



GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

Grossmont Cuyamaca Community College District BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

The Grossmont Cuyamaca Community College District has developed this Bloodborne Pathogen Exposure Control Plan in compliance with Cal/OSHA GISO 5193. The primary purpose of this plan is to minimize employee exposure to human bloodborne pathogens. The targeted pathogens include, but are not limited to, Human Immunodeficiency Virus (HIV), and Hepatitis B Virus (HBV).

I. EXPOSURE DETERMINATION

The job classifications for those employees who may have occupational exposure to bloodborne pathogens are listed below. The specific activities that present risk of exposure are listed after each classification:

1. Health Professions' Instructors: instructional program utilizing sharps
2. Health Services Nursing Personnel: administering first aid
3. Athletic Trainers and Coaching Staff: administering first aid
4. Maintenance Workers (plumbers, custodians): clean-up of body fluids, handling of restroom trash, sewage cleanup
5. Child Development Center Personnel: administering first aid
6. First Responders: administering first aid
7. Police/Safety Personnel: administering first aid
8. Science Lab: administering first aid
9. Culinary: administering first aid

II. METHODS OF COMPLIANCE

If the nature of an employee's task requires direct contact with blood, bodily fluids or other potentially infectious materials, the employee shall follow Universal Precautions. The infection control method of *universal precautions* requires that the employer and employee assume that **all** human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens.

Universal precautions, along with proper personal protective equipment, should be used under the following circumstances:

Task	Gloves	Apron	Mask	Eyewear
Control of Bleeding w/spurting blood	X	X	X	X
Bleeding control with minimal bleeding	X			
Cleaning Bio Spills	X			
Sorting Linens	X			

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, and aerosolizing of these substances.

Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used in the following circumstances, but not limited to these situations:

- When the employee has abraded skin, cuts, chapped hands, dermatitis, or similar conditions.
- When examining abraded or non-intact skin of an employee with active bleeding.

Resuscitation equipment, pocket masks, resuscitation bag, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact.

Employees shall wash their hands immediately or as soon as possible after removal of personal protective equipment and after hand contact with blood or other potentially infectious materials.

Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, shared or purposely broken.

After use, disposable syringes and other sharp items should immediately be placed in puncture-resistant containers for disposal.

Blood and other body fluids which are spilled can easily be cleaned up with the use of an absorbent/disinfectant product. Alternative clean-up methods should include use of paper towels and then surfaces should be wiped with an approved disinfectant.

In first aid rooms, treatment rooms and nurses’ offices, employees should not eat, drink, apply cosmetics or handle contact lenses due to the potential for blood contact. Food and beverages should not be kept in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood or other potentially infectious materials may be present.

III. EMPLOYEE TRAINING

All personnel assigned duties as First Responder or Custodial Employee will receive initial and annual training on the Bloodborne Pathogen Plan in compliance with *Cal/OSHA §5193(g)(2), Bloodborne Pathogens.*

The contents of the training program will include, but not be limited to, the following:

- Copy and Explanation of Standard
- Employer's Exposure Control Plan
- Epidemiology and Symptoms
- Types and transmission of Bloodborne Pathogens
- General Safety Rules and Risk Identification
- Use of Personal Protective Equipment
- Medical Waste Disposal Procedure
- Post Exposure Treatment and Procedures
- HBV Vaccinations

Employee training will be documented and retained for three years.

VI. HEPATITIS B VIRUS (HBV) VACCINATIONS

First responders and other affected employees with "occupational exposure" as noted in Section I. will be offered the Hepatitis B Vaccination at the District's expense. Employees who transfer to the job or their job is reclassified to include exposure to bloodborne pathogens will be offered the HBV vaccination within 10 working days of transfer or reclassification.

The choice for HBV vaccination is not mandatory. If an affected employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated when they are ready. ELR will document the offer, acceptance or declination on the appropriate form, attached.

VII. POST EXPOSURE TREATMENT & NOTIFICATION

Should an affected employee or an employee acting as a "Good Samaritan" be occupationally exposed to HIV / HBV the affected employee will report the exposure to the Employee Services and Benefits Department. The Benefits Technician will provide for the consenting employee to be tested for HIV / HBV at company expense. Following the initial blood test at time of exposure, the employee will be re-tested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. During this period, the employee will follow the recommendation provided by the District-appointed physician. All testing and counseling will be done in a strictly **confidential** manner.

"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.

Following the report of exposure, the source individual must be contacted and a request made for that person to be tested for HIV / HBV at company expense. The request is not mandatory and if refused, will not affect the employee's future employment.

If the identified exposure source individual formally consents to blood testing, the blood shall be collected as soon as possible and analyzed for HIV / HBV.

During all phases of post exposure, the confidentiality of the affected employee and exposure source shall be maintained on a need-to-know basis. The results of any HIV / HBV tests conducted will be provided to the exposed employee and exposure source within five (5) business days. All medical consents and release information shall be approved before results are divulged.

Needlesticks will be recorded on a Sharps Injury Log.

The circumstances surrounding the exposure incident will be evaluated in a timely manner to find ways of preventing a similar situation from occurring again.

VIII. HOUSEKEEPING, MEDICAL WASTE DISPOSAL & TREATMENT

All equipment and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials to maintain a clean and sanitary area. Contaminated work surfaces will be disinfected after completion of procedures and at the end of the work shift.

If an accident involving blood or body secretions occurs, the accident area will be barricaded with "danger" tape until qualified medical personnel can clean and disinfect the area. The accident site will be disinfected using a 10% bleach solution diluted in water. No one will be authorized to enter the area until it has been decontaminated and released by management.

Medical/infectious waste must be segregated from other waste at point of origin. All such waste, except sharps (i.e., razor blades, broken glass, needles, etc.) capable of puncturing or cutting, must be placed in a double disposable red bag conspicuously labeled with the words "**INFECTIOUS WASTE**" and "**BIOHAZARD**". Disposal will follow our Hazardous Waste procedures.

All bins, pails, cans and similar receptacles intended for re-use, which have the likelihood of becoming contaminated, must be inspected, clean and disinfected on a regular basis. When the receptacle is visibly contaminated, it must be sanitized immediately or as soon as feasible.

IX. RECORDKEEPING

The Employee and Labor Relations Department at Grossmont-Cuyamaca Community College District will maintain an accurate, confidential record for each employee with occupational

exposure. The District will retain all exposure reports and confidential medical records for the duration of employment plus 30 years.

Employee training records will be retained for three years.

The Sharps Injury Log will be maintained for 5 years from the date the exposure incident occurred. Recording of incidents resulting from needle sticks must include type and brand of device.

X. EVALUATION AND REVIEW

The Plan Administrator is responsible for annually reviewing this program and its effectiveness, and for updating as needed.