



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

PERRIS ELEMENTARY SCHOOL DISTRICT
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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PURPOSE AND POLICY

The Perris Elementary School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910. 1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective Equipment (PPE)
 - Housekeeping
- Hepatitis B vaccination
- Exposure Plan
- Post-exposure evaluation and follow up
- Employee Training
- Recordkeeping

The Superintendent, or designee, in conjunction with the Risk Management Department are responsible for the implementation of the ECP. Risk Management will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact Location: Perris Elementary School District, 143 E. 1st Street Perris, CA 92570

Contact Phone Number: (951) 657-3118

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP. Perris Elementary School District will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels, and red bags as required by the standard. Risk Management will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Risk Management will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Risk Management will be responsible for training, documentation of training, and making the written ECP available to employees.

EXPOSURE DETERMINATION

Employees within our organization have occupational exposure to bloodborne pathogens. *Occupational exposure* means reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties. *Parenteral*

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contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions.

Perris Elementary School District's policy is to conduct exposure determination throughout the District without regard to personal protective equipment (PPE). Perris Elementary School District's policy is to periodically review and evaluate job classifications, tasks, or procedures in which our employees may have occupational exposure to blood or OPIM. After this review, the District identifies the job classifications which have a high risk of occupational exposure. The following is a list of job classifications in the Perris Elementary School District which employees have been identified as having a high occupations risk for exposure without the regard for personal protective equipment (PPE):

- District Nurse
- Health Aides
- Supervision Aides
- Special Education Teachers
- Special Education Aides
- Physical Education Teachers
- Physical Education Aides
- Custodians

The following is a list of job classifications in the Perris Elementary School District which employees have been identified as having an occasional risk of exposure without regard for personal protective equipment (PPE):

- Administrators
- Classroom Teachers
- Building Secretaries/Clerks
- Instructional Aides
- Food Service Workers
- Maintenance Workers

METHODS OF COMPLIANCE

UNIVERSAL PRECAUTIONS

Universal precautions are procedures that can be used to prevent the transmission of BBP's when providing first aid or health care. Universal precautions are also used to prevent transmission when cleaning up body fluids, as well as any form of regulated waste.

Universal precautions shall be observed within Perris Elementary School District to minimize contact with blood or other potentially infections materials (OPIM). Any potential contact with blood or OPIM shall be directed toward the appropriate staff at each site including Custodians, Health Aides, or District Nurse due to the fact

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that they have necessary training and equipment to handle the potential for exposure. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. All human blood and certain body fluids shall be treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

EXPOSURE CONTROL PLAN

Employees covered by the bloodborne pathogen standard receive an explanation of this ECP during their initial training. It will also be reviewed in their annual refresher training. An employee can review this plan at any time by contacting Risk Management.

Risk Management is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

ENGINEERING AND WORK PRACTICE CONTROLS

- Handwashing – Employees should wash hands immediately or as soon as possible after removal of gloves or other PPE and after contact with blood or other OPIM. If hand washing facilities are not immediately available, employees should use antiseptic hand cleaner and then wash their hands with soap and water as soon as possible.
- Procedures – All procedures involving blood or other OPIM should be performed in a manner to minimize splashing, spraying, splattering and generation of droplets.
- Hazardous Materials – Any container for storage, transport or shipping of OPIM should be sealed and labeled or color coded. If outside contamination of the primary container occurs, it should be placed within a second container which prevents leakage during handling/processing, storage, transport or shipping. The second container should be labeled with a biohazard sign. If the specimen could puncture the primary container, it should be placed in a puncture resistant second container meeting the characteristics as just stated.
- Equipment – Equipment which may become contaminated with blood or other OPIM should be decontaminated unless decontamination is not possible. Contaminated equipment should be placed in a red biohazard bag or have attached biohazard label stating which portions remained contaminated.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Gloves – Gloves should be worn when it can be reasonably anticipated the hands might have contact with blood, mucous membranes, non-intact skin, or OPIM and when touching or handling contaminated items or surfaces. Disposable single use gloves should be replaced as soon as possible when contaminated, torn, punctured, or when their ability/function as a barrier is compromised. Disposable gloves should not be washed or disinfected for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised; however, they should be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

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- Face protection – face protection should be worn whenever splashes, spray, spatter, droplets or aerosols of blood or OPIM may be present and eye, nose or mouth contamination can be anticipated.
- Protective clothing – Appropriate protective clothing should be worn in occupational exposure situations. The type and characteristics of the clothing will depend upon the task and degree of exposure anticipated.

HOUSEKEEPING

All equipment and environmental working surfaces should be properly cleaned and decontaminated after contact with blood or other potentially infectious materials. All bins, 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 on a regular basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.

Regulated waste is liquid or semi-liquid blood or other potentially infectious material. Regulated waste should be placed in labeled containers which can be sealed and are constructed to hold the contents and prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it should be placed in a second container meeting the same requirements as the original container. Regulated waste should be disposed of in accordance with California Environmental Protection Agency, Department of Toxic Substances Control.

Used needles should not be cut, bent, broken or reinserted into original sheath. They should be discarded intact immediately after use into an OSHA approved sharps disposal container.

OSHA-approved containers for sharps should be easily accessible in areas where employees routinely have the greatest potential exposure for contamination by sharps. These containers should be sealed and replaced when they are 75% full to decrease exposure by forcing contaminated objects into the container.

HEPATITIS B VACCINATION

Risk Management will provide training and information to employees on the Hepatitis B vaccinations.

Due to the high occupational risk for exposure for the before mentioned job classifications, Perris Elementary School District will make available the Hepatitis B vaccination free of charge to designated high risk groups following the required training through Keenan SafeSchools. A high risk employee will be provided the "Employee Acceptance/Declination of Hepatitis B Vaccination" form (See Attachment "A"). At that time, the employee has the right to accept or decline the vaccination. The vaccination is provided through the Districts Medical Provider Network. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the District Office.

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EXPOSURE PLAN

Should an exposure incident occur, contact Risk Management. An immediately available confidential medical evaluation and follow-up will be conducted by the Districts Medical Provider Network. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.) the following activities will be performed:

- Complete the Exposure to BBP or OPIM Incident Reporting Form (See Attachment “B”)
- Complete the Source Individual Documentation and Testing Form (See Attachment “C”)
- The exposed individual should be sent to the following location for treatment. Please call the number below and give a verbal authorization for treatment.

CONCENTRA – Urgent Care Facility
16420 Perris Blvd. Suite Q
Moreno Valley, CA 92551
(951) 571-2450 Hours: 8AM – 5PM

POST EXPOSURE EVALUATION AND FOLLOW UP

Risk Management ensures that the Medical Provider evaluating an employee after an exposure incident receives the following:

- A description of the employees’ job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, source individual’s infection status (positive or negative for HIV, Hepatitis B or Hepatitis C)

Risk Management will review the circumstances of all exposure incidents to determine:

- Engineering controls were in use at the time of exposure
- Work practices were followed
- A description of the device being used
- PPE or clothing that were used at the time of exposure (gloves, eye shields, etc.)
- Location of incident
- Procedure being performed when the incident occurred
- Employee training record

Risk Management will record all percutaneous injuries from contaminated sharps in the Sharp Injury Log. See Attachment “D”.

If revisions to the BBP ECP are necessary Risk Management will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.).

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EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training through Keenan SafeSchools. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. Please contact Risk Management for more information on Bloodborne Pathogen Training.

RECORDKEEPING

Perris Elementary School District shall establish and maintain an accurate record regarding bloodborne pathogen risk potential and actual exposure for each employee that will include a minimum of the following:

- Exposure risk classifications
- Offer of Hepatitis B Vaccinations as well as acceptance/declination of vaccine
- Documentation of bloodborne pathogen exposure training
- Follow up process/procedure for any occupational exposure incidents

Perris Elementary School District shall maintain this record for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1030(h).

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ATTACHMENT A - EMPLOYEE ACCEPTANCE/DECLINATION OF HEPATITIS B VACCINATION

Name _____ Job Title _____

ACCEPTANCE FOR ADMINISTRATION OF HEPATITIS B VACCINE

Hepatitis B virus typically causes a clinical illness with jaundice; it may also produce a sub-clinical infection. In either case, complications can occur, including persistence of infection, chronic carrier state, cirrhosis and liver cancer.

Hepatitis B virus is transmitted principally through contaminated body fluids (especially blood) skin or mucosa; therefore, likelihood of contracting the disease is greater for individuals (e.g. nurses, athletic trainers) coming in frequent contact with blood or blood products.

I understand that a vaccine for Hepatitis B is available and is being offered by my employer at no charge to me. This vaccine, when administered in three doses over a six-month period has been shown to be highly effective in providing protection against Hepatitis B infection. It has rarely produced serious side effects.

I certify that I am not pregnant, nor am I a mother nursing a child with breast milk and that I have been given information regarding Hepatitis B vaccine and the opportunity to have questions answered.

I agree to release my employer from any liability related to the administration of this vaccine.

| | | | |
|-----------|------|---------|------|
| Signature | Date | Witness | Date |
|-----------|------|---------|------|

Dates of Vaccination: _____

HEPATITIS B VACCINE DECLINATION

I have received information from Perris Elementary School District about the Hepatitis B vaccine.

I understand that due to any 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 me. However, I decline Hepatitis B vaccine 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.

| | | | |
|-----------|------|---------|------|
| Signature | Date | Witness | Date |
|-----------|------|---------|------|

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ATTACHMENT B – EXPOSURE TO BBP OR OPIM INCIDENT REPORTING FORM

CONFIDENTIAL

Date and time of the exposure incident: _____

Name of Exposed Individual: _____

Exposed Individuals Worksite/Job Title: _____

Source Individual (student/employee ID# only): _____

Exposure reported to: _____ Date/Time Reported: _____

Describe the incident/exposure _____

Was a sharp involved in the incident? Yes No

If yes, type and brand of Sharp? _____

Procedure being performed by the exposed employee at the time of the incident: _____

Body part(s) involved: _____

Did the device involved have engineered sharps injury protection? (if applicable) Yes No

Was engineered sharps injury protection on the sharp involved? (if applicable) Yes No

Was the BBP Exposure Control Plan followed? Yes No (if no, please describe)

Report completed by: _____ Date of Report: _____

Submit this report to the Supervisor and Risk Management ASAP

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ATTACHMENT C – EXPOSURE TO BBP OR OPIM SOURCE INDIVIDUAL DOCUMENTATION
AND TESTING FORM

CONFIDENTIAL

Date of Incident: _____ Time of Incident: _____ AM PM

Location of Incident (be specific): _____

Name of Exposed Individual _____

Source Individual (student/employee ID# only) _____

Contact parents/guardians and request the following:

Is the source individual infected with HIV, Hepatitis B or Hepatitis C?

Yes No Unknown

If no or unknown, is consent given to test the source individual?

Yes No

If consent is given to test the source individual, please contact Risk Management so they can be sent to our Medical Provider for testing free of charge.

If you were unable to make contact please note the phone number, date and time you attempted contact:

Report completed by: _____ Date of Report: _____

Submit this report to the Supervisor and Risk Management ASAP with the Incident Reporting Form.

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ATTACHMENT D – SHARPS INJURY LOG

| Exposure Date | Type/Model/Brand of Sharp | Department/Site Where Exposure Occurred | Explanation of Exposure |
|---------------|---------------------------|---|-------------------------|
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