

## **Happy Valley Union Elementary School District Bloodborne Pathogens**

Everyone in our educational system needs to be aware of the potential danger of bloodborne pathogens. OSHA (Occupational Safety and Health Administration) has issued a standard that can protect you from bloodborne pathogens. By working together to carry out these standards, we can substantially reduce the risk of contracting a bloodborne disease on the job.

Although not every educator is occupationally exposed to bloodborne pathogens while performing his/her job, it is important for everyone in an educational setting to understand the dangers of infection and safety procedures we can use to minimize risk.

### **Bloodborne Diseases**

#### **Hepatitis B Virus (HBV)**

Inflammation of the liver is the major infectious bloodborne hazard you face on the job.

- Flu-like symptoms, sometimes requiring hospitalization
- May have no symptoms at all and be unaware you are infected.
- Leads to liver damage, cirrhosis and possibly death.
- Infects body fluids
- May be spread to sexual partners, family members and unborn infants

#### **Human Immunodeficiency Virus (HIV)**

Attacks immune system causing the disease AIDS

- May have no symptoms but carry virus for many years
- Flu-like symptoms, fever, diarrhea and fatigue
- Eventually develops into AIDS
- Associated AIDS-related illnesses may develop
- Transmitted primarily through sexual contact but also in contact with body fluids.

#### **Workplace Transmission**

Regardless of the name, bloodborne diseases are transmitted in essentially the same manner:

- Semen and vaginal secretions
- Torn or loose skin

- Unfixed tissue or organs

### **Bloodborne pathogens enter you body through:**

- Open cuts
- Nicks
- Skin Abrasions
- Acne
- Dermatitis
- Mucous Membranes

### **Accidental Injury**

- Infection may occur through accidental injury with a sharp object that is contaminated such as broken glass, sharp metal, needles, knives and exposed ends of orthodontic wires.

### **Indirect Transmission**

- May occur when you touch an object or surface contaminated with blood or infectious material if transfer into the mouth, eyes, nose or open skin occurs. Surfaces which are contaminated are a major cause of the spread of hepatitis. **HBV can survive on surfaces dried and at room temperature for at least one week!**

### **Universal Precautions**

- Consider every person, all blood and most body fluids to be potential carrier of infectious disease.
- Many people who are carriers of infectious diseases have no visible symptoms and are not aware they are infected. No age group, socio-economic class, state or city is exempt.
- Treat all human blood and body fluids as if they were known to be infected with HIV, HBV or other bloodborne pathogens.
- It takes just one exposure to become infected.

## **Reducing Your Risk**

### **Engineering Controls**

A program to provide physical and mechanical systems for eliminating hazards at their source. (e.g., appropriate containers for waste towels, blood soaked items, etc.)

## **Work Practice Controls**

Specific procedures to reduce exposure to infectious materials. (e.g., trained personnel to administer first-aid treatment, a custodian trained and responsible for cleaning up all body fluid spills.)

### **Hand washing: One of the most effective work practice controls.**

- Avoids transferring contamination
- After removing gloves, wash your hands with non-abrasive soap and running water as soon as you can.
- Wash or flush any skin or mucous membranes with water as soon as possible after coming into direct contact with blood.
- If hand washing facilities are not available, such as on a bus, antiseptic hand cleanser or antiseptic towelettes will be available for your use. This is only a temporary measure and thorough washing should be done as soon as possible.

## **Personal Hygiene**

- Minimize splashing, spraying, spattering and generating droplets of moisture when attending to an injured student.
- When there is a chance of occupational exposure, do not eat, drink, smoke, apply cosmetics or lip balms or handle contact lenses.
- Do not keep food and drink in refrigerators, freezers, etc. where blood or other potentially infectious materials are present.

## **Personal Protective Equipment**

Depends on what is appropriate for your job and adequately protects you. May include:

- Gloves
- Gowns
- Aprons
- Lab Coats
- Face Shields
- Protective Eye Wear
- Masks
- Mouthpieces
- Resuscitation Bags

If you are in charge of cleaning up blood or other body fluids:

- Wear appropriate clothing
- Use solution of one part bleach to 10 parts water

- Disinfect mops and cleaning tools well after each session

### **General Rules Regarding Personal Protective Equipment**

- Proper training for use of equipment
- Equipment appropriate for task
- Equipment must fit properly
- Equipment must be free of flaws
- Must use protective equipment EVERY time a task is performed involving potentially infectious material
- Remove as soon as possible, equipment which become penetrated with blood or infectious material

### **Resuscitation Devices**

Designed to protect you from contact with a victim's saliva and body fluids. Avoid using unprotected mouth-to-mouth resuscitation.

### **Gloves**

You **MUST** wear gloves when it is reasonably anticipated you may come into contact with:

- Blood
- Any potentially infectious material
- Mucous membranes or non-intact skin

For first aid, gloves may be made of latex or vinyl. Watch for tears or punctures, and cover any hand cuts with bandages before putting on gloves. Dispose of gloves which are damaged. Never wash or re-use this type of glove.

Utility gloves may be decontaminated and reused if there are no cracks, tears, punctures or peeling areas.

Remove gloves when they become contaminated, damaged or immediately after completing a task. When removing gloves, take care that no pathogens from the soiled gloves contact you hands.

- With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
- With the exposed hand, peel the second glove from the inside tucking the first glove inside the second.
- Dispose of the entire bundle promptly.
- Never touch the outside of the glove with bare skin.

- Every time you remove you gloves, wash you hands with soap and running water as soon as you can.

### **Housekeeping: General Rules**

- Clean surfaces with disinfectant or a 10 percent bleach to water solution as soon as possible after contact with blood or potentially infectious materials.
- Always wear gloves
- Use tongs or a broom when cleaning up broken glass.
- Have waste containers specifically labeled or color-coded, and ensure that they are leak-proof and puncture resistant for infectious waste. Do not overfill.
- Contaminated laundry should be placed in color-coded, leak-proof bags and handled minimally without sorting or rinsing.
- Bins, pails, cans and receptacles which are reused should be inspected and decontaminated on a regular basis.
- Read the label: Watch for fluorescent orange-red labels, red bags and containers with a biohazard symbol. This symbol indicates blood or other potentially infectious materials.

### **HBV Infection**

If you are exposed to blood or other infectious materials as part of your job, the District Office makes the Hepatitis B vaccination available at no cost. The vaccine should be given within 24 hours of exposure. It will require 3 injections over a six-month period.

### **Playing it Safe**

If you are accidentally exposed, report the incident immediately to you supervisor. With your consent, the District Office will provide you with:

- A confidential medical evaluation
- Blood tests
- Post-exposure preventive treatment if available
- Follow-up counseling

## What You Must Know and Do to Protect Yourself

### *What Infectious Diseases Could You Be Exposed To In the School Setting?*

The most common infectious diseases in the United States are frequently found in schools: the common cold, influenza (flue), impetigo, ringworm, head-lice, streptococcal sore throat, measles and sexually transmitted diseases. Many of these are passed from person to person in schools and other places where people share air, space, furniture, equipment and tools.

Some infectious diseases can be passed from an infected person to another person – from saliva and nasal discharges, for example, or can be spread by insects and other animals. Some disease-causing

organisms are found in soil, air and water.

Infectious diseases are caused by many kinds of germs, including bacteria, fungi, protozoa and viruses. These tiny organisms cause disease by attacking living tissue.

Two serious infectious diseases deserve particular attention: AIDS/HIV infection and hepatitis B. Both AIDS/HIV infection and Hepatitis B are blood-borne diseases which can be spread by the blood and body fluids containing the blood of infected persons (who may not be ill).

### *What is AIDS/HIV Infection?*

AIDS (Acquired Immune Deficiency Syndrome) is the advanced stage of HIV (Human Immunodeficiency Virus) infection. The virus attacks the body's natural defense (immune) system, leaving it vulnerable to life-threatening infections from other diseases and allowing rare cancers to develop. The virus may also attack the brain and nervous system. Persons infected with HIV frequently have no apparent symptoms

and usually appear in good health. More than half the people in the United States who have been diagnosed to have AIDS have died.

### *How is AIDS/HIV Infection Spread?*

The possibility that AIDS/HIV will be transmitted in schools, the workplace and other public gatherings is remote. AIDS/HIV infection is not transmitted from one person to another through everyday activities. You will *not* get AIDS by being around or working with a person who is infected or by having ordinary daily contact with an HIV infected person.

AIDS/HIV infection may be spread by:

1. sharing intravenous (IV) needles and /or syringes with someone who is infected
2. penetrating the skin with needles that have been used to inject an infected person
3. sharing unsterile instruments used to penetrate the skin with

- someone who is infected, such as those used for tattooing, acupuncture and ear piercing
4. any sexual activity involving direct genital contact with semen, blood or vaginal secretions with someone who is infected
  5. direct contact of infected blood on broken skin (for example cuts and scratches).
  6. Direct contact of mucous membrane of the eye with the blood of an infected person
  7. Receiving a blood transfusion or blood product from someone who is infected (since 1985 this risk is extremely low – approximately 1 chance in 68,000).
  8. Being born to an infected mother

#### *What Is Hepatitis B?*

Hepatitis B is an infection of the liver caused by a virus found in blood and other body fluids of infected person. The symptoms, which are the same as those of Hepatitis A, may be mild to severe. The

symptoms may be fatigue, mild fever, muscle or joint aches, loss of appetite, nausea, vomiting, abdominal pain and, in some cases, jaundice (yellow color of the skin and whites of the eyes) and darkened urine. Onset of symptoms may appear 1 to 6 months after exposure to the virus. Death, while uncommon, may result from permanent damage to the liver.

#### *How Is Hepatitis B Spread?*

Because of the much higher concentration of Hepatitis B virus in blood, transmission of Hepatitis B virus is more likely to occur than transmissions of AIDS/HIV. Some specific school populations, such as children from residential facilities for the developmentally disabled, have hepatitis B more often than other school children.

An infected person can transmit Hepatitis B as long as the virus remains in the blood. Transmission may occur as early as four weeks before any symptoms occur. Carriers of the virus often have no symptoms.

Hepatitis B infection may be spread by:

1. sharing intravenous (IV) needles and/or syringes with someone who is infected

2. penetrating the skin with needles that have been used to inject an infected person
3. sharing unsterile instruments used to penetrate the skin with someone who is infected, such as those used in tattooing, acupuncture and ear piercing or razors
4. sexual activity involving direct genital contact with semen, blood or vaginal secretions
5. direct contact of infected blood with broken skin (such as cuts or scratches)
6. direct contact of mucous membrane of the eye and mouth (the moist lubricating tissue of these body parts) with the blood of an infected person
7. sharing toothbrushes
8. being born to an infected mother

**The way you are most likely to be exposed to AIDS/HIV infection and Hepatitis B in the school setting is when your broken skin comes directly in contact with the blood of an infected person.**

#### *How Can AIDS/HIV Infection, Hepatitis B and Other Infections Be Prevented Or Avoided?*

There is no vaccine to prevent AIDS/HIV infection. There is a safe and effective vaccine to combat Hepatitis B.

AIDS/HIV infection and Hepatitis B are most commonly spread through sexual intercourse and by sharing needles with others to inject drugs. By abstaining from these activities, the major risk of exposure to these viruses is eliminated. Sexual relations are safe if both partners are uninfected and mutually monogamous. The proper use of condoms with water-based lubricants containing spermicides can greatly reduce the risk of getting AIDS/HIV infection or Hepatitis B from a partner who is infected. If needles are shared to inject drugs, cleaning all equipment with household bleach and rinsing with water can reduce the risk of infection.

***What Precautions Can You Take To Protect Yourself From All Infections In The School Setting?***

In your school setting it is not possible for you to know who may be a carrier of an infectious disease and what germs may be present. *Carriers do not always show outward signs of infection and often are not aware of being infected.* But you can take steps that will help protect you from *all* infectious diseases.

*Universal precautions* are steps recommended by the U.S. Centers for Disease Control to be taken in health-care settings to reduce risks of infection. Even though schools are not “health-care settings” the principles of *universal precautions* apply to situations in the school setting. Taking “universal precautions” simply means taking routine care in handling blood and body fluids containing blood of **all** persons regardless of whether those persons are known to be infected with some specific disease-causing agent.

Following the principles of *universal precautions* when in the school setting and in all other situations will help protect you from all infectious diseases. Those precautions include the following:

- Get in the habit of washing your hands with soap and running water at regular times during your workday. Common infectious diseases (excluding AIDS/HIV infection and Hepatitis B) may be contracted from dirt and waste encountered in the workplace.
- Avoid punctures with objects that may contain blood of other person.
- Handle blood and other body fluids that may contain blood with gloves and wash hands thoroughly with soap and running water when you are finished.

- Carefully dispose of trash that contains body wastes and sharp objects. Use special containers with plastic liners for disposal of refuse that contains blood or any body spills that may contain blood. For disposal of sharp objects, use containers that cannot be broken or penetrated. Do not bend, break or recap needles.
- Promptly remove all other person’s blood and body waste from you skin by washing with soap and running water.
- Clean surfaces that have blood or body wastes containing blood on them with an Environmental Protection Agency (EPA) approved disinfectant or a 1:10 solution of household bleach and water. (The solution should be fresh daily to ensure proper strength.)

***AND.....***

- Know your school district’s policy regarding proper disposal of waste that is contaminated with body discharges.
- Have a vaccination for protection from Hepatitis B if you are in contact with developmentally delayed students. The cost of having a vaccination may be covered by your employee health insurance benefits.
- If you are responsible for administering first-aid to others or

may be placed in a position where you may give first-aid to others, obtain current instruction and certification in first-aid and CPR (cardiopulmonary resuscitation). Current instruction will include modification of first-aid needed to protect the rescuer from infection.

- Maintain confidentiality of all medical information concerning students and co-workers, especially one who has AIDS/HIV infection. Sharing information about someone who has AIDS/HIV infection without permission is prohibited by law and punishable by fine in some states.

#### *What Other Precautions Can You Take To Protect Yourself At All Times?*

- Do not share needles or inject legal or illegal drugs.
- Do not have acupuncture, get a tattoo or have your ears pierced with needles that have not been sterilized.
- When having sexual intercourse with any person not known to be free of infection, use a condom properly and also use a spermicide. (This precaution may provide the

maximum protection possible; however, it is not 100% effective.)

- Do not engage in blood rituals (where your skin is purposely broken to mix your blood with the blood of others).

At school and in other public settings it is unlikely that you will know who is infected with the viruses that may cause AIDS/HIV, Hepatitis B or many other diseases. These basic and simple measures can protect you and prevent the spread of AIDS/HIV infection, Hepatitis B and many other infectious diseases.

**Observing the principles of universal precautions will help protect you from AIDS/HIV infection, hepatitis B and many other infectious diseases. You do not need to know which people around you are infected or which diseases they may be carrying because you are always prepared. These precautions will result in fewer illnesses for you and others around you.**

# Happy Valley Union ESD

## Administrative Regulation

AR 4119.42

### Personnel

Exposure Control Plan For Bloodborne Pathogens

#### Definitions

Occupational exposure means 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. (8 CCR 5193(b))

Exposure incident means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. (8 CCR 5193 (b))

Parenteral contact means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. (8 CCR 5193(b))

A sharp is any object that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident. (8 CCR 5193(b))

A sharps injury is any injury caused by a sharp, including but not limited to cuts, abrasions or needlesticks. (8 CCR 5193(b))

Work practice controls are controls that reduce the likelihood of exposure by defining the manner in which a task is performed. (8 CCR 5193(b))

Engineering controls are controls, such as sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection, that isolate or remove the bloodborne pathogens hazard from the workplace. (8 CCR 5193(b))

Engineered sharps injury protection is a physical attribute built into a needle device or into a non-needle sharp which effectively reduces the risk of an exposure incident. (8 CCR 5193(b))

#### Exposure Control Plan

The district's exposure control plan shall contain at least the following components: (8 CCR 5193(c))

1. A determination of which employees have occupational exposure to blood or other potentially infectious materials

The district's exposure determination shall be made without regard to the use of personal protective equipment and shall include a list of:

- a. All job classifications in which all employees have occupational exposure
  - b. Job classifications in which some employees have occupational exposure
  - c. All tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs and which are performed by employees listed in item #b above
2. The schedule and method of implementing:
    - a. Methods of compliance required by 8 CCR 5193(d), such as universal precautions, general and specific engineering and work practice controls, and personal protective equipment  
(cf. 4119.43/4219.43/4319.43 - Universal Precautions)
    - b. Hepatitis B vaccination
    - c. Bloodborne pathogen post-exposure evaluation and follow-up
    - d. Communication of hazards to employees, including labels, signs, information and training
    - e. Recordkeeping
  3. The district's procedure for evaluating circumstances surrounding exposure incidents
  4. An effective procedure for gathering information about each exposure incident involving a sharp, as required for the log of sharps injuries
  5. An effective procedure for periodically determining the frequency of use of the types and brands of sharps involved in exposure incidents documented in the sharps injury log
  6. An effective procedure for identifying currently available engineering controls and selecting such controls as appropriate for the procedures performed by employees in their work areas or departments
  7. An effective procedure for documenting instances when a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that the use of an engineering control would jeopardize an individual's safety or the success of a medical, dental or nursing procedure involving the individual
  8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments

The exposure control plan shall be reviewed and updated at least annually and whenever necessary to: (8 CCR 5193(c))

1. Reflect new or modified tasks and procedures affecting occupational exposure
2. To the extent that sharps are used in the district, reflect progress in implementing the use of needless systems and sharps with engineered sharps injury protection

3. Include new or revised employee positions with occupational exposure
4. Review and evaluate the exposure incidents which occurred since the previous update
5. Review and respond to information indicating that the exposure control plan is deficient in any area

The district's exposure control plan shall be accessible to employees upon request. (8 CCR 3204(e))

#### Preventive Measures

The Superintendent or designee shall use engineering and work practice controls to eliminate or minimize employee exposure, and shall regularly examine and update controls to ensure their effectiveness. (8 CCR 5193(d))

#### Hepatitis B Vaccination

The hepatitis B vaccination and vaccination series shall be made available at no cost to all employees who have occupational exposure. The hepatitis B vaccination shall be made available after an employee with occupational exposure has received the required training and within 10 working days of initial assignment, unless the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or vaccination is contraindicated by medical reasons. (8 CCR 5193(f))

Employees who decline to accept the vaccination shall sign the hepatitis B declination statement. (8 CCR 5193(f))

The Superintendent or designee may exempt designated first aid providers from the pre-exposure hepatitis B vaccine in accordance with 8 CCR 5193 (f).

#### Information and Training

The Superintendent or designee shall ensure that all employees with occupational exposure participate in a training program containing the elements required by state regulations, during working hours and at no cost to the employee. This program shall be offered at the time of initial assignment to tasks where occupational exposure may take place, at least annually thereafter, and whenever a change of tasks or procedures affects the employee's exposure. (8 CCR 5193(g))

Designated first aid providers shall receive training that includes the specifics of reporting first-aid incidents which involve blood or body fluids which are potentially infectious. (8 CCR 5193(g))

#### Reporting Incidents

All exposure incidents shall be reported as soon as possible to the Superintendent or designee.

Unvaccinated designated first aid providers must report any first aid incident involving the presence of blood or other potentially infectious material, regardless of whether an exposure incident occurred, by the end of the work shift. The full hepatitis B vaccination series shall be made available to such employees no later than 24 hours after the first aid incident. (8 CCR 5193(f))

#### Sharps Injury Log

The Superintendent or designee shall establish and maintain a log recording each exposure incident involving a sharp. The exposure incident shall be recorded within 14 working days of the date the incident is reported to the district. (8 CCR 5193(c))

The information recorded shall include the following, if known or reasonably available: (8 CCR 5193(c))

1. Date and time of the exposure incident
2. Type and brand of sharp involved in the exposure incident
3. A description of the exposure incident, including:
  - a. Job classification of the exposed employee
  - b. Department or work area where the exposure incident occurred
  - c. The procedure that the exposed employee was performing at the time of the incident
  - d. How the incident occurred
  - e. The body part involved in the incident
  - f. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated and whether the injury occurred before, during or after the protective mechanism was activated
  - g. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury
  - h. The employee's opinion about whether any other engineering, administrative or work practice could have prevented the injury

#### Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, the Superintendent or designee shall immediately make available to the exposed employee, at no cost, a confidential medical evaluation, post-exposure evaluation and follow-up. The Superintendent or designee shall, at a minimum: (8 CCR 5193(f))

1. Document the route(s) of exposure and the circumstances under which the exposure incident occurred
2. Identify and document the source individual, unless that identification is infeasible or prohibited by law
3. Provide for the collection and testing of the employee's blood for hepatitis B, hepatitis C and HIV serological status
4. Provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
5. Provide for counseling and evaluation of reported illnesses

The Superintendent or designee shall provide the health care professional with a copy of 8 CCR 5193; a description of the employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records maintained by the district relevant to the appropriate treatment of the employee, including vaccination status. (8 CCR 5193(f))

The district shall maintain the confidentiality of the affected employee and the exposure source during all phases of the post-exposure evaluation. (8 CCR 5193(f))

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)  
(cf. 9011 - Disclosure of Confidential/Privileged Information)

#### Records

Upon an employee's initial employment and at least annually thereafter, the Superintendent or designee shall inform employees with occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records. (8 CCR 3204)

(cf. 1340 - Access to District Records)  
(cf. 3580 - District Records)

Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law. (8 CCR 5193(h))

Upon request by an employee, or a designated representative with the employee's written consent, the Superintendent or designee shall provide access to a record in a reasonable time, place and manner, no later than 15 days after the request is made. (8 CCR 3204(e))

Records shall be maintained as follows: (8 CCR 3204(d), 5193(h))

1. Medical records shall be maintained for the duration of employment plus 30 years.
2. Training records shall be maintained for three years from the date of training.
3. The sharps injury log shall be maintained five years from the date the exposure incident occurred.
4. Exposure records shall be maintained for at least 30 years.
5. Each analysis using medical or exposure records shall be maintained for at least 30 years.

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