



**MT. SAN JACINTO COMMUNITY
COLLEGE DISTRICT**

**EXPOSURE CONTROL PLAN
FOR
BLOODBORNE PATHOGENS**

UPDATED: DECEMBER 1, 2021

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BACKGROUND

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) issued its final regulation on occupational exposure to bloodborne pathogens (29 CFR 1919.1030). Based on a review of the information, OSHA has determined that employees face a significant health risk as a result of occupational exposure to blood and other potentially infectious materials (OPIM) because they contain bloodborne pathogens. These pathogens include HBV, which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immuno-Deficiency Syndrome (AIDS). The agency has concluded that this hazard can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs, labels, and other provisions.

The California version of this legislation became effective on January 8, 1993. The text of the law can be found in Section 5193 of Title 8 of the California Code of Regulations (8CCR5193).

The standard covers all employees who could be reasonably anticipated as the result of performing their job duties to have occupational exposure (skin, eye, mucous membrane, or parenteral contact) to blood or other potentially infectious materials. The purpose is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

EXPOSURE CONTROL PLAN

INTRODUCTION

The Mt. San Jacinto Community College District (hereafter referred to as District) is continuing the implementation of an Exposure Control Plan (ECP) to ensure the well-being and to protect the safety and health of our employees. This plan has been developed to meet compliance with State and Federal Regulations pertaining to Bloodborne Pathogens.

Employees are encouraged to read and are required to follow the guidelines and procedures set forth in this plan. Questions regarding the contents of this plan should be brought to the attention of their immediate supervisor.

A copy of this Plan can be found at the following locations:

- [Environmental Health and Safety | Mt. San Jacinto College \(msjc.edu\)](https://www.msjc.edu)
- SJC Bldg 700 / Maintenance & Operations (M&O) Office
- MVC Bldg 1800 / Maintenance & Operations (M&O) Office
- TVC Floor 3 / Risk Management Office

This Plan will be reviewed annually by the Risk Management Department and Safety Committee.

Purpose

The purpose of the Mt. San Jacinto Community College District Exposure Control Plan is to: eliminate or minimize employee occupational exposure to blood or certain other body fluids and to comply with the Cal/OSHA Bloodborne Pathogens Standard, Calif. Code Regs., Title 8, § 5193.

Blood and body fluids may contain pathogens which are small organisms that can cause serious disease. Three of the most common bloodborne diseases are:

- Hepatitis B virus (HBV) which causes hepatitis, a potentially fatal liver disease.
- Human Immunodeficiency Virus (HIV), the cause of acquired immunodeficiency syndrome (AIDS).
- Hepatitis C virus (HCV), a chronic liver disease, is potentially fatal.

HBV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin. HCV is carried in the blood, usually caused by injection drug use. In the school setting the most common way exposure can occur is when an employee has an open sore or injury and is in contact with blood or other infectious material, or when an employee is not wearing the proper Personal Protective Equipment (PPE) to protect against contact with infectious material such as blood, human tissue or other body fluids that contain blood. In addition, there is potential exposure from needles and sharps to employees in Associate Degree Nursing and Vocational Nursing programs, and biology laboratories.

Elements of the Exposure Control Plan (ECP)

- The required exposure determination.
- The schedule and method of implementation for:
 - Methods of compliance
 - Communication of hazards to employees
 - HBV vaccination and post-exposure evaluation and follow-up
 - Recordkeeping
- A procedure for the evaluation of circumstances surrounding exposure incidents.
- A procedure for gathering the information required by the sharps injury log.
- A procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the sharps injury log.
- A procedure for identifying currently available engineering controls and selecting such controls for the appropriate work areas.
- A procedure for obtaining information from employees as part of the plan review process.
- Ensure that a copy of the ECP is accessible to employees.
- Ensure that the ECP is reviewed and updated at least annually.

Responsibilities

The development and implementation of an exposure control plan requires the commitment of management and participation of all employees at every level within the Mt. San Jacinto Community College District (the District).

Policy Statement - It is the policy of the District to provide a safe and healthy work environment for all of its employees by minimizing exposure to bloodborne pathogens.

Individual Affected Employees shall be responsible for:

1. Reading and following the guidelines put forth in this plan.
2. Attending training as required.
3. Wearing the designated Personal Protective Equipment (PPE).
4. Addressing any concerns or questions to their supervisors.

Supervisors/Directors/Area Deans shall be responsible for:

1. Ensuring affected employees have initiated training on department specific safe work practices relative to exposure to blood or other potentially infectious substances/materials.
2. Monitoring their departments to implement and ensure compliance with the Exposure Control Plan at the work site (see Section IV), including always having an adequate supply of protective equipment to comply with the Bloodborne Pathogen Standard.
3. Ensuring that affected employees attend and complete training sessions to comply with the Bloodborne Pathogen Standard.
4. Ensuring that affected employees are referred for training and, if necessary, are offered the Hepatitis B vaccination series within ten days.
5. Report compliance failures to the Risk Management Department (riskmanagement@msjc.edu).

Director of Regulatory Compliance shall be responsible for:

1. Coordinating the initial and annual training for all affected employees covered by this plan.
2. Maintaining employee training records. Records stored in the Risk Management office.
3. Arranging for payment of vaccination series and expenses for post-exposure follow-up deemed necessary by the medical contractor.
4. Perform post-exposure evaluation and follow-up, post-exposure prophylaxis, and recordkeeping required annually (outlined in Section VIII) to ensure compliance in accordance with bloodborne pathogens exposure control standards.
5. Assisting division deans, department chairpersons and managers/supervisors to monitor individual departments for compliance with the provisions of this plan.
6. Conduct facility audits to assess exposure control compliance, including examination of engineering controls on an annual basis to ensure their effectiveness.
7. Ensuring that the individual(s) responsible for decontaminating equipment or working surfaces with infectious materials/substances is knowledgeable about Universal Precautions and EPA registered Tuberculocidal Disinfectants.

Associate Dean of Support Services shall be responsible for:

1. Serving as an advisor in the development and implementation of the training program.
2. Reviewing the Exposure Control Plan annually in consultation with the Vice President of Business Services and the appropriate relevant areas impacted by the Exposure Control Plan.

Vice President of Human Resources (or designee) shall be responsible for:

1. Ensuring that each affected employee has started the Hepatitis B vaccination series or has signed the declination form.
2. Providing Hepatitis B vaccination series to affected employees who are not eligible for vaccination from their private medical insurance.
3. Maintaining Hepatitis B vaccination records or declination forms.
4. Coordinating post-exposure follow-ups with medical contractor.

5. Ensuring that the health care professional's written opinion is provided to employees receiving post-exposure follow-up.
6. Maintaining records relative to post-exposure follow-up to bloodborne pathogens, including first aid providers.

It shall be the responsibility of the Risk Management department to review the District's bloodborne pathogen exposure control program on an annual basis. Whenever necessary, the exposure control plan will be amended to reflect new or modified tasks and procedures which affect occupational exposure. Risk Management is responsible for assessing and selecting appropriate personal protective equipment (PPE).

AFFECTED EMPLOYEES / EXPOSURE DETERMINATION

The purpose of the exposure determination is to identify individuals who meet the definition of occupational exposure as defined by Cal/OSHA and who shall receive training, protective equipment, and vaccination as described in this program. These employees are considered affected employees.

“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. Any employee with occupational exposure to blood or other potentially infectious materials is covered by the Exposure Control Plan.

Potentially infectious materials include the following human body fluids: blood, saliva, any body fluid that is visibly contaminated with blood, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, semen, vaginal secretions, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.) Further, to be considered "occupational exposure," the contact must result from the performance of an employee's duties.

The District has determined all employees in the following job classifications and responsibilities meet the occupational exposure definition:

- Allied Health Instructors
- Physical Education Athletic Trainers
- Biological Sciences Instructors and Instructional Aides
- Child Care Instructors and Instructor Aides
- Disabled Student Services Coordinators, Learning Disability Specialist, Program Assistants, Teaching Assistants, Academic Support Assistants and Administrative Assistants
- Health Center Services Dean, Coordinator, Nurses and Administrative Assistants
- Maintenance & Operations (M&O) personnel
- Campus Safety Officers

Determination of Occupational Exposure

The Cal/OSHA regulations provide for the Hepatitis B vaccination of certain employees who may reasonably anticipate occupational exposure. Accordingly, it is the responsibility of the District to identify and list the following:

Each job classification in which all the employees have reasonably anticipated occupational exposure. Each job classification in which some of the employees have occupational exposure. In identifying the job classification, the District must specify the job tasks and procedures in which occupational exposure is reasonably anticipated to occur. These job classifications and related job tasks and procedures are identified in Appendix B. Consequently, Hepatitis B vaccinations shall be provided to those employees determined by the District to have occupational exposure to blood and other potentially infectious materials, and to be eligible for vaccination.

HEPATITIS B VACCINATION PROGRAM

The District recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, the District has implemented a Hepatitis B vaccination program, as well as set up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur. The District shall follow the regulations as stated in CCR, Title 8, Section 5193 concerning the management of the vaccination and follow-up programs.

Vaccination for employees with potential occupational exposure will be made available following the required Bloodborne Pathogens training and within 10 working days of initial assignment. Vaccination will be handled through contracted, District approved workers' compensation clinics. Vaccinations are to be performed under the supervision of a health care professional. Employees/positions who are eligible for the vaccination program are listed on the "Employees Eligible for Hepatitis B Vaccination" form (see Appendix B). Employees who are eligible, but have declined to take part in the program, shall sign a "Vaccination Declination" form (see sample form in Appendix). The District shall maintain for all those who have received or declined vaccination. If any employee signs the "Vaccination Declination" form but at a later date chooses to receive the vaccination, the District will make it available at that time.

Employees who are designated secondary first aid providers are not mandatorily eligible for pre-exposure vaccination but may be eligible for vaccination in the event the employee renders assistance during a first aid incident involving the presence of blood or infectious material. See information regarding such vaccination under the section regarding Post Exposure Evaluation and Follow-up. Designated secondary first aid providers are defined as employees who may run a risk of occupational exposure; however, this risk arises in the context of the performance of a "collateral" duty and is not performed on a regular basis.

Designated, or other first aid providers, whose primary job assignments are not first aid but render first aid for workplace injuries as collateral duty (such as an instructor helping a student) need not be offered pre-exposure vaccine if certain conditions exist, including availability of the full vaccination series as soon as possible, but no later than, 24 hours of the provision of assistance in any situation involving the presence of blood or other potentially infectious material.

First aid incidents and exposure incidents occurring during normal work hours shall be reported to their supervisor before the end of the shift.

After hours reporting of a situation including first aid where blood or other potentially infectious materials were present. Such an event on weekends or during field trips shall be reported immediately to: Associate Dean of Support Services or Director of Regulatory Compliance

The verbal report shall be followed up with the Post Exposure Follow-Up Report and submitted to the Director of Regulatory Compliance.

METHODS OF COMPLIANCE AND SCHEDULE OF IMPLEMENTATION

There are a number of areas that must be addressed in order to effectively minimize exposure to bloodborne pathogens in our District. These include:

Universal Precautions 5193 (d)(1)

A universal precaution is an approach to infection control. According to the concept of universal precautions, all human blood and body fluids are treated as if known to be infectious.

In the school setting, precautions shall include hand washing, using gloves and other appropriate protective equipment, careful trash disposal, and using disinfectants.

Universal precautions shall be used within the school setting at all times to prevent contact with blood or other potentially infectious materials.

All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Engineering and Work Practice Controls 5193 (d)(2)

The following engineering and workplace controls shall be used to eliminate or minimize employee exposure. The District shall continually evaluate these controls compared with new or more advanced equipment and substitute new methods as determined by the Plan Administrator. Engineering controls shall be maintained on a regular schedule. A regular system shall include documentation of maintenance inspections which include date of inspection, name of employee making the inspection, findings, repair verification if needed and the signature of the employee conducting the inspection.

Engineering controls are controls that isolate or remove the bloodborne pathogens hazard from the workplace, (e.g., sharps disposal containers).

Work practice controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Sharps Injury Protection: To increase protection from sharps injuries, which can transmit bloodborne pathogens in the workplace, use needleless systems (needle devices with engineered sharps injury protection), retractable, disposal lancets, and non-needle sharps with engineered sharps injury protection.

Hand washing: Thorough hand washing is the single most effective means in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as routine hygienic practices.

All employees shall wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately or as soon as practicable following contact of such body areas with blood or other potentially infectious materials.

Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment (PPE).

How to wash hands: Wet hands with running water and apply soap from a dispenser. Lather well. You may wish to remove all jewelry from hands and place in a safe location at this time. Wash vigorously for 15 to 20 seconds. Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris.

Rinse well under running water with water draining from wrist to fingertips. Leave water running. Dry hands well with a paper towel and then turn off the faucet with a paper towel. Discard the towel appropriately. Apply hand cream after frequent hand washing. Use lotion to prevent skin irritation, breakdown, and subsequent infection. In some situations, running water is not available. Liquid disinfectant and/or towelettes should be substituted temporarily, and regular hand washing should be done as soon as possible. (Employees with frequent exposure to body fluids should not wear hand jewelry in the workplace.)

Hand-washing facilities: Hand-washing facilities or antiseptic solutions and/or towelettes (to be used as an immediate but temporary measure, in places where hand-washing facilities are not available) will be readily accessible. Hand-washing facility means a facility providing an adequate supply of running potable water, soap and single-use towels or hot air-drying machines.

Personal Protective Equipment

Personal protective equipment (PPE) is specialized clothing or equipment worn or used by an employee for protection against a hazard (e.g., gloves, eye protection, etc.).

All personal protective equipment used in the District, to provide a barrier against bloodborne pathogens, will be provided without cost to employees. The District must clean, repair, or replace the equipment when necessary. The type and amount of PPE shall be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of a task or procedure.

Personal protective equipment (PPE) will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes.

All personal protective equipment (PPE) will be inspected periodically and repaired or replaced as needed to maintain its effectiveness. Employees shall be responsible for notifying their immediate supervisor/administrator of the request for PPE, need for repair or replacement of such materials. Personal protective equipment (PPE) that cannot, for whatever reason, be decontaminated will be disposed of in accordance with biohazard rules and regulations. Any garments penetrated by blood or other infectious materials will be removed immediately, or as soon as practicable. All potentially

contaminated personal protective equipment will be removed prior to leaving the work area. Glasses, reusable gloves, and barrier masks shall be decontaminated by the user by soaking in an EPA registered germicide or a fresh solution of one (1) part bleach to ten (10) parts water for at least five (5) minutes.

Disposable (single use) latex gloves (non-latex gloves are available to those with allergies) should be used when contact with blood or body fluids is anticipated (such as a bloody nose). Gloves will be standard components of first aid supplies in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms. Gloves shall also be used during decontamination procedures. (See Housekeeping Practices, for more information on decontamination.)

Disposable (single use) gloves shall be replaced as soon as practical when contaminated, torn, punctured or unable to function as a barrier. They shall not be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, deteriorated or when their ability to function as a barrier is compromised.

Sharps Injury Protection

Sharps are objects that can injure an employee's skin. To isolate and minimize exposure to bloodborne pathogens, the following engineering controls regarding sharps are in place:

Needleless Systems

Shall be used when information indicates the system is more effective in reducing sharps injuries than the current system being used.

Needle Devices

If needleless systems are not used, needles with engineered sharps injury protection shall be used. All sharps and needles shall comply with engineered sharps injury protection regulations.

Non-Needle Sharps

If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

Prohibited Practices

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Bending, recapping or removal of contaminated sharps by hand is prohibited.
- Sharps that are contaminated with blood or other potentially infectious materials (OPIM) shall not be stored in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps shall not be reused.
- 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 dustpan, tongs, or forceps. Gloves should be worn during this procedure.
- The contents of used sharps containers shall not be accessed.

Prohibited Practices (continued)

- Sharps containers shall not be opened, emptied or cleaned manually or in any other manner which would expose an employee to the risk of sharps injury.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
- Mouth pipetting/suctioning of blood or other potentially infectious substances/materials is prohibited.

Other Precautions

- All procedures involving blood or other potentially infectious substances/materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
- Specimens of blood or other potentially infectious substances/materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage or transportation.
- Contaminated clothing and equipment must be removed before entering a food consumption area.
- Splattering or the generation of droplets or aerosols of contaminated material must be avoided. If potential for this exists, face protection shall be required.
- Contaminated reusable equipment must be decontaminated to the extent possible. Employees shall wear appropriate personal protective equipment (PPE).
- Personal protective clothing must be worn to prevent body contamination and shall be provided by the District.
- Personal protective equipment (PPE) (splash shields, clothes, gloves, etc.) must not be taken home by the employee and shall remain at the work site.
- If splashing occurs onto protective clothing, inspect clothing to ensure that blood or OPIM is not soaked through the material.
- Biohazard labels will be affixed to containers, refrigerators and freezers containing blood or other potentially infectious substances/materials and any other containers used to store or transport blood or other potentially infectious substances/materials.

Sharps Injury Log

The District shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer. The recorded information shall include the following:

- Date and time of the exposure incident.
- Type and brand of sharp involved in the exposure incident.
- A description of the exposure incident shall include:
 - Job classification of the exposed employee.
 - Department or work area where the exposure incident occurred.
 - The procedure that the exposed employee was performing at the time of the incident.
 - How the incident occurred.

- The body part involved in the exposure incident.
- If the sharp had engineered sharps injury protection (ESIP) and whether it was activated.
- If there were no ESIP, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
- The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

Requirements for Handling Contaminated Needles and Sharps

All procedures involving the use of sharps in connection with patient care shall be performed using effective handling techniques and other methods designed to minimize the risk of a sharps injury.

Contaminated sharps should be discarded immediately into an approved, easily accessible containers that are rigid, portable, if necessary, puncture resistant, leak proof on sides and bottom and properly labeled. The sharps container shall be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

Containers should be stored upright throughout use and be located as close as possible to the immediate area where sharps are used (e.g., health room, science classroom, etc.), replaced immediately when full and shall not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spilling or protrusion of contents.

The disposable sharps container shall be disposed of in an approved container for subsequent disposal by the Maintenance and Operations (M&O) Department. A back-up sharps container shall be available at all times.

Waste Disposal 5193 (d)(3)(E)(1)

Regulated biowaste shall be placed in containers, which are closeable and are of the appropriate size to contain all contents. The containers will be strong enough to prevent leakage of fluids during handling, storage and transport. Red bags and red containers will be used by all departments to hold items that are soaked with blood or other potentially infectious substances/materials.

All waste containers must be closed and properly labeled prior to pick-up. If outside contamination of the waste container occurs, it shall be placed in a second clean container before pickup.

Disposal of all regulated waste shall be in accordance with applicable state and local regulations. All regulated waste shall be picked up as part of the District's twice-annual hazardous waste pick up. Student Health Centers and Allied Health will arrange for scheduled pickups of hazardous waste on a scheduled basis. Additional pick up needs for other divisions within the District will be coordinated with Risk Management on an as-needed basis.

LABELS AND SIGNS 5193(g)(1)(A)

One of the most obvious warnings of possible exposure to bloodborne pathogens is biohazard labels.

Because of this, the District will implement a biohazard warning labeling program using labels of the type shown in Appendix D or when appropriate, using red "color-coded" containers.

Biohazard Waste labels will be affixed to all containers used to dispose of blood or other potentially infectious substances/materials.

The following items shall be properly labeled:

- Containers of regulated waste (see Waste Disposal).
- Sharps disposal containers.
- Contaminated laundry bags and containers.
- Contaminated equipment. (e.g., athletic equipment, shop equipment).

Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials. Labels shall comply with Title 8, Section 6004, and Health and Safety Code Sections 25080-25082. Labels concerning biohazardous waste are covered in Health and Safety Code, Sections 25080-25082. Color coding is described in Title 8, Section 6003. The District shall post signs at the entrance to work areas as described in the regulation.

Housekeeping Practices

The District shall assure that the work site is maintained in a clean and sanitary condition and shall determine and implement an appropriate cleaning schedule for rooms where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the school, the type of surface to be cleaned, which may become contaminated by the HIV, HCV or HBV virus. The type of chemical utilized shall be approved for the highest antimicrobial activity in order to kill the viruses.

Decontamination: Gloves shall be worn during decontamination procedures. All contaminated work surfaces will be decontaminated after completion of associated tasks/procedures, immediately or as soon as feasible 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. Contaminated furniture, toys, educational materials/equipment shall be decontaminated with an EPA registered germicide or a solution of one (1) part bleach to ten (10) parts water.

Broken glassware, which may be contaminated, shall not be picked up with bare hands nor shall any employee reach into a container of broken glassware.

Equipment/tools which have become contaminated with blood or other potentially infectious materials shall be decontaminated by using an EPA registered germicide or a 1/10 bleach/water solution prepared daily or autoclaving. Equipment which becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

Custodial and maintenance staff shall wear appropriate personal protective equipment (PPE), including general-purpose utility gloves during cleanup of blood or other potentially infectious materials. All blood and body fluid spills shall be immediately contained and as soon as practicable, cleaned up by appropriately trained staff who are equipped to work with potentially infectious materials.

Regulated waste shall be disposed of in accordance with local, State and Federal regulations. All wastebaskets should be lined with a disposable plastic bag. In areas where blood is present, physical care is provided or personal care occurs (e.g., health office, restrooms, locker rooms, science classrooms, etc.), disposable plastic bags should be replaced daily.

Sharps Containers shall be designed according to regulations, not allowed to overfill and be located so that employees shall not have to walk long distances with used syringes. Disposable sharp containers are recommended. Sharps Containers shall be inspected regularly according to the Department Administrator and replaced as required.

Other waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups. All containers shall be inspected for leakage potential. Secondary containers shall be available if leakage is possible. All containers holding contaminated material shall comply with CCR, Title 8, Chapter 4.

Laundry Procedures 5193 (d)(3)(J)

Laundry contaminated with blood or other potentially infectious materials (e.g., athletic uniforms and towels) should be handled as little as possible and with a minimum of agitation. Contaminated laundry should be bagged at the location of use, by employee utilizing proper personal protective equipment (PPE) in a biohazard labeled or color-coded red, leak-proof bag. Contaminated laundry shall be bagged with consideration for outside contamination and proper labelling in accordance with Subsection (g)(a)(A) of this standard. Contaminated laundry should not be sorted or rinsed in the location of use. If laundry facilities are available and the contaminated laundry is to be laundered at school, the bag will be transported to the site where laundry is done. Universal precautions will be used at all times. Each of these areas will be reviewed with employees during bloodborne pathogens related training (see Information and Training, in this plan for additional information).

COMMUNICATION OF HAZARDS TO EMPLOYEES

The District shall post signs at the entrance to work areas as described in the regulation. Labels and signage will be placed on campus to notify employees of potentially infectious materials.

Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials. Labels shall comply with Title 8, Section 6004, and Health and Safety Code Sections 25080-25082. Labels concerning bio-hazardous waste are covered in Health and Safety Code, Sections 25080-25082. Color coding is described in Title 8, Section 6003.

FIRST AID INCIDENTS INVOLVING THE PRESENCE OF BLOOD OR INFECTIOUS MATERIAL

Designated first aid providers who have rendered assistance in any situation involving the presence of a significant amount of blood or other potentially infectious material, regardless of whether an actual exposure incident has occurred, have a duty to report such an incident as soon as possible but no later than the end of the work shift during which the first aid incident occurred. The report must contain the information required of employees involved in occupational exposure incidents. (See sample forms in Appendix). The report is used in determining whether the employee has been involved in an occupational exposure incident, and the types of prophylaxis and follow-up treatment required in light of the incident. The report shall be recorded on a list of such first aid incidents, which shall be made available to all employees upon request.

Following a first aid incident involving the presence of blood or infectious material, the Hepatitis B vaccination will be made available to the first aid providers who rendered assistance during the incident within 24 hours, regardless of whether an exposure incident occurred (see Hepatitis B Vaccination Program).

In the event that it is determined that the first aid incident also constituted an exposure incident, the procedures for post-exposure evaluation and follow-up, discussed below, shall be followed.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

It is the employee's responsibility to report the occurrence of an occupational exposure incident as soon as possible but no later than the end of the workday during which the incident occurred. An occupational exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or infectious material, resulting from the performance of an employee's duties.

The employee's report must contain the following information:

1. Name of the first aid provider who rendered assistance or employee who suffered an occupational exposure incident
2. Date and time of the incident
3. A description of the first aid incident, including:
 - a. Whether potentially infectious materials were involved
 - b. Source of the blood or infectious material
 - c. Circumstances under which the incident occurred, i.e., accidental, unusual circumstances

- d. Description of where the incident occurred
- e. Description of the personal protective equipment (PPE) used
- f. Description of the sharp which was involved in the incident (if applicable). This shall be recorded in the Sharps Injury Log (see sample forms in Appendix).

The employee may use the Bloodborne Pathogen Exposure Investigation form for preparing such a report, available in sample forms in Appendix. In response to a report of an occupational exposure incident, the District will:

- Investigate the circumstances surrounding the exposure incident; and
- Make immediately available to the employee involved in the occupational exposure incident, a confidential medical evaluation and follow-up, including at least the following elements:
 - Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - Identification and documentation of the source individual, if feasible and not prohibited by state or local law.

Following such action, the Director of Regulatory Compliance or Director of Campus Safety will seek to obtain the consent of the identified source individual to test that individual's blood to determine the presence of antibodies to the Human Immunodeficiency Virus or Hepatitis B Virus. Once consent is obtained, the testing shall be done as soon as is feasible. Following such action, the Director of Regulatory Compliance will also seek to obtain the consent of the source individual for subsequent disclosure of the results of the above test by the health care provider and the employer, unless the source individual is already known to be infected (see sample forms in Appendix). If such consent is obtained, the results of the test will be made available to the exposed employee, accordingly. The District must document the refusal of the source individual to provide such consent, in order to establish that consent cannot legally be obtained.

If the employee with occupational exposure consents, the District will also arrange to collect and test their blood for HBV and HIV status. In addition, an appointment will be arranged for the exposed employee with a qualified health care professional to discuss the employee's medical status. The District shall offer repeat HIV testing to the exposed employee at designated intervals post-exposure and periodically as recommended by the assessing medical professional (i.e., 12 weeks and 6 months after exposure).

Follow-up of the exposed employee shall include counseling, medical evaluation of any acute illness that occurs within 12 weeks post-exposure and use of safe and effective post-exposure measures according to the recommendations for standard medical practice. The Director of Regulatory Compliance will use the "Post-Exposure Report/ Checklist" (see sample forms in Appendix) to verify that all the steps in the post-exposure process have been taken correctly.

INFORMATION AND TRAINING 5193 (g)(2)

All affected employees who have the potential for exposure to bloodborne pathogens will be trained and furnished with information on this issue. Employees will be retrained annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given initial or additional training which their new position requires at the time of their new job assignment. Training programs are provided at no cost and shall be delivered during the workday. The content of the training shall be appropriate for the educational level of the employee.

TOPICS

The topics covered in our training program will include but not be limited to:

- An explanation of the symptoms and modes of transmission of bloodborne pathogens.
- An explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment (PPE).
- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, including its efficacy, safety and the benefits of being vaccinated.
- An explanation of the procedure to follow if a first aid incident involving the presence of blood, or an exposure incident occurs, method of reporting the incident, and the medical follow-up that will be made available.
- An explanation of the signs, labels, tags and/or color-coding used to denote biohazards (e.g., contaminated sharps containers).
- An accessible copy of the Cal/OSHA standard and an explanation of its contents. (Cal/OSHA GISO 5193).
- An explanation of the District's 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 to blood and other potentially infectious materials.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 - Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - Exposure incident procedures and reporting.
 - Information on post-exposure follow-up and evaluation.

RECORDKEEPING

The District shall maintain accurate records on occupational exposure of each employee pursuant to CCR 8, Section 3204(d). These records shall be confidential and released only with the employee's written permission or as required by law or regulation. The records shall be maintained for thirty (30) years beyond the end of employment of the employee.

Medical Records

The District will establish and maintain a medical record on each employee identified in Affected Employees/Exposure Determination as having occupational exposure to bloodborne pathogens. These records will include the following information.

- Name and social security number of the employee
- A copy of the employee's Hepatitis B Virus (HBV) Vaccination status or declination form
- Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens
- The employer's copy of the evaluating healthcare professional's written opinion following an exposure to bloodborne pathogens

Training Records

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

These records will be kept at the Risk Management Office.

Sharps Injury Log

- The date and time of exposure incident.
- The type and brand of sharp involved.
- A description of the exposure incident.

APPENDIX

Sample Forms

- Post-Exposure Follow-up Report
- First Aid Incidents / Evaluation of Circumstance Surrounding Exposure
- Training Roster
- Exposure Determination Worksheet
- HBV Vaccination Declination
- Sharps Injury Log

- A. Definitions
- B. Employee Categories Covered
- C. Current Medical Contractor
- D. Authorized Labeling

POST EXPOSURE FOLLOW-UP REPORT FORM

Exposure Incident ID #: _____

1. Service performed by (name/address of health care provider):

Phone: _____

1A. Route of Exposure: _____

1B. Exposure Circumstances: _____

2. **Source Individual** Identity: Unknown Prohibited Infeasible

If known:

A. Consent for blood test obtained Date: _____
AA blood collected. Date: _____

B. Consent not obtained: _____

Verified by: (name) _____

Position: _____

C. Know HIV positive: Yes No

D. Results of source individual's blood made available to exposed employee: _____ (date)

3. **Exposed Employee**

A. Blood test consent obtained: Date: _____
AA blood collected. Date: _____

B. Serological testing declined: Date: _____

C. HBV vaccine: Date administered: _____

4. **Information Provided to Health Care Professional** (include dates):

- A. _____ Copy of Bloodborne Pathogen Standard
- B. _____ Written description of exposed employee's duties
- C. _____ Written documentation of route of exposure and circumstances
- D. _____ Results of source individuals blood test
- E. _____ Medical records relevant to the appropriate treatment of the employee
including vaccination status

5. **Health Care Provider's Written Opinion**

Provided to exposed employee Date: _____

Person providing written opinion

Name: _____

Position: _____

EVALUATION OF CIRCUMSTANCES SURROUNDING EXPOSURE

FIRST AID INCIDENTS AND/OR EXPOSURE TO BLOODBORNE PATHOGENS

Exposure Incident

First Aid Incident

1. Date of Incident: _____ Time: _____

2. Location of Incident: _____

3. Witnesses: _____

4. Route of exposure: _____

5. Exposure Circumstances: _____

a) Employee's activity at time of exposure: _____

b) Cause of exposure: _____

c) Part of body contaminated: _____

d) Other employees exposed: _____

e) Blood or OPIM present – describe: _____

6. Source individual; or accident victim(s) name; or source subject:

Position: _____

Individual #2: _____

Position: _____

7. Exposed individual (name): _____

Position: _____

8. Exposure incident ID #: _____

9. Individuals rendering first aid:

1. _____ Phone _____ PPE: _____

2. _____ Phone _____ PPE: _____

3. _____ Phone _____ PPE: _____

Prepared by (name): _____

Position: _____

****IMMEDIATELY TAKE COMPLETED FORM TO PROGRAM ADMINISTRATOR****



EXPOSURE DETERMINATION WORKSHEET

Please complete one form for each job classification, which lists duties that may cause an employee to be exposed.

DISTRICT:

Employee Position Classification: _____

Locations where this position is assigned:

| <u>Tasks and Procedures</u> | <u>Exposure Risk: Indicate if risk is routine or occasional</u> | <u>If <u>all</u> employees in this Classification are at risk</u> |
|-----------------------------|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Additional comments regarding potential risks:

We have discussed the potential risks of exposure pertaining to the above job duties and believe this represents the exposure determination to the best of our knowledge.

Supervisor's Signature

Date

Employee's Signature

Date

HEPATITIS B VACCINE 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.

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

Employee's Signature

Employee's Name Printed

Date

SHARPS INJURY LOG

1. Date and time of the exposure incident: _____

2. Type and brand of sharp involved in the exposure incident: _____

3. Description of the exposure incident: _____

Job Classification of the exposed employee: _____

Department or work area where the exposure incident occurred: _____

Describe the procedure that the exposed employee was performing at the time of the incident:

Describe how the incident occurred:

List the body part(s) involved in the exposure incident: _____

Did the sharp have engineered sharps injury protection and was it activated or not?

If there were no ESIP, what is the injured employee's opinion as to whether and how such a mechanism could have prevented the injury?

What is the employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury?

APPENDIX A

DEFINITIONS

1. **Affected Employee** – An employee who meets the occupational exposure definition based on their job duties. These employees must be included in the District’s Bloodborne Pathogens Program.
2. **Bloodborne Pathogens:** Pathogenic micro-organisms 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).
3. **Contaminated:** The presence or the reasonable anticipated presence of blood or other potentially infectious substances/materials on an item or surface.
4. **Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious substances/materials or may contain sharps.
5. **Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and ends of dental wires.
6. **Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples: Sharps disposal containers, self-sheathing needles, etc.
7. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious substances/materials that result from the performance of an employee’s duties.
8. **Occupational Exposure:** Reasonable anticipated skin, eye, mucous membrane or other parenteral contact with blood or other potentially infectious substances/materials that may result from the performance of an employee’s duties.
9. **Other Potentially Infectious Substances/Materials:**
 - A. The following human body fluids: cerebro-spinal fluids, synovial fluids, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, semen, vaginal secretions, 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 (such as in emergency response).
 - B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - C. HIV-containing cell or tissue cultures, organ cultures and HIV or HBV contaminating culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.
10. **Parenteral:** Piercing mucous membranes or the skin barrier through such events such as needle sticks, human bites, cuts and abrasions.

11. **Personal Protective Equipment:** Specialized equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment.
12. **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious substances/materials, contaminated items that would release blood or other potentially infectious substances/materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious substances/materials and are capable of releasing these substances/materials during handling, contaminated sharps and pathological and other micro-biological waste containing blood or other potentially infectious substances/materials. Includes “medical waste” as regulated by California Health and Safety Code, Chapter 6.1.
13. **Universal Precautions:** Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.
14. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (Example: Prohibiting recapping of needles by two-handed technique.)

APPENDIX B

EMPLOYEE CATEGORIES COVERED

The following job titles/classifications have been determined to meet the occupational exposure definition herein and are therefore included in the District's Bloodborne Pathogens Program.

| DEPARTMENT/PROGRAM | POSITION/EMPLOYEES | ACTIVITY WITH POTENTIAL XPOSURE |
|---|--|--|
| Allied Health | Instructors | Instruction and supervision of students involved in patient care: Injections, dressings, etc. Handling sharps and biowaste. |
| Biological Sciences | Instructors Instructional Aides | Supervising students finger pricking for blood-draw. Instructing and assisting with blood tests. Handling biowaste. |
| Child Development Education Center (CDEC) | Instructors CDEC Master Teacher CDEC Associate Teacher Supervisor Clerical Assistant Director | Possible exposure to children's wounds, bloody mucous or stools, etc. |
| Campus Safety | Campus Safety Officers Director Administrative Assistant | Involvement in physical altercations involving blood or other body fluids. Public safety employees are expected to render first aid in the course of work. |
| Maintenance & Operations - Custodial | Custodians | Cleaning up blood/body fluid spills. Handling soiled feminine hygiene products. |
| Accommodations Service Center (ASC) (formerly DSPS) | Coordinator Alternate Media Specialist Deaf and Hard of Hearing Coordinator Program Assistants Teaching Assistants Academic Support Assistant Administrative Assistant Director | Possible exposure to wounds, blood/body fluids. |

| DEPARTMENT/PROGRAM | POSITION/EMPLOYEES | ACTIVITY WITH POTENTIAL XPOSURE |
|------------------------------------|--|---|
| Maintenance & Operations - Grounds | Grounds-Caretakers | Possible exposure to blood/body fluids when working with plumbing/ sewer lines. |
| Health Center Services | Coordinator RN/College Nurses Administrative Assistant Dean | Direct patient care: Injections, immunizations, wound care and first aid. Designated first aid provider (routine part of job). |
| Maintenance Department | Maintenance Persons | Possible exposure to blood/body fluids when working with plumbing. |
| Physical Education | Athletic Trainer | Wound care and first aid to athletes. |

APPENDIX C

CURRENT MEDICAL CONTRACTOR

| <i>For Students:</i> |
|--|
| If an emergency, please call 911 immediately. |
| Visit the Student Health Center at the San Jacinto campus – Building 1540; Menifee Valley campus – Building 700/Room 723; Temecula Valley campus – First Floor |
| Students may call the Student Health Center at (951) 732-7970 |
| Tell the representative you have had an exposure to blood or other potentially infectious materials and need an appointment immediately. |

| <i>For Employees:</i> |
|--|
| If an emergency, please call 911 immediately. |
| Call S1 Medical at 1-833-691-9022 to report the injury/illness |
| Contact Human Resources to report injury/illness at 951-487-3161 |
| Tell the representative you have had an exposure to blood or other potentially infectious materials and need an appointment immediately. |

Work-Related Injury Treatment Authorization

For treatment authorization and worker's compensation referrals, contact:

Human Resources office at 951-487-3161

APPENDIX D

AUTHORIZED LABELING



BIOHAZARD

Or in the case of Regulated Waste the Legend:

BIOHAZARD WASTE

As described in Health & Safety Code Sections 25080-25082.

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.