

POLICY TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

BACKGROUND

1. Exposure Determination

COSSA administration will make a determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At CRTEC, the following job classifications are in this category:

Custodial/Maintenance Staff
Teachers/Teacher Aides
Itinerate/Administrative Staff

In addition, COSSA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification Tasks/Procedures

Custodial / Maintenance – containment and clean-up
CNA and EMT Instructors – Curriculum Training (Injections, phlebotomy, etc)

2. Implementation Schedule and Methodology

COSSA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Compliance Methods

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

Sharps container(s) – Kept in CNA storage room 132C.

Logging all sharps received and disposed of in the Sharps Log, kept near the sharps containers in CNA storage room 132A.

All sharps injuries will be reported in the CRTEC Safe Schools Accident & Injury reporting system.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: Bi-annually reviewed by the Safety & Security Committee, at the Spring/Fall meetings.

For handwashing, an antiseptic cleanser in conjunction with clean cloth/paper towels, or antiseptic towelettes, should be used. Hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles/Sharps

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

Containers for Sharps

Contaminated sharps are to be placed immediately, or as soon as possible after use, into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. Those containers are in CNA Room 132A

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, or handle contact lenses. Food and beverages are not to be kept in refrigerators,

freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

All personal protective equipment used at this facility 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 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 normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees as needed. Personal Protective Equipment List:

- Nitrile Gloves
- Face Shield
- Protective eyewear (with solid side shield)
- Other PPE

All personal protective equipment is the responsibility of COSSA.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: Turn over any and all equipment to custodial/maintenance staff for proper cleaning, disposal and/or replacement.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from the custodial/maintenance department. Gloves will be used for all hazardous or infectious waste issues.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible 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 glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn 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.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used: Place nitrile gloves on and cover with an appropriate leather type glove to protect from cuts and contamination from seepage through the outer glove.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in Room 132A, CNA Storage. Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in custodial/maintenance department.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a waiver. See attachment 1.

Administrators, along with the Safety Coordinator, are responsible for assuring that the vaccine is offered, the waivers are signed, etc. The vaccine should be administered through The West Valley Medical Center Occupational Health.

Post-Exposure Evaluation and Follow-up

When the employee incurs an exposure incident, it should be reported to their immediate supervisor and then admin/safety. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up. This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity. (See attachment 2).
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Services.

- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: Administrators and Safety Coordinator.

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

- 1) When the employee is sent to obtain the Hepatitis B vaccine.
- 2) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- 1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
- 2) That the employee has been informed of the results of the evaluation, and
- 3) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information)

Training

Training for all employees will be conducted to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner: Annual Safe Schools Bloodborne Pathogen full course or refresher course, as applicable to employment status.

All employees will receive annual refresher training. (Note: This training is to be conducted within one school year of the employee's previous training.) This training is made available to all employees at the following link: <https://cossa-id.safeschools.com/login>

Recordkeeping

All records will be maintained by the Human Resources Department

Sharps Log

See attachment 3 for the sharps log.

LEGAL REFERENCE:

COSSA Board Policy 9400 – Safety Program
COSSA Board Policy 9600 – Facility Operation
COSSA Bylaws, Revised and Adopted April 15, 2019

POLICY HISTORY:

Issued: February 17, 2021
Reissued: August 16, 2021

Attachment 1
Hepatitis B Vaccine Declination Form

The following statement of declination of the hepatitis B vaccine must be signed by an employee who:

- Chooses not to accept the vaccine.
- Has had appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration and benefits of vaccination, given free of charge to the employee.

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 of 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.

This statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

An employer cannot require:

- Employees to waive liability in order to receive the vaccine .
- Participation in pre-screening as a prerequisite for receiving the vaccine.

Employee Signature: _____ **Date:** _____

Attachment 2
**Source Individual's Consent or Refusal
for HIV, HBV, and HCV Infectivity Testing**

“Source Individual” is the person whose blood or body fluids provided the source of this exposure.

Note: Complete this form and submit to the COSSA Safety Officer.

Exposed Individual's Information

Name (Please Print): _____

Department or Program: _____

Telephone Number: _____

Exposure Date: _____

Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a COSSA employee or student has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature (initial each test according to person preference)

I hereby consent to:

HIV Testing ____

HBV Testing ____

HCV Testing ____

I hereby *refuse* consent to:

HIV Testing ____

HBV Testing ____

HCV Testing ____

Source Individual Identification

Source individual printed name: _____

Source individual signature: _____

Date signed: _____

Relationship (if signed by other than the source individual):

Attachment 3 Sharps Injury Log

COSSA Regional Technology & Education Center (CRTEC)

| DATE | TYPE OF SHARP (i.e.: needle, lancet) | WORK AREA WHERE INJURY OCCURRED | DESCRIPTION OF HOW INJURY OCCURED | CHANGE MADE TO EXPOSURE CONTROL PLAN (yes/no) |
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Record all work-related needle stick/lancet/blade injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material.