

**ALL PERSONNEL**

Exposure Control Plan for Employees Who Are Occupationally At Risk of Exposure to Bloodborne Pathogens

General Purposes of an Exposure Control Plan

1. To identify those employees or categories of employees who are occupationally at risk of exposure as defined by OSHA regulations.
2. To detail the necessary precautions intended to help prevent an exposure incident.
3. To outline the steps an employee and employer must take following an exposure incident.
4. To delineate the informational and training processes to be offered new and continuing employees deemed to be at risk.
5. To identify the procedures for record keeping and follow-up.
6. To specify the procedures for accessing vaccination on a voluntary, no-cost, basis.

Defining What Incidences Pose Significant Exposure

1. Contaminated needle stick.
2. Blood or body fluid contact with a fresh open cut or non-intact skin.
3. Blood or body fluid contact with a mucous membrane; i.e. eyes, nose and mouth.
4. Unprotected mouth-to-mouth resuscitation.
5. Human bite.

Note: Scratches are not, in general, considered a significant exposure.

Preventive Measures

The Superintendent or designee shall use engineering controls (such as sharps disposal containers, needleless systems, and sharps with injury protection) and work practice controls to eliminate or minimize employee exposure, and shall regularly examine and update controls to ensure their effectiveness.

Universal Safety Precautions

1. Employees should always assume each person in need of emergency first aid, inanimate objects contaminated with blood or body fluids, are potentially infectious. All body fluids are to be considered potentially infectious.
2. All exposures are to be washed immediately with soap and water, and the employee is directed to follow the required reporting and post exposure procedure.
3. Hands are to be washed before, if possible, and after contact with blood or body fluids. Hands are to be washed even when gloves have been worn.
4. Gloves are to be worn whenever contact with blood is eminently possible and must be appropriately discarded after use.

5. Employees should be protected from mucous membrane contact with blood or secretions during the administration of CPR. Employees are to use protective resuscitation devices whenever CPR is given.
6. All inanimate objects which come into contact with blood or body fluids shall be treated with disinfectant, if possible, or disposed of properly.
7. Objects which have been exposed to blood and/or body fluids are to be discarded in separate containers and the contents of those containers are to be disposed of by authorized personnel only in a manner prescribed by law and *Office of Education* and department policy.

#### Reporting Procedures - Post Exposure Incident

1. Employee is to notify the supervisor at the time of exposure.
  - a. Unvaccinated designated first aid providers must report any first aid incident involving the presence of blood or other potentially infectious material, regardless of whether an exposure incident occurred, by the end of the work shift. The full hepatitis B vaccination series shall be made available to such employees no later than 24 hours after the first aid incident.
2. The supervisor shall complete and submit a Supervisor's Report of Accident. The report shall
  - a. Document the route(s) of exposure and the circumstances under which the exposure incident occurred
  - b. Identify and document the source individual, unless that identification is infeasible or prohibited by law
3. Provide for the collection and testing of the employee's blood for hepatitis B, hepatitis C and HIV serological status
4. Provide for post-exposure disease prevention/intervention (prophylaxis), when medically indicated, as recommended by the U.S. Public Health Service
5. For incidents involving sharps, the incident shall be recorded in the Sharps Injury Log
6. Worker's Compensation procedures are to be followed as required.
  - a. The Superintendent or designee shall provide the health care professional with a copy of Title 8 CCR 5193; a description of the employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available and with written permission of the individual; and all medication records maintained by the Office of Education relevant to appropriate treatment of the employee, including vaccination status

Note: All employees who have had an exposure incident shall be offered laboratory tests, confidential medical evaluation and preventive treatment,

counseling and evaluation with all diagnoses and other medical information for both the exposed employee and the source individual to remain confidential.

#### Treatment Procedures - Post Exposure Incident

All costs for valid and necessary post exposure treatment will be borne by the Worker's Compensation program.

#### Required Recordkeeping Procedures

1. Medical records on each employee whose job involves occupational exposure to blood and other potentially infectious materials shall be maintained by the Personnel Department in a file separate from the other personnel records of the employee. The medical records shall include the following information:
  - a) Employee's name and social security number
  - b) Documentation of training received
  - c) A copy of the employee's Hepatitis B vaccination status
  - d) Medical opinions and evaluations
  - e) Test results
  - f) Details about exposure incidents (routes of exposure, how they occurred)
2. Medical records shall be maintained for a period of 30 years following the employee's termination of employment

#### Sharps Log

The Superintendent or designee shall maintain a log recording each exposure incident involving a sharp. The exposure incident shall be recorded within 14 working days of the date the incident is reported to the Office of Education.

The information recorded shall include the following if known or reasonably available:

1. Date and time of the exposure incident
2. Type and brand of sharp involved in the exposure incident
3. A description of the exposure incident, including
  - a. Job classification of exposed employee
  - b. Department or work area where the exposure incident occurred
  - c. Procedure that the exposed employee was performing at the time of the incident
  - d. How the incident occurred
  - e. The body part involved in the incident

- f. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated and whether the injury occurred before, during or after the protective mechanism was activated
- g. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.

Employee Training and Information Program

1. Posted announcements of vacancies for positions in designated at risk employee groups shall include the phrase: "Those who serve in the advertised position are required to participate in an annual training program on the prevention of contagious diseases through bloodborne pathogens."
2. All employees considered at risk of exposure shall participate in an annual training program at no cost and during work hours. The training program shall be presented by a qualified trainer and shall include:
  - a. A copy of the OSHA standard and an explanation of its content.
  - b. A general explanation of the epidemiology.
  - c. An explanation of the Exposure Control Plan and how to obtain a copy.
  - d. Information on the policies for gloves, gowns, masks, eyewear including the type of equipment available, where it is located, when it is to be used, and how it is to be removed, handled, decontaminated and disposed of.
  - e. Information on the Hepatitis B vaccine.
  - f. Information on how to handle emergencies involving occupational exposure.
  - g. Explanation of the policy for handling exposure incidents.
3. All new employees shall be trained initially upon employment.

HCOE Staff Considered At Risk of Exposure

Based upon information gathered from the Humboldt County Health Department policy and protocols delineated in *Hepatitis B Vaccine Recombinant and Exposure Risk (1992)*, any staff member that may be exposed to blood and/or body fluids of an infected person is at risk and should be offered the opportunity for vaccination.

Following an examination of high risk student enrollments, student behavior patterns, and OSHA regulations which indicate that employees are to be considered "at risk" if they come into contact with blood or body fluids "on an

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**Administrative Regulation 4119.4.3 (e)**

**4219.4.3**

**4319.4.3**

average of once per month or more,” these priorities for exposure are indicated:

<u>Employee Group</u>	<u>Criteria for Determining Risk within Employee Group</u>
Instructional Staff	Individuals dealing with students who are bleeders, severe behavior disordered, biters and fighters. Also, those staff who are responsible for changing student diapers and providing personal care for students.  <u>Current program priority based upon above criteria:</u> Glen Paul Center Infant/Preschool Services HROP- Medical Lab and Infant Care Programs
Bus Drivers	Those who transport all special education students.
Maintenance	Those responsible for cleaning up blood spills and disposing of soiled materials.
School Nurses	First aid providers, who may be first in line but, depending upon assignments, may not necessarily carry a daily risk.
Glen Paul Clerical	Individuals second in line for providing first aid.
Glen Paul Principal	Individual third in line for providing first aid.
Psychologists	Individuals serving SED and Glen Paul students.

The Superintendent or designee shall regularly review the list of staff members determined to be at risk and shall add to, or delete from, this list as appropriate as assignments change, as student populations change, or as new positions and programs are created.