

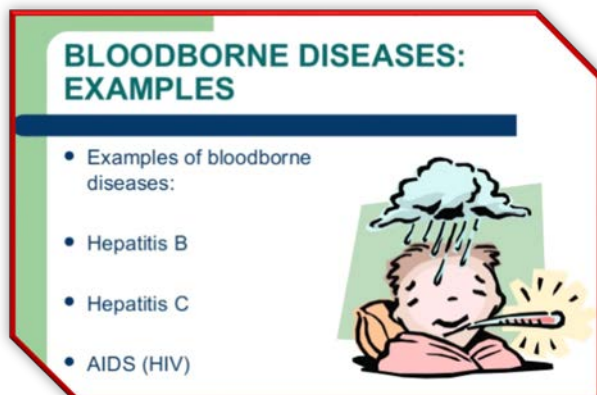
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

As Mandated by:

29 CFR 1910.1030

and

CCR Title 8, GISO 5193



rev. July 12, 2017

REMEMBER, AS AN EMPLOYEE OF LODI UNIFIED SCHOOL DISTRICT, YOU MUST:

1. Use Universal Precautions whenever you perform a task involving blood or other potentially infectious body fluids.
2. Report all incidents of exposure to blood or other body fluids.

Examples of these are:

Getting someone else's blood into your blood through a cut or open wound

Getting stuck with a needle or other blood/body fluids contaminated sharp

Getting splashed in the face with body fluids

Any chance exposure that results in blood or body fluid getting into your blood

3. If you need personal protective equipment, please notify your supervisor or site secretary.

Available Personal Protective Equipment includes:

Non-Latex Gloves

Eye Protection such as goggles or glasses

If you have a blood or other body fluid spill,

CALL A PLANT SUPERVISOR OR CUSTODIAN

They have the right equipment for the job.

If you have any questions, see your supervisor or the District Safety Officer (Director of Maintenance and Operations).

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1. COVERED EMPLOYEES

Employees who belong to job classifications wherein all employees may reasonably anticipate occupational exposure are entitled to pre-exposure Hepatitis B vaccination. However, in the event an employee is in a job classification in which not everyone with that job classification may reasonably anticipate occupational exposure, the District must evaluate the employee's specific duties, as well as past occupational exposure incidents, to determine if that individual employee has occupational exposure. Not all employees who have reasonably anticipated occupational exposures are entitled to a pre-exposure Hepatitis B vaccination.

Two other categories of employees also exist in addition to the above:

Employees may be considered "Designated First-Aid Provider." Designated first-aid providers 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. The District is not required to provide pre-exposure Hepatitis B Vaccinations to designated first-aid providers. However, unvaccinated, designated first-aid providers must be offered the Hepatitis B vaccination series no later than 24 hours after rendering assistance in any situation involving the presence of blood or infectious material, regardless of whether an "occupational exposure" incident has occurred. Designated first aid providers are also subject to reporting requirements.

The other category of employees is the "Good Samaritan". The Cal/OSHA regulations do not cover the exposure of an employee to blood or infectious material where that exposure was not related to the performance of job duties, or collateral job duties.

JOB CLASSIFICATIONS IN WHICH EMPLOYEES HAVE AN OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS: Following are listed job classifications in Lodi Unified School District where some or all employees may handle human blood or other potentially infectious materials, and the tasks/procedures which may result in possible exposure to bloodborne pathogens:

Employees with Occupational Exposure:

Job Classification	Tasks/Procedures:	Vaccination Offered HEP B
School Nurses	Provision of physical care in which blood or blood tinged body fluids are present	YES
Health Assistants Special Ed.		YES
School Secretaries		YES
Office Assistants/Technicians		YES
Campus Security		YES
Lifeguards		YES

Employees with Reasonable Occupational Exposure:

Job Classification	Tasks/Procedures:	Vaccination Offered HEP B
Special Ed. Bus Drivers & Attendants	Provision of physical care/or first aid.	YES
Special Ed. Teachers & Instructional Aides who Provide Personal Physical Care		YES
Custodians	Provision of work activities with exposure to bodily fluids Provisions of First Aid	YES
Maintenance Staff (Plumbers)		YES
Yard Duty Supervisors	Provision of First Aid	YES
Campus Supervisors		YES

See Appendix C for Vaccination Declination Form.

2. RESPONSIBILITIES

2.1 Risk Management has the following responsibilities:

Maintaining a written program in compliance with current Federal and State regulations, including annual updates.

Coordinate, implement, conduct and monitor any training required by the regulations.

Providing all employees in the departments listed in section IV with information about this program.

Assisting employees and supervisors in implementing the requirements of Lodi Unified School District's Standard.

Assisting sites and departments in identifying and implementing feasible engineering controls.

Maintaining records as required under the regulations.

Conduct facility audits to assess exposure in the workplace and use of engineering and administrative controls in order to ensure their effectiveness.

2.2 Site Administrator responsibilities:

Ensuring compliance with this standard and all safe work practices after notice from an employee that an unsafe act has occurred and directing the immediate supervisor to meet with the employee involved to initiate its counseling and progressive discipline programs in accordance with established District policy and procedure.

Informing their staff of the location and availability of this written program, training materials, and information supplied to the District by the U.S. Department of Labor or Cal/OSHA.

Informing their staff of the equipment, operations or areas where there may be a concern.

Providing and ensuring their staff use engineering controls and/or wear appropriate clothing to prevent problems.

Provide materials and equipment to ensure fulfillment of their operational goals and objectives in a safe work environment.

Ensuring Risk Management is notified of a need to evaluate work conditions under this standard.

Maintaining records as required under the regulations.

Ensuring compliance with this standard by meeting with the employee involved and applying counseling and progressive discipline in accordance with established District policy and procedure.

2.3 Employee responsibilities:

Notifying their supervisor and or Site Administrator of the need to evaluate work conditions that may cause issue.

Using engineering controls or wearing appropriate clothing to prevent issue in compliance with Safe Operating Procedures (SOPs), postings, instructions or training received.

3. COMPONENTS OF STANDARD

3.1 Exposure Determination:

Definition of Occupational Exposure: The Exposure Control Plan covers any employee with occupational exposure to blood or other potentially infectious materials. Potentially infectious materials include all body fluids. Occupational exposure is defined by Cal-OSHA as “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.” (Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions). Further, to be considered an “occupational exposure,” the contact must result from the performance of an employee’s usual and customary job duties.

Determination of Occupational Exposure: The Cal/OSHA Regulations require for the Hepatitis B vaccination of certain employees who have 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 exposure.

Each job classification in which some of the employees have occupational exposure.

In identifying the job classification, the District is to 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 the list that follows, entitled “Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens.”

Consequently, Hepatitis B vaccinations are to be provided to those employees pre-determined by the District to have occupational exposure to blood and other potentially infectious materials, and to be eligible for vaccination.

3.2 Hepatitis B Vaccination Program:

The District recognizes, even with proper adherence to all exposure prevention practices, exposure incidents can occur. Therefore, 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.

This program is available, at no cost to all employees who have been identified above, based on job description, as having a reasonable occupational exposure to bloodborne pathogens.

See Section 2 – Covered Employees to identify all classifications listed who are to be offered the vaccination. The vaccination is a series of three injections given intra-muscularly. Field trials of the vaccines have shown 80-90 percent efficacy in preventing infections.

Vaccination for employees with occupational exposure will be made available following the required Bloodborne Pathogens training and within 10 working days of initial assignment.

Vaccinations are performed under the supervision of a health care professional. Employees taking part in the vaccination program are to be listed on the “Employees Eligible for Hepatitis B Vaccination” form from Risk Management. This form will be maintained in the Risk Management office. Employees who are eligible, but have declined to take part in the program are listed as well and have signed the “Vaccination Declination Form.” (See Appendix C). The completed “Vaccination Declination Forms” are to be maintained by the District in the Risk Management office. 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 classified as “Employees with Reasonable Occupational Exposure” 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 discussion regarding such vaccination under the section VI regarding Post Exposure Evaluation and Follow-up.

3.3 Methods of Compliance:

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: Universal precautions, 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.

Precautions shall include: hand washing, using gloves and other appropriate protective equipment, careful trash disposal, and using an Environmental Protection Agency (EPA) approved disinfectant known to kill HBV, HCV, and HIV. If an injectable is given, use of safety syringes is recommended.

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

UNIVERSAL PRECAUTIONS SHALL BE USED AT ALL TIMES TO PREVENT CONTACT WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

Engineering controls are controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers). See Section IV D on Contaminated Needles and Sharps.

Work-Practice Controls: Work practice Controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed. An example of a work-practice control is hand washing.

All employees are to 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 will wash their hands immediately, or as soon as possible after removal of gloves or other personal protective equipment.

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 micro-organisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris.

Rinse well under running water with water drainage from wrist to fingertips. Leave water running.

Dry hands well with a paper towel and then turn off the faucet with paper towel. Discard the towel in appropriate container.

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. (Employees with frequent exposure to body fluids should not wear hand jewelry in the workplace.)

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

HAND WASHING

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

Personal Protective Equipment (PPE): Personal protective equipment 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 to provide a barrier against bloodborne pathogens will be provided by the employee's department, without cost to employees. Personal protective equipment 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 will be inspected periodically by the employee utilizing them, and have them repaired or replaced as needed to maintain their effectiveness. Employees are responsible for notifying the Site Administrator of the need for repair or replacement of such equipment.

Reusable personal protective equipment are to be cleaned, laundered and decontaminated as needed at no cost to the employees. Personal protective equipment that cannot, for whatever reason, be decontaminated are to be disposed of in accordance with biohazard rules and regulations. See Section IV G. Waste Disposal. Any garments penetrated by blood or other infectious materials are to be removed immediately or as soon as practicable. All potentially contaminated personal protective equipment will be removed prior to leaving a work area. Glasses, reusable gloves, and barrier masks shall be decontaminated by the user, by soaking in an EPA registered germicidal.

Disposable (single-use) non-latex gloves will be used when contact with blood or body fluids is anticipated (such as 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 are also to be used during decontamination procedures. (See Section 3.6 Housekeeping for more information on decontamination.)

Disposable (single-use) gloves are to be replaced as soon as practical when contaminated, torn, punctured, or unable to function as a barrier. They are not to 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.

3.4 Contaminated Needles and Sharps:

Broken glassware or other sharps which may be contaminated are not to be picked up directly with the hands, but are to be picked up by utilizing any mechanical means, such as a broom, dustpan or tongs. Gloves are to be worn during this procedure.

Contaminated needles shall NOT be recapped, broken or bent and should be discarded immediately into easily accessible containers that are closable, puncture resistant, leak proof on sides and bottom, and properly labeled.

Containers are to 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 are not to be allowed to overfill. Full sharps containers may not be stored more than 7 days.

When moving containers of contaminated sharps from the area of use, the containers are to be closed immediately prior to removal or replacement to prevent spilling or protrusion of contents. The primary container must be placed in a secondary container, if leakage is possible. The secondary container must be a container which is closable, leak-proof, red and appropriately labeled (e.g., a red, labeled plastic bag).

The disposable sharps container is to be disposed of in a manner approved by the State Department of Health Services. A backup sharps container is to be available at all times.

Contact the District's Health Division (331-7075) for new and/or replacement sharp containers.

3.5 Waste Disposal:

Sharps waste includes any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including:

Hypodermic needles, syringes, blades, and needles with attached tubing;

Broken glass items contaminated with medical waste.

Disposal of contaminated sharps and other "regulated waste" must be in accordance with the Medical Waste Management Act ("Act"). (Health & Safety Code, 117600-620, and 117625-117780.) Cal/OSHA defines "regulated waste" as liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during

handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Medical waste under the Act consists of (See Appendix B for a copy of the Act – found in the Table of Contents – [Hyperlink](#)):

(1) Bio-hazardous waste

(2) Sharps waste

Bio-hazardous waste is not normally found in the school setting. Bio-hazardous waste includes waste which contains recognizable fluid blood. (Diapers are only to be considered Bio-hazardous waste if they contain visible blood). In the event of unusual circumstances, the regulated waste must be double bagged in leak-proof, appropriately labeled, color coded red, plastic bags, tied and transported in accordance with all applicable state and local regulations.

Non-regulated waste can be disposed of as regular trash and includes the following:

(1) Waste such as disposables containing non-fluid blood (dressing, gauze cotton rolls, towels, rags, etc., with small amounts of dried blood or other body fluids). Please note that feminine hygiene products, Band-Aids or dressings with small amounts of dried blood are NOT considered to be medical wastes.

(2) Urine, feces, saliva, sputum, nasal secretions, sweat, tears, or vomitus unless it contains fluid blood

(3) All wastebaskets are to be lined with disposable plastic bags. It is important to note that if a contaminated item such as a Band-Aid or a small dressing contains dried blood, it may be disposed of as regular trash.

3.6 Work Area Restrictions:

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

Food and drink is not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benches where blood or other body fluids are present.

3.7 Housekeeping Practices:

Decontamination: Gloves shall be worn during decontamination procedures. All contaminated work surfaces are to 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 are to be decontaminated with an EPA registered germicide or a solution of one (1) part bleach to ten (10) parts water (made fresh, daily).

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

The District will assure that the work site is maintained in a clean and sanitary condition and will determine and implement an appropriate cleaning schedule for rooms where body fluids are present. Schedules will be as frequent as necessary depending on the area of the school, the type of surface to be cleaned, and the amount and type of soil present.

Custodial and maintenance staff are to wear appropriate personal protective equipment, including general-purpose utility gloves during cleanup of blood or other potentially infectious materials.

All blood and body fluid spills are to be immediately contained and as soon as practicable cleaned up by appropriately trained staff that are equipped to work with potentially infectious materials.

Initial clean-up of blood or other potentially infectious materials from all surfaces, including sinks, work areas, equipment, floors, car/bus seats, etc., are to be followed with the use of an appropriate disinfectant.

All biohazard waste baskets are to 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 are to be replaced daily. For assistance, please contact Maintenance and Operations dispatch at (209) 331-7193.

The following items are to be properly labeled:

- (1) Containers of regulated waste
- (2) Sharps disposal containers
- (3) Contaminated laundry bags and containers
- (4) Contaminated equipment (e.g., athletic equipment, shop equipment)

To obtain containers, labels and signs, please call Maintenance and Operations Dispatch at (209) 331-7193.

4. FIRST AID INCIDENTS INVOLVING THE PRESENCE OF BLOOD OR INFECTIOUS MATERIAL

Designated first aid providers (See Section 1 on Covered Employees) who have rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether an actual exposure incident has occurred, have a duty to report such an incident before 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, as provided below. The report is used in determining whether the employee has been involved in an occupational exposure incident, and the type of prophylaxis and follow-up

treatment required in light of the incident. The report is to be recorded on a list of such first aid incidents which are to be made available to Cal/OSHA and respective affected employees.

Following a first aid incident involving the presence of blood or infectious material, the Hepatitis B vaccination is to 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 section VI regarding Hepatitis B Vaccination Program).

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

5. POST EXPOSURE EVALUATION AND FOLLOW UP

It is the employee's responsibility to report the occurrence of an occupational exposure incident to Risk Management (209) 331-7145 before the end of the workday during which the incident occurred (the workers' compensation forms can be found on the District Info Net under District Forms/Risk Management/Workers' Compensation). 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:

Name of the first aid provider who rendered assistance, or employee who suffered an occupational exposure incident.

Date and time of the incident.

A description of the first aid incident, including:

Whether potentially infectious materials were involved;

Source of the blood or infectious material;

Circumstances under which the incident occurred, i.e., accidental, unusual circumstances;

Description of where the incident occurred;

Description of the personal protective equipment used.

Explanation as to whether, in the opinion of the employee, an "Occupational Exposure" incident occurred.

The Hepatitis B vaccine was offered to the employee within 24 hours of the incident, whether an exposure occurred or not.

The employee may use the Supervisor's Report of Work Injury Form for preparing such a report.

In response to a report of an occupational exposure incident, Risk Management will:

(1) Investigate the circumstances surrounding the exposure incident; and

(2) 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:

(3) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(4) Identification and documentation of the source individual, if feasible and not prohibited by state or local law.

Following such action, the Site Administrator 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, Hepatitis B or Hepatitis C Virus. Once consent is obtained, the testing shall be done as soon as is feasible.

The Site Administrator 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. If such consent is obtained, the results of the test are to 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 Risk Management office will also arrange to collect and test his or her blood for HBV, HCV, and HIV status. In addition, an appointment is to be arranged for the exposed employee with a qualified health care professional to discuss the employee's medical status.

Finally, the employee is to be provided with an evaluation of any subsequent reported illnesses, which are related to the occupational exposure incident. The employee is to be provided with appropriate post-exposure incident. The employee will also be provided with appropriate post-exposure prophylaxis and counseling.

The Risk Management Office is to verify that all the steps in the post-exposure process have been taken correctly.

6. TRAINING

All employees who have occupational exposure to bloodborne pathogens are to be trained and furnished with as much information as possible on this issue. Employees are to be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, are to be given initial or additional training which their new position requires at the time of their new job assignment.

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

- An explanation of the dangers posed by bloodborne pathogens as well as, steps to take to protect themselves and others
 - An explanation of bloodborne pathogens facts: (Disease & Bloodborne Pathogens)
- Bloodborne Pathogens 101

- Universal Precautions and Personal Protective Equipment
- Information on bloodborne pathogens exposure risks
- An explanation of the procedure for safe clean-up and disposal methods
- Cal/OSHA guidelines and standards
- 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
- Safely dispose of potentially infectious material
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- Vaccinations
- Understand the potential for exposure to bloodborne pathogens in your school
- Discuss bloodborne exposure prevention procedures
- List of universal precautions used to protect against infection
- Know the types and use of Personal Protective Equipment
- Employ safety effective clean-up procedures following a possible exposure

7. RECORDKEEPING

All medical information obtained under this policy will be treated in accordance with the Confidentiality of Medical Information Act (Civil Code Sections 56-56.37) and the General Industry Safety Orders, Section 3204. Medical information will be kept in separate files from Personnel records and shall be available for inspection by an employee upon request.

7.1 Medical Records:

The District is to establish and maintain a medical record on each employee identified in Section II Exposure Determination, as having occupational exposure to bloodborne pathogens. These records will be maintained by Risk Management. They will include the following information:

Employee name

Employee social security number

Copy of the employee's Hepatitis B vaccination status or declination form

Dates of any vaccinations

Medical records relative to the employee's ability to receive the vaccination

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

Copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens

The employer's copy of the evaluating healthcare professional's written opinion following an exposure to bloodborne pathogens

All medical records will be maintained in a confidential manner and retained for at least the duration of employment plus 30 years. Employees may request to view their medical records by contacting Risk Management at 331-7145.

7.2 Training Records:

Training records are to be maintained for three (3) years from the date of training. The following information is to be documented:

Dates of the training sessions

On-line training course information

These records will be kept in the Records Manual of each workplace, for training completed at that workplace, and in the Risk Management office.

8. REPORTING

“WHISTLEBLOWER” PROTECTION: California Labor Code Section 6310 prohibits employers from firing or discriminating against any worker because the worker has informed their employer, or filed a complaint with Cal/OSHA, about unsafe or unhealthy working conditions. Employees have a right to inform their employer or file a complaint with Cal/OSHA when unsafe conditions exist at their workplace, and this right is assured to them under the California Occupational Safety and Health Act of 1973.

To report an unsafe condition use the Injury & Illness Prevention Program (IIPP) form titled “Report of Unsafe Condition or Hazard”. This form may be submitted anonymously, if you prefer. You can locate this form in the IIPP Program.

9. CONTRACTORS

Contractors shall maintain and enforce an Injury and Illness Prevention Program as required by State law, and in signing any contractual agreement with the District, makes the following certification:

“CONTRACTOR is aware of the provisions of California Labor Code, Division 5, and of the California Code of Regulations, Title 8, and shall maintain an active comprehensive Injury and Illness Prevention Plan – including applicable standards (e.g. ergonomic, haz-com) - in accordance with such provisions before commencing the performance of the contractual agreement. The Injury and Illness Prevention Plan shall be available to LUSD upon request.”

APPENDIX A:

DEFINITIONS

“Blood” Human blood, human blood components, and products made from human blood.

“Bloodborne Pathogens” Pathogenic microorganisms, present in human blood which can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

“Contaminated” The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“Contaminated Laundry” Laundry soiled with blood or other potentially infectious materials or may contain sharps.

“Decontamination” The use of physical or chemical means to remove, inactivate, or destroy, bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” Controls (e.g., sharps disposal containers, needle less systems and sharps with engineered sharps injury protection) which isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection”

Either:

- 1) A physical attribute built into a needle device used for withdrawing body fluids accessing a vein or artery or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or
- 2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“Exposure Incident” 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.

“Hand washing Facilities” A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

“HBV” Hepatitis B Virus

“HCV” Hepatitis C Virus

“HIV” Human Immunodeficiency virus

“Licensed Healthcare Professional” A person whose licensed scope of practice includes an activity, which this section requires to be performed by a licensed healthcare professional.

“Needle or Needle Device” A needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needle-less System” A device that does not utilize needles for:

- 1) The withdrawal of body fluids after initial venous or arterial access is established.
- 2) The administration of medication or fluids; and
- 3) Any other procedure involving the potential for an exposure incident.

“Occupational Exposure” Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

“Other Potentially Infectious Materials (OPIM)”

- 1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- 3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
 - a) Cell, tissue, or organ cultures from humans or experimental animals;
 - b) Blood, organs, or other tissues from experimental animals, or
 - c) Culture medium or other solutions.

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

“Personal Protective Equipment” Specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Regulated Waste” Waste that is any of the following:

- 1) Liquid or semi-liquid blood or OPIM (Other Potentially Infectious Material);
- 2) Contaminated items that:
 - a) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and

b) Are capable of releasing these materials when handled or compressed.

3) Contaminated Sharps;

4) Pathological and microbiological wastes containing blood or OPIM;

5) Regulated Waste includes “medical waste” regulated by Health & Safety Code Sections 117600 through 118360.

“Sharp” Any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills, and burs.

“Sharps Injury” Any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needle sticks.

“Sharps Injury Log” A written or electronic record satisfying the requirements of subsection (c) (2) of Section 5193.

“Source Individual” Any individual, living or dead, whose blood or OPIM may be a source of an occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

“Universal Precautions” An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

“Work Practice Controls” Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient handling techniques).

APPENDIX B: CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 117600-117620

Bloodborne Pathogen Standard.docx

(Requires Citrix email@lodiussd.org and Citrix Password to access)

APPENDIX C: HEPATITIS B VACCINATION DECLINATION FORM

The employer shall assure that employees who decline to accept a Hepatitis B Vaccination offered by Lodi Unified School District sign the following statement as required by subsection (f) (2) (D).

I understand that due to my occupational exposure to blood or Other Potentially Infectious Materials (OPIM), I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated 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 OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ Date	_____ Employee's Printed Name	_____ Employee's Signature
_____ Date	_____ Supervisor Printed Name	_____ Supervisor's Signature