FEATHER RIVER COMMUNITY COLLEGE DISTRICT
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the CAL/OSHA Bloodborne Pathogens standard, Title 8 CCR - Section 5193, and in order to provide a safe work place for employees, the Feather River Community College District has adopted a plan to lessen the risk of having exposure to bloodborne infectious disease agents, such as Hepatitis B virus (HBV) and human immune deficiency virus (HIV).

Exposure Determination

CAL/OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. This plan will include but not be limited to coaches, principals, deans, physical education teachers, health clerks, secretaries, aids, special ed teachers, custodians, classroom teachers and school bus drivers.

Occupational Exposure Categories

1) Moderate to High
   Staff workers at high risk for blood-borne infections due to increased exposure to body fluids from infected patients include but are not limited to coaches, maintenance and grounds workers, food services, pack station, child care services, wood/metal shops, science lab teachers, physical education teachers, health clerks, recreational teachers, special ed aids, and school bus drivers.

2) Moderate Risk
   Custodial personnel may be required to clean up freshly spilled blood or other body fluids (such as urine, perspiration or vomit). Employees at substantial risk of directly contacting body fluids shall include both high risk and moderate risk.

3) Low Risk
   Administrators, central office workers, secretaries, instructors other than mentioned above, deans, and the President. They are thus no greater risk of contacting bloodborne disease than other members of the general population.

Compliance Methods

Universal precautions will be observed 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 used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls,

personal protective equipment shall also be utilized. The following engineering controls will be utilized:

Sharps containers at all sites
Gloves readily available to all employees
Hazardous waste pickup as necessary

The above controls will be examined and maintained on a regular schedule by a member of the Safety Committee. The schedule for reviewing the effectiveness of the controls is as follows: Every six months, unless it is determined during the formative evaluation that it needs to be done more often.

Handwashing facilities will also be available to the employees who happen to incur exposure to blood or other potentially infectious materials. Antiseptic hand cleaners such as towelettes will be provided in first aid kits when soap and water are not readily available.

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.

Containers For Sharps

Contaminated sharps are to be placed immediately, or as soon as possible, into appropriate sharps containers.

Work Area Restrictions

In work areas where blood or other potentially infectious materials are present, employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses.

Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined by the Director of Facilities prior to servicing or shipping and shall be decontaminated as necessary.

Personal Protective Equipment

Personal protective equipment will be provided without cost to employees. **MASKS, EYE PROTECTION, LATEX GLOVES, BODY PROTECTION, AND DISINFECTANT SPRAY WILL BE AVAILABLE IN "BLOOD AND BODILY FLUID CLEAN-UP KITS" LOCATED WITH FIRST AID KITS.**

Body Protection - Body protection barriers, such as an apron and plastic shoe covers may be required for employees whose work exposes parts of their body, not otherwise protected as required by other orders in this articles, to possible exposure.

Masks and Eye Protection - The use of masks, protective eye wear, and face shields are required when this is cause for probable contamination to eyes, mouth and nose from body fluids, foreign objects or harsh chemicals.

Gloves shall be worn where it is anticipated that employees will have hand contact with blood, other potentially infectious materials, not-intact skin, and mucous membranes.

Cleaning up blood/emesis
Cleaning open wounds
Performing first aid

Disposable gloves 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.

Facilities will be cleaned and decontaminated as follows:

. All facilities that have the possibility of bloody fluid spills, seepage, and/or any other ways of contamination must be cleaned on a regular basis. These facilities must be maintained in a sanitary condition to control the possibility of a harmful exposure.

. In cleaning body fluids, the first step is to decontaminate the spill which is accomplished by spraying a disinfectant that includes tuberculocidal, which has the ability to kill HBV and HIV.

. Restrooms must be cleaned and mopped with a disinfectant daily.

In the cleaning of facilities, all following procedures must be followed:

. Trash receptacles will have liners in them at all times.

. All trash removed from the facility shall be placed in containers and placed into dumpsters.

Responsibility of Protective Equipment

The supplying and maintaining of protective equipment shall be the responsibility of the Facilities Office.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

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

Exposure Evaluation and Post-Exposure Follow-up

When the employee incurs an exposure incident, the following must be accomplished:

. A Feather River College Accident Report must be filled out and turned in to the Facilities Office for processing.

. Must be reported on the District's Employee's Claim For Worker's Compensation Benefits form.

All employees who incur an exposure incident will be offered post-exposure evaluation by the Health Department or by the doctor of the exposed employee and follow-up within 24 hours in accordance with the CAL/OSHA standard, at no cost to the employee.

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 Health Department or doctor of exposed employee will offer the employee the option of having his/her blood collected for testing of the employee's 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 Service. These recommendations are currently as follows: Begin the Hepatitis B vaccine series. If the employee has already had the series, give Hepatitis B

booster. Employees who decline the Hepatitis B vaccine shall sign a waiver.

. The employee will be given appropriate counseling, at not cost to employee, 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 on reporting any related experiences to appropriate personnel.

. The following have been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:

Personnel Department
Director of Facilities
District Nurse

Interaction With Health Care Professionals

A written report shall be obtained from the health care professional who evaluates employees following an exposure incident and turned into the Facilities Office for record purposes.

Health care professional shall be instructed by the Facilities Office to limit their reports to:

. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine.

. That the employee has been informed of the results of the evaluation, and

. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

Training

Training for all employees with high to moderate risk of occupational exposure will be conducted prior to initial assignment and annually. Training will be conducted by an expert in the area of occupational hazards of bloodborne pathogens.
Training includes the following:

1. The CAL/OSHA standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Models of transmission of bloodborne pathogens.
4. Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Activities which might cause exposure to blood or other potentially infectious materials.

6. Control methods which will be used to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available.
8. Who should be contacted concerning:
    a. Post-Exposure evaluation and follow-up;
    b. Signs and labels used at the facility.
9. The HBV vaccination program.

Recordkeeping

General

The District shall ensure that all records required to be kept shall be made available upon request to CAL/OSHA and union representatives. Records shall be available in the Facilities Office.

Medical

Accurate records must be established and maintained for 30 years for each employee with exposure. The records must include:

1. the name and social security number of the employee.
2. a copy of the vaccination record.
3. a copy of examinations, testing, and follow-up procedures.
4. the employer's copy of the health care professional's written opinion.
5. copies of all information provided to health care professionals.

Training

Training records are not confidential and must include:

1. the training session date.
2. a summary of the content of the sessions.
3. the trainer's name and qualifications.
4. the attendees' names and job titles.

APPENDIX

DEFINITIONS

Bloodborne Pathogens

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

Body Fluids

Fluids that have been directly linked to the transmission of HIV and/or HBV and to which universal precautions apply: blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, and

concentrated HIV and HBV. Semen and vaginal fluids are the media for sexual transmission of HIV but are considered as risks for occupational transmission until further information is available. The remaining body fluids frequently contain blood and are considered as risks on that basis. The use of gloves for medical procedures involving these fluids is already usually routine for patient protection. Saliva is considered infective only during procedures since these are usually associated with bleeding.

Contaminated

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

Contaminated Laundry

Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.

Decontamination

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens or 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. Decontamination includes procedures regulated by Health and Safety Code Section 25090.

Disinfectant

Must have been tested under controlled conditions and have been awarded an E.P.A. number. The product must kill all it claims to kill including staphylococcus aureus and salmonella choloeraesius. Usually the product will contain more than one disinfectant formula, such as tuberculocidal and pseudomonicidal. The product will also give contact time for complete kill.

Engineering Controls

Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident

A specific eye, mouth, other mucous membrane, not-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. However, any contact with skin will result in a post-exposure evaluation.

Handwashing Facilities

A facility providing an adequate supply of running potable water, soap and single-use towels, or hot air drying machines.

Occupational Exposure

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.

Sanitize

To reduce the bacteria count to a certain level. It does not imply complete kill; thus, a sanitizing cleaner is one that reduces the number of organisms on a surface but does not necessarily kill all of them.

Universal Precautions

A system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HBV or HIV infected. Universal precautions are intended to prevent health care from parental, mucous membrane, and non-intact skin exposures to bloodborne pathogens.