

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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Staff Review

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Safety Committee Eric Grabala Date: 6-3-10

General Manager Approved [Signature] Date: 6/4/2010

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1.0 PURPOSE

- 1.1. Casitas Municipal Water District recognizes that some employees have potential exposure to bloodborne diseases such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV-AIDS).
 - 1.1.1. The Exposure Control Plan is designed to:
 - 1.1.2. Identify those positions with potential exposure;
 - 1.1.3. Provide employees with information to develop work practices that eliminate or minimize occupational exposure to blood or other potentially infectious body fluids; and
 - 1.1.4. Comply with the Cal/OSHA Bloodborne Pathogens Standard, CCR-TS 5193.

2.0 APPLICABILITY

- 2.1. The Casitas Bloodborne Pathogens Exposure Control Plan applies to all full-time, part-time, permanent, and temporary employees, volunteers and hosts who are anticipated to have occupational exposure to blood or Other Potentially Infectious Materials (OPIM).
- 2.2. The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination is made without regard to the use of personal 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 employees may be expected to incur an occupational exposure, regardless of frequency. The following positions are considered to be at risk for occupational exposure to bloodborne pathogens. Associated tasks or procedures are identified in Table 1.

Table 1

Position	Task/Procedures
Aquatic Assistant	First Aid/Medical Response
Aquatic Coordinator	First Aid/Medical Response
Assitant Park Services Officer	First Aid/Medical Response
Hosts	Housekeeping Duties/Trash Removal
Lifeguard	First Aid/Medical Response
Maintenance Foreman	Restroom/Shower/Water Adventure Cleaning & Maintenance
Maintenance Workers	Restroom/Shower/Water Adventure Cleaning & Maintenance
Park Rangers	First Aid/Medical Response
Park Services Officer	First Aid/Medical Response
Pool Technician	First Aid/Medical Response

3.0 DEFINITIONS

- 3.1. **Bloodborne Pathogens:** microorganisms that are present in human blood and other body fluids that can cause disease in humans. These pathogens include but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS).
- 3.2. **Employees:** full-time, part-time and temporary employees, volunteers, and contract workers under CMWD direct supervision.
- 3.3. **Exposure Incident:** eye, mouth, mucous membrane, non-intact skin contact with blood or other potentially infection materials.
- 3.4. **Exposure Control Plan:** A written plan which includes methods of implementation and procedures to reduce occupational exposure.
- 3.5. **Exposure Determination:** Identification of job classifications, tasks and procedures where occupational exposure occurs.
- 3.6. **HBV:** Hepatitis B Virus causes chronic liver disease and strikes 200,000 persons in the US each year. There is no cure. Prevention is the way to control the disease.
- 3.7. **HBV Vaccinations:** A vaccination program consisting of three inoculations over a six month period.
- 3.8. **HIV:** Human Immunodeficiency Virus which results in Acquired Immune Deficiency Syndrome (AIDS).
- 3.9. **Infectious Materials:** Includes but is not limited to bodily fluids visibly contaminated with blood, including saliva, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between bodily fluids.
- 3.10. **Occupational Exposure:** Contact with blood or other potentially infections materials that may result from the performance of an employee's duties.
- 3.11. **Parenteral:** Piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts and abrasions.
- 3.12. **Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered personal protective equipment.
- 3.13. **Protruding Objects:** any object that has the ability to penetrate or cut the skin and can be, but not limited to, glass, wire, rods, plastic, etc.
- 3.14. **Source Individual:** An individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- 3.15. **Sterilize:** A physical or chemical procedure to destroy all microbial or viral life.
- 3.16. **Universal Precautions:** are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and

other bloodborne pathogens.

- 3.17. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

4.0 RESPONSIBILITY

4.1. Safety Officer

- 4.1.1. The Safety Officer's responsibility is to develop and maintain the Bloodborne Pathogen Program. Develop an Exposure Control Plan for each occupational exposure and ensure that a copy is available to all employees upon request.
- 4.1.2. Will determine potential levels of exposure to bloodborne pathogens for specific job categories or classifications.
- 4.1.3. Assist departments in training, selection of materials, and development of compliance guidelines.
- 4.1.4. Perform annual audits to determine Exposure Control Plan effectiveness and update the plan as necessary.

4.2. Managers/Supervisors

- 4.2.1. Provide resources necessary to obtain the appropriate safety equipment to reduce the risk of exposure to affected employees. ((biohazard containers/bags, sharps containers and adequate clothing to be made available in case of an exposure incident)
- 4.2.2. Assist in the annual review and audit of the Exposure Control Plan.
- 4.2.3. Ensure that all exposure incidents are reported to the Safety Officer and that provisions of the Post Exposure Evaluations and follow-up are followed.
- 4.2.4. Provide specific training for those affected by the bloodborne pathogens program and Exposure Control Plan.
- 4.2.5. Identify tasks and procedures where occupational exposure may occur and coordinate these identifications with the Safety Officer and employees.
- 4.2.6. Ensure employees are wearing the proper personal protective equipment.
- 4.2.7. Ensure all employees in the high risk category are offered Hepatitis B Vaccinations in accordance with Section 5.4 of this program.

4.3. Employees

- 4.3.1. Responsible for attending training sessions and reading source material provided to them regarding bloodborne pathogens and the Exposure Control Plan.
- 4.3.2. Adhere to the practices and procedures of the universal precautions.

- 4.3.3. Report any exposure, accident, injury or illness to their supervisor, the Safety Officer or the Assistant to the General Manager.
- 4.3.4. Maintenance and replacement of the PPE through established procedures.

5.0 IMPLEMENTATION OF THE PLAN

- 5.1. Cal/OSHA also requires that this plan include the methods of implementation for the various requirements of the standard. The following complies with this requirement.
 - 5.1.1. Engineering and work practice controls:
 - 5.1.1.1. Such controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after implementation of controls, personal protective equipment (PPE) shall also be used.
- 5.2. Casitas provides hand washing facilities that are readily accessible to employees who may be exposed to blood or other potentially infectious materials (OPIM). In cases where hand washing facilities are not available, appropriate antiseptic hand cleanser or hand sanitizer or towelettes are to be obtained and used, employees shall wash their hands or any other skin with soap and water as soon as feasible thereafter.
- 5.3. Employees who wear gloves or other PPE shall wash their hands or other skin with soap and water or flush mucous membranes with water as soon as gloves or other PPE are removed.
- 5.4. Employees shall wash their hands or any other skin with soap and water or flush mucous membranes with water immediately following contact with blood or other potentially infectious material.
- 5.5. Contaminated needles and other sharp instruments shall be placed in an appropriate puncture resistant, leak proof container which is properly labeled with a biohazard label.
- 5.6. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where occupational exposure is likely to occur.
- 5.7. Food and drink shall not be kept in any refrigerator, freezer, shelf, cabinet, countertop or workbench where blood or other potentially infectious material are present.
- 5.8. Procedures dealing with potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- 5.9. Mouth pipetting/suctioning of blood or other potential infectious material is prohibited.
- 5.10. Specimens of potentially infectious materials shall be placed in a properly labeled container that prevents leakage during collection,

- handling, processing, storage and transport of these materials.
- 5.11. Container for storage or transport shall be properly labeled or color-coded in accordance with this Plan.
 - 5.12. Supervisor shall ensure that equipment which becomes contaminated shall be decontaminated prior to servicing or shipping using a solution of bleach and water (1 part bleach to 10 parts water).
 - 5.13. Personal Protective Equipment
 - 5.13.1. The application of PPE, clothing and/or equipment, shall be determined through a task assessment. PPE clothing or equipment shall be worn by an employee to protect against hazard. All personal protective equipment used at Casitas will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
 - 5.13.2. Casitas will provide appropriate PPE such as gloves, lab coats, face shields, masks, eye protection, mouthpieces and pocket masks. These and other PPE are only appropriate if they do not permit infectious material to reach the employee's work clothes, undergarments, skin, eyes, mouth or mucous membranes.
 - 5.13.3. Supervisors shall ensure that PPE is used in all appropriate circumstances.
 - 5.13.4. Casitas Supervisors will provide appropriate PPE in adequate numbers and sizes shall be procured and be made available at each work site, vehicle, or home base, as appropriate
 - 5.13.5. Casitas will launder, dispose, repair or replace PPE as appropriate and necessary.
 - 5.13.6. All PPE shall be removed prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
 - 5.13.7. Gloves must be worn when there is a possibility during the performance of a task of coming in contact with blood or other potentially infectious materials. Single use gloves such as surgical or latex free gloves must not be washed or reused, but disposed of as soon as they are contaminated. Utility gloves may be decontaminated for reuse if their barrier qualities are not compromised. Utility gloves must be disposed of if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
 - 5.13.8. Masks in combination with eye protection devices such as goggles or glasses with solid side shields or chin length face

shield shall be implemented prior to and during the performing of work whenever splashes, spray, spatter or droplets of potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonable anticipated.

5.14. Housekeeping

- 5.14.1. Supervisors will ensure that employees maintain their work sites in a clean and sanitary condition.
- 5.14.2. All equipment and work surfaces must be cleaned with appropriate disinfectant, such as Lysol, as soon as possible after contact with blood or other potentially infectious materials.
- 5.14.3. Bins, pails and similar receptacles shall be decontaminated as soon as possible following contamination and shall be inspected and decontaminated on a regular basis.
- 5.14.4. Broken glassware that may be contaminated shall not be picked up directly with the hands. Other mechanical means, such as disposable tongs or a shop-vac will be used. These containers are known as sharp containers.
- 5.14.5. Contaminated sharp instruments must be discarded into containers that can be closed, are puncture resistant, leak proof and properly labeled. Containers must be routinely replaced to prevent overfilling.
- 5.14.6. Disposal of all contaminated waste must conform to federal, state and local laws.
- 5.14.7. Contaminated laundry shall be handled with minimal agitation and bagged in a leak proof container and labeled and placed in an appropriate location for transport or disposal.
- 5.14.8. Casitas will provide laundry services for contaminated uniforms or other work clothing on a case-by-case situation based on the extent of the exposure.

5.15. Hepatitis B Vaccine Program

- 5.15.1. Casitas makes the Hepatitis B vaccination series available to all employees who have occupational exposure.
- 5.15.2. The Supervisor, assisted by Management, shall ensure that all medical evaluations and procedures, including Hepatitis B vaccination series and post exposure follow-up are:
 - 5.15.2.1. made available at no cost to employees,
 - 5.15.2.2. made available to employees at a reasonable time and place,
 - 5.15.2.3. performed under the supervision of a licensed healthcare professional,
 - 5.15.2.4. provided according to the recommendation of the U.S. Public Health Service.

- 5.15.3. The Human Resources Manager is in charge of the Hepatitis B vaccination program. Casitas uses Community Memorial Hospital Industrial Medicine for this service.
- 5.15.4. The Hepatitis B vaccination is made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series or antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons.
- 5.15.5. Participation in a pre-screening program is not a prerequisite for receiving the Hepatitis B vaccination.
- 5.15.6. If the employee initially declines the Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, shall be permitted to receive the vaccination.
- 5.15.7. All employees who decline the Hepatitis B vaccination will sign a Cal/OSHA required waiver indicating their refusal. (Appendix A)
- 5.15.8. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available by Casitas at no charge to employees.

6.0 Sharps Injury Log

- 6.1. Any exposure incident involving a sharp will be recorded, within 14 days of the incident, in the Sharps Injury Log the information shall include the following, if known or reasonably available:
 - 6.1.1. Date and time of the exposure incident
 - 6.1.2. Type and brand of sharp involved in the exposure incident
 - 6.1.3. A description of the exposure incident which shall include:
 - 6.1.3.1. Job classification of the exposed employee
 - 6.1.3.2. Department or work area where the exposure incident occurred
 - 6.1.3.3. The procedure that the exposed employee was performing at the time of the incident
 - 6.1.3.4. How the incident occurred
 - 6.1.3.5. The body part involved in the exposure incident
 - 6.1.3.6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and

whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable

- 6.1.3.7. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury
- 6.1.4. The information in the Sharp Injury Log will be recorded and maintained in a manner as to protect the confidentiality of the injured employee
 - 6.1.4.1. The Sharp Injury Log will be located on Clappia – “[Sharps Log](#)”
 - 6.1.4.1.1. Requires a Clappia user account to access.
- 6.2. Sharps Disposal
 - 6.2.1. All sharps shall be placed in a rigid container designed for storage of sharps
 - 6.2.2. Container shall be labeled with the words BIOHAZARD INFECTIOUS WASTE and SHARPS CONTAINER
 - 6.2.3. Disposal of waste sharps shall occur within one (1) year from generation

7.0 WORKPLACE EXPOSURE – EVALUATION AND FOLLOW-UP

- 7.1. All exposure incidents shall be reported, investigated, and documented. When the employee has an exposure incident, it shall be immediately reported to his or her supervisor.
- 7.2. Employee shall complete the Employee’s Report of Injury Form (located in Google Drive/Shared Drives/District Wide/Safety/FORMS/Incident Report), the exposed employee shall immediately receive a confidential medical evaluation and follow-up report which should include:
 - 7.2.1. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
 - 7.2.2. Identification and documentation of the source individual, and feasibility of testing source individual, unless it can be established that the identification is infeasible or prohibited by State or local law. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the Cal/OSHA standard. All post exposure follow-up work will be performed by a physician determined by Casitas to be qualified in post exposure evaluation and follow-up.
- 7.3. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine bloodborne pathogens infectivity. If consent is not obtained, the collection and testing of

blood for HBV and HIV serological status will comply with the following:

- 7.3.1. The exposed employee's blood will be collected as soon as possible after consent is obtained;
- 7.3.2. The Employee's Supervisor or Manager will provide the following information to the healthcare professional responsible for the employee's post exposure Hepatitis B vaccination and evaluation;
- 7.3.3. A written description of the exposed employee's duties as they relate to the exposure incident.
- 7.3.4. Written documentation of the route of exposure and circumstances under which exposure occurred;
- 7.3.5. The employee will be provided with a copy of the evaluating healthcare professional's written opinion.
- 7.3.6. The healthcare professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:
 - 7.3.6.1. Whether the vaccination is indicated for the employee and if the employee has received such vaccination.
 - 7.3.6.2. A statement that the employee has been informed of the results of the evaluation; and
 - 7.3.6.3. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

*Note: all other findings or diagnoses shall remain confidential and shall not be included in the written report.

7.4. Labels and Signs

- 7.4.1. Managers and Supervisors shall ensure that biohazard labels are affixed to containers of regulated waste, containers used to store, transport or ship blood or other potentially infectious materials.
- 7.4.2. The label shall include the universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red

8.0 EMPLOYEE INFORMATION AND TRAINING

- 8.1. Supervisors shall ensure that training is provided to the employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the

previous training. Training is provided at no cost to the employee and at a reasonable time and place. Training will be offered during the normal work shift. The training will be interactive and cover the following elements:

- 8.1.1. The provision of copy of the District's Bloodborne Pathogen Exposure Control Plan, an explanation of its contents, and location of the written plan for future reference.
 - 8.1.2. A discussion of the epidemiology and symptoms of bloodborne diseases.
 - 8.1.3. An explanation of the modes of transmission of bloodborne pathogens.
 - 8.1.4. The recognition of tasks that may involve exposure.
 - 8.1.5. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and person protective equipment (PPE).
 - 8.1.6. Information on the types, uses, location, removal, handling, decontamination, and disposal of PPE.
 - 8.1.7. An explanation of the basis of selection of PPE as it pertains to the employee's tasks.
 - 8.1.8. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
 - 8.1.9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - 8.1.10. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
 - 8.1.11. Information on the evaluation and follow-up required after an employee exposure incident.
 - 8.1.12. An explanation of the signs, labels, and color coding systems.
- 8.2. Additional training will be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

9.0 MEDICAL RECORDS

- 9.1. The Human Resources Manager is responsible for maintaining medical records or record of hepatitis B inoculations related to occupational exposure as indicated below. These records will be kept in the personnel files.
- 9.2. Medical records shall be maintained in accordance with TS California Code of Regulation Section 3204.

10.0 COMPLIANCE

- 10.1. Employees failing to follow the requirements of the CMWD bloodborne pathogen policy are subject to disciplinary action in accordance with the CMWD Injury and Illness Prevention Program.
- 10.2. Audits
 - 10.2.1. Periodic audits will take place to determine our compliance with our policy and the Cal-OSHA BBP standard.
 - 10.2.2. An annual review of our BBP policy and exposure control plan will take place.

11.0 RECORDKEEPING (IN ADDITION TO MEDICAL RECORDKEEPING)

- 11.1. See Medical records (7.0) for confidential records
- 11.2. All incident forms and documentation, non-medical related, will be kept in the safety office

12.0 AUTHORITY

- 12.1. Cal-OSHA Title 8 CCR 5193

Appendix A: Hepatitis B Vaccine Acceptance Form

I hereby acknowledge that the Casitas Municipal Water District has informed me of the availability of a vaccine for the prevention of Hepatitis B. I have been given the opportunity to be vaccinated with Hepatitis B at no charge to myself.

I understand that a follow-up test to ensure the success of the vaccination is important and is recommended.

With the knowledge and understanding:

___ Thereby elect to receive the Hepatitis B Vaccine at this time:

Print Name: _____

Signature: _____

Parent Signature: _____
(required if employee is under 18 years of age)

Date: _____

1st vaccination scheduled for – Date: ___/___/___

2nd vaccination scheduled for – Date: ___/___/___

3rd vaccination scheduled for – Date: ___/___/___

Appendix B: Hepatitis B Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However I decline the HBV because I have previously undergone and completed the HBV series or I am not interested in receiving the HBV at this time.

I also understand that if I decline and I have not previously received the series of vaccines to be protected from hepatitis B, I continue to be at risk of acquiring hepatitis B virus, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the HBV, I can receive the vaccination series at no charge to me.

___ I hereby decline to receive the Hepatitis B Vaccine at this time:

Print name: _____

Signature: _____

Parent signature: _____

(required if employee is under 18 years of age)

Date: _____