



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM



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I. INTRODUCTION

A. Purpose

The purpose of this document is to serve as the Ventura County Community College District written Exposure Control Plan in compliance with Title 8, California Code of Regulation, General Industry Safety Order 5193, "**Bloodborne Pathogens.**" This plan ensures that **affected** employees (as defined herein) are:

1. aware of potential hazards from exposure to bloodborne pathogens
2. advised of the appropriate procedures to avoid exposure.

B. Background

Certain pathogenic microorganisms can be found in the blood (and other body substances) of infected individuals. These "bloodborne pathogens" may be transmitted from the infected individual to other individuals by exposure to blood or certain body fluids, for example, when blood-contaminated needles are shared by intravenous drug users. Because it is the exposure to the blood or other body fluids that carries the risk of infection, individuals whose occupational duties place them at risk of exposure to blood and other potentially infectious materials are also at risk of becoming infected with these bloodborne pathogens, developing disease and, in some cases, dying. Infected individuals are also capable of transmitting the pathogens to others. The most significant bloodborne pathogens are hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) (See Addendum A, "The ABC's of Hepatitis"). On December 6, 1991 Fed/OSHA issued standards for occupational exposure to these bloodborne pathogens. The Federal standard became effective March 6, 1992. On October 22, 1992 Cal/OSHA adopted Title 8 California Code of Regulations Section 5193. This regulation became effective January 1, 1993. (See attached regulations)

C. Exposure Determination

This Cal/OSHA Standard applies at different levels of complexity to some employees who may have a potential to be exposed to blood or other potentially infectious materials. At this District, the following job classifications are in the category in which all employees may be expected to incur occupational exposure to blood or other potentially infectious materials. This exposure determination is made without regard to the use of personal protective equipment.

Nurses & Nurse Practitioners,
Health Care Instructors
Student Health Center Assistants
Paramedic & EMT Students
Dental Program Instructors/Students
Day Care /Child Care Employees

Nurses Aides & Student Nurses
Designated First Aid Responders
Health Care Providers
Cert. Nursing & Home Health Aid Students
College Trainer & Coaches
Campus Police Officers

In addition, there are some job classifications, in which some (not all) employees would be expected to possibly incur exposure to blood or other infectious materials as part of their jobs. In a majority of cases the exposure would arise in the event of an accident resulting in an injury involving blood. The following table lists relative exposure for specifically evaluated job classifications. In the future, additional jobs will be added to this list as necessary

PCL	Classification	Moderate	Low	Very low
008	Ceramics Lab Tech.			X
014	Dental Hygiene Admin. Assistant	X		
031	Maintenance Assistant II		X	
059	Automotive Lab Tech.		X	
067	Carpenter		X	
080	Electrician		X	
083	PE/Athletic Equip. Mgr.	X		
089	Grounds Maintenance Worker		X	
094	Grounds Equipment Operator/Mechanic		X	
095	HVAC &R Tech.		X	
097	Agri. Machine & Welding		X	
102	Agricultural Sciences		X	
105	EATM		X	
118	Custodian	X		
124	Vehicle & Equip. Mech.		X	
129	Plumber		X	
144	Theater Tech.			X
145	Tool Room attendant			X
150	Warehouse Assistant			X
151	Roofer			X
161	EATM Technician		X	
163	Welder			X
302	Zoo Operations Assistant		X	
303	Zoo Enrichment Technician		X	
330	Maintenance Worker II		X	
Misc.	Instructors, Technical Skills	X		

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

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

DEFINITIONS

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

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

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

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

Amniotic fluid: The fluid surrounding the embryo in the womb.

II. MANAGEMENT COMMITMENT

The development and implementation of an exposure control plan requires the cooperation and commitment of management and full participation of all employees within the District who are determined to be affected by the bloodborne pathogens standard.

A. Policy Statement

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

B. Responsibility

The responsibilities described below are intended to encompass and limit involvement for this program, first, to those individuals whose primary job activities could include day-to-day exposure to blood and body fluids; and secondly, to those individuals whose additional job activities include the potential for exposure. Nursing staff and students, as well as other health care providers, are charged with contributing their utmost to establish and maintain the safest and most healthful practices while providing care for the others.

1. The Chancellor of Ventura County Community College District is responsible for the District's Occupational Safety and Health policy, including the Bloodborne Pathogens Exposure Control Plan which is integrated within the District's Injury & Illness Prevention Program (IIPP).

The Chancellor has appointed the Risk Manager, with the responsibility for the implementation and administration of the Bloodborne Pathogens Exposure Control Plan.

2. The **Governing Board**, the **Chancellor** and **Managers** encourage the desired attitude toward this safety and health regulation by insisting that their staff comply with rules and practices, and themselves promote positive attitudes toward Cal/OSHA compliance.
3. **Employees** who may have occupational exposure as health care professionals and employees whose job duties include potential for exposure to blood and body fluids, shall be knowledgeable about the contents of this document and the appropriate safe work practices necessary to avoid exposure. Questions regarding bloodborne pathogens or the contents of this plan should be directed to the Risk Manager or the Coordinator, Health Sciences or the Student Health Center at the appropriate Campus.
4. It shall be the responsibility of the Risk Manager (through the campus Safety Committees and Student Health Centers at each Campus, as necessary) to:
 - a) determine, maintain, and update CPR and First Aid Certification for all designated employees;
 - b) review the District's bloodborne pathogen exposure control efforts and the effectiveness of each effort to the Chancellor annually;
 - c) coordinate and act as the key representative for outside inspection of District site(s) by insurance representatives, and federal, state, and local agencies.
5. It shall be the responsibility of the Risk Manager to conduct and document Campus audits to assess exposure control compliance.
6. The Risk Manager (through the campus Safety Committees and Student Health Centers at each Campus) shall coordinate, implement and monitor the employee training, medical testing, vaccinations, post-exposure evaluation and follow up, and record keeping required annually to ensure total compliance in accordance with TITLE 8, California Code of Regulations, General Industry Safety Order 5193.

The District's Exposure Control Plan will be reviewed and updated annually and whenever necessary, will reflect new or modified tasks and procedures which affect occupational exposure. The Risk Manager will review this plan annually to include the ongoing revisions of employee job analysis changes with assignments that include newly discovered potential occupational exposure to bloodborne pathogens. The District encourages all employees to communicate any change in their exposure level to Bloodborne Pathogens to their immediate supervisor or to the Risk Manager.

III. METHODS OF COMPLIANCE

A. Universal Precautions

Universal Precautions (also known as **Standard Precautions**) is 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, and other bloodborne pathogens.

Universal Precautions shall be used to prevent contact with blood or other potentially infectious materials. District employees shall consider all body fluids as infectious materials. The person in charge shall post copies of these Universal Precautions, where the potential exposures exist. (See Addendum B).

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.

1. Hand Washing

Hand washing is the single most effective means of preventing the spread of infections.

- a) Hand washing facilities shall be available.
- b) Hands and other skin surfaces shall be washed with **liquid soap and clean, running water.**
- c) Mucous membranes shall be flushed copiously with clean water or saline solution immediately after contact.
- d) When hand-washing facilities are not immediately available, appropriate antiseptic hand cleanser, in conjunction with clean cloth/paper towels or antiseptic towelettes, shall be used. Hands shall be washed with soap and running water as soon as possible.

2. Barrier Precautions

Appropriate barrier precautions shall be routinely used to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any person is anticipated.

- a) Latex gloves shall be worn when:
 1. Touching blood and body fluids, mucous membranes, or non-intact skin

2. Handling items or surfaces soiled with blood or infectious body fluids
3. Performing venipuncture and other vascular access procedures.

Disposable gloves must be of approved barrier materials using intact latex or intact vinyl of appropriate quality for the procedure performed and of the appropriate size for each employee rendering cares.

- b) Gloves shall be changed (and hands washed) after treatment of each person or incident.
- c) Disposable (single use) gloves shall be replaced as soon as practicable if they are torn, punctured, or when their ability to function as a barrier is compromised.
- d) Disposable (single use) gloves shall not be washed or decontaminated for re-use and must be properly discarded.
- e) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- f) Masks, in combination with eye protection devices, such as goggles or glasses with side shields or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other body fluids may be generated, and eye, nose or mouth contamination can be reasonably anticipated.

3. Personal Protective Equipment

Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to 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.

Required personal protective equipment (PPE):

- a) must be readily accessible to employees in the appropriate sizes and provided at no cost to the employee;

- b) hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- c) shall be cleaned and laundered at no cost to the employee;
- d) shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. If a garment is penetrated by blood or other body fluids, the garment shall be removed and properly discarded as soon as possible.
- e) standard PPE for Nursing Staff and Designated First Aid Providers shall be stored at the first aid supply storage area for daily use.
- f) shall be removed and properly discarded or cleaned by the employee prior to leaving the work area.

4. Sharps Precautions (for qualified staff only)

Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. First Aid practices for all others shall not involve the use of needles or other sharp instruments. Precautions are as listed below.

- a. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. If recapping or needle removal is an absolute necessity due to a specific medical procedure, it shall be accomplished through the use of a mechanical device or a one-handed technique.
- b. Shearing or breaking of contaminated needles is prohibited.
- c. After use, disposable syringes and other sharp items shall immediately be placed (point down) in puncture-resistant containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, replaced at least every six months, and not be allowed to overfill.
- d. Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed (point down) in appropriate containers until properly reprocessed. These containers shall be:
 - Puncture resistant;
 - labeled;
 - leak proof on the sides and bottom;

- so constructed to not allow employees to reach by hand into them.
- e. When moving containers of contaminated sharps from the area of use, the containers shall be
 - closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - placed in a secondary container if leakage is possible.
 - The secondary container shall be:
 1. Closable;
 2. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 3. Appropriately labeled and color-coded.
- f. Once closed, containers shall not be opened emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

5. CPR Precautions

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices shall be used. Such devices shall be stored at the first aid storage supply cabinets and first aid kits located throughout each campus.

6. Qualified Staff/First Aid Providers Precautions

Qualified Staff/First Aid providers who have exudative lesions or weeping dermatitis shall report these conditions to their supervisor and submit to an examination as soon as possible. These employees shall refrain from all direct care of ill or injured persons and from handling care equipment until such examination occurs.

7. Work Area Precautions (Nurses & Medical/Lab Technicians)

- a) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.
- b) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other body fluids are present.
- c) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

B. Cleaning and Decontamination of Spilled Blood or other Body Fluids

Blood and other body fluids, which are spilled, will be cleaned up as follows.

1. Initiate universal (standard) precautions wearing personal protective equipment.
2. Cover the contaminated area with an appropriate absorption powder for the spilled fluids. Clean-up kits shall be maintained at each SHC and First responder's kit.
3. Clean the area according to procedures and double bag the contaminates and properly discard into an approved plastic biohazard waste bag.
4. Decontaminate the area with appropriate disinfectant and place danger or warning signs if decontamination results in a wet area.

C. Housekeeping

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated at the end of each work shift.

Cleaning and decontamination shall be done immediately or as soon as feasible upon visible contamination, but no later than the end of the work shift.

Broken glassware, which may be contaminated, shall not be picked up directly with the hands. Mechanical means shall be used, such as a brush and dustpan, tongs, or forceps.

Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to patients or health care workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary, unless directly contaminated with blood or body fluids.

General housekeeping, clean up and maintenance of environmental surfaces, including cabinets and shelves, and non-infectious trash containers within nursing and first aid areas shall continue to be provided by District custodial staff.

D. Waste Control and Disposal

Contaminated items should be separated into regulated and non-regulated waste containers and handled at each campus, as follows.

Moorpark College Procedures

Sharps Containers and Disposal

The hard plastic sharps containers are supplied by *Labcorp, 5601 Oberlin Dr., San Diego, CA 92121*, as part of a service provided with the purchase of needle/syringe supplies. The containers are properly labeled and distinctively colored red. The opening (left open) has plastic, inward-facing strips designed to prevent the contents from coming out if the container is tipped over. The level of contents is clearly visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is put over the opening that seals the container and cannot be opened without destroying the container. The sharps container is then put into a properly labeled plastic biohazard waste bag.

As necessary, the open end of the plastic bag is sealed and given to the aware custodian. The custodian hand carries the waste materials to the locked lab preparation room (S136 of the Science/Mathematics Building) and left at the autoclave. The lab technician later places the bags into an autoclave (operating at 250 °F at 15 psi) for 30 minutes. The biohazard waste bag has a special imprint color strip which turns brown indicating that the material has been autoclaved. The biowaste is now sterilized and treated as normal trash. Sharps are not removed from the bag or sharps container, which is never opened.

Biohazard (Medical) Waste

Biohazard waste that consists of materials used to clean wounds and conduct miscellaneous internal examinations are disposed of into a one of several red colored and labeled plastic bags inside a metal container with a foot-operated metal lid. The most significant waste occurs twice weekly after the gynecological clinics, requiring special attention. These and other bio-hazardous materials produced and used in the biology laboratories are similarly treated as above.

Non-Regulated Waste Disposal

If the contaminated item contains dried blood or has been rinsed into a drain connected to a sanitary sewer and followed with a small amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a secured area until it is collected and transported for disposal in a sanitary landfill.

Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer followed with a small amount (1 to 2 cups) of bleach.

Ventura College

Sharps Containers and Disposal

The hard plastic sharps containers are purchased by the Student Health Center from medical supplies vendors. The containers are properly labeled and distinctively colored red. The opening (left open) has plastic, inward-facing strips designed to prevent the contents from coming out if the container is tipped over. The level of contents is clearly visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is put over the opening that seals the container and cannot be opened without destroying the container.

The hard plastic sharps container, when filled, is placed in the SHC's autoclave (operating at 250 °F at 15 psi) for 30 minutes. The biohazard sharp container has a special imprint color strip attached which turns brown indicating that the material has been autoclaved. The sharps are now sterilized and treated as normal trash but are disposed of in red hazardous waste bags and disposed of separately from normal trash. In all cases disposable needle/syringe units are used at this facility.

Biohazard (Medical) Waste

Biohazard waste that consists of materials used to clean wounds and conduct miscellaneous internal examinations are disposed of into one of several red colored and labeled plastic bags inside a metal container with a foot-operated metal lid. There is a minimal amount of such waste.

Non-Regulated Waste Disposal

If the contaminated item contains dried blood or has been rinsed into a drain connected to a sanitary sewer and followed with a small amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a locked area until it is collected and transported for disposal in a sanitary landfill.

Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer followed with a small amount (1 to 2 cups) of bleach.

Oxnard College

Sharps Containers & Disposal

A. Student Health Center

The hard plastic sharps containers are supplied by *Labcorp, 5601 Oberlin Dr., San Diego, CA 92121*, as part of a service provided with the purchase of needle/syringe supplies. The containers are properly labeled and distinctively colored red and kept in closed cabinets. The opening (kept open) has a narrow neck designed to prevent the contents from coming out if the container is tipped over. The level of contents is clearly visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is screwed on over the opening and placed in a biohazard labeled bag. The bagged sharps container is then put in a cardboard box especially designed for mailing to the BMI Waste facility for disposal. BMI supplies the carton and the preprinted labels.

Dental Hygiene Facility

The hard plastic sharps containers are supplied by *CLIA (Clinical Laboratories Improvements Amendments)*, a Public Health Services licensed supplier, as part of a service provided with the purchase of supplies. The containers are properly labeled and distinctively colored red and kept readily available throughout the work area. The opening (left open) has a narrow neck designed to prevent the contents from coming out if the container is tipped over. Containers are secured on a stable shelf, accessible to the students. The level of contents is visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is screwed on over the opening and placed in a biohazard labeled bag. The bagged sharps container is regularly picked up by CLIA, who dispose of the waste through Ventura Waste Management, 245 Quail Court, Santa Paula, CA.

Instruments used by the dental students are assigned to and maintained by each student. The stainless steel dental instruments are sterilized after each use on a patient. The instruments are placed into a stainless steel cassette and initially put through “ultrasonic” cleaning in a liquid cleaner. They are then put into a commercial dishwasher for a full cycle on hot, using only a drying agent. The cassettes of instruments are then placed in an autoclave (MedMark Ultraclave) sealed with special paper and marker tape indicating that the materials have been autoclaved. The autoclave process is conducted at 270 °F at 31 psi for 115 minutes for sterilization.

Biohazard (Medical) Waste Handling and Disposal

A. Student Health Center

Biohazard waste that consists of materials used to clean wounds and conduct miscellaneous internal examinations are disposed of into a one of several ordinary plastic bag inside a metal container with a foot-operated metal lid. There is a minimal amount of regulated waste at this facility.

Dental Hygiene Facility

A biohazard labeled plastic bag is located at each dental chair to contain materials that may have blood, etc used in treating patients. These are disposed daily in regular trash.

Non-Regulated Waste

If the contaminated item contains dried blood or has been rinsed into a drain connected to a sanitary sewer and followed with a small amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a locked area until it is collected and transported for disposal in a sanitary landfill.

Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer followed with a small amount (1 to 2 Cups) of bleach.

E. Laundry

1. Universal (standard) precautions shall be observed with all contaminated laundry. Each laundry hamper shall be labeled with a red "Biohazard" sticker or a laundry bag labeled as "Biohazard." Used laundry shall be stored in a "leak resistant" container such as a plastic bag, and the bag shall be labeled with a red "Biohazard" sticker. Contaminated laundry shall be handled as little a possible with a minimum of agitation. Contaminated laundry shall not be sorted or rinsed in the use location.
2. Laundry support shall be provided by outside vendors utilizing bloodborne pathogen exposure control guidelines as outlined by Title 18, California Code of Regulations, General Industry Safety Order 5193.

F. Designated Emergency First Aid Responders

Universal (also known as Standard) precautions shall be followed as discussed (section III. A). Latex gloves shall be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids. Designated employees shall wear gloves on all emergencies. Masks in combination with eye protection devices, such as goggles or glasses with side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other body fluids may be reasonable anticipated.

During the cleanup of an accident site, personal protective equipment must be used. All blood and body fluids/materials shall be disposed of as "medical waste."

IV. VACCINATION AGAINST BLOODBORNE PATHOGENS

- After receiving the training outlined in Section VI and within 10 working days of initial assignment, all employees and students covered in this plan **shall be offered at no cost** to themselves, vaccination against the Hepatitis B virus (HBV) in accordance with current recommendations of the U.S. Public Health Service.
- Employees or specified students **accepting** or **declining** the vaccine **must complete** the Hepatitis B Vaccination Form (Addendum C).
- If vaccines against other bloodborne pathogens (e.g. Human Immunodeficiency Virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization will be offered to all covered persons in accordance with those recommendations.

V. POST EXPOSURE EVALUATION AND FOLLOW-UP FOR UNVACCINATED EMPLOYEES GIVING FIRST AID

Note: Employee means anyone covered by the District's Workers' Compensation policy.

REPORTS

The "Biohazard Incident Report" (Addendum D) in addition to the regular "Supervisor's Accident Report", must be prepared by the exposed individual's supervisor when an employee's primary job is not first aid and there was specific contact exposure to blood or other potentially infectious material.

This report must include all the names of the employees exposed (i.e. all persons who rendered first aid assistance). Individuals exposed to the mishandling of sharps and other similar incidents should also follow the procedure. The report must describe the incident, including time, date and whether personal protective equipment was used. This report will be submitted to the Campus Health Center immediately or when next open.

The original of the "Biohazard Incident Report" must be kept on file at the site where the incident occurred, and a copy forwarded to the Risk Manager. Employees, who are sent by their manager or supervisor for medical evaluation as a result of the incident, must be placed on the district OSHA 100 Log. The "Report" shall be readily available to the affected employee.

A "Biohazard Incident Log" will be maintained at the Risk Management Office and placed in a file that includes copies of all district biohazard incident reports.

PROCEDURE

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

A Medical Evaluation

If an employee is determined to have had an exposure to blood or other potentially infectious material, arrangements for a confidential medical evaluation shall be made, within 24 hours of the incident, for the exposed employee. The confidential medical evaluation concerning the exposed employee shall, at least, contain the following information.

1. Documentation of the route(s) and circumstances of exposure.
2. Identification of the source individual, unless impossible.
3. Prompt testing by a qualified lab of the source individual's blood for HBV and HIV as soon as consent is obtained. If consent cannot be obtained, this shall be documented. (See Addendum F.)
 - a) If the source individual's HBV or HIV status is known to be positive, repeat testing need not be done.
 - b) Results of the source individual's testing shall be made available to the exposed employee, along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of the source individual.
4. Prompt testing of the exposed employee's blood for HBV and HIV shall be done as soon as the Medical Evaluation Consent Form (Appendix C) is signed and received.
 - a) If the employee does not consent to the serological testing, consent to a baseline blood collection may be given. The sample shall be preserved untested for at least 90 days at the campus Student Health Center.
 - b) If within 90 days of the exposure incident the employee chooses to have the sample tested, this shall be done promptly using the stored sample as baseline and a current sample to document seroconversion. Without a preserved sample, baseline seroconversion to a specific incident cannot be proven.

5. The District shall provide the following to the health care professional responsible for the employee's hepatitis B vaccination:
 - a) a copy of this regulation (refer to Appendix A);
 - b) a description of the exposed employee's duties as they related to the exposure incident;
 - c) documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - d) results of the source individual's blood testing, if available; and
 - e) all medical records relevant to the appropriate treatment of the employee including vaccination status, which are the District's responsibility to maintain.

B. Exposed Employees

Exposed employees shall be counseled by a knowledgeable health care professional regarding their exposure and any medical and/or legal implications. The exposed employee is urged and expected to take responsibility for following the health care professional's advice regarding further testing and follow up care.

C. Post-Exposure Prophylaxis

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

D. Employees Contracting Illness

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

E. Written Opinion

Within 15 days of an exposure evaluation the employee shall be provided with a copy of the physician's written opinion, which shall be limited to the following:

1. whether HBV vaccination is indicated and if the employee has received it;
2. that the employee has been informed of the results of the evaluation;
3. that the employee has been informed about any medical condition resulting from exposure which requires further evaluation or treatment.

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

VI. COMMUNICATION OF HAZARDS TO EMPLOYEES (TRAINING)

All employees covered under this standard shall be trained. All reassigned or new employees covered under this plan shall attend a training class within the first 10 days of their new job duties. Training shall be repeated at least once per year.

The basic "Right to Know" hazard communication, in accordance with Cal/OSHA requirements, will be given at the time of new employee orientation at the District Office Human Resources Department. Responsibility for specific training in the Bloodborne Pathogens Exposure Control Program shall be the responsibility of the employee's Department or Program manager at each campus. Arrangements can be made with the Nurses at the Student Health Center or other health care professionals for accomplishing this training. Records verifying this training shall be maintained at the employee's department or campus personnel department.

Training shall include the following items:

- A. a general explanation of the epidemiology and symptoms of bloodborne diseases;
- B. an explanation of the modes of transmission of bloodborne pathogens;
- C. an explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
- D. an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;
- E. an explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;
- F. 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;
- G. information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- H. an explanation of the basis for selection of personal protective equipment;
- I. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- J. information on the appropriate actions to take, and persons to contact in an emergency involving exposure;

- K. 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; and
- L. information on the post-exposure evaluation and follow up;

The majority of the items listed above will be covered on a training videotape. Each training session shall allow an opportunity for interactive questions and answers. Attendance shall be recorded.

VI. RECORDKEEPING

Medical Records

The medical records for each employee covered under this plan will be maintained at the Human Resources Department at the District Office and will include the following items:

- A. the employee's name and social security number;
- B. a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine;
- C. a copy of all results of examinations, medical testing, counseling and follow-up procedures regarding this plan;
- D. copies of any healthcare professional's written opinion; and
- E. a copy of the information provided to the healthcare professional.

These medical records shall be retained for at least the duration of employment plus 30 years, in accordance with Cal/OSHA GISO 3204 "Access to Employee Exposure and Medical Records."

Employee medical records shall be provided upon formal written request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

The district shall ensure that employee medical records are:

1. kept confidential; and
2. not disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by this section, or as may be required by law.

Training Records

Training records shall include the following information:

1. the dates of the training sessions;
2. the contents or a summary of the training sessions;
3. the names and qualifications of persons conducting the training; and
4. the names and job titles of all persons attending the training sessions.

Training records shall be maintained in the employee's campus personnel file for a **minimum of 3 years** from the date on which the training occurred. (See Addendum E)

The District shall ensure that all records required to be maintained by this section should be made available upon request to the Chief of Cal/OSHA and/or NIOSH for examination and copying.

Employee training records shall be provided upon formal written request for examination and copying to employees and employee representatives.

An incident log (See Addendum G) will be maintained at the Risk Management Office on all biohazard incidents and shall include:

- A. Name of the first-aide responder or exposed employee;
- B. Description of the incident;
- C. Date and time of the incident;
- C. Determination of whether or not an exposure occurred.

QUESTIONS?

Questions regarding the design or implementation of this CAL/OSHA Bloodborne Pathogens Exposure Control Program should be directed to the District Risk Management Office.