

AR 4519.42 Exposure Control Plan for Bloodborne Pathogens

Definitions

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. (8 CCR 5193;29 CFR 1910.1030)

Exposure incident means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. (8 CCR 5193;29 CFR 1910.1030)

Parenteral contact means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. (8 CCR 5193;29 CFR1910.1030)

A sharp is any object that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident. (8 CCR 5193)

A sharps injury is any injury caused by a sharp, including but not limited to cuts, abrasions or needlesticks. (8 CCR 5193)

Work practice controls are controls that reduce the likelihood of exposure by defining the manner in which a task is performed. (8 CCR 5193;29 CFR 1910.1030)

Engineering controls are controls, such as sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection, that isolate or remove the bloodborne pathogens hazard from the workplace. (8 CCR 5193;29 CFR 1910.1030)

Engineered sharps injury protection is a physical attribute, such as a barrier, blunting, encapsulation, withdrawal, or other effective mechanism, built into a needle device or into a non-needle sharp which effectively reduces the risk of an exposure incident. (8 CCR 5193;29 CFR 1910.1030)

Personal protective equipment is specialized clothing or equipment worn by an employee for protection against a hazard, such as gloves, gowns, laboratory coats, face shields or masks. (8 CCR 5193)

Exposure Control Plan

The district's exposure control plan for bloodborne pathogens shall contain at least the following components: (8 CCR 5193;29 29 CR 1910.1030)

1. A determination of which employees have occupational exposure to blood or other potentially infectious materials, which shall be made without regard to the use of personal protective equipment and shall include a list of:
 - a. All job classifications in which all employees have occupational exposure.
 - b. Job classifications in which some employees have occupational exposure.
 - c. All tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs and which are performed by employees listed in item #1 b. above.
2. The schedule and method of implementing each of the following in accordance with 8 CCR 5193 and this administration regulation:

**AR 4519.42 Exposure Control Plan for Bloodborne Pathogens
(continued)**

- a. Methods of compliance required by 8 CCR 5193(d) and 29 CFR 1910.1030, including universal precautions, general and specific engineering and work practice controls, and personal protective equipment.
 - b. Hepatitis B vaccination.
 - c. Bloodborne pathogen post-exposure evaluation and follow-up.
 - d. Communication of hazards to employees, including labels, signs, information and training.
 - e. Recordkeeping, including medical records, training records, and a log of sharps injuries.
3. The district's procedure for documenting the route(s) of exposure and the circumstances under which exposure incidents occurred.
 4. An effective procedure for gathering information about each exposure incident involving a sharp, as required for the log of sharps injuries.
 5. An effective procedure for periodically determining the frequency of use of the types and brands of sharps involved in exposure incidents.
 6. An effective procedure for identifying currently available engineering controls and selecting such controls, as appropriate, for the procedures performed by employees in their work areas or departments.
 7. An effective procedure for documenting instances when a licensed healthcare professional directly involved in an employee's care determines that the use of an engineering control would jeopardize the employee's safety or the success of a medical, dental or nursing procedure involving the individual.
 8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

The exposure control plan shall be reviewed and updated at least annually and whenever necessary to: (8 CCR 5193;29 CFR 1910.1030)

1. Reflect new or modified tasks and procedures affecting occupational exposure.
2. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and, to the extent that sharps are used in the district, document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection.
3. Include new or revised employee positions with occupational exposure.
4. Review and evaluate the exposure incidents which occurred since the previous update.

AR 4519.42 Exposure Control Plan for Bloodborne Pathogens (continued)

5. Review and respond to information indicating that the exposure control plan is deficient in any area.

The district's exposure control plan shall be accessible to employees upon request. (8 CCR 3204(e), 5193;29 CFR 1910.1030)

Preventive Measures

The Superintendent or designee shall use engineering and work practice controls, as defined above, to eliminate or minimize employee exposure to bloodborne pathogens. Engineering controls and work practice controls shall be evaluated on a regular schedule and, as applicable, maintained, replaced, or updated to ensure their effectiveness. (8 CCR 5193;29 CFR 1910.1030)

Whenever potential occupational exposure continues to exist after institution of engineering and work practice controls, the district shall provide, at no cost to the employee, appropriate personal protective equipment. (8 CCR 5193;29 CFR 1910.1030)

Employees shall observe universal precautions to prevent contact with blood or other potentially infectious materials, including, but not limited to, handwashing, proper use of personal protective equipment, and proper disposal or washing of contaminated garments or objects. (8 CCR 5193;29 CFR 1910.1030)

Any use of needleless systems, needle devices, or non-needle sharps shall adhere to the specific requirements of 8 CCR 5193(d) and 29 CFR 1910.1030.

Pre-Exposure Hepatitis B Vaccination

The hepatitis B vaccination and vaccination series shall be made available at no cost to all employees who have occupational exposure. The hepatitis B vaccination shall be made available after an employee with occupational exposure has received the required training and within 10 working days of initial assignment, unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or vaccination is contraindicated by medical reasons. (8 CCR 5193;29 CFR 1910.1030)

Employees who decline to accept the vaccination shall sign the hepatitis B declination statement. (8 CCR 5193;29 CFR 1910.1030)

The Superintendent or designee may exempt from the pre-exposure hepatitis B vaccine designated first aid providers whose primary job assignment is not the rendering of first aid, providing that the district implements the procedures in its exposure control plan for providing hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials and provide appropriate follow-up for those who experience an exposure incident. (8 CCR 5193)

Training

The Superintendent or designee shall ensure that all employees with occupational exposure participate in a training program at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. The training shall be offered during working hours and at no cost to the employee. (8 CCR 5193;29 CFR 1910-1030)

AR 4519.42 Exposure Control Plan for Bloodborne Pathogens (continued)

The training shall address, at a minimum: (8CCR 5193;29 CFR 1910.1030)

1. The exposure control standard contained in 8 CCR 5193 and 29 CFR 1910.1030.
2. The epidemiology and symptoms of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. The district's exposure control plan and the means by which employees may obtain a copy of the written plan.
5. Appropriate methods for recognizing tasks and other activities that may include exposure to blood and other potentially infectious materials.
6. The use and limitation of methods to prevent or reduce exposure, including appropriate engineering controls, administrative or work practice controls, and personal protective equipment.
7. The types, proper use, location, removal, handling decontamination, and disposal of personal protective equipment.
8. The basis for selecting personal protective equipment.
9. The hepatitis B vaccine, including its efficacy, safety, and method of administration; the benefits of being vaccinated; and that the vaccine will be offered free of charge.
10. Appropriate actions to take and persons to contact in an emergency or exposure incident involving blood or other potentially infectious materials.
11. The post-exposure evaluation and follow-up that the district is required to provide for the employee following an exposure incident

Additional training shall be provided to affected employees whenever a change, such as the introduction or modification of tasks or procedures or the introduction of new engineering, administrative, or work practice controls, affects the employee's exposure. The additional training may be limited to addressing the new exposures created. (8 CCR 5193;29 CFR 1910.1030)

Designated first aid providers shall receive training that includes the specifics of reporting first-aid incidents which involve blood or body fluids which are potentially infectious. (8 CCR 5193)

Reporting Incidents

All exposure incidents shall be reported as soon as possible to the Superintendent or designee.

Unvaccinated designated first aid providers must report any first aid incident involving the presence of blood or other potentially infectious material, regardless of whether an exposure incident occurred, by the end of the work shift. The full hepatitis B vaccination series shall be made available to such employees no later than 24 hours after the first aid incident. (8 CCR 5193)

AR 4519.42 Exposure Control Plan for Bloodborne Pathogens (continued)

Sharps Injury Log

The Superintendent or designee shall establish and maintain a log recording each exposure incident involving a sharp. (8 CCR 5193;29 CFR 1910.103))

The exposure incident shall be recorded within 14 working days of the date the incident is reported to the district. (8 CCR 5193)

The information recorded shall include the following, if known or reasonably available: (8 CCR 5193;29 CFR 1910.1030)

1. Date and time of the exposure incident.
2. Type and brand of sharp involved in the exposure incident.
3. A description of the exposure incident, including:
 - a. Job classification of the exposed employee.
 - b. Department or work area where the exposure incident occurred.
 - c. The procedure that the exposed employee was performing at the time of the incident.
 - d. How the incident occurred.
 - e. The body part involved in the incident.
 - f. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated and whether the injury occurred before, during or after the protective mechanism was activated.
 - g. 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.
 - h. The employee's opinion about whether any other engineering, administrative or work practice could have prevented the injury.

Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, the Superintendent or designee shall immediately make available to the exposed employee, at no cost, a confidential medical evaluation, post-exposure evaluation and follow-up. The Superintendent or designee shall, at a minimum: (8 CCR 5193;29 CFR 1910.1030)

1. Document the route(s) of exposure and the circumstances under which the exposure incident occurred.
2. Identify and document the source individual, unless that identification is infeasible or prohibited by law.
3. With the consent of the employee, provide for the collection and testing of the employee's blood for hepatitis B, hepatitis C and HIV serological status.

**AR 4519.42 Exposure Control Plan for Bloodborne Pathogens
(continued)**

Board Approved:

September 10, 2020

Effective Date: September 10, 2020