
**CHABOT/LAS POSITAS
COMMUNITY COLLEGE DISTRICT**

**Bloodborne Pathogens
Exposure Control Plan**

BLOODBORNE PATHOGEN PROGRAM:

Policy

Chabot/Las Positas Community College District will make every reasonable effort to provide a safe and healthful working environment for staff, students and visitors. In accordance with that, a Bloodborne Pathogen Exposure Control Plan has been developed to limit occupational exposure to blood and other potentially infectious materials since exposure could result in transmission of bloodborne pathogens.

The Exposure Control Plan is in compliance with CAL/OSHA Title 8, General Industry Safety Order, Section 5193 and will be reviewed and updated annually and whenever necessary to reflect new or modified regulations. The provisions of the Plan identify individuals who will receive training, personal protective equipment, vaccinations and other requirements of the standard.

Finally, it is the responsibility of all employees to follow good standards of practice consistent with this policy for the benefit of themselves, other employees, students and visitors.

Annual Review

The Responsible Safety Officer, shall review and update the Exposure Control Plan at least annually. The annual review will include the following:

- All sharp injuries that have been reported must be to the Human Resources Dept.
- The types and brands of sharps
- Engineering methods
- Patient safety through accident investigation
- New or modified tasks and procedures
- Possibility of implementing the use of needless systems
- Evaluate the exposure incidents which occurs since the previous update
- Respond to information indicating that the exposure Control Plan is deficient in any area.

Terms and Definitions

Bloodborne Pathogen

A bloodborne pathogen is a pathogenic microorganism present in human blood that can cause disease in humans. Also see *Other Potentially Infectious Materials (OPIM)* below.

Blood Titer

A titer is a semi-quantitative (volume to volume) measurement. For the purpose of this policy, the term "blood titer" refers to the indirect measurement of blood levels of the Hepatitis B antibody through a measurement of the Hepatitis B surface antigen.

Contaminated

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

Contaminated Laundry

This means laundry, which has been soiled with blood or other potentially infectious materials, or may contain sharps.

Designated First Aid Provider

For the purpose of this policy, these are the individuals who are required to provide first aid in emergency situations as a condition of their employment. These individuals may perform this function as a primary duty (e.g. lifeguard), or as a duty incidental to other duties (e.g. day care providers).

Exposure Incident

As defined in 29 CFR 1910.1030(b), this means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM)

This means certain human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and 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. It also includes any unfixed tissue or organ (other than intact skin) from a human (living or dead) and HIV containing cell or tissue cultures, organ cultures, and HIV- HBV- or HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.

Serologic Status

For the purpose of this policy, the term used to describe the results of blood testing to determine whether an individual has measurable levels of the Hepatitis B Virus or the Human Immunodeficiency Virus. A "positive" serologic status means the person has measurable blood levels of virus; a "negative" serologic status means the individual has not. A person who "seroconverts" changes from a negative to a positive status.

Sharps and Contaminated Sharps

A "sharp" is any object that can readily penetrate the skin, including, but not limited to, broken glass, needles, scalpels, broken capillary tubes, and exposed ends of dental wires. For the purpose of this policy, the definition of "contaminated sharps" is limited to those contaminated with blood or other potentially infectious materials.

Universal Precautions

This is an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

Exposure Determination

Exposure Categories

OSHA has established three (3) exposure categories for protection against occupational exposure to infectious diseases including HBV, HCV and HIV infections. These categories are as follows:

Category I

Tasks that involve exposure to human blood, body fluids, or tissues.

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with human blood, body fluids, or tissues, OR a potential for spills or splashes of them are Category I tasks. Use of appropriate personal protective equipment will be required for every employee engaged in Category I tasks.

Category II:

Tasks that involve no exposure to human blood, body fluids, or tissues but employment may require performing unplanned Category I task.

The normal work routine involves no exposure to blood, body fluids, or tissues, BUT exposure or potential exposure may be required as a condition of employment. Appropriate personal protective equipment will be readily available to every employee engaged in Category II tasks.

Category III:

Tasks that involve no exposure to human blood, body fluids or tissues AND Category I tasks are not a condition of employment

The normal work routine involves no exposure to human blood, body fluids or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way.

It is the policy of Chabot/Las Positas Community College District that all employees that may have exposure to infectious disease shall be classified as Category I, Category II, or Category III.

Category I job classifications shall include:

All medical Nurses where human blood and other potentially infectious materials are used, regardless of frequency

Category II job classifications shall include:

Custodial staff, Campus supervisors

Category III job classifications shall include:

Auto mechanics, food service workers, teachers, grounds personnel, maintenance mechanics, divers and office workers. Athletic trainers/coaches

Category III tasks and procedures that may result in occupational exposure:

1. Disposing of soiled tissues or other debris soiled with visible blood from classrooms, laboratories, hallways or offices.
2. Physical contact with other employees, students or visitors with exudative lesions or

Written Exposure Control Plan

To protect employees against exposure to human bloodborne pathogenic diseases the following exposure control steps will be undertaken. First, "Universal Precautions" will be observed to prevent contact with blood or other potentially infectious materials. Second, engineering and work practice controls will be followed to prevent contact with potentially infectious materials. Third, specimens and equipment will be handled under strict guidelines. Finally, a hazard communication procedure will be followed to alert all employees to the possibility that pathogenic materials are present.

Universal Precaution

It will be the practice of Chabot/Las Positas Community College District to utilize Universal Precautions. Universal Precautions is a system of infection control, which assumes that all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens. Universal Precautions shall be **consistently** used for **all individuals**. Implementation of Universal Precautions does not eliminate the need for other category or disease-specific isolation precautions.

Body fluids which are directly linked to the transmission of HBV, HCV and/or HIV to which Universal Precautions apply are blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures and concentrated HIV, HBV and/or HCV viruses. Universal Precautions also apply to body tissues and any other human body fluids visibly contaminated with blood.

Implementation of Universal Precautions will be accomplished as follows:

1. Gloves shall be worn when direct contact with blood and visibly blood tinged body substances can reasonable be expected, including contact with blood and body fluids, mucous membranes, non-intact skin of individuals, handling of items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves shall be changed after contact with each patient or victim.
2. Gloves should be put on prior to beginning a task and removed when the task is complete. Hands must be washed after removal of gloves or other personal protective equipment. Sterile gloves should be worn for invasive aseptic procedures.
 - Handling of contaminated trash;
 - Handling of soiled laundry/linens;
 - Cleaning body fluids spills; and
 - Cleaning blood spills.
3. Hand washing with soap and water is mandatory between each patient or victim contact and should be done whenever hands are visibly soiled. The employees will provide cloth/paper towels or antiseptic towelettes department. When antiseptic and cleanser or towelettes are used, hands must be washed with soap and running water as soon as feasible.
4. Masks are only needed when it is likely that nose and mouth will be splashed with moist body substances or when personnel are working directly in or around areas of large open wounds.
5. Contaminated needles or other sharps must not be bent, sheared, broken or recapped by hand. Needles and other sharps must be discarded in rigid, leak-proof puncture resistant containers for disposal. The puncture resistant sharp container should be located as close as practical to the use area, and identified as biohazards. To prevent recapping by hand, re-sheathing of needles may be accomplished with the aid of a re-sheathing instrument, self-sheathing needles or forceps.

6. Containers used for waste containment must be large enough to hold all contents and must prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of the container occurs, a second container shall be used to encase the first.
7. Housekeeping - Environmental surfaces such as walls, floors, and other surfaces are with transmission of infections to either patients/victims or employees, attempts to disinfect or sterilize are not necessary. However, changing and removal of (contamination) should be done routinely using products that, according to the manufactures instructions are effective for the required sanitation outcome and are registered with the EPA.
8. Laundry- because the risks of disease transmission from soiled linen is negligible, hygienic, and common sense storage and processing of clean and soiled linen is recommended. Soiled linens should be handled as little as possible. Linens should be washed with detergent and hot water (at least 60 degrees C for 25 minutes) or if lower temperature cycles is used, with chemicals suitable for low temperature washing at proper use concentration.
9. An evaluation of any incident that exposed or potentially exposed an employee (or student or volunteer) to infection with bloodborne pathogens shall be reviewed by Human Resources and outside medical care facility. A description of the corrective action taken to prevent recurrence of similar exposures shall be recorded.

Engineering and Work Practice Controls

Engineering and work practice controls will be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Engineering controls shall be examined routinely. The supervisor shall be responsible for inspections.

The employing department will provide hand-washing facilities, which are readily accessible to employees. When provision of hand washing facilities is not feasible, the employing department will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands will be washed with soap and running water as soon as feasible.

Housekeeping

Equipment, environmental and working surfaces will be cleaned and decontaminated after contact with blood or potentially infectious materials.

Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of a procedure; 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 has become contaminated since the last cleaning.

Specimens and Equipment

Specimens of blood or other potentially infectious materials must be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

Hazard Communication

Labels must be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.

Regulated waste that has been decontaminated need not be labeled.

Personal Protective Equipment

Personal protective equipment (PPE) is specialized clothing worn by an employee for protection against a hazard. General work clothes, not intended to function as protection against a hazard, are not considered to be personal protective equipment.

When there is a potential for occupational exposure, the employing department of Chabot/Las Positas Community College District will provide, at no cost to the employee, appropriate personal protective equipment such as but not limited to, gloves, gowns, laboratory coats, face shields or masks eye *protection*, mouthpieces, resuscitation bags, pocket masks and/or other ventilation devices. Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Disposable (single use) gloves will be replaced as soon as practical when contaminated, or as soon as feasible if they are torn or punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves will not be washed or decontaminated for reuse.

NOTE: Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

NOTE: Food and drinks will not be kept in refrigerators, freezers, shelves, cabinets, tops, or bench tops where blood or other potentially infectious materials are present.

Medical services

Hepatitis B. Vaccination

Hepatitis B is a type of viral hepatitis acquired from exposure to human blood and body fluids punctured those results in liver inflammation. While the use of universal precautions helps in the protection barrier is from Hepatitis B, the Hepatitis B vaccine is an additional measure offered to all employees in Category I. Training will be provided during working hours at no cost to the employee by a health care or safety professional knowledgeable in the subject matter as it relates to the workplace.

1. Following the required training, all employees in Category I will be offered the Hepatitis B vaccine, free of charge, within 10 working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series and antibody testing has revealed that the employee is immune or if the vaccine is contraindicated for medical reasons (e.g. allergic to yeasts).
2. All employees offered the Hepatitis B vaccine would complete the Consent Form. Once completed, the Consent Form shall be placed in the employee's permanent record. It is recommended that a copy of the form be kept in the Risk Management Office.
3. For those desiring the Hepatitis B vaccine, an Employee Immunization Record will be maintained until the vaccination process is complete.
4. Vaccines will not be provided for employees that are no longer employed by the District. Employees may choose not to complete the series of 3 inoculations. If an employee leaves the district, they will not receive initial or subsequent inoculations. If the series is not completed, the reason and the employee's signature must be written on the Immunization Record.
5. An employee may initially decline the Hepatitis B vaccine, but at a later date may decide they want the vaccination. If this occurs, the employee must complete a new Consent form and steps 3-6 of this procedure must be followed.
6. If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, the booster dose(s) will be made available, free charge to the employee.
7. The Hepatitis B vaccine must be performed by or under the supervision of a license physician, or under the supervision of another licensed healthcare professional.

Reporting Possible Exposure

All employees of the District, especially those in High and Moderate risk categories, who may become exposed to the Bloodborne Pathogens of HBV (Hepatitis B Strain) or HIV (AIDS) are required by CAL OSHA to report the exposure to the employer (District) by the end of their work shift during which the incident/possible exposure occurred. The report shall be sent to the Human Resources, in the same manner as described in the District's Workers' Compensation Procedures.

The Responsible Safety Officer will report the exposure to Keenan and Associates):

- A. Completion of a form 5020
- B. A copy of the 5020 form will be given to the exposed employee who will then take the form 5020 to the Medical Center for any required treatment.
- C. The original 5020 minus the campus file copy will be sent to Keenan and Associates.
- D. An entry will be on the CAL OSHA Log Form 300, which is maintained by the Human Resources.
- E. All employees are required to report this type of exposure to the Human Resources. Employees are eligible to receive treatment for the HBV or HIV exposure. Students and visitors are not eligible for District paid treatment.
- F. Injury or incident reports will be made as required by law.
- H. District employees are required to report an "Exposure Incident" (see definition on page 2) in the same manner and within the same time frame as described in the District's Workers' Compensation Procedure.

All medical records of employee exposure and/or treatment must be maintained for thirty years after termination of employment.

Disposable Sharps

Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless it can be demonstrated that no other alternative is feasible or that such action is required by a specific medical procedure. If necessary, recapping or needle removal must be accomplished through a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is strictly prohibited.

Immediately or as soon as possible after use, contaminated reusable sharps will be placed appropriate containers until properly reprocessed. These containers must be puncture resistant labeled biohazard or color-coded, leak proof on the sides and bottom and shall not be stored or processed in a manner that requires employees to reach by hand into the container where the sharps have been placed.

Sharps Injury Log

Human Resources shall establish and maintain a sharp 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 information recorded shall include the following information, if known or reasonably available.

1. Date and time of the exposure incident,
2. Type and brand of sharp involved in the exposure incident;
3. A description of the exposure incident, which 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 incident;
 - How the incident occurred;
 - If the sharp had engineered injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of mechanism, if applicable;
 - If the sharp had no engineered sharps injury protection, the injured employee' opinion as to whether and how such a mechanism could have prevented the injury; and
 - The employee's opinion about whether any engineering, administrative or work practice and practice controls could have prevented the injury.

Off-Site Disposal

Licensed commercial infectious waste management contractors must be utilized if offsite disposal is needed

Feminine Hygiene Products

OSHA has issued a letter stating that they do not include soiled sanitary napkins and other feminine hygiene products in the definition of regulated waste because they are designed so as to prevent the release of liquid or semi-liquid blood or the flaking off of dead blood. Therefore, employees handling such wastes are not covered by the Bloodborne Pathogens Rule solely due to that duty. However, OSHA does expect that containers for soiled sanitary products to be lined with a plastic or wax paper bag and that employees will be provided suitable gloves for removal of the bags from the waste container.

Blood Spills

Blood spills on non-porous surfaces can very simply be handled by diluting the spill with an equal volume of 1:10 household bleach solution, or with other EPA registered disinfectants, and then absorbing it with disposable toweling or absorbent pads. This approach is used in hospitals and exceeds the guidelines issued by the CDC. If the spill involves any broken glass, it must be picked up using a mechanical means, such as a brush and dustpan, tong or forceps.

Information and Training

The Chabot/Las Positas Community College District will ensure that all employees with occupational exposure participate in a training program that will be provided at no cost to the employee and will be provided during working hours. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter for category I and category II, employees within one year of their previous training using material appropriate in content and vocabulary to the educational level literacy and language of the employees. Chabot/Las Positas Community College District will provide additional training when changes in procedures, institution of new tasks or procedure affect the employee's occupational exposure. The additional training will be limited to addressing the new exposures created.

For Category I employees and those Category II employees with occupational exposure to bloodborne pathogens the training program will contain the following elements:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. 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.
7. Information on the types, proper uses location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information of 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 (except for students and volunteers).
10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
11. Information on the post-exposure evaluation and follow-up that will provide for the employee following an exposure incident.
12. An explanation of the biohazard signs and labels and/or color-coding required by the facility and by law.
13. An opportunity for interactive questions and answers with the person conducting the training.

The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace/facility.

Training records will include the following information:

1. The dates of the training sessions.
2. The contents or a summary of the training sessions.
3. The names and qualifications of the person(s) conducting the training.
4. The signed names and job titles of all persons attending the training sessions.
5. The social security number of the employee.

6. A means of assessing learning.

Training records will be maintained for 3 years from the date on which the training occurred.

Employee training records will be provided upon request for examination and copying to employees and employee representatives, and others as required by law.

Medical Records

Chabot/Las Positas Community College District will establish and maintain an accurate record for each employee with occupational exposure, to include:

1. The name and social security number of the employee.
2. A copy of the employee's Hepatitis B vaccination status, including the date of all the following Hepatitis B vaccinations and any medical records relative to the employee's ability I receive the vaccination
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. The Schools copy of the healthcare professional's written opinion.
5. A copy of all information provided to the healthcare professional.

Medical records will be 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 law.

The District will maintain the records for employees with occupational exposure for as least the duration of employment PLUS and additional 30 years.

Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee or others required by law.

APPENDIX "A"

TO: Distribution

FROM: Human Resources

DATE:

To comply with Cal OSHA'S Bloodborne Pathogen Standard, the District will be offering the Hepatitis B Vaccine to employees who potentially could be exposed to Hepatitis B because of their job duties. The Hepatitis B vaccine consists of a series of three injections given at specific times over a six-month period. The injections will be given at the _____ medical clinic located at _____.

If you decide at this time not to receive the Hepatitis B vaccine, complete Form #1, Declination Form (attached). By signing this form, an employee does not forfeit the right to receive the vaccine at the District's expense at a later time. Also, an employee who has been occupationally exposed to a bloodborne pathogen will be offered the post-exposure vaccine as explained in the District's Injury and Illness prevention program.

If you wish to receive the vaccine, complete Form #2.

Return the completed form to me by _____. If you have any questions or concerns regarding the attached forms, vaccination, medical procedure, or why it is necessary to conform to the Cal OSHA standard call _____.

APPENDIX "B"
Form #1
Human Resources

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.

Signature of employee Date

OR

Form #2
HEPATITIS B VACCINE ACCEPTANCE

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. I accept the hepatitis B vaccination at this time.

Signature of employee

