



BLOOD BORNE PATHOGENS PLAN

For

LASSEN COMMUNITY COLLEGE DISTRICT

Adopted 5/19/2016



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INTRODUCTION

The Lassen Community College District (hereafter referred to as District) is implementing an Exposure Control Plan to ensure the well-being and to protect the safety and health of our employees. This plan has been developed to meet compliance with State and Federal Regulations pertaining to Bloodborne Pathogens and applies only to employees. The District feels strongly that, if adequate safety precautions or facilities cannot be provided for a certain task, the task will not be performed.

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

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

- Administration/Human Resources
- Facilities
- Health Services
- Deans Offices
- On the Lassen CCD Website

This Plan will be reviewed annually by the Safety Committee and will be distributed to each employee by either a handout and/or District website. For purposes of this plan, Bloodborne Pathogens covers Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV) and Other Potential Infectious Materials (OPIM).

The Plan includes the following elements as required by the regulation:

- Exposure determination
- Schedule and method of implementation for:
 - Methods of compliance
 - HBV vaccination and post-exposure evaluation and follow-up
 - Communication of hazards to employees
 - Recordkeeping
- Procedures for the evaluation of circumstances surrounding exposure incidents.
- Procedure for gathering the information required by the sharps injury log.
- Procedures for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the sharps injury log.
- A procedure for identifying currently available engineering controls and selecting such controls for the appropriate work areas.
- A procedure for obtaining information from employees as part of the plan review process.

MANAGEMENT COMMITMENT AND RESPONSIBILITIES

The development and implementation of an Exposure Control Plan requires the commitment of management and the participation of all employees at every level within the District. It is the mission of the District to provide a safe and healthy work environment for all its employees by minimizing or eliminating exposures to bloodborne pathogens.

The District has designated a Bloodborne Pathogens Program Coordinator who has overall responsibility for the program along with the Safety Committee.

BLOODBORNE PATHOGENS PROGRAM COORDINATOR

Human Resource Director – Vickie Ramsey

Phone: (530) 251-8852

It is the responsibility of the Safety Committee to review the District's Exposure Control Plan at least annually. Whenever necessary, the Plan will be amended to reflect regulatory changes.

It is the responsibility of the Supervisors/Managers of each department to oversee the implementation and working condition of the engineering and workplace controls and to ensure Universal Precautions are used.

The Supervisor/Managers along with the Program Manager are responsible for assessing and selecting appropriate personal protective equipment (PPE) and engineering and workplace controls.

Employees are responsible for inspecting and wearing designated PPE, working in a safe manner and to follow the procedures outlined in the Exposure Control Plan.

All levels of employees are responsible to identify and report potential hazards related to this standard and any other areas of concern to his/her Supervisor/Manager.

Human Resource Department is responsible for maintaining training and exposure records.

EXPOSURE DETERMINATION

The purpose of the exposure determination is to identify individuals at risk of occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membranes or skin) contact with blood or other potential infectious materials that may result from the performance of employee's duties.

The District has determined all employees in the following job classifications and responsibilities have potential occupational exposure (high risk):

- Athletics/Physical Education
- Child Development Center
- Health Services
- Transportation
- Custodial

The District has determined some employees in the following job classifications and responsibilities have potential occupational exposure (medium risk):

- Fine Arts
- Auto Shop
- Agriculture
- Gunsmithing
- Applied Technology
- Physical and Life Sciences
- Grounds
- Maintenance
- Food Service

An exposure determination was conducted which included a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs. Below is a table listing the job classifications and the tasks/procedures, which may result in possible exposure.

<u>Job Classification</u>	<u>Tasks/Procedures</u>	<u>Vaccination Offered</u>
<p>Employees with Occupational Exposure:</p> <p>Athletics/Physical Education</p> <p>Child Development Center Health Services</p> <p>Transportation</p> <p>Custodial</p>	<p>Provisions of work activities with exposure to bodily fluids Provisions of first aid</p> <p>Provisions of physical care in which blood or blood tinged body fluids are present.</p> <p>Provisions of physical care/or first aid</p> <p>Provisions of work activities with exposure to bodily fluids</p>	
<p>Employees with Reasonable Occupational Exposure:</p> <p>Food Service Fine Arts Auto Shop Applied Technology Gunsmithing Agriculture Physical and Life Sciences</p> <p>Grounds-keeping Maintenance</p>	<p>Provisions of first aid</p> <p>Provision of work activities with exposure to bodily fluids</p>	

IMPLEMENTATION OF METHODS OF COMPLIANCE

Employees must use the following procedures to ensure compliance with safe work practices, the Districts Exposure Control Plan and the requirement of the standard.

Universal precautions

Universal precautions shall be observed to prevent contact with blood or Other Potentially Infectious Materials (OPIM). Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Workplace Controls

The following engineering and workplace controls shall be used to eliminate or minimize employee exposure. Engineering Controls are controls that isolate or remove the bloodborne pathogen hazard from the workplace (i.e.; sharps disposal container). Workplace controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Individuals responsible for each Department will perform continual evaluation of these controls for proper working order, comparisons with new or more advanced equipment and or procedures and substitution of new methods. If there are difficulties in doing so, it will be brought to the attention of the appropriate Administrator and Program Coordinator.

Hand Washing and Hand Washing Facilities

These shall be readily available. Hand washing shall be done as soon after hand contamination as possible. If water is not available, antiseptic hand cleaners must be used with clean cloth, paper towels, or antiseptic towelettes. Hand washing shall be done immediately before and after glove removal.

Housekeeping

1. The Departments that are at high risk for occupational exposure are responsible for disinfection of any work surface, which may become contaminated by blood or OPIM. An appropriate anti-microbial solution will be used.
2. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
3. Protective coverings shall be replaced as soon as it is feasible.
4. Broken glassware, which may be contaminated, shall not be picked up with bare hands nor shall any employee reach into a container of broken glassware.
5. Regulated waste shall be disposed of in accordance with local, State and Federal regulations. "Regulated waste" is a liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated

sharps; and pathological and microbiological wastes containing blood or OPIM.

6. Bin, pails and cans intended for reuse which have reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regular basis by the custodian. Waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups.
7. Contaminated clothing and equipment must be removed before entering a food consumption area. Contaminated reusable equipment must be decontaminated to the extent possible.
8. All containers shall be inspected for leakage potential. Secondary containers shall be available if leakage is possible.
9. Mouth pipetting/suctioning of blood or OPIM is prohibited.
10. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
11. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

Laundry

1. Contaminated laundry shall be handled as little as possible with minimum agitation.
2. Contaminated laundry shall be bagged or containerized at the location where it was used and should not be sorted or rinsed in the location of use.
3. Contaminated laundry shall be placed and transported in bags or containers labeled and color-coded. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling and color-coding are sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
4. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment (e.g., use universal precautions).
5. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
6. When facilities ship contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled and color-coded in accordance with this standard.

Contaminated Needles/Sharps

A sharp means any object used or encountered 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.

Needleless Systems

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

Needle Devices

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

Non-Needle Sharps

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

Prohibited Practices

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Bending, recapping or removal of contaminated sharps by hand is prohibited.
- Sharps that are contaminated with blood or OPIM 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.
- Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- 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 an employee to the risk of sharps injury.

Sharp Injury Log

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

- Date and time of the exposure incident.
- Type and brand of sharp involved in the exposure incident.
- A description of the exposure incident shall include;
 - ❖ Job classification of the exposed employee.
 - ❖ Department or work area where the exposure incident occurred.
 - ❖ The procedure that the exposed employee was performing at the time of the incident.
 - ❖ How the incident occurred.
 - ❖ The body part involved in the exposure incident.
 - ❖ If the sharp had engineered sharps injury protection (ESIP) and whether it was activated.
 - ❖ If there were no ESIP, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
 - ❖ The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

Handling Contaminated Sharps

- All procedures involving the use of sharps in connection with patient care shall be performed using effective handling techniques and other methods designed to minimize the risk of a sharps injury.
- Immediately, or as soon as possible, contaminated sharps shall be placed in an approved sharps container.
- The containers shall be maintained in the upright position throughout use, where feasible.
- The containers shall be replaced as necessary to avoid overfilling.
- All sharps containers for contaminated sharps shall be:
 - ❖ Rigid
 - ❖ Puncture resistant
 - ❖ Leakproof on the sides and the bottom
 - ❖ Portable, if necessary to ensure easy access by the user.
 - ❖ Properly labeled

The sharps container shall be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty, be puncture resistant, never spilled and

Personal Protective Equipment (PPE)

Each Department shall analyze employee tasks and the type of exposure expected in order to select personal protective clothing and equipment, which shall provide adequate protection.

The District shall provide, at no cost to the employee, appropriate personal protective equipment. The Supervisor shall ensure that appropriate PPE, in the correct size, is available and accessible in the work area. The District must clean, launder, repair, replace and dispose of the equipment when necessary and to maintain effectiveness. The employee utilizing the PPE is responsible for inspecting the equipment periodically and notifying their Supervisor of the need for repair or replacement. The employee shall wear the appropriate equipment to protect against contact with blood or OPIM.

If splashing occurs onto protective clothing the employee must inspect clothing to ensure that blood or OPIM is not soaked through the material. Personal protective equipment (splash shields, clothes, gloves, etc.) must not be taken home by the employee and shall remain at work.

The type and amount of PPE shall be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of task or procedure. Such equipment may include gloves, gowns, laboratory coats, face shields or masks and eye protection. A table is located on Appendix A on page 38 of this document which lists types of PPE, how to obtain the equipment and specific procedures to follow.

HEPATITIS B VACCINATION PROGRAM

1. The District shall make the Hepatitis B vaccination series available to all employees with potential occupational exposure. In addition, a post-exposure evaluation and follow-up shall be made available to all employees who are exposed to any Bloodborne Pathogen.
2. The employee will go to Lassen County Public Health Department for any of these services.
3. The District shall follow the regulations as stated in CCR, Title 8, Section 5193 concerning the management of the vaccination and follow-up programs.
4. The vaccination and post-exposure evaluation and follow-up including prophylaxis will be:
 - Available at no cost to the employee;
 - Available at a reasonable time and place;
 - Under the supervision of a licensed physician or another licensed health care worker;
 - Provided according to the recommendations of the USPHS (* please see below) and
 - An accredited laboratory shall conduct all lab tests.

* *The medical treatment for bloodborne pathogens changes over time. CDC is the USPHS agency responsible for issuing guidelines and making recommendations regarding infectious agents. OSHA shall accept the CDC guidelines current at the time of the evaluation or procedure.*

Vaccine will be made available after an employee has received required training, within 10 working days of initial assignment. Employees must sign a declination form if they choose not to be vaccinated, but may opt later to receive the vaccine at not cost to the employee.

Pre-vaccination screening for antibody status is not required as a condition of receiving the vaccine. The District can make it available at no cost to employees. An employee may decline the pre-screening, and the District must still make the vaccination series available to the employee. If the series is not completed, the vaccine must continue to be available. Should routine booster doses later be recommended by the USPHS, employees must be offered to them. At the time of this plan, the possible need for routine booster doses is still being assessed by the USPHS. There is no current requirement to provide boosters, except for post-exposure prophylaxis.

HBV vaccination of designated first aid providers. The Human Resource Director shall designate those employees who shall render first aid as a collateral duty compared to their primary duties. Designated first aid responders need not be offered pre-exposure vaccine if certain conditions exist, including availability of the full vaccination series as soon as possible, no later than 24 hours of the provision of assistance in any situation involving the presence of blood or other potentially infectious material. This only applies to those whose primary job assignment is not first aid, who render first aid for workplace injuries as a collateral duty.

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

Name: Human Resource Office

Phone Number: (530) 251-8852.

The verbal report shall be followed up with the Post Exposure Follow-Up Report and submitted to Human Resources (first aid incidents and exposure incidents occurring during normal work hours shall be reported to their supervisor before the end of the shift).

- Designated first aid providers (collateral duty) requirements:
 - ❖ First aid is not a primary job duty.
 - ❖ Not employed at a clinic or first aid station, or other health care facility where people go to receive first aid.
 - ❖ The designated employees have been trained.
 - ❖ Are designated and included in this Plan.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The District realizes the importance of the follow-up and evaluation of HBV, HCV and HIV exposure incidents. The District shall, therefore, follow precisely the regulation as stated below:

1. Following a report of an exposure incident, the employer shall immediately make available to the exposed employee, a confidential medical evaluation and follow-up, including at least the following elements:
 - 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, unless the employer can establish that identification is not feasible or prohibited by State or local law.
 - ❖ The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
 - ❖ When the source individual is already known to be infected with HBV, HCV or HIV status need not be repeated.
 - ❖ Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - c) Collection and testing of blood for HBV, HCV and HIV serological status
 - ❖ The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - ❖ If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be performed as soon as feasible.
 - ❖ Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.
 - d) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
 - e) Counseling
 - f) Evaluation of reported illnesses.

Counseling and evaluation of reported illnesses is not dependent on the employee's electing to have

baseline HBV, HCV and HIV serological testing.

2. Information Provided to the Health Care Professional

- a) The employer shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided a copy of the regulation(s).
- b) The employer shall ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:
 - ❖ A copy of this regulation
 - ❖ A description of the exposed employee's duties as they relate to the exposure incident
 - ❖ Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by Subsection (f)(3)(A)
 - ❖ Results of the source individual's blood testing, if available.
 - ❖ All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by Subsection (h)(1)(B)2.
- c) Health care professional's written opinion

The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

 - ❖ The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 - ❖ The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - ❖ The employee has been informed of the results of the evaluation.
 - ❖ The employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.
- d) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels and Signs

1. Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials, sharp disposal containers, contaminated laundry bags and containers and contaminated equipment.
2. Labels shall comply with Title 8, Section 6004 & Health and Safety Code Sections 25080-25082.
3. Labels concerning bio-hazardous waste are covered in Health and Safety Code, Sections 25080-25082. Color coding is described in Title 8, Section 6003.
4. The District shall post signs at the entrance to work areas as described in the regulation.

Information and Training

1. The District shall ensure training is provided to all employees with potential occupational exposure as follows:
 - ❖ Training shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter;
 - ❖ Retraining shall occur as operations change affecting exposure;
 - ❖ The programs shall be provided at no cost and shall be delivered during work hours;
 - ❖ The content of the training shall be appropriate for the educational level of the employee.
2. The content of the training shall include the following topics:
 - ❖ An explanation of the Bloodborne Pathogens Standard
 - ❖ An explanation of the Bloodborne Pathogens Exposure Control Plan and how to obtain a written copy
 - ❖ Bloodborne disease edipemiology and symptoms
 - ❖ Modes of transmission
 - ❖ Recognition of tasks and activities that expose employees to the viruses
 - ❖ The use and limitations of engineering controls, personal protective equipment, work practices
 - ❖ Types, use, location, removal, handling and decontamination of personal protective equipment
 - ❖ The basis for selection of personal protective equipment
 - ❖ Information on the Hepatitis B vaccine
 - ❖ Handling emergencies involving blood or other potentially infectious materials
 - ❖ Exposure incident procedures and reporting
 - ❖ Information on post-exposure follow-up and evaluation
 - ❖ Signs, labels and other warnings
 - ❖ Questions and other interaction
3. The content of the training and qualifications of the presenter shall be documented.

RECORD KEEPING

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

Content of Exposure Records

- Name and social security number of employee;
- Copies of HBV vaccination status and other relevant records;
- Copies of results of medical exams, testing and follow-up as a result of an employee's exposure to bloodborne pathogens. (Required by code)
- Employer's copy of the health care professional's written opinion following an exposure to bloodborne pathogens and; (Required by code)
- Copy of the information provided to the health care professional as required of any exposure to bloodborne pathogens (Required by code)

Training Records

- The dates of training sessions;
- Content summary of training;
- Names and qualifications of trainers; and
- Names and job titles of all employees attending
- Records shall be maintained for 3 years

Sharps Injury Log

- The date and time of exposure incident
- The type and brand of sharp involved
- A description of the exposure incident
- The logs shall be maintained 5 years from the date of the exposure

SAMPLE FORMS

- A. Post-Exposure Follow-up Report
- B. Evaluation of Circumstances Surrounding Exposure
- C. Exposure Determination Worksheet
- D. HBV Vaccination Declination
- E. Sharps Injury Log
- F. Personal Protective Equipment Procedures

POST-EXPOSURE FOLLOW-UP REPORT

LASSEN COMMUNITY COLLEGE DISTRICT

POST EXPOSURE FOLLOW-UP REPORT FORM

Service performed by (name of health care provider): _____

Address: _____ Phone: _____

Exposure Incident ID #: _____

1A. Route of Exposure: _____

1B. Exposure Circumstances: _____

2. Source Individual

Identity: Unknown Prohibited Infeasible

If known:

A. Consent for blood test obtained

 Date: _____

 AA blood collected; Date: _____

B. Consent not obtained: _____

 Verified by: (name) _____

 Position: _____

C. Know HIV positive: Yes ; No

D. Results of source individual's blood made available to exposed employee:

 Date: _____

3. Exposed Employee

A. Blood test consent obtained:

 Date: _____

 AA blood collected; Date: _____

B. Serological testing declined:
Date: _____

C. HBV vaccine:
Date administered: _____

4. Information Provided to Health Care Professional

Date Provided

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

5. Health Care Provider's Written Opinion

Provided to exposed employee
Date: _____

Person providing written opinion
Name: _____
Position: _____

**SAMPLE EVALUATION OF CIRCUMSTANCES
SURROUNDING EXPOSURE**

LASSEN COMMUNITY COLLEGE DISTRICT

FIRST AID INCIDENTS AND/OR EXPOSURE TO BLOODBORNE PATHOGENS EVALUATION OF CIRCUMSTANCES

Exposure Incident First Aid Incident

1. Date of Incident: _____

Time: _____

2. Location of Incident: _____

3. Witnesses: _____

4. Route of exposure: _____

5. Exposure Circumstances: _____

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

b) Cause of exposure: _____

c) Part of body contaminated: _____

d) Other employees exposed: _____

e) Blood or OPIM present – describe: _____

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

Position: _____

Individual #2: _____

Position: _____

7. Exposed individual (name): _____

Position: _____

8. Exposure incident ID #: _____

Prepared by (name): _____

Position: _____

9. Individuals rendering first aid:

1. _____ Phone _____ PPE: _____

2. _____ Phone _____ PPE: _____

3. _____ Phone _____ PPE: _____

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

EXPOSURE DETERMINATION WORKSHEET

LASSEN COMMUNITY COLLEGE DISTRICT

EXPOSURE DETERMINATION WORKSHEET

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

DISTRICT:

Employee Position Classification: _____

Locations where this position is assigned:

Tasks and Procedures	Exposure Risk: Indicate if risk is routine or occasional	✓ If all employees in this Classification are at risk
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional comments regarding potential risks:

Supervisor's Signature

Date

Employee's Signature

Date

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

HBV VACCINATION DECLINATION

LASSEN COMMUNITY COLLEGE DISTRICT

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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

Employee's Signature

Employee's Name Printed

Date

SHARPS INJURY LOG

LASSEN COMMUNITY COLLEGE DISTRICT
SHARPS INJURY LOG

1. Date and time of the exposure incident: _____

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

3. Description of the exposure incident:
Job Classification of the exposed employee: _____
Department or work area where the exposure incident occurred: _____

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

Describe how the incident occurred:

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

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

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

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

**EXAMPLE PERSONAL PROTECTIVE EQUIPMENT
PROCEDURES**

LASSEN COMMUNITY COLLEGE DISTRICT

EXAMPLE PERSONAL PROTECTIVE EQUIPMENT PROCEDURES

ITEM	HOW TO OBTAIN	PROCEDURES
Single-Use Gloves	(i.e., order from stockroom, obtain from Safety Dept., etc.)	Wear gloves whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, other potentially infectious materials, or contaminated items and surfaces. Check for leaks, tears, punctures before each use. Use gloves only one time. Dispose in an appropriate waste container.
Other Gloves		Check for leaks, tears, punctures before each use. Dispose in an appropriate waste container.
Lab Coats		Check the condition of lab coats before each use. Do not wear lab coats, which are obviously soiled. Follow standard laundering or disposal procedures for lab coats, as appropriate.
Masks		Wear masks whenever there is a likelihood of splash, sprays, mists, or the production of respirable droplets. Ensure that the masks fit properly. Dispose of masks in appropriate containers.
Safety Goggles/ Safety Glasses		Wear eye protection whenever there is an opportunity for exposure to blood, blood products, or other potentially infectious materials. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Face Shields		Wear face shields whenever there is an opportunity for exposure to large quantities of blood, blood products, or other potentially infectious materials. Wear face shields whenever there is a likelihood of splash, sprays, mists, or the production of respirable droplets. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Hoods, Hair Nets		Check for leaks, tears, and punctures before each use. Dispose in appropriate waste containers.

SUMMARY OF PLAN FOR EMPLOYEE'S

“Lassen Community College District” Bloodborne Pathogen Plan (BBP) Summary

The objectives of this plan are to protect the health and safety of District employees. For purposes of the plan bloodborne pathogens include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Other Potential Infectious Materials (OPIM). Lassen Community College District Plan focuses on safer work practices, personal protective equipment, and engineering and administrative controls. Adhering to the district's Bloodborne Pathogens Plan ensures compliance with all applicable laws and regulations relating to bloodborne pathogens exposure, and is in accordance with Cal/OSHA’s Bloodborne Pathogens Standard (Title 8, California Code of Regulations, Section 5193). The plan continues the districts commitment to providing a safe and healthy work environment.

The Director, Human Resources is the District’s Exposure Control Plan Coordinator.

This plan is available on the Lassen Community College web site: www.lassencollege.edu and at Human Resources. A summary of the Districts Exposure Control Plan is provided to each employee; however, if any employee would like a copy of the plan, a copy will be made available. The plan is reviewed and updated by the Safety Committee annually.

Program Overview:

The following is a brief highlight of the Bloodborne Pathogens Program/Exposure Control Plan:

RESPONSIBILITIES:

- It is the responsibility of the Safety Committee to review the Districts Exposure Control Plan at least annually. Whenever necessary, the Plan will be amended to reflect regulatory changes.
- It is the responsibility of the Supervisors/Mangers of each department to oversee the implementation and working condition of the engineering and workplace controls and to ensure Universal Precautions are used.
- The Supervisor/Managers along with the Program Manager are responsible for assessing and selecting appropriate personal protective equipment (PPE) and engineering and workplace controls.
- Employees are responsible for inspecting and wearing designated PPE, working in a safe manner and to follow the procedures outlined in the Exposure Control Plan.
- All levels of employees are responsible to identify and report potential hazards related to this standard and any other areas of concern to his/her Supervisor/Manager.

- Human Resources are responsible for maintaining training and exposure records.

Chairs/Coordinator/Supervisors:

- Ensure that high and medium risk employees attend District training.
- Place the appropriate labels on refrigerators and freezers containing blood or other potentially infectious materials; sharp disposal containers; contaminated laundry bags, containers, and equipment. Labels must comply with Title 8, Section 6004 and Health and Safety Code Sections 25080-25082.
- Provide job specific training to employees in high and medium risk job classifications to enable them to avoid exposure and react properly if/when exposure occurs.
- Follow and ensure that employees follow the safe work practices shown in attachment A.
- Assess the exposure risks associated with tasks, select the appropriate personal protective equipment to reduce risk to an acceptable level, and ensure that employees properly use this equipment shown in Attachment A.
- If appropriate personal protective equipment is not available modify the task to reduce risk to an acceptable level.
- Refer employees that have potentially been exposed to bloodborne pathogen(s) to Human Resources and complete the District Accident

Report Form.

Student Health Services: Provide Hepatitis B Vaccination to newly assigned employees.

Employees:

- Read the plan.
- If in a high or medium risk job classification, attend District sponsored bloodborne pathogen training annually and the job specific training provided by the Chair/Coordinator/Supervisor.
- If in a high-risk job classification, receive or decline to receive the Hepatitis B Vaccine.
- Follow the safe work practices described in Appendix 1.
- Wear personal protective equipment provided by your Chair/Coordinator/Supervisor and ensure that it is serviceable before use.
- Report unsafe conditions and/or potential exposures to your Chair/Coordinator/Supervisor and Human Resources.

The Plan includes the following elements as required by the regulation:

- Exposure determination
- Schedule and method of implementation for:
- Methods of compliance
- HBV vaccination and post-exposure evaluation and follow-up
- Communication of hazards to employees
- Recordkeeping
- Procedures for the evaluation of circumstances surrounding exposure incidents.
- Procedure for gathering the information required by the sharps injury log.
- Procedures for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the sharps injury log.
- A procedure for identifying currently available engineering controls and selecting such controls for the appropriate work areas.
- A procedure for obtaining information from employees as part of the plan review process.

EXPOSURE DETERMINATION

The District has determined that employees in the following job classifications are at high and medium risk for exposure to bloodborne pathogens.

High-risk:

- Athletics/Physical Education
- Child Development Center
- Health Services
- Transportation
- Custodial

Medium-risk:

- Food Service
- Fine Arts
- Auto Shop
- Applied Technology
- Gunsmithing
- Agriculture
- Physical and Life Sciences
- Grounds-keeping
- Maintenance

All other District employees are considered at low risk for exposure.

Personnel at high risk are required to attend bloodborne pathogen training and are offered Hepatitis B Vaccination free of charge by the District. Personnel at medium risk are required to attend bloodborne pathogen training.

IMPLEMENTATION METHODS FOR COMPLIANCE

Employees must use the following procedures to ensure compliance with safe work practices, the District's Exposure Control Plan and the requirement of the standard.

- **Universal precautions** shall be observed to prevent contact with blood or other potentially infectious materials (OPIM). Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- **Engineering and Workplace Controls** shall be used to eliminate or minimize employee exposure. Engineering Controls are controls that isolate or remove the bloodborne pathogen hazard from the workplace (i.e.; sharps disposal container). Workplace controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed.
- **Review Process includes** - evaluation of the controls for proper working order, comparisons with new or more advanced products and or procedures and substitution of new methods will be performed by individuals responsible for each Department. If there are difficulties in doing so, it will be brought to the attention of the appropriate Administrator and Program Coordinator.

Hand Washing and Hand Washing Facilities

- These shall be readily available. Hand washing shall be done as soon after hand contamination as possible. If water is not available, antiseptic hand cleaners must be used with clean cloth, paper towels, or antiseptic towelettes. Hand washing shall be done immediately before and after glove removal.

Housekeeping

1. The Departments that are at high risk for occupational exposure are responsible for disinfection of any work surface, which may become contaminated by blood or OPIM. An appropriate anti-microbial solution will be used.
12. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
13. Protective coverings shall be replaced as soon as it is feasible.
14. Broken glassware, which may be contaminated, shall not be picked up with bare hands nor shall any employee reach into a container of broken glassware.
15. Regulated waste shall be disposed of in accordance with local, State and Federal regulations. "Regulated waste" is a liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
16. Bin, pails and cans intended for reuse which have reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regular basis by the custodian. Waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups.
17. Contaminated clothing and equipment must be removed before entering a food consumption area. Contaminated reusable equipment must be decontaminated to the

extent possible.

18. All containers shall be inspected for leakage potential. Secondary containers shall be available if leakage is possible.
19. Mouth pipetting/suctioning of blood or OPIM is prohibited.
20. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
21. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

Laundry

1. Contaminated laundry shall be handled as little as possible with minimum agitation.
2. Contaminated laundry shall be bagged or containerized at the location where it was used and should not be sorted or rinsed in the location of use.
3. Contaminated laundry shall be placed and transported in bags or containers labeled and color-coded. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling and color-coding are sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
4. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment (e.g., use universal precautions).
5. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
6. When facilities ship contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled and color-coded in accordance with

this standard.

Contaminated Needles/Sharps

- A sharp means any object used or encountered 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.

Needleless Systems

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

Needle Devices

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

Non-Needle Sharps

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

Prohibited Practices

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Bending, recapping or removal of contaminated sharps by hand is prohibited.
- Sharps that are contaminated with blood or OPIM 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.
- Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- 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 an employee to the risk of sharps injury.

Personal Protective Equipment (PPE)

See attachment A

- Each Department shall analyze employee tasks and the type of exposure expected in order to select personal protective clothing and equipment, which shall provide adequate protection.
- The District shall provide, at no cost to the employee, appropriate personal protective equipment. The Supervisor shall ensure that appropriate PPE, in the correct size, is available and accessible in the work area. The District must clean, launder, repair, replace and dispose of the equipment when necessary and to maintain effectiveness. The employee utilizing the PPE is responsible for inspecting the equipment periodically and notifying their Supervisor of the need for repair or replacement. The employee shall wear the appropriate equipment to protect against contact with blood or OPIM.
- If splashing occurs onto protective clothing the employee must inspect clothing to ensure that blood or OPIM has not soaked through the material. Personal protective equipment (splash shields, clothes, gloves, etc.) must not be taken home by the employee and shall remain at work.
- The type and amount of PPE shall be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of task or procedure. Such equipment may include gloves, gowns, laboratory coats, face shields or masks and eye protection. A table is located in the back, which lists types of PPE, how to obtain the equipment and specific procedures to follow.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The District realizes the importance of the follow-up and evaluation of HBV, HCV and HIV exposure incidents. The District shall, therefore, follow precisely the regulation as stated below:

1. Following a report of an exposure incident, the employer shall immediately make

available to the exposed employee, a confidential medical evaluation and follow-up, including at least the following elements:

- 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, unless the employer can establish that identification is not feasible or prohibited by State or local law.
- ❖ The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - ❖ When the source individual is already known to be infected with HBV, HCV or HIV status need not be repeated.
 - ❖ Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - c) Collection and testing of blood for HBV, HCV and HIV serological status
 - ❖ The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - ❖ If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be performed as soon as feasible.
 - ❖ Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.
 - e) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
 - e) Counseling
 - f) Evaluation of reported illnesses.

Counseling and evaluation of reported illnesses is not dependent on the employee's electing to have baseline HBV, HCV and HIV serological testing.

2. Information Provided to the Health Care Professional

- a) The employer shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided a copy of the regulation(s).
- b) The employer shall ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:

- ❖ A copy of this regulation
- ❖ A description of the exposed employee's duties as they relate to the exposure incident
- ❖ Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by Subsection (f)(3)(A)
- ❖ Results of the source individual's blood testing, if available.
- ❖ All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by Subsection (h)(1)(B)2.
 - c) Health care professional's written opinion

The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

- ❖ The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- ❖ The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - ❖ The employee has been informed of the results of the evaluation.
 - ❖ The employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.
 - d. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels and Signs

1. Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials, sharp disposal containers, contaminated laundry bags and containers and contaminated equipment.
2. Labels shall comply with Title 8, Section 6004 & Health and Safety Code Sections 25080-25082.
3. Labels concerning bio-hazardous waste are covered in Health and Safety Code, Sections 25080-25082. Color coding is described in Title 8, Section 6003.
4. The District shall post signs at the entrance to work areas as described in the regulation.

Information and Training

1. The District shall ensure training is provided to all employees with potential occupational exposure as follows:
 - ❖ Training shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter;
 - ❖ Retraining shall occur as operations change affecting exposure;
 - ❖ The programs shall be provided at no cost and shall be delivered during work hours;
 - ❖ The content of the training shall be appropriate for the educational level of the employee.
2. The content of the training shall include the following topics:
 - ❖ An explanation of the Bloodborne Pathogens Standard
 - ❖ An explanation of the Bloodborne Pathogens Exposure Control Plan and how to obtain a written copy
 - ❖ Bloodborne disease epidemiology and symptoms
 - ❖ Modes of transmission
 - ❖ Recognition of tasks and activities that expose employees to the viruses
 - ❖ The use and limitations of engineering controls, personal protective equipment, work practices
 - ❖ Types, use, location, removal, handling and decontamination of personal protective equipment

- ❖ The basis for selection of personal protective equipment
- ❖ Information on the Hepatitis B vaccine
- ❖ Handling emergencies involving blood or other potentially infectious materials
- ❖ Exposure incident procedures and reporting
- ❖ Information on post-exposure follow-up and evaluation
- ❖ Signs, labels and other warnings
- ❖ Questions and other interaction

Definitions:

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

Decontamination – The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls – Controls such as sharps disposal containers, needless systems and sharps with engineered sharps injury protection that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure incident – A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Occupational exposure – A job category where skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials could be reasonably anticipated.

Other potentially infectious materials (OPIM) – Human body fluids: semen, vaginal secretions, saliva in dental procedures, etc...and 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.

Attachment A

EXAMPLE PERSONAL PROTECTIVE EQUIPMENT PROCEDURES

ITEM	HOW TO OBTAIN	PROCEDURES
Single-Use Gloves	(i.e., order from stockroom, request via instructor or technician, etc.)	Wear gloves whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, other potentially infectious materials, or contaminated items and surfaces. Check for leaks, tears, punctures before each use. Use gloves only one time. Dispose in an appropriate waste container.
Other Gloves	Same as above	Check for leaks, tears, punctures before each use. Dispose in an appropriate waste container.
Lab Coats	Same as above	Check the condition of lab coats before each use. Do not wear lab coats, which are obviously soiled. Follow standard laundering or disposal procedures for lab coats, as appropriate.
Masks	Same as above	Wear masks whenever there is a likelihood of splash, sprays, mists, or the production of respirable droplets. Ensure that the masks fit properly. Dispose of masks in appropriate containers.
Safety Goggles/ Safety Glasses	Same as above	Wear eye protection whenever there is an opportunity for exposure to blood, blood products, or other potentially infectious materials. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Face Shields	Same as above	Wear face shields whenever there is an opportunity for exposure to large quantities of blood, blood products, or other potentially infectious materials. Wear face shields whenever there is a likelihood of splash, sprays, mists, or the production of respirable droplets. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Hoods, Hair Nets	Same as above	Check for leaks, tears, and punctures before each use. Dispose in appropriate waste containers.

California Code of Regulations, Title 8, Section 1593
Blood Borne Pathogens

<https://www.dir.ca.gov/title8/5193.html>