

# **EL TEJON UNIFIED SCHOOL DISTRICT**



## **BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN**

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EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

Remember, as an employee of El Tejon Unified School District (ETUSD), you must:

1. Use Universal Precautions whenever you perform a task involving blood or other potentially infectious body fluids.
2. Report all incidents of exposure to blood or other body fluids. Examples of these are:
  - Getting someone else's blood into your blood through a cut or open wound.
  - Getting stuck with a needle or other blood/body fluid contaminated sharp.
  - Getting splashed in the face with body fluids.
  - Any chance exposure that results in blood or body fluid getting into your blood.
3. If you need personal protective equipment (PPE) please notify your supervisor. Available PPE includes:
  - Vinyl/Latex gloves
  - Spill Kits
  - First Aid Kits

**If you have a blood or other body fluid spill**

**CALL A CUSTODIAN.**

They have the right equipment for the job.

If you have any questions, contact:

Director of Maintenance, Operations & Transportation (MOT)  
4337 Lebec Rd  
Lebec, CA 93243  
661-303-1747

OR

District Office  
4337 Lebec Rd  
Lebec, CA 93243  
661-248-6247

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The ETUSD recognizes the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030 and Title 8 GISO 5193, as promulgated by the United States Department of Labor, Occupational Safety and Health Administration (OSHA) and Cal-OSHA. ETUSD, during the course of operations, has procedures and controls to reduce the exposure to occupational incidents involving bloodborne infectious disease in general and both Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) in particular.

**I. Purpose**

The purpose of the bloodborne pathogens standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

Employees should follow good general principals when the possibility of coming into contact with bloodborne pathogens exists. These include:

- Minimize the potential for exposure to bloodborne pathogens.
- Never underestimate the risk of exposure to bloodborne pathogens.
- Institute work practice and engineering controls to eliminate or minimize exposure to bloodborne pathogens.

**II. Objectives of the Plan**

- A. To protect ETUSD employees from the health hazards associated with bloodborne pathogens.
- B. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

**III. Responsibilities**

- A. The Superintendent is responsible for exposure control for ETUSD employees.
- B. The Director of MOT will develop a list of affected employees to include job title, explanation of potential exposures, and tier. The list will be kept on file with the Director of MOT.
- C. Supervisors will be responsible for providing information and training to all employees who have the potential for exposure. Supervisors will enforce the use of all procedures to control exposure to bloodborne pathogens, and when necessary, utilize disciplinary action procedures for non-compliance.
- D. It is important that employee:
  - 1. Know what tasks they perform that may have occupational exposure.
  - 2. Attend training sessions.
  - 3. Plan and conduct all operations in accordance with work practice controls.
  - 4. Develop good personal hygiene habits.
- E. The Director of MOT will be responsible for:
  - 1. Determining hazard exposure and affected employees.
  - 2. Providing personal protective equipment to reduce the chances of exposure.
  - 3. Providing necessary supplies for sanitation and waste disposal.
  - 4. Communicating hazards to employees through the use of labels, signs, etc.
  - 5. Training custodial staff in proper waste disposal procedures.
  - 6. Ensuring the district has a medical facility identified to provide vaccinations.

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7. Ensuring the district has a medical facility identified to send employees with an exposure.

**IV. Review Requirements.** This plan will be reviewed annually and updated under the following circumstances:

- A. Annually, on or before June 30th of each year.
- B. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of ETUSD employees.
- C. Whenever jobs are revised such that new instances of occupational exposure may occur.
- D. Whenever new functional positions are established that may involve exposure to bloodborne pathogens.

*Note: Any and all of the above tasks and responsibilities may be performed by independent contractors.*

**V. Hazard Exposure Determination**

ETUSD may perform medical procedures as outlined in the California Department of Education's published **Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils**. In addition to these procedures, exposure to bloodborne pathogens is determined to be from routine and emergency first aid treatment of common workplace and classroom injuries.

The beginning step in implementation of the Bloodborne Pathogen Standard is the assessment and exposure determination of the various job classifications, positions and employees within our organization. This is of vital importance as the designation of coverage under this regulation requires the employer to fully implement all aspects of the regulation, with the exception of pre-exposure vaccination for designated first aid providers whose primary job responsibility is not the provision of first aid.

The Superintendent or designee may exempt "designated first aid providers" from the pre-exposure offer of the Hepatitis B Vaccine in accordance with 8 CCR 5193 (F) if:

- A. Any first aid rendered by such "designated first-aid providers" is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
- B. The District's Exposure Control Plan provides that:
  1. Employees report all first-aid incidents involving the presence of blood or other potentially infectious materials before the end of the work shift during which the incident occurred. (See pages 16-22 for reporting procedures and forms.)
  2. Specifically address the offer of Hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual occupational exposure incident occurred, but in no event later than 24 hours).
  3. The provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident.
- C. The employer has a procedure to ensure compliance with all of these provisions.

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In order to conduct the assessment, we have listed the most logical job classifications that may have the potential for exposure to blood or other potentially infectious material (OPIM) and could reasonably anticipate such exposure, along with the types of tasks that may be involved in each of those job descriptions.

Based on the results of the assessment, employees have been categorized into the following job tiers:

**Tier 1** Employee categories where a primary job responsibility is administering first aid or healthcare and are fully covered under this program.

**Tier 2** OSHA allows an employer to determine whether a job classification, whose primary job function is not the provision of first aid, necessitates a pre-exposure vaccination. This determination is done by a review of essential job functions. Those employees that are offered a pre-exposure vaccination are recorded as to whether they accepted the vaccine. These records are confidential and kept with the master copy of this plan. Any employee that has received a vaccine as a result of an event or exposure is also confidentially recorded.

For those tier 2 employees that are not offered a pre-exposure vaccination, all other components of the regulation apply. It is imperative that they fully understand and follow the additional requirements of the first aid log and vaccination option within 24 hours.

Any job classification that is not listed here is considered not to have a reasonable risk of occupational exposure and may use the **Hazard Determination Worksheet** form to petition to be included as having potential occupational exposure. The petition should be submitted to the Director of MOT in writing. The Director of MOT will evaluate the request and notify the employee of the District's decision within 10 working days.

<b>Job Classifications</b>	<b>Associated Tasks/Procedures</b>	<b>Tier</b>
<ul style="list-style-type: none"> <li>• Health Aides</li> <li>• School Office Secretaries</li> </ul>	Administration of emergency and routine first aid procedures.	1
<ul style="list-style-type: none"> <li>• Special Education Teachers</li> <li>• Special Education Aides</li> </ul>	Administration of emergency and routine first aid procedures. Care of special education students, developmentally disabled, infants and other students requiring medical care.	1
<ul style="list-style-type: none"> <li>• Yard Duty Aides</li> </ul>	Administration of emergency and routine first aid procedures including CPR. Breaking up fights and dealing with violent and difficult students or situations.	1
1. Noon Duty Aides	Administration of emergency and routine first aid procedures including CPR.	1
2. Coaches	Administration of emergency and routine first aid procedures including CPR.	1
3. Bus Drivers	Administration of emergency and routine first aid procedures including CPR. Clean up of blood, saliva, vomitus or other body fluids.	1
<ul style="list-style-type: none"> <li>• Custodians</li> </ul>	Clean up of blood, saliva, vomitus or other body fluids.	1
4. All Other Employees	Possible first aid assistance.	2

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Bloodborne pathogens are defined as microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Human Immunodeficiency Virus (HIV), Hepatitis A Virus (HAV) and Hepatitis B Virus (HBV) that can be transmitted through human body fluids such as blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and saliva (in dental settings) and other media if contaminated with HIV/HAV/HBV. **Note: Feces, urine, nasal secretions, sputum, sweat, tears or vomitus may be disposed of in the usual manner unless they contain visible blood.** However, all body fluids should be treated as if contaminated.

The primary exposure to bloodborne pathogens, other than sexual, pre-natal transmission and sharing of intravenous drug use equipment is unprotected contact with body fluids. Casual contact, such as interviewing, sharing restroom facilities, handshaking or embracing does not provide a significant exposure.

## VI. Methods of Compliance

- A. Universal Precautions.** The following universal precautions and general safety rules have been established for preventing the spread of viral and bacterial organisms (namely: HIV/HAV/HBV). In all cases, the Universal Precautions and General Safety Rules should be followed. Remember, under Universal Precautions, all blood and certain body fluids are assumed to contain bloodborne pathogens.
1. Before and immediately after providing patient care, wash exposed areas (hands, arms, etc.) with anti-bacterial soap.
  2. Wear the required personal protective equipment for the medical care given.
  3. Treat all human body fluids and items soiled with human body fluids as if contaminated.
  4. No smoking, eating, drinking or storage of food products are permitted in treatment areas. Non medical items, such as clothing and personal effects should not be stored in the treatment area.
  5. Treatment areas will be maintained in a sanitary condition at all times. Treatment areas will be disinfected daily with anti-bacterial/viral solution. All contaminated equipment will be disinfected before being used again.
  6. All clothing contaminated with human body fluid will be bagged and sent home with student or staff member.
  7. Any spills of body fluid will be presoaked (sprayed on the effected areas) with the anti-bacterial/viral solution before being removed (Note: Gloves and eye protection should be worn when handling contaminated clothing).
  8. Medical wastes (those soiled with covered human body fluids) will be treated following the **Medical Wastes Treatment and Disposal Procedures** (see section VII, part C), before being discarded as ordinary wastes.
  9. Any suspected exposure to HIV/HAV/HBV by human body fluid contact (via needle sticks etc.) should be reported to the Director of MOT immediately.
  10. The Universal Precautions must be observed throughout the different areas of the District to prevent contact with blood and other potentially infections materials. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
  11. Disposable sharps shall not be reused.

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12. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
13. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
14. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

**B. Requirements for Handling Contaminated Sharps.**

1. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers.
2. At all time during the use of sharps, containers for contaminated sharps shall be:
  - a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
  - b. Maintained upright throughout use, where feasible; and
  - c. Replaced as necessary to avoid overfilling.
  - d. All sharps containers for contaminated sharps shall be:
    - e. Rigid;
    - f. Puncture resistant;
    - g. Leak-proof on the sides and bottom;
    - h. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and
    - i. Labeled in accordance with subsection (g)(1)(A)(2).
3. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.
4. Sharps containers will be provided and disposed of by parent/guardian of student requiring the use of such containers.

**C. Engineering Controls.** The following engineering controls will be used throughout ETUSD facilities:

1. Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) will be made readily accessible.
2. An antibacterial/viral solution for decontamination purposes.
3. Mechanical means (dustpan, brush, tongs or forceps, etc.) will be made readily accessible to all employees who have potential exposure.
4. First aid kits will be equipped with gloves and hand wipes.

**VII. Work Practice Controls.** In addition to engineering controls, ETUSD facilities use a number of work practice controls to help eliminate or minimize employee exposure.

- A. Supervisors are responsible for overseeing the implementation of work practice controls.
- B. ETUSD will adopt the following work practice controls as part of its compliance program:
  1. Employees will wash their hands immediately, or as soon as possible after removal of potentially contaminated gloves or other personal protective equipment.
  2. Following any contact of body areas with blood or any other infectious materials, employees will wash their hands and any other exposed skin with soap and water

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as soon as possible. They should also flush exposed mucous membranes with water.

3. Whenever feasible, persons requiring first aid will be referred to the Health Aide or School Secretary. If not available, attempt to refer the person to another Tier 1 employee. In no case should the person be denied or delayed care in order to locate a Tier 1 employee.
  4. Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
  5. Equipment which becomes contaminated must be examined prior to servicing or shipping, and decontaminated as necessary.
  6. When a new employee is hired or an employee changes jobs, that employee will be trained in the tasks/procedures pertaining to their new job classification and any work practice controls that the employee is not experienced with.
- C. Medical Waste and Disposal Procedures
1. Don and use the required personal protective equipment for the medical care given.
  2. All regulated wastes (only those soiled with covered human body fluids and are dripping liquid or are flaking solids) will be placed in a red, leak-proof container marked either Biohazard or Medical Waste.
  3. Employees who have contact with contaminated laundry must wear appropriate gloves and any other personal protective equipment that is needed.
  4. Regulated waste will be handled according to state and federal disposal regulations.
  5. Decontaminate medical wastes container with appropriate cleaning methods and return for use again.
  6. Wash hands and exposed areas with anti-bacterial soap.
  7. All other wastes will be discarded as ordinary trash. Placing this waste in a Ziploc bag is recommended. (Note: Soiled feminine hygiene/sanitary napkins, soiled facial tissues, or other materials not dripping or flaking material are not considered a biohazard or medical waste. Pre-treatment is not necessary; however, employees should wear personal protective equipment and wash hands with anti-bacterial soap.)

**(Caution: Sharp objects (broken glass, hypodermic needles etc. Should not be handled by hand to prevent accidental punctures and/or lacerations)**

- VIII. Personal Protective Equipment.** Personal protective equipment is the employee's last line of defense against bloodborne pathogens. Because of this, ETUSD will provide (at no cost to employees) the personal protective equipment that they need to protect themselves against such exposure.
- A. This equipment includes, but is not limited to gloves, safety glasses, goggles and face shields/masks. Gloves will be replaced before degradation occurs.
  - B. Supervisors are responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.
  - C. All personal protective equipment will be inspected periodically and repaired or replaced as needed to maintain its effectiveness.
  - D. Reusable personal protective equipment will be cleaned, or decontaminated.



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- E. Personal protective equipment that cannot be decontaminated will be disposed of according to biohazard rules and regulations.
- F. Any garments penetrated by blood or other infectious materials are to be removed immediately, or as soon as possible.
- G. All potentially contaminated personal protective equipment must be removed prior to leaving a work area.
- H. Gloves will be worn in the following circumstances:
  - 1. Whenever employees anticipate hand contact with potentially infectious material.
  - 2. When handling or touching contaminated items or surfaces.

**IX. Housekeeping.** Maintaining facilities in a clean and sanitary condition is an important part of the bloodborne pathogens compliance program.

- A. Decontaminate all contaminated work surfaces with appropriate antibacterial/viral disinfectant.
- B. Remove and replace all protective coverings (plastic bags or wrap, aluminum foil, absorbent materials) which have been used to protect or cover equipment (such as trash containers, etc.) and environmental surfaces.
- C. Inspect and decontaminate all trash containers, bins, pails and similar receptacles which have a reasonable likelihood for becoming contaminated.
- D. Make sure broken glassware which may be contaminated is cleaned using "mechanical means" such as a brush and dust pan, tongs, forceps etc. It must not be picked up directly with the hands.

**X. Sharps.** The District maintains a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded includes the following information, if known or reasonably available:

- A. Date and time of the exposure incident;
- B. Type and brand of sharp involved in the exposure incident;
- C. A description of the exposure incident which shall include:
  - 1. Job description of the exposed employee;
  - 2. Department or work area where the exposure incident occurred;
  - 3. The procedure that the exposed employee was performing at the time of the incident;
  - 4. How the incident occurred;
  - 5. The body part involved in the exposure incident;
  - 6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
  - 7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how much such a mechanism could have prevented the injury; and
  - 8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.
- D. Each exposure incident shall be recorded on the Sharps Injury Log within 14 business days of the date the incident is reported to the employer.
- E. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

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F. The Sharps Injury Log shall be maintained for 5 years from the date of the exposure incident occurred. The Sharps Injury Log shall be provided upon request for examination and copying to employees, to employee representatives, to the Department of Health Services, and to NIOSH.

**XI. Hazard Communication.** One of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, ETUSD will implement a comprehensive biohazard warning labeling program using labels or red color coded containers. The following items shall be labeled:

- A. Containers of regulated waste;
- B. Sharps disposal containers;
- C. Other containers used to transport other infectious materials; and
- D. Contaminated equipment.

**XII. Training**

- A. Training will be provided through getsafetytrained.com at the time of initial assignment and at least annually thereafter.
- B. Training records will be maintained for 3 years from the date on which the training occurred.
- C. Both Tier 1 and Tier 2 classifications will receive training.
- D. The content of the training program will include as a minimum:
  - 1. An accessible copy of the standard and an explanation of its contents;
  - 2. Explanation of the epidemiology and symptoms of bloodborne diseases;
  - 3. Modes of transmission of bloodborne pathogens;
  - 4. Explanation of ETUSD Exposure Control Plan and how to obtain a copy;
  - 5. Recognition of tasks and activities that may involve risk of exposure;
  - 6. Use and limitations of methods that will reduce or prevent exposure;
  - 7. Universal precautions;
  - 8. Engineering controls;
  - 9. Explanation of signs, warning labels and/or color coding;
  - 10. Work practices;
  - 11. Housekeeping practices;
  - 12. Personal protective equipment - types, selection, use, location, removal, handling, decontamination, and disposal;
  - 13. HBV vaccine - efficiency, safety, method of administration, benefits and cost
  - 14. Procedures to follow if an exposure occurs - reporting and medical follow-up
  - 15. First aid logging;
  - 16. Reporting and vaccination procedures for tier 2 employees to follow in the event of a situation that includes the presence of blood; and
  - 17. Post exposure evaluation and follow-up.
- E. Training will be submitted to and kept on record in the District Office and will contain the following information:
  - 1. Name of the employee; and
  - 2. Date of training session.

**XIII. Hepatitis B Virus (HBV) Vaccination Program.** Employees recognize that even with good adherence to all exposure prevention programs, exposure incidents can occur. As a result, ETUSD will implement a Hepatitis B vaccination program.

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- A. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens (Tier 1). The choice for HBV vaccinations is not mandatory. If an employee chooses not to have the vaccination at the time of the initial offering, they will have the opportunity to be vaccinated when they are ready. ETUSD will document the offer, acceptance or declination and vaccination dates with the **Authorization to Administer Hepatitis B Vaccine** form.
- B. Employees that transfer to a new job, or their job is reclassified to include exposure to bloodborne pathogens, will be offered HBV vaccinations within 10 working days of the transfer or reclassification.
- C. The vaccination consists of a series of 3 inoculations over a six-month period.
- D. As part of their bloodborne pathogens training, school employees will receive information regarding hepatitis vaccination, including its safety and effectiveness.
- E. Vaccinations will be performed under the supervision of a licensed physician.
- F. Provision for the full hepatitis B vaccination series is to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident has occurred.

**XIV. Post Exposure Treatment and Notification.** “Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties, **that pierces the mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.** Should an employee be occupationally exposed, ETUSD will provide for the employee to be tested for HIV/HAV/HBV at ETUSD expense. Following the report of exposure, ETUSD will contact the exposure source and request that the person be tested for HIV/HAV/HBV at District expense. The request is not mandatory and if refused, will not affect that employee's future employment or that student's class enrollment.

The exposed employee will be directed to a Health Care Professional (HCP). The HCP will receive from the district:

- 1. A copy of the District Bloodborne Pathogens Exposure Control Plan
- 2. The job description of the employee.
- 3. An incident report that explains the route of exposure and circumstances associated with the exposure.
- 4. Source individual's HIV/HBV status if known.
- 5. Employee's Hepatitis B vaccine status and other relevant medical information.

The HCP will:

- 1. Evaluate the exposure incident.
- 2. Arrange for testing of the employee and the source individual.
- 3. Provide counseling.
- 4. Evaluate any reported illnesses.

**NOTE: DURING ALL PHASES OF POST EXPOSURE, THE CONFIDENTIALITY OF THE AFFECTED EMPLOYEE AND EXPOSURE SOURCE WILL BE MAINTAINED.**

The HCP will send a written evaluation to the employer including:

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1. Documentation that the employee was informed of evaluation results and the need for further follow up.
2. Indication of whether the Hepatitis B vaccine is indicated and if the vaccine was received.

The District will then send a copy of the HCP's written evaluation, within 15 working days of the receipt, to the exposed employee and the exposure source including the results of any HIV/HAV/HBV test conducted.

Following the initial blood test at time of exposure, employees who test negative will be re-tested again at 6 weeks, 12 weeks and 6 month intervals to determine if transmission has occurred. During this period, the employee will follow the recommendations provided by the doctor, U.S. Public Health Service, or local Health Department.

ETUSD will use the **Record of Bloodborne Pathogens Exposure and Treatment** form to document the exposure and offer of medical assistance to the affected employee and use the **Medical Consent for Bloodborne Pathogens Testing** form for the exposure source.

#### **XV. Reporting and Recordkeeping.**

Any reports required by the OSHA/Cal-OSHA will be maintained by the ETUSD Personnel Office. All reports (medical records, notice of HBV vaccinations, results of medical testing and follow-up procedures, and exposure reports) will be maintained for the duration of employment plus 30 years. Training records will be maintained for 3 years from the date on which the training occurred. Occupationally contracted HBV or HIV will be recorded by the Risk Management Office on the OSHA 200 log of Occupational Injuries and Illness form if treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine is prescribed by a physician.

##### **First-Aid Incident Procedure for Tier 2 Employees**

- A. Unvaccinated designated first-aid providers (tier 2) 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. CCR 5193(f)).
- B. A first aid log is kept in the office. The log must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date. Any entry on this log constitutes a standing offer for the Hepatitis B vaccine. The header of the log will include the procedures for contacting the district should the Tier 2 employee decide to receive the vaccine.
- C. The description of the incident must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in this plan, occurred. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident
- D. Within 24 hours, the affected employee is to be offered the Hepatitis B vaccine. In addition, if the event was an exposure, the exposure procedures must be implemented. See **"Post Exposure Treatment and Notification"**

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E. The log is kept confidential unless appropriate measures have been taken to insure privacy.

**XVI. Accessibility of Standard and Plan.** Employees may obtain a copy of the Exposure Control Plan within five working days of submitting a written request to the Director of MOT.

**XVII. Definitions:**

**BIOHAZARD LABEL:** A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word "biohazard" on the lower part of the label.

**BLOODBORNE PATHOGENS:** Pathogenic microorganisms 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).

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

**CONTAMINATED LAUNDRY:** Laundry which has been soiled with blood or other potentially infectious materials.

**CONTAMINATED SHARPS:** Contaminated objects that can penetrate the skin including, but not limited to needles, scalpels, broken glass or broken capillary tubes and exposed ends of dental wires.

**DECONTAMINATION:** The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**ENGINEERING CONTROLS:** Controls (e.g., sharps disposal containers that isolate or remove the bloodborne pathogens hazard from the workplace.

**EXPOSURE CONTROL PLAN:** A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

**EXPOSURE INCIDENT:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**HAV:** Hepatitis A virus

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**HBV:** Hepatitis B virus.

**HIV:** Human Immunodeficiency virus.

**OCCUPATIONAL EXPOSURE:** 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:** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**PERSONAL PROTECTIVE EQUIPMENT:** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

**REGULATED WASTE:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**UNIVERSAL PRECAUTIONS:** 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, HAV, HBV, and other bloodborne pathogens.

**WORK PRACTICE CONTROLS:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **HEPATITIS B VACCINE INFORMATION RECOMBIVAX HB**

### **THE DISEASE**

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of patients. Most people with hepatitis B recover completely, but approximately 5- 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

### **THE VACCINE**

Hepatitis B vaccine is harvested and purified from germination cultures of a recombinant strain of yeast. This vaccine may contain up to 4% yeast protein. **THIS VACCINE AGAINST HEPATITIS B IS FREE OF ASSOCIATION WITH HUMAN BLOOD OR BLOOD PRODUCTS.**

A high percentage of healthy people who receive three doses of vaccine achieve high levels of surface antibody (anti-HBS) and protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. **FULL IMMUNIZATION REQUIRES THREE DOSES OF VACCINE OVER A SIX-MONTH PERIOD**, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization. The duration of immunity is unknown at this time. The first dose is at a time you wish to start. The second dose is one month later. The third dose is five months after the second dose.

### **POSSIBLE VACCINE SIDE EFFECTS:**

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of injection. Low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use. Anyone who has had a previous reaction to Hepatitis B Vaccine, is allergic to yeast, is pregnant, nursing, or has a febrile illness (fever) or an active infection should delay the vaccination and consult their private physician.

EL TEJON UNIFIED SCHOOL DISTRICT  
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

**AUTHORIZATION TO ADMINISTER HEPATITIS B VACCINE**

To the employee:

Use this form to document your receipt of the Hepatitis B vaccine series. Return it to the District Office upon completion **of each shot in the series** so that your participation in the Hepatitis B vaccine program can be documented. If you choose not to receive the Hepatitis B vaccine at this time, you must sign the declination form below and return it to the District Office on or before the date of the first scheduled injection.

**RECORD OF HEPATITIS B VACCINATION**

Employee's Name \_\_\_\_\_

Employee Number \_\_\_\_\_ Employee's Date of Birth \_\_\_\_\_

**First Injection**

\_\_\_\_\_  
Vaccine Lot number      R or L Deltoid      Date received      Technician's initials

**Second Injection**

\_\_\_\_\_  
Vaccine Lot number      R or L Deltoid      Date received      Technician's initials

**Third Injection**

\_\_\_\_\_  
Vaccine Lot number      R or L Deltoid      Date received      Technician's initials

Comments: \_\_\_\_\_

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**Fill out this section only if you are choosing to not receive the vaccination at this time:**

**HEPATITIS B VACCINATION DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining 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.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Please Print

Signature: \_\_\_\_\_ Employee Number \_\_\_\_\_



EL TEJON UNIFIED SCHOOL DISTRICT  
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

**RECORD OF BLOODBORNE PATHOGENS EXPOSURE AND TREATMENT**

Exposed Employee's Name \_\_\_\_\_

Employee's Social Security Number \_\_\_\_\_

Date Exposed \_\_\_\_\_

(Attach Supervisor's Investigation Report Form)

Name of Exposure Source \_\_\_\_\_

Source's Social Security Number (if known) \_\_\_\_\_

Department \_\_\_\_\_

Description of Exposure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I **do** or **do not** (circle one) request to be evaluated and tested for HIV/HAV/HBV by a physician designated by El Tejon Unified School District (ETUSD). I understand that the testing is not mandatory and that all expenses for the testing will be paid by ETUSD. Following the initial HIV/HAV/HBV test, additional testing will be scheduled at 6 weeks, 12 weeks and 6 months to determine if a Bloodborne Pathogen has been transmitted. I understand that I will be provided the test results, counseled by a physician designated by ETUSD and that all information regarding the exposure, HIV/HAV/HBV testing and test results will remain confidential.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

EL TEJON UNIFIED SCHOOL DISTRICT  
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

From: \_\_\_\_\_, El Tejon Unified School District

To: \_\_\_\_\_

Subject: Medical Consent for Bloodborne Pathogens Testing

During an incident, an agent or employee of the El Tejon Unified School District was exposed to your blood or other body fluids. Pursuant to the Federal regulations of the U.S. Department of Labor-Occupational Safety and Health Administration (OSHA), 29 CFR 1910.1030, we are requesting that you submit to a blood test for infectious bloodborne pathogens (HIV/HAV/HBV) that may have been exposed to the provider. All information will be kept strictly confidential.

Please check one of the following options:

I **do** consent to having blood samples taken to test for the presence of infectious bloodborne pathogens (Human Immunodeficiency Virus, Hepatitis A Virus and Hepatitis B Virus) following an exposure of a health care provider.

I **do not** consent to having blood samples taken to test for the presence of infectious bloodborne pathogens (Human Immunodeficiency Virus, Hepatitis A Virus and Hepatitis B Virus) following an exposure of a health care provider.

I understand that all tests and customary expenses will be paid for by the El Tejon Unified School District, that I will be informed of the test results and that I will be counseled regarding any further necessary evaluations and treatment (at my expense) if the results are positive.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature  
(If student under legal age or a guardian of student)

\_\_\_\_\_  
Date

EL TEJON UNIFIED SCHOOL DISTRICT  
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

From: \_\_\_\_\_, El Tejon Unified School District

To: \_\_\_\_\_

Subject: Medical Consent for Bloodborne Pathogens Testing

While working as an agent or employee of the El Tejon Unified School District, your blood or other body fluids came into contact with the blood or other body fluids of another person. Pursuant to the Federal regulations of the U.S. Department of Labor- Occupational Safety and Health Administration (OSHA), 29 CFR 1910.1030, we are requesting that you submit to a blood test for infectious bloodborne pathogens (HIV/HAV/HBV) that may have been transmitted. All information will be kept strictly confidential.

Please check one of the following options:

I **do** consent to having blood samples taken to test for the presence of infectious bloodborne pathogens (Human Immunodeficiency Virus, Hepatitis A Virus and Hepatitis B Virus) following an exposure of a health care provider.

I **do not** consent to having blood samples taken to test for the presence of infectious bloodborne pathogens (Human Immunodeficiency Virus, Hepatitis A Virus and Hepatitis B Virus) following an exposure of a health care provider

I understand that all tests and customary expenses will be paid for by the El Tejon Unified School District, that I will be informed of the test results and that I will be counseled regarding any further necessary evaluations and treatment (at my expense) if the results are positive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Sharps Injury Log

The following information, if known or reasonably available, is documented within 14 working days of the date on which each exposure incident was reported.

- 1) Date and time of the exposure incident: \_\_\_\_\_
- 2) Date of exposure incident report: \_\_\_\_\_
- 3) Report written by: \_\_\_\_\_
- 4) Type and brand of sharp involved: \_\_\_\_\_
- 5) Description of exposure incident: \_\_\_\_\_  
\_\_\_\_\_
- 6) Job classification of exposed employee: \_\_\_\_\_
- 7) Department or work area where the incident occurred: \_\_\_\_\_
- 8) Procedure being performed by the exposed employee at the time of the incident: \_\_\_\_\_  
\_\_\_\_\_
- 9) Body part(s) involved: \_\_\_\_\_
- 10) Did the device involved have engineered sharps injury protection? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Was engineered sharps injury protection on the sharp involved? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12) Was the protective mechanism activated at the time of the exposure? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) Does the injured employee believe that a protective mechanism could have prevented the injury? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14) Did the injury occur before, during, or after the mechanism was activated? \_\_\_\_\_  
\_\_\_\_\_
- 15) Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? Yes \_\_\_\_\_ No \_\_\_\_\_
- 16) Employee's opinion/comments on the exposure incident (e.g., additional relevant factors involved):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EL TEJON UNIFIED SCHOOL DISTRICT  
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

## First Aid Logsheet

Fill out this logsheet as indicated. If you are a Tier 2 employee, and have performed first aid where blood was present, the district will offer you the Hepatitis B vaccination, or if you are a Tier 1 or Tier 2 employee and you have had a blood-to-blood exposure, please contact the school office or administration immediately: **661-248-6247**.

	<b>Emp ID#</b>	<b>Date</b>	<b>Time</b>	<b>Name of Person Receiving First Aid</b>	<b>Description</b>	<b>Blood Present?</b>	<b>Blood Exposure?</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

EL TEJON UNIFIED SCHOOL DISTRICT  
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

**EXPOSURE DETERMINATION WORKSHEET**

Work site: \_\_\_\_\_

Employee Position Classification: \_\_\_\_\_

Tasks and Procedures

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exposure Risk (Indicate if risk is routine or occasional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments regarding potential risks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_