



Chaffey College

Bloodborne Pathogens Exposure Control Plan

8 Cal. Code Regs. § 5193

Revised 4/23/2026

Chaffey Community College District

The Office of Risk Management

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Bloodborne Pathogens Exposure Control Plan Revision Log

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**Review: Editing for grammatical or formatting errors and/or other small changes.*

***Update: Editing for changes in content. A comment is required for updates.*

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1. PURPOSE

It is the goal of Chaffey Community College District (the “District”) to maintain, insofar as is reasonably possible, an environment that will not adversely affect the health, safety and well-being of students, employees, visitors and the surrounding community. To this end, the District has established a Bloodborne Pathogens Exposure Control Plan (the “Plan” or “ECP”), which includes protections and safeguards for District employees exposed to blood and other potentially infectious materials during their normal job duties.

The purpose of this Plan is to reduce the risk of occupational exposure to blood and other potentially infectious materials and comply with the requirements specified in California Code of Regulations Title 8 §5193 “Bloodborne Pathogens.”

2. SCOPE

The Bloodborne Pathogens Exposure Control Plan applies to all District employees who have potential for occupational exposures to blood or other potentially infectious materials during their normal job duties.

3. DEFINITIONS

Bloodborne Pathogen: Pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or Other Potentially Infectious Materials on a surface or in or on an item.

Engineering Controls: Controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogen(s) hazard from the workplace.

Engineered Sharps Injury Protection: A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

Other Potentially Infectious Materials (OPIM): Body fluids and tissues that may contain bloodborne pathogens. It includes:

- Human body fluids such as semen, vaginal secretions, cerebrospinal or synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; blood, organs, or other tissues from experimental animal infected with HIV or HBV.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Sharp: 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.

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

Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and HCV, and other bloodborne pathogens.

4. RESPONSIBILITY

Risk Management

- Establish and update the written Bloodborne Pathogens Exposure Control Plan
- Provide employee training as necessary
- Maintain copies of any Exposure Incident Report Forms and a Sharps Injury Log for all District exposure incidents involving a sharp
- Provide availability of Hepatitis vaccinations as necessary
- Provide consultation to departments that have employees who may be exposed to bloodborne pathogens

Managers and Supervisors

- Provide the resources necessary to ensure that Personal Protective Equipment (PPE) is available for affected employees
- Ensure that all employees who have occupational exposure to bloodborne pathogens are offered Hepatitis B vaccinations in accordance with Section 9
- Ensure that all exposure incidents are documented on the Exposure Incident Report Form (See Appendix B) and reported to Risk Management

- Following an incident, ensure that the incident is reported via Company Nurse and the Exposure Incident Report Form is submitted to Risk Management (Section 10)

Employees Covered by the Plan

- Understand the applicable components of the Plan
- Adhere to the practices and procedures of Universal Precautions
- Report any exposure, accident, injury or illness to their manager or supervisor

5. EXPOSURE DETERMINATION

Exposure determinations are based on an employee's reasonable potential for occupational exposure to blood or OPIM. The following exposure determination and task assessments shall be made without regard to the use of personal protective equipment:

Category I

Tasks that involve direct contact with blood, body fluids, or tissues. All procedures, or other job-related tasks that involve an inherent potential for percutaneous, mucous membrane, or skin contact with blood or OPIM, are Category I tasks. The use of appropriate protective measures will be required for every employee engaged in Category I tasks.

Category II

Tasks that involve no exposure to blood or OPIM but may require performing unplanned Category I tasks. The normal work routine involves no contact with blood or OPIM, but contact may be required as a condition of employment. Appropriate protective measures shall be readily available for every employee engaged in Category II tasks.

Category III

District employees not classified in Category I or II of this section. These employees do not perform tasks that involve contact with blood or OPIM, and Category I tasks are not a job requirement. The normal work routine does not involve contact with blood or OPIM. Persons who perform these duties are not called upon, as part of their job responsibilities, to perform any Category I tasks or assist in emergency medical care or first aid.

See Appendix A for a list of job classifications with Category I and Category II occupational exposure.

6. UNIVERSAL PRECAUTIONS

The District adheres to the practice of Universal Precautions, first established by the Centers for Disease Control (CDC) in 1988. These methods prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials, regardless of the perceived status of the source individual.

7. ENGINEERING AND WORK PRACTICE CONTROLS

Whenever practical and feasible, engineering controls shall be used as a first line of defense against occupational exposure to bloodborne pathogens. Work practice controls reduce employee exposure in the workplace by either removing or isolating the employee from exposure.

Engineering Controls

- **Needless systems:** Connectors that allow IV fluid administration without needles, removing the risk of needle sticks entirely.
- **Safety Sharps:** Devices with engineered sharps injury protections (ESIPs) that retract, sheath, or blunt the needle after use.
- **Sharps Containers:** Puncture-resistant, leakproof containers for immediate disposal of sharps.

Work Practice Controls

Prohibited Practices

- Shearing or breaking of contaminated needles and other contaminated sharps.
- Contaminated sharps shall not be bent, recapped, or removed from the devices.
- 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 that would expose employees to the risk of sharps injury.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.

Handling Contaminated Sharps

- Procedures involving the use of sharps in connection with care/treatment shall be performed using effective care/treatment-handling techniques and other methods designed to minimize the risk of a sharps injury.
- Contaminated sharps shall be discarded immediately or as soon as possible after use.
- All sharps containers for contaminated sharps shall be easily accessible to personnel and located close to the immediate area where sharps are used.

Sharps Containers

- All sharps containers for contaminated sharps shall be rigid, puncture resistant, leak proof on the sides and bottom, and must be properly labeled.
- All sharps containers shall be maintained upright throughout use and replaced when necessary.
- Sharps containers shall not be filled beyond the line indicated on the container itself, or no more than $\frac{3}{4}$ full.
- Sharps containers shall not be reused.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents.
- If leakage of the primary container is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be properly labeled to identify the contents.

Regulated Waste

Refer to the District's [Medical Waste Management Plan](#).

Cleaning and Decontamination of Worksite

- Disinfectants and/or germicides shall be applied to working area surfaces to ensure the area is maintained in a clean and sanitary condition.
- The work areas shall be maintained in a clean and sanitary condition. Each department is responsible for development, posting, and implementation of methods of decontamination based upon location, type of surface to be cleaned, type of soil present and appropriate disinfectant(s) to be used, in accordance with this Plan.
- Working surfaces and equipment shall be cleaned after completion of working procedures, when these items are overtly contaminated, immediately after a spill of blood or OPIM, routinely after the end of the work shift, or prior to maintenance or servicing.
- Protective clothing shall be worn during cleanup procedures (i.e. gloves, goggles).
- Reusable items that may be potentially infectious will be decontaminated before washing or reprocessing.
- All containers, bins, pails, cans, or similar receptacles intended for use in the disposal of infectious waste shall have a lid or top on the container. These containers should be collected on a daily basis or when the container becomes full.
- 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.

Hygiene

- Hand washing facilities are located throughout each campus. Employees shall wash their hands immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.
- Following any contact of skin with blood or any other infectious materials, employees shall wash the affected area with soap and water as soon as possible. Mucous membranes must be flushed with water if exposed.

Laundry (if applicable)

- Contaminated laundry shall be handled as little as possible.
- Universal Precautions shall be utilized in the handling of all potentially contaminated laundry.

8. PERSONAL PROTECTIVE EQUIPMENT

Wearing personal protective equipment (PPE) can greatly reduce potential exposure to all bloodborne pathogens. Where there is occupational exposure, each department 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.

All PPE required for use must be readily accessible to employees and chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under the normal conditions of use and for the duration of use. Personal protective clothing and equipment must be removed before leaving the work area or when the PPE becomes contaminated. If a garment is penetrated, workers must remove it immediately or as soon as feasible. When removed, PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

The manager or supervisor (or designee) shall ensure that the employee uses appropriate PPE, unless the supervisor shows that the employee temporarily and briefly declined to use PPE 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 for ensuring 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 their own uniform, lab coat, etc., will be required to wear additional employer-handled and employer-controlled PPE when performing tasks where it is reasonable to anticipate exposure to blood or other potentially infectious materials.

Gloves

- If an employee is expected to have direct hand contact with blood or OPIM or contaminated surfaces, gloves must be worn.

- Single use gloves cannot be washed or decontaminated for reuse.
- Disposable gloves shall be properly disposed of if visibly soiled, torn, or damaged.
- Gloves are not to be removed or worn outside the work area.

Masks, Eye Protection, Face Shields

- This PPE will be worn singularly or in combination as guidelines specify. They will be worn when the potential exists for spattering, spraying, splashing droplets or aerosols of blood or any other potentially infectious materials may be present. Use of this PPE applies when the employee's eyes, nose, or mouth are potentially exposed to contamination..

9. HEPATITIS B VACCINATION

All employees who have been identified as having possible exposure to blood, human body fluids, or potentially infectious materials will be offered the Hepatitis B vaccine, at no cost. Employees shall give their consent or declination to the Hepatitis B vaccine on the Hepatitis B Vaccination Consent or Declination form (see Appendix B).

The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood, human body fluids, or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which may show the employee to have sufficient immunity. The employees who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost.

Risk Management has the responsibility for assuring that the vaccine is offered and that the Hepatitis B Vaccination Consent or Declination forms are signed.

10. POST-EXPOSURE EVALUATION AND FOLLOW-UP

When an employee incurs an exposure incident, the employee shall report the incident immediately to their supervisor and follow appropriate protocol for reporting the exposure.

Procedure Following Exposure Incident

All exposure incidents shall be reported, investigated, and documented. Following a report of an exposure incident, the following procedures must be adhered to:

- The exposure incident must be reported immediately to the supervisor/manager.
- Report the exposure incident to the District by calling Company Nurse at 1-888-375-0280.
- Document the routes of exposure and how the exposure occurred by submitting the Exposure Incident Report Form to Risk Management within 24 hours of the incident.
- A confidential medical evaluation and follow-up will be made available to the employee.
- An HBV vaccination series will be made available within to the affected employee if they have not received the pre-exposure vaccination series.
- Identify and document the source individual (unless identification is infeasible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration

The Risk Management department ensures that health care professional(s) responsible for an exposed employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. Risk Management also ensures that the health care professional receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The attending physician or Risk Management department will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Post-Incident Evaluation

With the Company Nurse report and the Exposure Incident Report Form, Risk Management will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

The Risk Management department will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log (see Appendix C).

If it is determined that revisions need to be made to this Plan as a result of a post-incident evaluation, Risk Management will ensure that appropriate changes are made to this Plan.

11. COMMUNICATION OF HAZARDS TO EMPLOYEES

Communicating hazards to employees who may potentially come into contact with bloodborne pathogens is a vital component of this Plan in order to eliminate or minimize exposure.

Signs and Labels



The proper biohazard labels shall be affixed to all collection or storage containers of potentially infectious materials. This includes regulated waste, refrigerators, freezers, equipment and other containers used to store, transport or ship blood or other potentially infectious materials. The labels shall include the universal biohazard symbol (at left) and the legend BIOHAZARD. In the case of regulated waste BIOHAZARDOUS WASTE may be substituted. The labels shall be fluorescent orange or orange-red.

Information and Training

Employee training will be conducted prior to assignment of tasks where the potential for occupational exposure to bloodborne pathogens is present. Additionally, these employees will be retrained at least annually in the following elements:

- Title 8, California Code of Regulations, Section 5193, “Bloodborne Pathogens” and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- Information regarding the modes and methods of transmission of bloodborne disease.
- An explanation and an accessible copy of the District’s Bloodborne Pathogens Exposure Control Plan.
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- The basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

- Appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- Procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available and the procedure for recording the incident.
- Information on the post-exposure evaluation and follow-up that is provided following an exposure.
- An explanation of the signs, labels, and color-coding requirements.
- An opportunity for interactive questions and answers.

All training shall be documented and maintained by Risk Management for a period of at least 3 years.

12. RECORDKEEPING

All records should be maintained on the forms noted in this document. Training records, medical records, and exposure incident reports will be maintained in Risk Management. All medical records shall be confidential and will not be disclosed to any person except where regulation is required.

Each record will be maintained for the duration of employment plus 30 years in accordance with Section 3204. The records shall include the following:

- The name and social security number of employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
- A copy of all results of examination, medical testing, and follow-up procedures.
- A copy of the information provided to the healthcare professional.
- A confidential copy of the healthcare professional's written opinion.

Appendix A: Job Classifications with Occupational Exposure

Below are positions which have been identified as having occupational exposure to blood or other potentially infectious materials. Occupational Safety and Health Administration (OSHA) requires that employees in these positions submit an acceptance or declination form and complete annual training. If you feel that your position should be on this list, email risk.management@chaffey.edu.

Department	Position/Title	Category I	Category II
Student Health Services	All positions	X	
Campus Police	Chief of Police Lieutenant Police Officer Other positions as assigned		X
Athletics	Athletic Trainer Head Coach Director, Athletics Pool Maintenance/Equipment Attendant Other positions as assigned	X	
Maintenance & Operations	Assistant Manager Director, Facilities/Physical Plant Facilities Maintenance Attendant General Maintenance Mechanic Grounds Maintenance Specialist Manager, Grounds & Operations Manager, Maintenance Plant Maintenance Mechanic Supervisor, Operations Sustainability/Environ Safety Officer Other positions as assigned		X
Academic Programs	Instructors and Instructional Assistants Biological Science Dental Assisting Emergency Medical Tech (EMT) Nursing (ADN, vocational, etc.) Physical Therapy Assistant Radiologic Technology Other positions as assigned	X	
Other/Community Education	Lifeguard Professional Expert <i>(if assigned by supervisor)</i> Short Term Worker <i>(if assigned by supervisor)</i> Student Worker <i>(if assigned by supervisor)</i> Summer Swim Supervisor Swim Instructor		X

Appendix B: Forms

The most current forms related to this Plan can be found on the Chaffey College website in the following locations.

- **Exposure Incident Report Form**
https://www.chaffey.edu/risk-management/docs/occupational/exposure_incident_report.pdf
- **Hepatitis B Vaccination Consent or Declination Form**
<https://www.chaffey.edu/risk-management/docs/occupational/hepb-form.pdf>

