

Bloodborne Pathogens Exposure Control Plan



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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

State Center Community College District (SCCCD)

It is the express policy of the State Center Community College District (SCCCD) that all potentially exposed employees and students fully implement the Bloodborne Pathogen Plan. The plan is designed to eliminate or reduce to the maximum extent practicable, employee and student occupational exposures to blood and other potentially infectious materials. It is the responsibility of all supervisors, managers, coordinators, and faculty and staff to understand and ensure that the provisions of the plan are followed. All SCCC employees will observe universal precautions in order to minimize exposure to infected blood or Other Potentially Infectious Materials (OPIM). All blood and OPIM will be considered infectious, regardless of the perceived status of the source individual. Employees will always follow required procedures regardless of their opinion of the likelihood of exposure. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

A. Background

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) issued an order regulating occupational exposure to bloodborne pathogens (29 CFR 1919.1030). OSHA determined that employees face a significant health risk as a result of occupational exposure to blood and other body fluids because these materials may contain microscopic organisms that can cause disease. These pathogens include Hepatitis B and C viruses (HBV and HCV) which cause serious liver diseases, and Human Immunodeficiency Virus (HIV) which causes Acquired Immunodeficiency Syndrome (AIDS). OSHA concluded that this hazard can be minimized or eliminated using a combination of engineering controls, work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs, labels, and other provisions.

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

The following exposure control plan has been developed in accordance with the Division of Occupational Health and Safety (Cal/OSHA) Bloodborne Pathogen Standard. Definitions of terms commonly used in this plan are listed in Appendix A

B. Purpose

The purpose of this plan is to:

1. Eliminate or minimize employee occupational exposure to blood and certain other potentially infectious materials.
2. Comply with the Cal/OSHA Bloodborne Pathogens Standard, 8 CCR 5193. This plan is also part of the SCCC Injury and Illness Prevention Program required by 8 CCR 3203.

C. Location

A copy of this plan will be kept in the District Department of Environmental Health and Safety, District Police, Health Services and Human Resources Department offices, as well as each department or work area whose employees are covered by this plan.

An individual copy of this plan is available to employees, to Cal/OSHA, and to NIOSH upon request from the District Department of Environmental Health and Safety.

D. Exposure Determination

Cal/OSHA requires employers to determine which employees may incur occupational exposure to blood or “Other Potentially Infectious Materials” (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to have potential exposure even if they normally would wear personal protective equipment such as gloves which would prevent exposure). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency.

Exposure Determination: All Employees Have Potential Exposure

The following job classifications may provide potential exposure for all employees:

| Department/Program | Position | Activity with Potential Exposure |
|---|---|--|
| Child Development Centers | Instructor / Coordinator* Instructional Aide ECE Specialist * Instructional Technician* Student Aide | Potential exposure from children's wounds, bloody mucous or stools while changing diapers, cleaning and bandaging wounds, or from human bites. |
| District Police | Police Chief* Police Lieutenant* Police Sergeant * Police Officer* Student Aide | Involvement in physical altercations involving blood or other body fluids. Render first aid as an emergency responder. |
| Environmental Health and Safety | Director Occupational Health and Safety Officer Environmental Technician Student Aide | Handling and pick-up of bio-waste. |
| Building Services | Building Services Manager General Utility Worker Custodial Manager Custodian Student Aide | Cleaning up bloody spills and broken glass. Handling soiled feminine hygiene products. Possible hidden needle exposure in trash. |
| Maintenance and Operations | Maintenance Worker Maintenance Utility Worker Maintenance Specialist Boiler/Plumber Specialist Building Generalist Air Conditioning/Plumbing Specialist Lead Maintenance Person | Handling soiled feminine hygiene products or other potentially infectious materials in the plumbing. |
| Health Sciences Registered Nursing, Licensed Vocational Nursing Phlebotomy, EMT Paramedic | Director Nursing Chair Nursing Skills Resource Asst. Instructors Students | Instruction and supervision of students involved in patient care: injections, dressings, etc. Handling sharps bio-waste. First aid and CPR |

| | | |
|---|--|---|
| Health Sciences Dental Hygiene Program Dental Assisting | Dental Hygiene Chair(s) Instructors Students | Instruction and supervision of students scaling teeth, Administration of local anesthetic. Cleaning contaminated instruments and equipment. CPR. |
| Health Sciences Medical Assistant-Clinician | Director Instructors Students | Supervision of students administering injections, drawing blood, performing blood and urine tests and handling blood and urine specimens, cleaning up after procedures and patient care, sorting and disposing of trash, and first aid and CPR. |
| Health Sciences Surgical Technology | Director Instructors Surgical Technology Students | Instruction and supervision of students giving patient care, administering injections, changing dressings, handling sharps and bio-waste. |
| Health Sciences Respiratory Care Practitioner | Director Instructors Respiratory Care Practitioner Students | Instruction and supervision of students involved in patient care: injections, dressings, etc. Handling sharps and bio-waste. |
| Health Sciences Radiologic Technology | Director Coordinator Instructors | Instruction and supervision of students administering intravenous injections; handling sharps bio-waste. |
| Health Sciences Physical Education/Athletics | Instructors* Coaches* College Trainer* Athletic Equipment Manager Physical Education Attendant | Emergency first aid, CPR, cleaning up blood spills, first aid, bandaging, splinting, etc. of injured student athletes. Sorting and washing blood-soaked laundry. |
| Health Services | Nurse* Department Secretary Student Aide | Emergency first aid, CPR, cleaning up blood spills. First aid, bandaging, splinting, etc. of injured student, faculty and staff. Injections, handling sharps, bio-waste. |
| Life Sciences | Instructor Instructional Technician Student Aide | Assist students with drawing blood and testing blood. Handling and packaging bio-waste. Drawing blood for lab use. Preparing blood agar. |

* DESIGNATED FIRST AID PROVIDERS

E. Implementation Methodology

Cal/OSHA requires that this plan include the methods SCCCD will use to implement the various requirements of the standard. The following complies with this requirement.

1. Compliance Methods

Universal Precautions

All SCCCD employees will observe universal precautions in order to minimize exposure to infected blood or Other Potentially Infectious Materials (OPIM). **All blood and OPIM will be considered infectious, regardless of the perceived status of the source individual.**

Employees will always follow required procedures regardless of their opinion of the likelihood of exposure. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls, Requirements

SCCCD will use engineering and work practice controls to eliminate or minimize exposure to its employees. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.

Engineering controls must be examined and maintained or replaced on a regular schedule to ensure their effectiveness. OSHA requires work practice controls to be evaluated and updated on a regular schedule to ensure their effectiveness.

Cal/OSHA requires needleless systems or needle devices with engineered sharps injury protection (ESIP) to be used for procedures involving the withdrawal of body fluids, administration of medications or fluids, and any other procedure involving the potential for an exposure incident for which a needleless system or needle device with ESIP is available as an alternative to the use of needle devices. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

Engineering Controls in use at SCCCD:

- a) sharps containers
- b) self-sheathing needles and needle systems: e.g. B-D Safety Glide, B-D Safety-Lok, Sherwood Monojet
- c) IV access systems and needleless IV administration systems
- d) Plastic vacuum tube phlebotomy (passive device since it is unbreakable), Vacutainer
- e) Other sharps devices with "engineered sharps injury protection" (ESIP)

Supervisors will examine and maintain the sharps containers and other engineering controls in their area on a monthly basis, replacing the supply when necessary.

Supervisors by this program (See Section D. Exposure Determination) are also responsible for evaluating the effectiveness of these controls on an annual basis and whenever a needle stick or other exposure incident occurs.

Work Practice Controls:

- a) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- b) Do not pick up broken glass that may be contaminated directly with the hands. Use tongs, forceps, or brush and dustpan.

- c) Custodians and other employees should not compress loose trash in trashcans with their hands but use the bottom of another trash can or some other solid device so that hidden needles will not pierce their skin.
- d) Mouth pipetting and suctioning of blood or other potentially infectious materials is prohibited.

2. Contaminated Needles and Sharps

All procedures involving the use of sharps in connection with patient care or instructional activities, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury. It is important to recognize adequate procedures to control or restrain a struggling patient as an opportunity for minimizing the risk of sharps injury.

Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

Contaminated sharps shall not be bent, recapped, or removed from devices.

Sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Disposable sharps shall not be reused.

Dispose of used needles or other sharps in a puncture resistant, leak proof, labeled container immediately or as soon as possible after use.

Containers for contaminated sharps shall be easily accessible to employees and located as close as is feasible to the immediate area where sharps are used. (See the section on regulated waste disposal for additional requirements.)

3. Containers for REUSABLE Sharps

(scalpels, forceps, saws, large bore needles, dental knives, drills and burs, etc.)

Contaminated REUSABLE sharps are to be placed immediately, or as soon as possible after use into containers that are leak proof on the sides and bottom, puncture resistant, and labeled with a biohazard label.

Sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

4. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or other potentially infectious materials are present.

5. Hygiene

Hand washing facilities must be readily accessible to employees.

Where hand washing facilities are not feasible (e.g. in an ambulance), the employee will use antiseptic cleanser with clean paper towels or anti-septic towelettes. When these alternatives

are used, the employee will wash his or her hands with soap and running water as soon as feasible. Where hand-washing facilities are not available, supervisors shall document the locations, tasks, and responsibilities involved, ensuring maintenance and accessibility of these alternatives.

Supervisors shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Supervisors shall ensure that employees wash their hands and any other potentially contaminated skin area with soap and water or flush mucous membranes with water immediately or as soon as feasible **following contact of such body areas with blood or other potentially infectious materials.**

6. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. Containers shall be closed prior to being stored, transported, or shipped.

The container used for this purpose will be properly labeled with warnings stating "Biohazard." The labels shall be fluorescent orange or orange-red with lettering in a contrasting color and shall bear the biohazard symbol. Labels shall be affixed by a method that prevents their loss or accidental removal.

If the outside of the specimen container becomes contaminated, the primary container shall be placed within a second container that meets the requirements above.

7. Servicing or Shipping Contaminated Equipment

The supervisor is responsible for ensuring that equipment that may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Such equipment shall be decontaminated as necessary, unless he or she demonstrates that decontamination is not feasible, or will interfere with a manufacturer's ability to evaluate failure of the device.

When a piece of equipment is left contaminated, employees shall attach a readily observable label (red or fluorescent orange with "Biohazard" and the biohazard symbol, stating which portions of the equipment remain contaminated) to the equipment.

Supervisors shall convey information concerning all remaining contamination to all affected employees (including custodial staff), the servicing representative, and the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

8. Personal Protective Equipment (PPE)

PPE Provision

Supervisors are responsible for ensuring that the following provisions are met.

All personal protective equipment used at SCCCD facilities will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The District Director of Environmental Health and Safety shall be consulted on the selection use and limitations of the proposed PPE. Personal Protective Equipment may include, but is not limited to gloves, gowns, laboratory coats, face shields or masks and eye protection, rescue breathing mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. 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 under the normal conditions of use and for the duration of time which the protective equipment will be used.

Each department, program, or area affected by this program will have its own supply of personal protective equipment, and employees shall have free access to the supply as needed. Supervisors are responsible for maintaining an adequate supply of the personal protective equipment.

PPE Use

Supervisors shall ensure that the employee uses the appropriate PPE. However, there may be instances where the employee temporarily and briefly declines to use PPE, such as under rare and extraordinary circumstances when, in the employee's professional judgment, determines that the use of PPE would have prevented the delivery of healthcare or posed an increased hazard. When the employee or supervisor makes this judgment, the circumstances shall be investigated, documented and reported to the DEHS in order to determine whether changes can be instituted to prevent such occurrences in the future.

SCCCD encourages all employees to report instances when they declined to wear PPE for the above reasons so that problems can be solved and changes made.

PPE Accessibility

Supervisors shall ensure that the appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

PPE Cleaning, Laundering and Disposal

The college will dispose of, clean, or launder all PPE at no cost to the employees. (PPE that is designed to be disposable **will not** be laundered or cleaned.) SCCCDD will repair and replace all PPE when needed to maintain its effectiveness, at no cost to the employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

Gloves shall be worn when it is reasonably anticipated that employees will have blood or OPIM contact with hands, non-intact skin, or mucous membranes; when performing vascular access procedures; and when handling or touching contaminated items or surfaces. Gloves should be worn for all tasks listed in the exposure determination chart on pages 2-5, and for all other similar tasks. Latex gloves are used for patient care needs. Nitrile gloves for tasks with chemical exposure and cleaning instruments in the Dental lab.

Disposable (single-use) gloves used at SCCCDD are not to be washed or decontaminated for re-use, and are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Mouth, Eye and Face Protection

Employees must use masks for CPR. Employees also use masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, whenever splashes, spray splatter, or droplets of blood or other potentially infectious

materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

The following situations at SCCCD would require such protection: patient care in the dental labs, administering first aid for injuries with spurting blood.

Gowns, Aprons, and Other Protective Body Clothing

Cal/OSHA requires additional protective clothing such as lab coats, aprons, clinic jackets, or similar outer garments when needed to protect clothing from becoming contaminated. The type and characteristics of such protective clothing will depend upon the task and degree of exposure anticipated. The following situations at SCCCD require such protection: administering first aid for injuries with spurting blood, dental lab patient care.

Cal/OSHA requires surgical caps or hoods and/or shoe covers or boots to be worn in instances when gross contamination can reasonably be anticipated such as during autopsies and orthopedic surgery. No exposure of this type is anticipated at SCCCD facilities.

9. Housekeeping

Supervisors shall ensure that the work site is maintained in a clean and sanitary condition. Supervisors shall develop and implement an appropriate written schedule for cleaning and decontamination of the work site.

The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

- Location within the facility;
- Type of surface or equipment to be cleaned
- Type of soil or contamination present; and
- Tasks or procedures being performed in the area.

All contaminated work surfaces will be decontaminated after completion of contaminating procedures and immediately after any spill of blood or other potentially infectious materials. At the end of the work shift any surface that may have become contaminated since the last cleaning must also be cleaned.

Plastic wrap and other protective coverings may be used to assist in keeping surfaces free of contamination in the dental hygiene lab, health services, and other areas. All protective coverings shall be removed and replaced between each patient (Dental lab, Health Services), as soon as feasible when they become overtly contaminated, or at the end of the work shift if they may have become contaminated during the shift.

All bins, cans, pails, and similar receptacles, which may be contaminated, shall be inspected when emptied by the employee assigned to empty them, and decontaminated if necessary.

Contaminated reusable sharps shall not be stored or discarded in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Employees will use the following products to clean up spills of blood or OPIM and decontaminate surfaces: Disinfectant products must be used according to manufacturer's instructions, including concentration, volume to be applied on a given surface area and contact time. Use the directions given below.

- a) **Diluted household bleach:** Available at grocery or drug stores. For technical information, call the Chlorox Co.—1-800-292-2808. Procedure: Mix 3/4 cup household bleach with 1 gallon of water, or put 1/4 cup bleach in a one quart spray bottle and fill with water, or you can mix 1 part bleach to 10 parts water. (Note: dilutions from 1 part bleach to 9 parts water up to 1 part bleach to 100 parts water are listed as effective and acceptable by OSHA.)

Solution must be freshly made within 24 hours. Wipe up gross blood or OPIM. Wipe or spray the bleach solution on the contaminated surface. Allow to remain 5 minutes. Rinse and air dry.

- b) **Other** Environmental Protection Agency (EPA)-registered tuberculocides, sterilants, or products registered as effective against HIV or HBV. The lists of these EPA Registered Products are available at the EPA website www.epa.gov/oppad001/chemregindex.htm.

10. Regulated Waste Disposal

Disposable Sharps

Contaminated disposable sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and properly labeled.

Sharps containers are located in the following areas:

- Nursing Skills laboratories
- Dental Hygiene laboratories
- Student Health Services
- Life Science Department preparation areas

During use, containers for contaminated sharps shall be easily accessible and located as close as is feasible to the immediate area where sharps are used (e.g. patient care areas).

The containers shall be maintained upright throughout use, replaced routinely, and not allowed to be overfilled.

Before moving containers of contaminated sharps from the area of use, the containers shall be closed to prevent spillage or protrusion of contents during handling, storage and transport.

Disposable sharps shall only be placed in disposable containers. **Do not reuse disposable containers.**

All sharps containers must be labeled with the words "sharps waste" and/or with the international biohazard symbol and the word "BIOHAZARD."

If you have questions or need to schedule a pick-up of full sharps containers, please call the District or campus Department of Environmental Health and Safety at X-5745 or X-8685 respectively.

Other Regulated Waste

Departments or work areas affected by this plan shall use red or orange biohazard waste bags or containers to hold items that are soaked with blood or other potentially infectious material. The bags or containers shall be clearly marked in a contrasting color with the universal biohazard symbol and the words BIOHAZARD, or BIOHAZARD WASTE.



Universal Biohazard Symbol

If you have questions regarding disposal of your waste or need to schedule a pick-up of full sharps containers, please call the District Department Environmental Health and Safety, X-5745.

Requirements: Other regulated waste shall be placed in containers that are closable, of the appropriate size to contain all contents, and constructed to prevent leakage during handling, storage, and transport.

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

Biohazard labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and any other containers used to store or transport blood or other potentially infectious materials.

Disposal of all regulated waste shall be in accordance with applicable state and local regulations.

Note: Not all items contaminated with blood or other potentially infectious materials are defined as "regulated waste." Some contaminated items may become contaminated with blood or OPIM during the course of their use, but are not within the scope of regulated waste and the disposal provision of 8 CCR 5193. These include minimally contaminated absorbent items, such as dental drapes, gauze, and Band-Aids, that will dry out and be free of dried blood in quantities that could be considered "caked." These items can be placed in plastic bags and disposed of in normal trash. Discarded sanitary napkins and other feminine hygiene products are also not considered "regulated waste." The absorbent material of which they are composed will, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. These items must be discarded into waste containers that are properly lined with plastic bags. Such bags should protect the employees from physical contact with the contents.

11. Labels and Signs

Supervisor shall ensure that biohazard labels shall be properly affixed. Cal/OSHA requires labels on the following: regulated waste (when regulated waste is red-bagged, the bag must be labeled); sharps containers; laundry bags of contaminated laundry; refrigerators and freezers that are used to store blood or other potentially infectious materials; bags and other containers used to store, dispose of, transport, or ship blood or OPIM; contaminated equipment which is to be serviced or shipped.

The label shall include the universal biohazard symbol and the legend "BIOHAZARD." In the case of regulated waste, the words "BIOHAZARDOUS WASTE" may be substituted for the "BIOHAZARD" legend. The label shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color.

Regulated waste red bags or containers must also be labeled.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

12. Laundry Procedures

These procedures apply to laundry operations in the District's Physical Education and Athletic programs where blood soaked uniforms and towels are washed.

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible, with a minimum of agitation. It will be decontaminated by washing and drying the garments according to the clothing manufacturer's instructions.

Contaminated laundry shall be bagged or containerized at the location where it was generated; it will not be sorted or rinsed in the area of use. The bags will be labeled and color-coded. (Use a red bag with word BIOHAZARD written on it.)

If the contaminated laundry is wet and likely to soak through the original red bag or container, the laundry shall be transported / stored in a second bag or container that prevents leakage of fluids to the exterior.

Employees who handle contaminated laundry will always wear gloves plus other protective equipment (lab coats, face shields, etc.) as needed to prevent contact of skin or mucous membranes with blood or other potentially infectious materials.

If contaminated laundry is shipped off site for service, you must use the same properly labeled red bags, as described above.

13. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up

General

SCCCD will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure follow-up to employees who have had an exposure incident.

The District Associate Vice Chancellor of Human Resources shall ensure that all medical evaluations and procedures including the Hepatitis B vaccination series and post-exposure follow-up, including prophylaxis is:

- a) Available at no cost to the employee
 - b) Available to the employee at a reasonable time and place
 - c) Performed by or under the supervision of a licensed health care professional
 - d) Provided according to the recommendations of the U.S. Public Health Service
- An accredited laboratory shall conduct all laboratory tests at no cost to the employee.

Designated First Aid Responders

Employees that are designated as first aid responders are those employees who render assistance on a regular basis and/or emergency or public safety personnel who are expected to render first aid in the course of their works. Designated first aid responders are listed in the exposure determination. SCCC employees that render first aid as a “good Samaritan” but not as a job duty or expectation are not listed in any exposure group in this plan, but will be treated as if they were a designated first aid responder after an exposure incident. If any SCCC employees are exposed to blood or other bodily fluids (exposure incident) while providing first aid at work, follow these directions:

- a) The employee will report the incident to his or her supervisor and the employee will immediately contact the **COMPANY NURSE® at 1-877-740-5017** before the employee leaves the job site to report the incident. The employee’s supervisor may contact the **COMPANY NURSE®** for the employee in the event the employee cannot. Note: This service is a 24-hour, 7 day-a-week service, including all holidays.
- b) The **COMPANY NURSE®** will perform a triage process that will guide the employee to the appropriate level of care for treatment, based on the information the employee and/or supervisor provides during the call. The employee may be referred to the District’s designated medical provider for post-exposure follow-up, as is appropriate (See Post-Exposure Evaluation and Follow-up).

SCCCD Human Resources will record the following information, and maintain it in a file for OSHA review:

- Names of all first aid providers involved
- A description of the incident
- Date and time of incident
- A determination if an actual exposure incident occurred (See definition, Appendix A)

Personnel will instruct the employee how to get appropriate evaluation and post-exposure follow-up, including the Hepatitis B vaccination series, at no cost to the employee. The vaccine will be offered to the first aid providers at this time, whether or not an actual exposure incident, as defined in Appendix A, occurred.

Hepatitis Vaccination

SCCCD Human Resources is the coordinator of the Hepatitis B vaccination program. All Supervisors shall be responsible that the vaccination is offered to employees identified in Section D. Exposure Determination. SCCC Human Resources will maintain vaccination documentation.

The Hepatitis B vaccination series shall be made available to all employees identified the Exposure Determination after he or she has received initial training in occupational exposure, and within 10 days of initial assignment. The employee's supervisor will refer the employee the District's Benefits Specialist to arrange for vaccine administration.

Employees that decline the offered vaccination shall complete a Cal/OSHA-required waiver indicating their refusal to receive the vaccine (Appendix C. Vaccine Declination Form). This form will be kept in the employee's personnel file.

If at a later date an employee who has waived the right to receive the vaccine and is still covered by the standard decides to accept the vaccination, the district will make it available when the employee notifies his or her supervisor.

All designated employees will be offered the Hepatitis B vaccines unless the employee has previously received the complete vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The district may not require a pre-screening test for hepatitis B antibody before providing Hepatitis B vaccination. The district may make prescreening available at no cost to the employee at its option. The district is not required to provide the hepatitis B vaccination for employees who test positive for hepatitis B.

If the U.S. Public Health Service recommends a booster dose of hepatitis B vaccine at a future date, such a booster dose will be made available.

Post-Exposure Evaluation and Follow-up

When an employee has an exposure incident, he or she shall immediately report it to his or her supervisor and call the **COMPANY NURSE®** at **1-877-740-5017**. All exposure incidents shall be reported, investigated, and documented. District Human Resources will notify the District Department of Environmental Health and Safety of all actual exposure incidents.

District Human Resources will document the exposure incident on the standard workers' compensation form and will ensure a Supervisor's Report of Employee Injury/Illness is completed. If the incident involved a Sharps device, the District's Benefits Specialist will prepare a sharps injury log (Appendix B) from information provided by the supervisor, **COMPANY NURSE®**, designated medical contractor, and employee. The sharps injury log shall be maintained in such a manner as to protect the confidentiality of the injured employee.

Following the report of an exposure incident, when appropriate, the employee shall be referred by the **COMPANY NURSE®** immediately to the District's designated medical contractor(s) for a confidential medical evaluation. This evaluation shall include at a minimum:

- a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
- b) Identification and documentation of the source individual, including testing the source individual's blood, unless the District can establish that such identification is not feasible or prohibited by state or local law (See "Source Blood Status" section.)

- c) Testing the employee's blood for HBV and HIV serological status, with the employee's consent
- d) Post-exposure prophylaxis when medically indicated, following the current recommendations of the U.S. Public Health Service [e.g. HBV vaccine, ISG (gamma globulin), or HBIG (immune globulin)].
- e) Counseling regarding risk status and appropriate follow-up
- f) Evaluation of reported illnesses

Information to be Provided to the Health Care Professional

The District Benefits Specialist shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination and evaluating an employee after an exposure incident is provided the following additional information:

- a) A copy of the Bloodborne Pathogen Standard, 8 CCR 5193 (Appendix X)
- b) A written description of the exposed employee's duties as they relate to the exposure incident
- c) Written documentation of the route of exposure and circumstances under which exposure occurred
- d) Results of the source individual's blood testing, if available
- e) All medical records relevant to the appropriate treatment of the employee, including vaccination status

Health Care Professional's Written Opinion

The Medical Contractor will provide the Benefits Specialist with a work status report that confirms that the employee has received post-exposure follow-up as required.

The health care professional's written opinion for HBV vaccination and post-exposure follow-up shall be limited to the following information:

- a) Whether vaccination is indicated for employee and if employee has received such vaccination
- b) A statement that the employee has been informed of the results of the evaluation
- c) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious material which will require further evaluation or treatment

All other findings or diagnosis shall remain confidential and shall not be included in the written report.

The District's Benefits Specialist shall insure that the Medical Contractor provides the employee with a copy of the evaluating health care professional's written opinion within 15 working days of the completion of the evaluation.

Source Blood Status

The employee's supervisor shall attempt to identify and document the source individual. The District's designated medical contractor will seek to obtain consent and test the source individual's blood as soon as possible. If the source individual refuses to be tested, it must be documented to establish that legal consent was not obtained.

If source individual's blood is already known to be HBV or HIV positive, testing need not be repeated.

Results of source individual's blood test shall be made available to the exposed employee. The employee will also be informed of the confidentiality laws concerning disclosure of the identity and infectious status of the source individual.

14. Information and Training

Supervisors shall ensure that training is provided to the employees at the time of the initial assignment to tasks where occupational exposure may occur and at least annually thereafter. Additional training shall be provided when changes, such as the introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.

Training shall be provided at no cost to the employee during working hours. Training shall be tailored to the education and language level of the employee.

Supervisors of employees covered by the program shall attend the initial training sessions.

The training program will be interactive and cover at a minimum the following elements:

- a) An accessible copy of the regulatory text of the standard and an explanation of its contents;
- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) Explanation of the District's Bloodborne Pathogen Exposure Control Plan and how to obtain a copy;
- e) Recognition of tasks that may involve exposure;
- f) An explanation of the use and limitations of methods to reduce exposure, including appropriate engineering controls, administrative controls, safe work practices and personal protective equipment);
- g) Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- h) An explanation of the basis of selection of personal protection equipment;
- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge to covered employees;
- j) An explanation of the procedures to follow if an exposure incident occurs, including reporting methods and follow-up procedures;
- k) Information on the evaluation and follow-up required after an employee exposure incident;
- l) An explanation of the signs, labels, and color coding systems used for bloodborne pathogens;
- m) Interactive questions and answers. If the employee has additional questions, he or she may ask his or her supervisor, the Environmental Health and Safety Department, or Health Services for further information.

The person conducting the training shall be knowledgeable in the subject matter covered by these elements as they relate to the workplace that the training will address.

Supervisors will provide additional training to employees when there are any changes of tasks, equipment or procedures affecting the employee's occupational exposure.

The District or campus Department of Environmental Health and Safety will provide compliant training materials and provide training assistance as requested.

15. RECORDKEEPING

Sharps Injury Log

In compliance with Cal/OSHA, the District's Benefits Specialist shall maintain a Sharps Injury Log (Appendix B) for five years from the date of each incident. A log entry shall be made of each exposure incident involving a sharp within 14 working days of the date the incident is reported to the supervisor. The Sharps Injury Log shall be maintained in such a manner as to protect the confidentiality of the injured employee.

The injured employee shall provide the Benefits Specialist with all requested information as soon as possible, within seven (7) working days of the incident, so that the Benefits Specialist can complete the log entry within the legally required time period. The information required on the form includes:

- a) Date and time of the exposure incident;
- b) Type and brand of the sharp involved in the exposure incident;
- c) 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 the incident;
 - How the incident occurred;
 - The body part involved in the exposure incident;
 - If the sharp had engineered sharps 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 the mechanism, if applicable;
 - If the sharp had no engineered sharps injury protection, the injured employee's 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 control could have prevented the injury.

Medical Records

The Benefits Specialist will maintain medical records related to occupational exposure as indicated below for the duration of employment plus thirty years. These records will be kept in each employee's workers' compensation file, in accordance with Title 8 California Code of Regulation, Section 3204. These records will be kept confidential, and not disclosed without the employee's written consent. The records will include the following:

1. The name and social security number of the employee
2. A copy of the employee's Hepatitis B vaccination status, including the dates of vaccination or declination form (Appendix C). The Benefits Specialist will obtain this form from the Employee department's records.
3. A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure (work-status report)
4. A confidential copy of the health care professional's written opinion if applicable

Any results from medical examinations, medical tests, and follow-up procedures will be kept at the medical contractor.

Training Records

Training records shall be kept for a minimum of three years from the date of each training. Supervisors shall maintain the training records and shall submit a copy of the training records to the District Department of Environmental Health and Safety.

The following information shall be documented on or kept stapled to the sign-in sheets:

1. The dates of training sessions
2. The names and qualification of persons conducting the training
3. The names and job titles of all persons attending the training sessions

Miscellaneous Departmental BBP Records:

Additionally, supervisors shall maintain the following records with copies submitted the District Department of Environmental Health and Safety

1. Documentation of latest supervisor annual inspections for employee compliance with procedures.
2. Documentation of last annual review of available engineering controls (e.g. self-sheathing needles) for those departments who use sharps.
3. Current written cleaning schedule.
4. Latest monthly inventory form/chart for PPE (stock of gloves, etc. on hand)

Record Availability

The employee's records shall be made available to the employee or to anyone having the employee's written consent for examination and copying in accordance with Title 8 CCR-GISO, Section 3204.

All employee records shall, upon request, be made available to Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH).

16. Evaluation and Review

The District Director of Environmental Health and Safety and the Coordinator of Health Services are responsible for annually reviewing this program and its effectiveness, and for updating this program as needed.

The District Benefits Specialist is responsible for reviewing the Sharps Injury Log (Appendix B) when a new entry is made for other similar incidents (those involving the same equipment or procedures). If similar incidents are found, the Benefits Specialist will provide a copy of the Sharps Injury Log to the District Department of Environmental Health and Safety for review. The DEHS will consult with the department involved to develop improved procedures or equipment.

Each supervisor with covered employees will be responsible for annual review of the currently available engineering controls, selecting such controls where appropriate for the procedures performed by employees in their respective work areas, and training employees in their use.

Each supervisor with covered employees will also be responsible for annually consulting covered employees with respect to the procedures performed by employees in their respective work areas and changes needed in the bloodborne pathogen exposure control plan.

Appendix A: Definitions used in this exposure control plan

“BBP” means Blood Borne Pathogens, see below.

“Benefits Specialist” means the individual responsible for administering the District’s worker’s compensation program. This individual additionally coordinates District employee safety and wellness programs, including infectious disease control. They prepare and maintain applicable Federal, State and District reports regarding said responsibilities.

“Blood Borne Pathogens” or BBP means pathogenic microorganisms that are present in human blood and 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).

“CCR” means California Code of Regulations. **“8CCR 5193”** means title 8 of the California Code of Regulations, section 5193.

“Contaminated” means 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” means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

“Contaminated Sharps” means any contaminated object 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.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy blood borne 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.

“DEHS means the District or campus Environmental Health and Safety Department.

“Engineering Controls” means controls (e.g. sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the blood borne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” or ESIP means 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” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

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

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

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

“Needleless System” means 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” means reasonably anticipated skin, eye, mucous membrane or other parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle. Appendix A: Definitions (continued)

“OPIM” means other potentially infectious materials. (see below)

“Other Potentially Infectious Materials” means: (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 in 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 (human or from experimental animals); (b) blood, organs or other tissues from experimental animals; or (c) culture medium or other solutions.

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

“Personal Protective Equipment” means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes such as uniforms, pants, shirt or blouses, are not intended to function as protection against a hazard, and are not considered personal protective equipment.

“Regulated Waste” means (1) liquid or semi-liquid blood or other potentially infectious material; (2) contaminated items that would contain liquid or semi-liquid blood, or are caked with dried blood or other potentially infectious materials and are capable of releasing these materials when handled or compressed; (3) contaminated sharps; (4) pathological and micro-biological waste containing blood or other potentially infectious materials. Regulated Waste includes “medical waste” as regulated by California Health and Safety Code, Chapter 6.1, sections 117600 through 118360

“Sharp” means any object that can be reasonably expected 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” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of title 8, California Code of Regulations, section 5193c(2)

“Source Individual” means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

“Supervisor” means any individual that directs or oversees a person, group, department, organization, or operation. Examples may include SCCCDD managers, directors, coordinators, deans and instructors.

“Universal 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, HCV and other blood borne pathogens.

“Work Practice Controls” mean controls that reduce the likelihood of exposure by defining the manner in which a task is performed (example: prohibiting recapping of needles by two-handed technique).