

## VENTURA COUNTY OFFICE OF EDUCATION

### ADMINISTRATIVE

REGULATION NO. 3514.51

ADOPTED: 02/14/96

CLASSIFICATION: General Administrative Policies

REVISED: 05/08/08  
02/03/14

SUBJECT: Bloodborne Pathogens Exposure Control Plan

---

The following exposure control plan has been developed for the Ventura County Office of Education in accordance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030.

1. **EXPOSURE DETERMINATION**

Occupational exposure means REASONABLY ANTICIPATED skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of employment related duties. Employers with such occupationally exposed employees must establish a written Exposure Control Plan and must specifically list all job classifications with occupationally exposed employees, even if only a portion of the employees in some classifications have exposure. This determination must be made without regard to frequency or the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment.)

Job classifications and associated tasks/procedures for these categories are as follows:

JOB CLASSIFICATIONS	ASSOCIATED TASKS/PROCEDURES
Special Education teachers, paraeducators, nurses, educational specialists, and all other staff who perform any of the associated tasks/procedures.	Specialized health care procedures; feeding students; rendering first aid; interaction which results in a student spitting at, biting or bleeding on an employee; toileting or diaper changing students where blood may be mixed with other body fluids; clean up of blood, saliva, vomit or semen; inspection of students for possession of weapons or drugs.
Hearing Conservation audiologists, audiometrists, and all other staff who perform any of the associated tasks/procedures.	Performance of aural peripheral exams; clean up of blood, saliva or vomit; interaction which results in a student spitting at, biting or bleeding on an employee.

Court and Community Schools teachers, paraeducators, specialists, campus supervisor, and all other staff who perform any of the associated tasks/procedures.	Interaction that results in a student spitting at, biting or bleeding on an employee; inspection of students for possession of weapons or drugs; rendering first aid.
Occupational therapists, counselor, teachers of subjects where the associated tasks/procedures are likely to occur (nursing, dental, special education, auto service, auto body, auto body paint, print shop, machine shop, floral, welding,) and all other staff who perform any of the associated tasks/procedures.	Interaction that results in a student spitting at, biting or bleeding on an employee; demonstration of any medical/dental procedure where the potential exists for contact with blood or saliva; handling or cleaning of tools or equipment that may be contaminated with blood or saliva; inspection of students for possession of weapons or drugs; rendering first aid.
Custodians - all departments	Clean-up of blood, saliva, vomit or semen; handling, repair or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomit.
Maintenance Staff	Clean up of blood, saliva, vomit; handling, repair or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomit.

## 2. **IMPLEMENTATION METHODOLOGY**

### a. Work Practices

**Universal precautions will be observed at all VCOE facilities.** All blood, saliva, vomit and semen will be considered infectious regardless of the perceived status of the source individual. Engineering and work practice controls will be implemented to eliminate or minimize exposure to employees at this facility. Personal protective equipment shall also be worn as an additional precaution.

### b. Personal Protective Equipment

Personal protective equipment shall be provided without cost to all occupationally exposed employees and will be selected based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions and duration of use.

The program manager/principal is responsible for ensuring that the proper personal protective equipment is available to employees. Employees are responsible for wearing the designated personal protective equipment.

- 1). **Disposable gloves** shall be worn whenever it is reasonably anticipated that employees could have contact with blood, saliva, semen or vomit. Associated tasks/procedures which require the use of disposable gloves include, but are not limited to the following: feeding, rendering first aid; clean up of blood, saliva, semen or vomit; toileting and diaper changing; specialized health care procedures; decontamination of surfaces, tools or equipment; demonstration of dental/nursing procedures; performance of peripheral oral exams. Disposable gloves are not to be washed or decontaminated for re-use. They shall be replaced after each use and when they become contaminated, torn, punctured, or when their ability to function as a barrier has been compromised.
- 2). **Utility gloves** may be worn to perform some of the above tasks. They may be decontaminated for reuse as long as their ability to function as a barrier is not compromised.
- 3). **Masks** are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and nose or mouth contamination can reasonably be anticipated. Masks shall be disposed of after each use. Associated tasks/procedures which may require the use of masks include: specialized health care procedures, feeding or rendering first aid where an employee can reasonably anticipate that blood, saliva or vomit may enter the nose or mouth.
- 4). **Barrier masks** shall be available in all first aid kits. They shall be used whenever CPR or mouth-to-mouth rescue breathing is administered. They shall be decontaminated after each use.
- 5). **Protective Eyewear** is required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye contamination can reasonably be anticipated. Protective Eyewear shall be decontaminated by the wearer by cleaning off debris with soap and water after each use. Associated tasks/procedures which may require the use of protective eyewear include: specialized health care procedures, feeding or rendering first aid where an employee can reasonably anticipate that blood, saliva or vomit may enter the eyes.

All personal protective equipment will be cleaned and/or disposed of at no cost to employees. 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. Protective Eyewear, reusable gloves and barrier masks shall be decontaminated by the user by soaking in a solution of one (1) part bleach to nine (9) parts water for at least five (5) minutes.

c. Hand Hygiene

Hand washing facilities shall be made available to all employees who perform the associated tasks/procedures noted in Section 1. Antiseptic towelettes shall be available in all first aid kits, field trip supplies, community based instruction kits and any classroom not equipped with a sink and running water. When antiseptic towelettes are used, employees shall wash hands with soap and water as soon as feasible.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area with soap and water immediately, or as soon as feasible. If an employee incurs skin or mucous membrane exposure, these areas shall be washed with soap and water as soon as feasible following contact.

Use alcohol-based hand sanitizer if:

- 1). Running water and soap are not available
- 2). If no debris on hands
- 3). Must be at least 60% minimum alcohol concentration

d. Decontamination

Each workplace is cleaned daily. All contaminated work surfaces will be decontaminated after completion of associated tasks/procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning. Contaminated furniture, toys, educational materials/equipment shall be decontaminated with a solution of one (1) part bleach to nine (9) parts water.

Equipment/tools that have become contaminated with blood or other potentially infectious materials shall be decontaminated by using the 1/9 bleach/water solution prior to servicing or shipping.

Gloves shall be worn during decontamination procedures.

3. **HEPATITIS B VACCINE**

All employees (except administrative and clerical employees) shall be offered the Hepatitis B vaccine. Employees not offered the vaccine may request it by completing the "Voluntary Request for the Hepatitis B Vaccine" form. The vaccine shall be provided at no cost to the employee. The vaccine is a series of three injections administered over a six-month period. Employees shall be notified in writing of the locations and dates where the vaccine will be administered.

Employees have the right to decline the vaccination. Those who do so shall sign a declination form. Employees who initially decline the Hepatitis B vaccine and later wish to have it may then have the vaccine provided at no cost to themselves.

Employees are encouraged to discuss any questions/concerns about the Hepatitis B vaccine with their personal physician.

The Hepatitis B vaccine program is administered by the Human Resources Department, in cooperation with program managers and principals.

#### 4. **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

All exposure incidents shall be reported to the Program Manager or Principal and the Human Resources Department immediately. Some examples of exposure incidents are: an employee bitten by a student; blood, saliva or vomit entering the eyes, nose, mouth or an open wound; clean up of blood, saliva, semen or vomit without personal protective equipment; a search resulting in a needle stick or cut by a contaminated sharp object contaminated with blood or other potentially infectious material.

Employees who experience an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA Standard. This follow-up will include the following:

- a. Documentation of the route of exposure and the circumstances related to the incident.
- b. 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 collected as soon as feasible and will be tested (if consent is obtained) for HIV/HBV infection.
- c. Results of the source individual testing will be made available to the exposed employee who will also be informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- d. If the exposed employee consents to having his or her blood collected, but does not consent to HIV/HBV serological status testing, the blood sample will be preserved for at least 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 should be conducted, then the appropriate action can be taken.
- e. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- f. Appropriate counseling shall be made available to the employee concerning precautions to take during the post-incident period, the symptoms of bloodborne diseases, and the need to report any symptoms to appropriate personnel.

- g. The Risk Manager has been designated as responsible for ensuring that the policy outline here is effectively carried out and to maintain records related to this policy.

## 5. **TRAINING**

Training for all employees will be conducted within ten days of the initial assignment of tasks involving the potential for occupational exposure. Training for employees will include the following:

- a. An explanation of the OSHA Standard for Bloodborne Pathogens, and how employees can obtain a copy of it.
- b. Epidemiology and symptomatology of bloodborne diseases.
- c. Modes of transmission of bloodborne pathogens.
- d. An explanation of the Exposure Control Plan including how employees can obtain a copy of it.
- e. Procedures which might cause exposure to blood or other potentially infectious materials at Ventura County Office of Education facilities.
- f. Control methods that will be used in the workplace to limit exposure to blood or other potentially infectious materials.
- g. Personal protective equipment available at the facility including the location, proper use, removal, handling, decontamination and disposal of it.
- h. Procedures to follow in the event of exposure.
- i. Signs and labels used at the facility.
- j. Hepatitis B vaccine program.

Training will be conducted by the Risk Manager or other qualified safety or health professionals. It will be presented in lecture format, using written materials, a video, and a question and answer period.

All employees will receive annual refresher training presented by their supervisor or a designee in a staff meeting.

## 6. **RECORD KEEPING**

All records required by the OSHA Standard will be kept confidential and maintained by the Risk Manager.