminated laundry, and the cleaning and sanitizing of surfaces and areas which may be contaminated with blood or OPIMs.

Special Program Bus Drivers

Special Program Bus Drivers that have routine job duties which may include, but are not limited to, the transport and care of special program students, and the cleaning and sanitizing of vehicle surfaces, which may be contaminated with blood or OPIMs.

School Nurses and Designated Primary First Aid / CPR Providers

Routine job duties include, but are not limited to, providing first aid treatment to injured students and employees. This duty may involve treatment during the presence of blood or OPIMs.

Campus Security / Some Administrative Staff

Routine job duties involve responding to incidents with reasonably anticipated exposures to blood or OPIMs.

Physical Education Job Classifications

Routine duties have reasonably anticipated exposures to blood or OPIMs.

Job Classifications where employees may have exposures to blood or OPIMs when performing non-routine collateral job duties:

First Aid / CPR Trained Employees (non-routine collateral duty – not designated as a Primary First Aid Provider)

These are employees who are trained by the district in First Aid / CPR but are not designated as Primary First Aid Providers, that have a non-routine collateral duty to provide emergency first aid / CPR treatment to injured students and employees. This duty may involve providing treatment during the presence of blood or OPIMs.

Please Note: Although the pre-exposure Hepatitis B vaccine series is not required to be offered to these employees, OSHA does require that these employees receive the training required by the standard.

Please Note: If one of these employees renders emergency first aid assistance during the presence of blood, regardless of whether or not an exposure incident occurs, OSHA requires that the employee be offered the Hepatitis B vaccine within 24 hours.

SECTION VI EMPLOYEE TRAINING REQUIREMENTS

The training content required by the OSHA BBP Standard will:

- Be provided to all employees identified above before performing their routine job duties where exposures are reasonably anticipated. Training will be provided at least annually thereafter.
- Provide an explanation of the content of the OSHA Standard and explain how employees can access a copy of the regulatory text of the Standard.
- Explain the contents of the district's Exposure Control Plan and how employees can obtain a copy of the plan.
- Explain the epidemiology, symptoms and modes of transmission of bloodborne pathogens.
- Instruct employees on how to recognize tasks and procedures which may involve exposures.
- Instruct employees on the methods and limitations to control exposures (engineering controls) and the required use, selection, limitations, care, maintenance, decontamination and/or disposal of personal protective equipment.
- Provide employees with information regarding the availability and benefits of the Hepatitis B vaccine (see Form C requirement below) and provide the opportunity for employees to ask questions of the person(s) providing the training.
- Inform employees of the procedures to be followed after an occupational exposure incident.

Form A, *Bloodborne Pathogens Training Session and Attendance Roster* will be completed to document training session attendance.

Form B, *Bloodborne Pathogens Training Content Checklist*, shall be completed to provide a summary of the topics and procedures covered during each training session.

These training records will be maintained by the employees' supervisor for three years from the date the training was provided.

Training will be provided annually.

SECTION VII HEPATITIS B VACCINATION

The District shall make available, at no cost, to all employees identified above as having job duties with reasonably anticipated exposures, the Hepatitis B vaccination series, after the required training has been completed, and within 10 days of job duty assignment.

If the employee declines to accept the vaccination, the OSHA Standard requires the employee sign a statement acknowledging that the vaccination was made available, and that the employee chose to decline at that time.

If the employee initially declines the vaccination, but at a later date, while still covered by the Standard, decides to accept the vaccination, the District shall make the vaccination available to the employee at no cost to the employee.

Any employee involved in an occupational exposure incident, who has not been vaccinated, must be offered, when medically indicated, a post-exposure protective vaccination, at no cost to the employee. (See section XI)

The district will ensure that the vaccinations, evaluations, and any lab tests are performed by or are under the supervision of a licensed physician, or are under the supervision of another licensed health care professional.

Form C, Hepatitis B Vaccine Consent / Decline Statement, will be used to document the employee's consent or decline of the vaccine series. This form is to be completed at the end of the employee's initial Bloodborne Pathogens training session and sent to Human Resources.

SECTION VIII ENGINEERING AND WORK PRACTICE CONTROLS

Universal Precautions: All employees are to observe "Universal Precaution Practices" which assume that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. It is best to avoid direct skin contact with body fluids especially if breaks in the skin are present.

Hand washing Facilities and Procedures: The District will provide hand washing facilities which are readily accessible to employees. When the provision of hand washing facilities are not feasible, the District will provide antiseptic hand cleansers in conjunction with clean cloth/paper towels or antiseptic wipes. Employees will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible, after the removal of gloves or other protective equipment following any potential exposure.

Containment of Contaminated Needles and Sharps: Contaminated needles and sharps will be placed in designated puncture-resistant, labeled, leak-proof, and closable containers. The district will provide these containers and make them readily accessible to trained personnel as close as is feasible to the immediate area where needles and sharps are found. Contaminated needles and sharps are to be considered "regulated wastes" and will be disposed of as biohazardous waste.

Containment of Other Contaminated Wastes: All other contaminated wastes will be placed in sealed, leak-proof and labeled containers. The district will provide these containers and make them readily accessible to designated personnel.

Eating, Drinking, Smoking, Applying Cosmetics or Lip Balm, and Handling Contact Lenses: These practices are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

SECTION IX PERSONAL PROTECTIVE EQUIPMENT

The appropriate personal protective equipment will be provided by the District at no cost to the employee and will be accessible to applicable employees. Use of this personal protective equipment will be required whenever there is the potential for exposure.

Gloves: Gloves shall be used when it can be reasonably anticipated that the employee may have hand contact with contaminated materials. Disposable (single use) gloves shall not be washed or decontaminated for reuse. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

Masks, Eye Protection, and Face Shields: Masks in combination with eye protection devices, such as goggles or glasses, with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Aprons and Other Protective Body Clothing: Depending upon the task and the degree of exposure anticipated, employees shall wear protective aprons or similar protective outer garments to prevent skin contamination and the contamination of the employee's regular clothing.

The District will make provisions for the laundering, cleaning, repairing, replacing and/or disposing of required personal protective equipment to maintain its effectiveness.

SECTION X HOUSEKEEPING

Sanitation procedures and schedules will ensure a clean and sanitary worksite environment.

Written decontamination procedures will be appropriate for the type of contamination present on contaminated surfaces and/or on equipment intended for reuse.

SECTION XI BLOODBORNE PATHOGEN OCCUPATIONAL EXPOSURE INCIDENT PROCEDURE

Any employee involved in an occupational exposure incident, as defined above, must inform his/her Supervisor and Human Resources immediately (prior to the end of the work shift).

REPORT OF EXPOSURE INCIDENT

Following a report of an exposure incident, the Supervisor and Human Resources will document the route(s) of exposure, and the circumstances under which the exposure incident occurred and identify the source individual (unless the district can establish that identification is infeasible or prohibited by state or local law). **Form D, *Bloodborne Pathogen Incident Post Exposure Report*** will be used to document this requirement.

POST EXPOSURE MEDICAL EVALUATION / TREATMENT

The district will make immediately available to any employee who has had an occupational exposure incident, a confidential post-exposure medical evaluation, counseling and follow-up, and when medically indicated offer a post exposure protective vaccine at no cost to the employee. Human Resources will use **Form E, *Bloodborne Pathogen Incident Post Exposure - Employee's Consent for Exchange of Information***, to document exposure information, which will be provided to the employee's designated physician, and to document the employee's consent for the exchange of information between Human Resources and the designated physician.

SOURCE INDIVIDUAL HISTORY / CONSENT FOR TESTING AND EXCHANGE OF INFORMATION

Human Resources will seek to obtain consent of the source individual (or that of the source individual's parent or legal guardian if the source individual is a minor):

- To exchange information between the source individual's physician, the exposed employee's physician and the Human Resources Department, AND
- To test the source individual to determine HBV or HIV infectivity. If the source individual's infectious status is already known, then the test process need not be repeated.

If consent is given, the infectivity status shall be made available to the exposed employee's health provider. **Form F, *Source Individual's History and Consent for Exchange of Information*, will be used to document the requirements of this section.**

If the test to determine infectivity is performed on the source individual, the results will be documented by the source individual's physician on **Form G *Physician's Statement on Source Individual*.**

The exposed employee shall be informed of the laws and regulations relating to the confidentiality and disclosure of the identity and infectious status of the source individual.

REFUSAL OF CONSENT BY SOURCE INDIVIDUAL

Should the source individual (or the source individual's parent or legal guardian, if the source individual is a minor) refuse consent for testing, then Human Resources shall document the refusal on **Form H, *Source Individual's Refusal for Blood Testing*.**

EXPOSURE INCIDENT RECORDS

All records and copies of forms related to exposure incidents, and follow-up procedures, will be maintained by the Human Resources Department.

SECTION XII OSHA REGULATED "BIOHAZARD" WASTES

Regulated Biohazard Wastes found in school settings include:

- Contaminated Gloves, Gowns or Aprons
- Contaminated Cleaning Rags or Paper Towels
- Contaminated Absorbents
- Contaminated Bandages
- Contaminated Disposable Table Covers
- Contaminated Needles and Sharps
- Contaminated Mop Heads, Laundry, Clothing or other OPIM not intended for reuse.

Biohazard Regulated waste shall be placed in containers (plastic bags) which are closable, leak-proof, and labeled or color-coded as containing biohazard materials.

Contaminated sharps and needles shall be placed in puncture resistant, leak-proof closable containers that are identified by red color, or labeled with biohazard identification. Containers with sharps and needles will be disposed of according to District procedures.

Each site shall have a specially designated, labeled trash container for the disposal of biohazard materials in a secure area. The contents in these containers will be disposed of routinely, according to applicable regulations.

APPENDIX I FORMS A-H FOR BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

FORM / TITLE

- A BLOODBORNE PATHOGEN TRAINING SESSION AND ATTENDANCE ROSTER**
- B BLOODBORNE PATHOGEN TRAINING CONTENT CHECKLIST**
- C HEPATITIS B VACCINE CONSENT / DECLINE STATEMENT**
- D BLOODBORNE PATHOGEN INCIDENT POST EXPOSURE REPORT**
- E EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION**
- F SOURCE INDIVIDUAL'S HISTORY AND CONSENT FOR EXCHANGE OF INFORMATION**
- G PHYSICIAN'S STATEMENT ON SOURCE INDIVIDUAL**
- H SOURCE INDIVIDUAL'S REFUSAL FOR BLOOD TESTING**

Form B



Bloodborne Pathogen Training Content Checklist

Classification of Employees Trained: _____

Date of Training: _____

Trainer: _____

Required Topics (General)

- ___ OSHA Standard Summary and Access to Information
- ___ District Exposure Control Plan Summary and Access to Information
- ___ Bloodborne Pathogens: Epidemiology, Symptoms and Modes of Transmission
- ___ Hepatitis B Vaccinations
- ___ Recognizing Occupational Exposure Hazards and Situations
- ___ Engineering Controls (Hand Washing Facilities, Containers)
- ___ Personal Protective Equipment
- ___ Universal Precautions
- ___ Housekeeping Procedures
- ___ Work Practice Controls
- ___ Regulated Wastes and Disposal Procedures
- ___ Exposure Incident Procedures

Required Topics (Job Specific)

- ___ Custodial Procedures
- ___ First Aid / CPR Precautions
- ___ Special Programs, Procedures and Precautions
- ___ Other: _____



Hepatitis B Vaccine Consent / Decline Statement

Employee: _____

Employee I.D.#: _____

Job Classification: _____

Location: _____

Date of Bloodborne Pathogens Training: _____

Trainer: _____

During the Bloodborne Pathogens training session, I was informed that due to my job duties or procedures, I have reasonably anticipated occupational exposures to blood or other potentially infectious materials and that I have the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

Check one below:

I wish to receive the Hepatitis B vaccination series (three doses). I have no known sensitivity to yeast or any preservatives. Also (for women only) if I am pregnant, I am advised to consult with my private medical practitioner regarding the administration of the Hepatitis B vaccine.

I do not wish to receive the Hepatitis B vaccination series (three doses). I have been informed that by declining this vaccine, I may have an occupational exposure risk of acquiring the Hepatitis B infection which can be a serious disease.

Employee's Signature: _____ Date: _____

CONSENT AFTER INITIAL WAIVER DOCUMENTATION

After initially declining the vaccine, I have now decided to receive the Hepatitis B vaccination series (three doses).

Employee's Signature: _____ Date: _____



Bloodborne Pathogen Incident Post Exposure Report

Date of Exposure: _____ Time of Exposure: _____

Reported By: _____ Date Reported: _____

EXPOSED EMPLOYEE

Exposed Employee: _____

Job Classification: _____

District Location: _____

Work Phone: _____

Home Address: _____

Home Phone: _____

SOURCE INDIVIDUAL

Source Individual: _____

Mark One: Employee Student Other

District Location: _____

Home Address: _____

Home Phone: _____

EXPOSURE CIRCUMSTANCES

Description of incident including route(s) and circumstances of exposure:

Report Completed By: _____ Date: _____



Bloodborne Pathogen Incident Post Exposure Employee Consent for Exchange of Information

Exposed Employee: _____

Job Classification: _____

Home Address: _____

Home Phone: _____

EXPOSURE HISTORY

Date of Exposure: _____ Time of Exposure: _____

Description of incident including route(s) and circumstances of exposure:

EXPOSED EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION

I hereby authorize an exchange of information pertaining to my occupational exposure to blood or OPIMs to occur between Human Resources Department and my designated health provider.

My Health Provider's Name: _____

Health Provider's Address: _____

Phone: _____

Employee's Signature: _____ Date: _____



Bloodborne Pathogen Occupational Exposure Incident

Source Individual's History and Consent for Exchange of Information

I am aware that I, or my child, has been identified as a source individual in an occupational exposure incident where a school district employee may have been exposed to blood or other potentially infectious body fluids.

I hereby authorize an exchange of information to occur between my or my child's health provider, the Human Resources Department and the exposed employee's health provider.

CONSENT TO EXCHANGE INFORMATION BETWEEN:

A. Pittsburg Unified School District
2000 Railroad Avenue
Pittsburg, CA 94565
Attn: Dorothy Epps, Assistant Superintendent of Human Resources

B. Exposed Employee's Health Provider:

Address: _____

Phone: _____

C. Source Individual's Health Provider:

Address: _____

Phone: _____

I am aware of the risks to the exposed employee and I have agreed to blood testing to be performed for Hepatitis B and HIV. I have been informed that in consenting to this testing, this information will be released to the exposed employee's physician, to the exposed employee, and to the Pittsburg Unified School District Human Resources Department.

Name of Source Individual / Parent / Guardian: _____

Signature of Source Individual / Parent / Guardian: _____

Date: _____



Bloodborne Pathogen Occupational Exposure Incident

Physician's Statement on Source Individual

To: Source Individual's Designated Physician

Name: _____

Source Individual: _____

Address: _____

Phone: _____

The above source individual has been identified as a source in a potential bloodborne pathogen exposure incident. The source individual or the individual's parent / guardian has been informed of the required OSHA procedure following such an incident and has given consent for the exchange of information and for the testing of the source individual to determine the Hepatitis B / HIV infectivity status.

Please see the attached consent form F.

As the source individual's designated physician, please provide the following results of the source individual's infectivity to the Pittsburg Unified School District Human Resources Department, 2000 Railroad Avenue, Pittsburg, CA 94565, attn: Human Resources, and to the exposed employee's physician (see form D).

Results of:

HBsAG _____ Date: _____

HIV: _____ Date: _____

Physician Signature: _____

Date: _____

Form H



Bloodborne Pathogen Occupational Exposure Incident

Source Individual's Refusal for Blood Testing

Source Individual: _____

Parent or Guardian (if source individual is a student): _____

Address: _____

Phone: _____

Date that Source Individual, Parent or Guardian was notified: _____

Notified By: _____

Pittsburg Unified School District Human Resources Department

Please read, sign below and return to Pittsburg Unified School District

I have been informed by the Pittsburg Unified School District that I / my child has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious body fluids.

I am aware of the risks to the employee and I have declined blood testing to be performed for Hepatitis B and HIV. I have been informed that if I had consented to this testing, this information would have been released to the exposed employee, to the exposed employee's physician and to the Pittsburg Unified Human Resources Department.

Signature of Source Individual, Parent or Guardian

Name of Source Individual, Parent or Guardian

Date: _____

Please Return to: Dorothy Epps, Assistant Superintendent of Human Resources
Pittsburg Unified School District
2000 Railroad Avenue
Pittsburg, CA 94565