



**CHAFFEY COMMUNITY
COLLEGE DISTRICT**

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS
PLAN**

HEALTH AND SAFETY TASK FORCE

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Section I – EXPOSURE DETERMINATION

Chaffey Community College Occupational Exposure to Bloodborne Pathogens Program applies to all individuals with occupational exposure and/or those job classifications in which some employees have occupational exposure to blood (“human blood components, and products made from human blood”) or other potentially infectious materials {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 emergency response; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV containing cell or tissue cultures, organ cultures, and HBV, HCV or HIV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HBV, HCV, or HIV}.

“Occupational exposure” is one of the key terms upon which the standard rests. It contains the criteria which trigger application of the hepatitis B vaccination requirement. It is defined as,

“Reasonably anticipated skin, eye, mucous membrane, or parenteral (e.g., puncturing or piercing) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

Designated first aid providers who have occupational exposure must be offered the hepatitis B vaccine before they are exposed unless the following conditions are in place:

- a. The primary job assignment of such a designated first aid provider is not the rendering of first aid or other medical assistance, and
- b. Any first aid rendered by such person is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

The control plan will make provision of the hepatitis B vaccine to all unvaccinated first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials (regardless of whether an actual “exposure incident” as defined by the standard occurred) as well as the provision of appropriate post-exposure evaluation, prophylaxis, and follow-up for those employees who experience an “exposure incident.”

Employees who do not fall within the scope for this standard may experience a specific exposure incident at work that is unrelated to the performance of their job duties, i.e., “Good Samaritan” who voluntarily gives assistance to an injured co-worker or a member of the public. In such a case, Chaffey College will offer these individuals the same follow-up care.

Category I

CCR, Title 8, Section 5193 requires employers to perform an exposure 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 operational 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. Please see Appendix A for a current listing of job classifications.

Category II

In addition, CCR, Title 8, Section 5193 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 (see Appendix B).

The Director of Risk Management shall be responsible to ensure that the Chaffey College occupational exposure to blood or other potentially infectious materials control plan shall be reviewed and updated at least annually (every 12 months) and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, new or revised employee positions with occupational exposure, and to review the exposure incidents which occurred since the previous update. The review and update must reflect innovations in procedure and technological developments that eliminate or reduce exposure to bloodborne pathogens including but not limited to newly available medical devices, a periodic review that ensures that the exposure control plan remains current with the latest information and scientific knowledge, a review of the sharps log and evaluation of circumstances surrounding exposure incidents.

Section II – METHODOLOGY

A. Compliance Methods

Universal precautions shall be observed at Chaffey College in order to prevent contact with blood or other potentially infectious materials. According to this concept, all human blood and certain human body fluids are treated as if known to be infections for HBV, HCV, HIV, and other bloodborne pathogens. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering & Work Practice Controls

Engineering controls (controls that isolate or remove the bloodborne pathogens hazard from the workplace) and work practice controls (controls that remove the likelihood of exposure by altering the manner in which a task is performed) will be utilized to eliminate or minimize exposure to employees at Chaffey College. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

Where engineering controls will reduce employee exposure either by removing, eliminating or isolating the hazard, they **MUST** be used. Significant improvements in technology are most evident in the growing market of safer medical devices that minimize, control or prevent exposure incidents. Ideally, the most effective way of removing the hazard of a contaminated needle is to eliminate the needle completely by converting to needleless systems. When this is not possible, removal of the hazard as soon as possible after contamination is required. This is best accomplished by using a sharp with engineered sharps injury protection, which shields the sharp from exposure as soon as it is withdrawn from the patient. Design features of sharps have the following characteristics:

- A fixed safety feature which provides a barrier between the hands and the needle after use; the safety feature should allow or require the worker's hands to remain behind the needle at all times.
- The safety feature is an integral part of the device and not an accessory.
- The safety feature is in effect before disassembly and remains in effect after disposal to protect users and trash handlers, and for environmental safety.
- The safety feature is as simple as possible and requiring little or no training to use effectively.

The controls will be examined and maintained or replaced annually by the supervisor or his/her designee of each department to ensure their effectiveness.

1. Hand washing

Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. CAL-OSHA requires that these facilities be readily accessible after incurring exposure. Hand washing facilities are located throughout the campus in each department.

The supervisor or his/her designee shall ensure that after removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. The supervisor or his/her designee shall ensure that employees wash their hands and other skin 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.

2. Contaminated Equipment

The supervisor or his/her designee shall ensure that 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. If contaminated, notification will be in accordance with the law (refer to Appendix C).

Shearing or breaking of contaminated sharps is completely prohibited by this paragraph. Bending, recapping, or removing contaminated needles is prohibited as a general practice. The practice of removing the needle from a used blood-drawing/phlebotomy device is rarely, if ever, required by a medical procedure. Because such devices involve the use of a double-ended needle, such removal clearly exposes employees to additional risk. Devices with needles must be used and immediately discarded after use, un-recapped, into accessible sharps containers.

Exceptions to this rule, applicable only if it can be demonstrated that there is no alternative for a specific medical or dental procedure include: Recapping must be performed using a mechanical device or forceps; or, properly performed one-hand-only scoop method (in which the hand holding the sharp is used to scoop up the cap from a flat surface) for recapping.

C. Personal Protective Equipment

Where there is occupational exposure, each department at Chaffey College shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE will be in appropriate sizes and accessible locations. In addition, hypoallergenic gloves, glove liner, powderless gloves, or other similar alternatives will be made available by department for those employees who are allergic to the gloves normally provided. 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 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 shall be provided to employees in accordance with departmental procedures. These procedures will identify the appropriate protective type of equipment required when performing tasks that involve blood or other potentially infectious materials (e.g., gloves, clinic jacket).

The supervisor or his/her designee shall ensure that the employee uses appropriate personal protective equipment, unless the supervisor shows that the employee temporarily and briefly declined to use personal protective equipment when under rare and extraordinary circumstances, and it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or posed an increased hazard to the safety of the worker or co-worker. When the employee or supervisor makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. Each department shall be responsible to ensure that masks in combination with eye protection devices are 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.

Chaffey College will be responsible also for cleaning, maintaining, and/or disposal of PPE. Home laundering will not be permitted. Employees wishing to wear, and maintain his/her own uniform, lab coat, etc., will don additional employer-handled and employer-controlled PPE when performing tasks where it is reasonable to anticipate exposure to blood or other potentially infectious materials.

D. Housekeeping

The work areas shall be maintained in a clean and sanitary condition. Each department is responsible for development of methods of decontamination based upon location, type of surface to be cleaned, type of soil present, and identified appropriate disinfectant(s) to be used. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials as well as on a weekly basis.

All contaminated equipment and environmental work surfaces shall 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.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced 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, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

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 dust pan, tongs, or forceps.

Reusable 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.

Appropriate disinfectants for Chaffey College may include a diluted bleach solution and EPA-registered tuberculocides, sterilants registered by EPA, products registered against HIV, HBV and HCV or sterilants/high level disinfectants cleared by the FDA. Fresh solutions of diluted household bleach made up daily (every 24 hours) is considered appropriate for disinfection of environmental surfaces and for decontamination of sites following initial cleanup (i.e., wiping up) of spills of blood or other potentially infectious materials. Contact time for bleach is generally considered to be the time it takes the product to air dry.

E. Regulated Waste Disposal

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and appropriately labeled. The needle sheath on a self-sheathing needle is NOT to be considered a “waste container.” Self-sheathing needle products, even after activation, must be disposed of in a sharps container which conforms to the current safety requirements.

Any sharps 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. Duct tape may be used to secure a sharps container lid, but shall not be used in any circumstance as the lid. The sharps container will be located as close as feasible to where sharps are used or can be reasonably anticipated to be found.

Expired medication must be incinerated by licensed hazardous waste removal personnel and must never be flushed or disposed of in the sewer system.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. When contaminated laundry is transported off-site to a second facility which does not utilize Standard Precautions in the handling of all laundry, the department generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded. The supervisor or his/her designee shall notify the off-site facility that the bags or containers which are labeled or color-coded contain contaminated laundry.

Section III – OCCUPATIONAL EXPOSURE HEPATITIS B VACCINE

All employees assigned to classifications that have been identified as having occupational exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine at a location/vendor predetermined by the District after the employee has received training in accordance with the law. This will be at no cost to the employee. The vaccine will be offered within ten (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 received the complete hepatitis B vaccination series and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Employees who decline the Hepatitis B vaccine will sign a waiver which contains the specified CCR, Title 8, Section 5193 wording (Appendix C). Employees who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost (See Appendix F for declination forms).

Section IV – POST-EXPOSURE EVALUATION AND FOLLOW-UP

Post-exposure evaluation and follow-up shall be made available to **ALL** employees who have had an exposure incident.

When an employee incurs an exposure incident, the employee shall report the incident immediately to his/her immediate supervisor and follow appropriate protocol for reporting the exposure to the District to include, but not limited to, notifying Company Nurse.

Following a report of an exposure incident, the Director of Risk Management shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including documentation of the route(s) of exposure, the circumstances under which the exposure occurred, identification and documentation of the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law), collection and testing of blood for HBV, HCV and HIV serological status, post-exposure prophylaxis (when medically indicated, as recommended by the U.S. Public Health Service), counseling, and evaluation of reported illnesses. All previously vaccinated employees will be tested for immunity to Hepatitis B immediately following exposure.

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, testing for the source individual's known 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. 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 the 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 done as soon as feasible.

Section V – HEALTH CARE PROFESSIONAL RESPONSIBILITIES

A. Information Provided to the Health Care Professional

The Director of Student Health Services is the designated health care professional at Chaffey College. The college shall ensure that the Director of Student Health Services is provided a copy of the CCR, Title 8, Section 5193.

The Director of Student Health Services shall ensure that the health care professional evaluating an employee after an exposure incident is provided 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 the law), results of the source individual's blood testing (if available), and 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 the law.

B. Health Care Professional's Written Opinion

The Director of Student Health Services shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within fifteen (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 employee having been informed of the results of the evaluation and the employee having been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Section VI – INFORMATION AND TRAINING

Employee Information

Labels

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport or ship blood or other potentially infectious materials.

Posting shall also include the name of the infectious agent, special requirements for entering the area, and name and telephone number of the laboratory director or other responsible person. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of the law.

Signs

The college shall post signs at the entrance to all work areas in accordance to the law, which shall bear the following legend:

BIOHAZARDOUS WASTE SHARPS WASTE

Training

All employees with occupational exposure shall participate in a training program which shall be provided at no cost to the employee and during working hours. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place, and, at least annually thereafter.

Training and the specific procedures for each department shall be conducted by a designated representative from the department and such training shall be performed on an annual basis. The person conducting the training shall be knowledgeable in the subject matter contained in the training program.

The department shall be responsible to notify the Director of Risk Management the date(s) annual training is conducted for each employee appointed to a classification identified as category I or category II under the plan. Departments shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. Training will be done in such a manner that the trainee will have the opportunity to ask and receive answers to questions where material is unfamiliar to them. As well, they will have direct access to a qualified trainer at this time.

Training for employees will include the following:

- ❑ Copy of the regulatory text of the CCR, Title 8, Section 5193 standard and an explanation of its contents
- ❑ General explanation of the epidemiology and symptoms of bloodborne diseases which must include HIV, HBV, and HCV.
- ❑ Explanation of the modes of transmission of bloodborne pathogens
- ❑ Explanation of the district's exposure control plan and the means by which the employee can obtain a copy of the written plan
- ❑ Control methods to be used at the facility to control exposure to blood or other potentially infectious materials
- ❑ Explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering control, work practices, and personal protective equipment.

(See Appendix E)

Section VII – RECORD KEEPING

As required by law, Chaffey College shall establish and maintain an accurate record for each employee with occupational exposure to bloodborne pathogens.

A. Medical Records

This record shall include the name and social security number of the employee, a copy of the employee's hepatitis B vaccinations and any medical records required by law relative to the employee's ability to receive vaccination, a copy of all results of examinations, medical testing, and follow-up procedures required by law, the employer's copy of the health care professional's written opinion as required by law, and a copy of the information provided to the health care professional as required by law.

B. Confidentiality

Chaffey College shall ensure that employee medical records required by law are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law. The custodian of these records shall be the Director of Risk Management. Records shall be maintained in the Office of Risk Management. Chaffey College shall maintain the records required by law for at least the duration of employment plus thirty (30) years in accordance with the law.

C. Training Records

Training records shall include the dates of the training sessions, the contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and names and job titles of all persons attending the training sessions. Training records shall be maintained for three (3) years from the date on which the training occurred (See Appendix F).

D. Logs

Chaffey College will maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps and will be maintained 5 years from the date the exposure incident occurred. This log will be kept separate from the log of injuries and illnesses. The log will include the type and brand of device involved in the incident, the department or work area where the exposure incident occurred and an explanation of how the incident occurred so that the intended evaluation of risk and device effectiveness can be accomplished (See Appendix F).

As of Jan 2002, all work-related injuries from needlesticks and cuts, lacerations, punctures and scratches from sharp objects contaminated with another person's blood or other potentially infectious materials, are to be recorded on the OSHA 300 as an injury. To protect the employee's privacy, the employee's name may not be entered on the OSHA 300. Chaffey College will keep a separate confidential list of the case numbers and employee names so they can update the cases or provide them if asked by the government. If the employee develops a bloodborne disease, the entry must be updated and recorded as an illness.

E. Availability

All records required to be maintained by law shall be made available to the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations and NIOSH for examination and copying upon request.

Section VIII – EVALUATION & REVIEW

The Director of Risk Management shall be responsible for annually reviewing the Occupational Exposure to Bloodborne Pathogens Control Plan, its effectiveness, and for updating the program as needed.