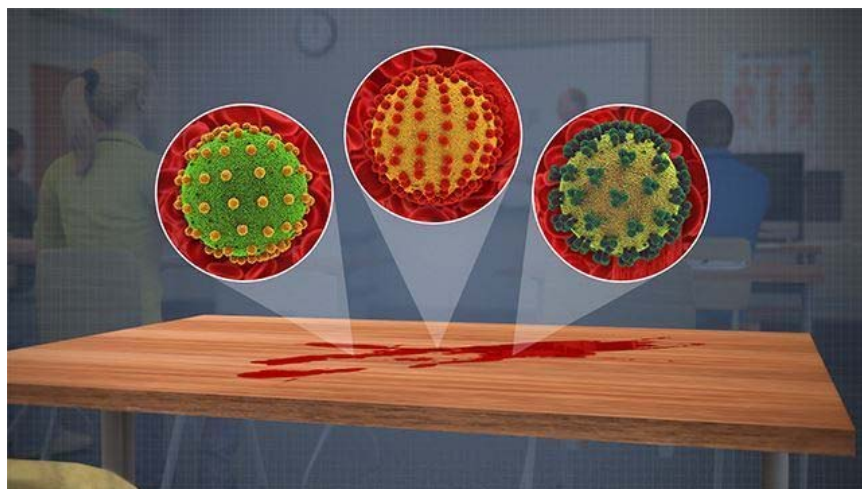




SAN DIEGO UNIFIED SCHOOL DISTRICT



BLOODBORNE PATHOGENS

Exposure Control Plan

ABSTRACT

This document outlines safety rules and instructions to eliminate or minimize employee exposure to blood or other potentially infectious materials

OHS 001

Document History

Date	Change
04/01/2004	Initial Document
08/01/2019	2 nd Revision

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Part 1: Purpose, Background and Scope

Purpose:

The purpose of this document is to serve as a written Exposure Control Plan of the San Diego Unified School District in compliance with California Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulation (*California Code of Regulations, Title 8, Section 5193*). This Exposure Control Plan ensures that employees are:

- aware of potential hazards from exposure to bloodborne pathogens, and
- advised of the appropriate procedures to avoid exposure

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, for example, when intravenous drug users share blood-contaminated needles. Because it is the exposure to the blood or other body fluids that carries the risk of infection, individuals whose occupational duties place those at risk of exposure to blood and other potentially infectious materials are also at risk of becoming infected with these bloodborne pathogens, developing disease, and, in some cases, dying. 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). On December 6, 1991, Federal OSHA issued standard for occupational exposure to these bloodborne pathogens. This standard became effective March 6, 1992.

Scope:

This OSHA Standard applies to all occupational exposure to blood or other potentially infectious materials. This Plan mandates that all District employees “at risk” of occupational exposure to blood or other potentially infectious materials, including the following jobs, follow its procedures:

- Nurses, health office
- Special Education
- R.O.P. and Community Education Program
- School Police
- Custodial
- Bus Transportation
- Coaches, Physical Education and Athletics Program
- Speech Pathology
- Infant Center (SEEC) and Home Health

Part 2: 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.

Policy Statement

It is the policy of the District to provide a safe and healthful work environment for all of its employees by eliminating or minimizing exposure to bloodborne pathogens.

Responsibilities

The responsibilities described below are intended to encompass and limit involvement for this program to those individuals whose primary job activities include day-to-day exposure to blood and body fluids; and to those individuals whose additional job activities include the potential for exposure. Nursing staff, 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 employees.

1. District Superintendent

- a. Has authority and responsibility for effecting the District's overall safety and health policy; and the Bloodborne Pathogen Exposure Control Plan

2. District's Environmental Health and Safety (EHS) Office

- a. Responsible for the implementation and administration of the Plan District wide;
- b. Ensures that the Plan is reviewed and updated at least annually and whenever necessary to reflect changes in tasks, technologies, jobs, exposure incidents and obsolete information; and
- c. Serves as liaison with outside agencies related to this regulatory standard and Plan

3. Board Members and Area Superintendents

- a. Promote the desired attitude toward this safety and health policy by insisting employees under direction comply with provisions and best practices; and
- b. Promote positive attitudes toward regulatory compliance

4. At-Risk Employees

- a. Employees, who are listed under Exposure Determination (Part 3), and who may have occupational exposure to blood and body fluids, shall be knowledgeable about the contents of this document and proficient on appropriate safe work practices necessary to avoid exposure; and
- b. Contact the District Physician Consultant at (619) 725-5501 for medical questions regarding bloodborne pathogens.

5. Program Manager, Nursing & Wellness Program

- a. Determine, maintain, and update CPR certification records for all nurses, health technicians and Special Education employees; and
- b. Review the Plan's application, and report the Plan's effectiveness to the EHS Office annually

6. School Administrators

- a. Ensure that training is provided for all at-risk employees listed under Exposure Determination (Part 3);
- b. Provide time for annual in-services for all employees on bloodborne pathogens, contents of this Plan, and First Aid training; and
- c. Designate employee responsible for completing and maintaining sharps injury log (Appendix D)

7. Risk & Insurance Services Manager, Risk Management Department

- a. Responsible for ensuring Workers' Compensation providers are contracted to provide medical testing and post-exposure prophylaxis.
- b. Maintain records of medical evaluations.

8. Director, Physical Plant Operations

- a. Provides hand-washing products such as soap and paper towels, and personal protective equipment such as aprons and eye protection devices.

Part 3: Exposure Determination

Below are job classifications of at risk employees who have or may have occupational exposure, with their corresponding duties, during which exposure incident may occur.

Job Classifications In Which All Employees Have Occupational Exposure	Duties as they relate to the exposure incident
School Nurses	Immunizations, other injections, blood sugar testing, urinary tract catheterizations, wound cleaning and dressing, CPR, emergency response, clean up
Health Technicians	Wound cleaning and dressing, blood sugar testing, emergency response, CPR, clean up, toilet assistance
Special Education Teachers	Wound cleaning and dressing, First Aid, CPR, toilet assistance, feeding (oral and gastric tube), oral health assistance, control of biting, control of oral secretions (drooling)
Special Education Paraprofessionals	First Aid, CPR, clean up, toilet assistance, feeding (oral and G-tube), oral health assistance, control of biting and oral secretions (drooling)
Contracted Nurses	Injections, clean up, handling blood and other body tissues, other medical procedures, oral health assistance and control of oral secretions, feeding (oral and otherwise)
Speech Therapists	Working with oral cavity, saliva and associated cleanup of these secretions
Infant Center (SEEC) and home health	Changing linen, toilet assistance, clean up

Job Classifications in Which Some Employees Have Occupational Exposure	Duties as they relate to the exposure incident
Custodial Staff	Clean up
School Clerks and Secretaries assigned to Health Office	Wound cleaning and dressing, clean up
P.E. Teachers, Coaches and Athletic Trainers	Providing first aid, clean up
All Teachers	Providing first aid, clean up
Bus Drivers and Monitors	Clean up of vomit and spilled fluids
School Police Officers	Emergency first aid, CPR, clean up, apprehension of violent suspects

Part 4: Methods of Compliance

Universal Precautions

Universal precautions are used as an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be 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 fluid 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.

Hand washing

**HAND WASHING IS THE
SINGLE MOST EFFECTIVE
MEANS OF PREVENTING THE
SPREAD OF INFECTION**



Hand-washing facilities shall be available.

- Hands and other skin surfaces shall be washed with soap and water as soon as possible
- When hand-washing facilities are not immediately available, appropriate antiseptic hand cleanser, in conjunction with clean cloth, paper towels or antiseptic towelettes, shall be used. When accessible, wash hands with soap and running water.

Exposed Mucous Membranes

- Exposed mucous membranes shall be flushed with water immediately after exposure

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 student or staff is anticipated
- Vinyl gloves shall be worn when:
 - Touching blood and body fluids, mucous membranes, or non-intact skin of all students and staff;
 - Handling items or surfaces soiled with blood or body fluids; and
 - Performing venipuncture, pinpricks, and other vascular access procedures

- Disposable gloves must be of appropriate materials (i.e., intact vinyl; of appropriate quality for the procedure performed, and of the appropriate size for each employee rendering care)
 - Gloves shall be changed after each person has been treated
 - Disposable (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
 - Disposable (single use) gloves shall not be washed or decontaminated for reuse
 - 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, peeled, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
 - Masks, in combination with eye protection devices such as goggles or glasses with side shields or chin-length face shields, shall be made available for wear 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.
- Required 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 or to reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes, under normal conditions of use and/or for the duration of time the equipment is in use.
 - Must be readily accessible to employees in appropriate sizes and provided at no cost to the employee.
 - Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
 - Equipment shall be cleaned and/or laundered at no expense to the employee.
 - Equipment 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.
 - Standard PPE for nursing staff and First Aid Providers may include gloves, aprons, and eye protection.
 - Standard PPE shall be removed prior to leaving the work area.

Sharps Precaution

For qualified staff and/or students and their parents who perform medical procedures requiring needle sticking:

- 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:

- 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 with a mechanical device or one-handed technique.
- Shearing or breaking of contaminated needles is prohibited. After use, disposable syringes and other sharp items shall be immediately be placed in appropriate sharps containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use and not allowed to be over-filled.
- Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate sharps containers until properly processed. These containers shall be:
 - Puncture resistant;
 - Labeled;
 - Leak proof on the sides and bottom;
 - So constructed as to not allow employees to reach into them by hand.
- 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;
 - Shall be placed in secondary container if leakage is possible. The second container shall be constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - Not be emptied or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.
- When sharps container is about three-quarters (¾) full, or annually, submit removal request to EHS Office for removal processing.



CPR Precautions

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

Qualified Staff/First Aid Provider 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.

Work Area Precautions

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.

- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids or biologicals are present.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Cleaning and Decontamination of Blood or other Body Fluids

- Blood and other body fluids that are spilled will be cleaned up as follows:
 - Solidification with absorbent/disinfectant
 - Wearing appropriate Personal Protective Equipment, pick up with plastic scraper—place in plastic bag then bag again in another plastic bag
 - Final wipe-down with germicidal cleaner.

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.
- Broken glassware that may be contaminated shall not be picked up directly with the hands; mechanical means, such as a brush and dustpan, tongs, or forceps, shall be used.
- Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to students, staff members 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 noninfectious trash containers within nursing and First Aid areas shall continue to be provided by district custodial staff.

Waste

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

Regulated Waste, Medical Waste, and Biohazardous Waste

- An outside vendor is used to remove regulated waste (sharps and biological waste from science experiments) from the district.
- If outside contamination of the regulated waste container occurs, it shall be placed in a second regulated waste container.

Non-regulated Waste

- 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.
- Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer with a small amount of bleach

Laundry

Universal precautions shall be observed with all contaminated 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, 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.

Sterilization and Disinfection

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.

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.

Designated Emergency First Aid Responders

Universal precautions shall be followed. Vinyl gloves shall be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all students or staff, 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, shall be worn whenever splashes, spray, splatter, or droplets of blood or other body fluids may be reasonably anticipated.

During the clean up of an accident site, Personal Protective Equipment (PPE) (such as gloves and aprons) must be used. Blood and body fluids/materials shall be disposed of as "medical waste".

Part 5: Vaccination against Bloodborne Pathogens

Pre-Exposure:

Following the training outlined above, and within ten working days of initial assignment, all employees covered under this plan shall be offered vaccination against the hepatitis B virus (HPV), at no cost to themselves, in accordance with current recommendations of the U.S. Public Health Service.

Employees accepting or declining the vaccine **must complete** the **Hepatitis B Vaccination Form** (Appendix B). 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:

Bloodborne Pathogen post-exposure treatment centers for district employees and authorized volunteers are listed below. Each of these clinics will perform, as a minimum, all of the services contained under Post-Exposure Evaluation and Follow-Up for Unvaccinated First Aid Responders.

MISSION VALLEY/ HILLCREST

UCSD Medical Center Hillcrest
8:00 am - 4:15 pm
330 Lewis Street, Ste 100, SD 92103
(619) 471-9210

UCSD Medical Hospital Hillcrest
***After Hours Care**
200 W. Arbor Drive, SD 92103
(858) 657-7000

CONCENTRA
7:00 am - 6:00 pm
3930 Fourth Ave, Ste 200, SD 92103
(619) 297-9610

Kaiser On-the-Job
9:00 am - 4:00 pm
4647 Zion Ave., 1st Floor, Ste 155
San Diego 92120
(619) 528-5062

Kaiser Permanente Hospital
***After Hours Care**
4647 Zion Avenue, SD 92120
(619) 528-5700

CONCENTRA
8:00 am - 5:00 pm
5333 Mission Center Rd, Ste 100
San Diego 92108
(619) 295-3355

****New Clinic****
Work Partners - Mission Valley
8:00 am - 6:00 pm
7485 Mission Valley Rd #100
San Diego 92118
(619) 900-1330

CAMP PALOMAR

CONCENTRA
7:00 am - 6:00 pm
860 W Valley Pkwy, Ste 150
Escondido 92025
(760) 740-0707

CLAIREMONT/KEARNY MESA

CONCENTRA (Open 24/7)
5575 Ruffin Rd., Ste 100, SD 92123
(858) 277-2744

Sharp Rees-Stealy Genesee
8:00 am - 4:00 pm
2020 Genesee Avenue, SD 92123
(858) 616-8400

Sharp Emergency Room
7901 Frost St
San Diego CA 92123
(858) 939-3400

NORTH COUNTY

UCSD Medical Center UTC/La Jolla
8:00 am - 4:00 pm (call ahead of time)
8899 University Center Lane, Ste 160
San Diego 92122
(858) 657-1600

UCSD Medical Center Thornton Hospital
***After Hours Care**
9300 Campus Point Drive, La Jolla 92037
(858) 657-7612

CONCENTRA
8:00 am - 4:00 pm
10350 Barnes Canyon Rd, Ste 200, SD 92121
(858) 455-0200

7590 Miramar Road, Ste C, SD 92126
8:00 am - 4:00 pm
(858) 549-4255

Sharp Rees-Stealy Sorrento Mesa
8:00 am - 4:00 pm
10243 Genetic Center Dr, SD 92121
(858) 526-6150

***After Hours Urgent Care (858) 526-6100**
5 p.m. - 8 p.m., Monday - Friday
8 a.m. - 8 p.m., Weekends/Holidays

Kaiser On-the-Job
9:00 am - 4:00 pm
400 Craven Road, San Marcos 92078
(760) 510-5350

SOUTH BAY

CONCENTRA
8:00 am - 5:00 pm - Mon - Fri.
(Sat. 9:00 am - 2:00 pm)
542 Broadway, Ste G
Chula Vista 91910
(619) 425-8212
102 Mile of Cars Way, NC 91950
7:00 am - 6:00 pm
(619) 474-9211

Sharp Rees-Stealy Chula Vista
8:00 am - 4:30 pm
525 3rd Ave., Chula Vista 91910
(619) 585-4050

***After Hours Urgent Care (619) 585-4000**
Open 8 a.m. - 8 p.m. daily

Kaiser On-the-Job (Otay Mesa)
9:00 am - 5:00 pm
4650 Palm Ave., Bldg 2, 2nd Floor Area 228
San Diego 92154
(619) 662-5006

EAST COUNTY

CONCENTRA
7:00 am - 4:00 pm
9745 Prospect Ave, Ste 100
Santee 92071
(619) 448-4841

Sharp Rees-Stealy La Mesa
8:00 am - 5:00 pm
5525 Grossmont Center Dr, La Mesa 9194
(619) 644-6600
***After Hours Urgent Care (619) 644-6625**
Open 8 a.m. - 8 p.m. daily

Part 6: Post-Exposure Evaluation and Follow-Up

A **First Aid Incident Report** (Appendix C) must be prepared if first aid is rendered by an employee or employees whose primary job assignment is first aid, and there was a presence of blood or other potentially infectious material, regardless of whether an actual *exposure incident* occurred. This report must be submitted to the site secretary before the end of the work shift in which the incident occurred. The report 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 date, approximate time, and whether or not an exposure incident *actually* occurred for each employee involved. In addition, a **Sharps Injury Log** (Appendix D) must be completed whenever the exposure involves a sharp instrument/device.

If an unvaccinated employee has rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether or not a specific exposure incident occurred, provisions for the full hepatitis B vaccination series must be made available as soon as possible, ***but in no event later than 24 hours after the incident.***

Medical Evaluation

If an employee is determined to have had an exposure to blood or other potentially infectious material, arrangements for a confidential medical evaluation shall be made within 24 hours of the incident using one of the District's contracted occupational health sites. The evaluation shall include:

- Documentation of the route(s) and circumstances of exposure.
- Identification of the source individual unless not feasible.
- Prompt testing of the source individual's blood for HBV and HIV as soon as consent is obtained. If consent cannot be obtained, the contracted occupational health site shall document that the legally required consent cannot be obtained.
 - When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
 - 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.
- 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 by the exposed employee and received by the district's contracted occupational health site.
 - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days.
 - If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible 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.
- The district shall provide the following information to the healthcare professional responsible for the employee's hepatitis B vaccination:
 - a copy of California Title 8, Section 5193 (Appendix A)

- a description of the exposed employee's duties as they relate to the exposure incident documentation of the route(s) of exposure and circumstances under which exposure occurred
- results of the source individual's blood testing, if available; and
- all medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

Exposed Employees

Exposed employees shall be counseled by a knowledgeable healthcare professional, made available through the district's contracted occupational health sites, regarding their exposure and any medical and/or legal implications.

Post-Exposure Prophylaxis

If medically indicated and requested by the employee after appropriate counseling, any prophylactic procedures recommend by the U.S. Public Health Service shall be made available.

Employees Contracting Illness

Employees contracting illness as a result of occupational exposure shall be evaluated and followed up with appropriate medical care. Recommended reports of occupational illness shall be made.

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:

- Whether HBV vaccination is indicated and if the employee has received it.
- That the employee has been informed of the results of the evaluation.
- That the employee has been informed about any medical condition resulting from exposure, which requires further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Part 7: Labels and Signs

Labels

Warning labels (Appendix E) shall be placed on the sharp containers, which must include all of the following information:

- Generator's Label: name of school, address and phone number
- Word "Sharps Waste" or International Biohazard symbol; and
- Word "BIOHAZARD"

Signs

Signs (Appendix F) shall be posted at the entrance to work areas, which shall bear the following information:

- The wording of warning signs shall be in English, "CAUTION—BIOHAZARDOUS WASTE STORAGE AREA—UNAUTHORIZED PERSONS KEEP OUT," and in Spanish, "CUIDADO— ZONA DE RESIDUOS— BIOLOGICOS PELIGROSOS—PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS," or in another language, in addition to English, determined to be appropriate by the infection control staff or enforcement agency.

Part 8: Information and Training

Annual Training Employees on Bloodborne Pathogen Exposure

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 ten days of their new job duties. Training shall be repeated at least once per year by the administrator's designee, who must be knowledgeable in the subject matter, and shall include the following items:

- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;
- An explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;
- 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;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the 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;
- Information on the appropriate actions to take, and persons to contact, in an emergency involving exposure;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and incident and the medical follow-up that will be made available; and
- Information on post-exposure evaluation and follow-up.

The majority of the items listed above will be covered on videotape, pamphlets or other material. Each training session allows an opportunity for interactive questions and answers. Attendance shall be recorded and kept at the site for at least three years.

Part 9: Record Keeping

Medical Records:

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

- The employee's name and social security number/employee I.D.;
- 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;
- A copy of all results of examinations, medical testing, and follow-up procedures regarding this plan (available at workers' compensation clinic);
- Copies of any healthcare professional's written opinion; (available at workers' compensation clinic); and
- A copy of the information provided to the healthcare professional.

The district shall insure that employee's medical records are:

- Kept confidential; and
- 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

Training records shall include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

Training records shall be maintained for three 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 (National Institute for Occupational Safety and Health) for examination and copying.

Sharps Injury Log

The **Sharps Injury Log** (Appendix D) will be maintained as a record of each exposure incident involving a sharp.

The original copy of the **Sharps Injury Log** must be kept on file at the location where the incident occurred for no less than 5 years from the date of incident, and a copy forwarded to the District EHS Office and Risk Management Department. Information about employees who are sent for medical evaluation as a result of the incident must be entered on the district OSHA 300 Log which is located in the Risk Management Department.

Availability of Records

The records noted below are provided upon request to the following individuals and agencies for examination and copying.

Type of Record	Provided to:
Medical	Subject employee and person(s) having the written consent of the subject employee
Training	Our employees and their representative(s)
Sharps Injury Log	Department of Health and Human Services, our employees and their representative(s)
All records	Chief of Cal/OSHA and NIOSH

Appendix A: Reference to Regulation

CALIFORNIA CODE OF REGULATIONS

SUBCHAPTER 7

GENERAL INDUSTRY SAFETY ORDERS GROUP 16

CONTROL OF HAZARDOUS SUBSTANCES, ARTICLE 109

HAZARDOUS SUBSTANCES AND PROCESSES

§5193. BLOODBORNE PATHOGENS

MAY BE VIEWED IN ITS ENTIRETY AT

<http://www.dir.ca.gov/title8/5193.html>

Appendix B: Hepatitis B Vaccination Form

**San Diego Unified School District
Hepatitis B Vaccination Form**
(Sign in each applicable area)

Declination of Vaccination:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B (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 the 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 want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (please print): _____

Signature: _____ Date: _____

I have previously been immunized for Hepatitis B (HBV) and do not require additional vaccination.

Name (please print): _____

Signature: _____ Date: _____

I have been tested for Hepatitis B (HBV) and have been shown to be immune.

Name (please print): _____

Signature: _____ Date: _____

I decline Hepatitis B (HBV) vaccine due to medical reasons.

Name (please print): _____

Signature: _____ Date: _____

Acceptance of Vaccination:

I accept San Diego Unified School's offer for the Hepatitis B (HBV) vaccination.

Name (please print): _____

Signature: _____ Date: _____

- Make copies as needed.

Appendix C: First Aid Incident Report

**San Diego Unified School District
 First Aid Incident Report**

(To be completed if First Aid is rendered by an employee whose job description is listed under Exposure Determination. (Cal/OSHA encourages employers to offer post-exposure follow-up JAW 5193(F) to voluntary first aid providers exposed to blood or OPIM.)

Incident Location:	Date:	Time:
Name(s) of Responder(s):	Exposure Incident?	
	YesD	NoD
	YesD	NoD
	YesD	NoD
	YesD	NoD
	YesD	NoD
	YesD	NoD
	YesD	NoD
	YesD	NoD
	YesD	NoD
	YesD	NoD
Incident Description:		

- Attach additional pages as necessary.
- Keep original in Bloodborne Control Plan file
- Make copies as needed.
- This form **MUST** be kept on file for five (5) years.

First Aid Incident Report

NOTE: This form may be downloaded at <http://www2.sandi.net/health/> or <http://prod031.sandi.net/risk/Forms.htm>

Appendix D: Sharps Injury Log

**San Diego Unified School District
 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: _____	Date reported: _____
2. Report written by: _____	Telephone: _____
3. Location (Site) of incident: _____	
4. Type and brand of sharp involved: _____	
5. Description of exposure incident:	
Job classification of exposed employee: _____	
Department or work area where the incident occurred: _____	
Procedure being performed by the exposed employee at the time of incident: _____	
How the incident occurred: _____	
Body part(s) involved: _____	
Did the device involved have engineered sharps injury protection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was engineered sharps injury protection on the sharp involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes	If No
A. Was the protective mechanism activated at the time of the exposure incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	A. Does the injured employee believe that a protective mechanism could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Did the injury occur before, during, or after the mechanism was activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
• Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Employee's opinions: _____ _____	
6. Comments on the exposure incident (e.g., additional relevant factors involved): _____ _____ _____	
7. Employee interview summary: _____ _____	

- Keep original in Bloodborne Control Plan file
 - Make copies as needed.
- This form must be kept on file for five (5) years

NOTE: This form may be downloaded at <http://www2.sandi.net/health/> or <http://prod031.sandi.net/risk/Forms.htm>

Appendix E: Warning Label

Place this label on the sharps waste container

<p style="text-align: center;">SAN DIEGO UNIFIED SCHOOL DISTRICT</p> <p style="text-align: center;">SHARPS WASTE</p> <p style="text-align: center;"></p> <p style="text-align: center;">BIOHAZARD</p> <table border="1" style="width: 100%;"><tr><td>SITE NAME: _____</td></tr><tr><td>_____</td></tr><tr><td>ADDRESS: _____</td></tr><tr><td>_____</td></tr><tr><td>PHONE NUMBER: _____</td></tr></table> <p style="text-align: center;">IN CASE OF EMERGENCY, CONTACT THE ENVIRONMENTAL HEALTH & SAFETY OFFICE AT (858) 627-7174</p> <p style="text-align: center;">HANDLE WITH CARE</p>	SITE NAME: _____	_____	ADDRESS: _____	_____	PHONE NUMBER: _____
SITE NAME: _____					

ADDRESS: _____					

PHONE NUMBER: _____					

Appendix F: Warning Sign

Place this warning sign on the exterior door of work area

CAUTION

BIOHAZARDOUS WASTE
STORAGE AREA
UNAUTHORIZED
PERSONS KEEP OUT



CUIDADADO

ZONA DE RESIDUOS
BIOLOGICOS PELIGROSOS
PROHIBIDA LA ENTRADA A
PERSONAS
NO UTORIZADAS



Glossary

Designated Employees who are appointed by their employer as emergency response personnel.

Epidemiology A branch of medical science that deals with the incidence, distribution and control of a disease in a population.

Exposure When there is contact with blood or other potentially infectious material on *intact* skin, clothing, or personal protective equipment.

Exposure Incident When there is contact with blood or other potentially infectious material involving mucous membranes or abraded skin.

Exudative Lesion An oozing wound.

Fluids, Amniotic: The fluid surrounding an embryo in the womb.

Fluids, Cerebrospinal: A liquid that is comparable to serum and secreted from the blood that is found in the brain and spinal column.

Fluids, Pericardial: The fluid that is found in the sac that surrounds the heart.

Fluids, Pleural: Moistens the lining of the lungs to facilitate movement while breathing.

Fluids, Synovial: A lubricating fluid secreted by a joint or bursa or tendon sheath.

Hypoallergenic Diminished potential for causing an allergic reaction.

Mucous Membrane A membrane that lines body passages and cavities, which communicate directly or indirectly with the exterior.

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.

Other potentially infectious materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

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

Pathogens Viruses and bacteria that cause disease.

Percutaneous Effected or performed through the skin.

Seroconversion Development of evidence of antibody response to a disease or vaccine.

Serological The scientific study of blood.

Sharp Any sharp instrument that can lacerate, puncture or invade tissue.

Vascular Relating to a channel for the conveyance of body fluids such as blood.

Venipuncture A surgical puncture