

ESCONDIDO UNION HIGH SCHOOL DISTRICT

Bloodborne Pathogens Exposure Control Plan

EUHSD EXPOSURE CONTROL PLAN
AVAILABLE ON-LINE

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302 N. MIDWAY DRIVE, ESCONDIDO, CA 92027

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Purpose

Escondido Union High School District is committed to providing a safe and healthy workplace for all employees. To protect employees from occupational exposure to bloodborne pathogens, the company has established an exposure control plan in accordance with California Code of Regulations, Title 8, Section 5193. This plan is consistent with regulations, and will be made available for review to all employees, Cal OSHA, and other relevant agencies.

Program Responsibilities

Management

Management has the following responsibilities:

1. To provide a bloodborne pathogens exposure control plan compliant with Cal-OSHA regulations.
2. To perform exposure determinations to identify workers and job tasks that may have occupational bloodborne pathogens exposure.
3. To document the methods of compliance with regulations.
4. To provide hepatitis vaccines at no cost to the employee.
5. To communicate hazards to employees.
6. To provide required protective equipment to employees.
7. To identify and establish appropriate work practice controls.
8. To identify and establish appropriate engineering controls.
9. To periodically review new technologies to improve engineering controls.
10. To provide safe procedures for sharps disposal.
11. To gather sharps injury log information.
12. To provide safe disposal of potentially contaminated materials.
13. To provide appropriate facilities, such as hand washing stations.
14. To provide for the initial reporting of exposure incidents and evaluation of circumstances surrounding exposure incidents.
15. To establish recordkeeping procedures and maintain required information.
16. To provide post-exposure evaluation and follow ups.
17. To identify employees who are affected by this policy and ensure that they receive the required training.
18. To ensure the company is operating in accordance with this policy by performing periodic reviews and audits.
19. To actively involve employees in the review and update of the exposure control plan for the procedures they perform.
20. To review this safety policy for effectiveness periodically and when deficiencies are discovered.

Supervisors

Supervisors have the following responsibilities:

1. To ensure that employees work in accordance with the requirements of this program.
2. To constantly evaluate the workplace for exposure hazards.
3. To make sure that employees receive the required training before working with bloodborne pathogens hazards.
4. To provide communication between employees and management on bloodborne pathogens safety issues.
5. To make sure that employees have available and use all required personal protective equipment.
6. To monitor employees to verify they are using safe work practices.

Bloodborne Pathogens Program Administrator

BJ Cain, Risk Manager, is in charge of the company bloodborne pathogens exposure control plan. Their responsibilities are:

1. To manage bloodborne pathogens exposure control program.
2. To coordinate and track bloodborne pathogen exposure determinations.
3. To coordinate incident evaluations and follow ups.
4. To work with employees and management to identify appropriate work practice and engineering controls.
5. To coordinate the company hepatitis B vaccination programs.

Employees

Employees have the following responsibilities:

1. To complete all required safety training before working with occupational bloodborne pathogens hazards.
2. To wear all required personal protective equipment.
3. To use appropriate work practices and engineering controls.
4. To work in accordance with the rules of this program.
5. To immediately report any safety issues to a supervisor.
6. To report any bloodborne pathogens exposures to a supervisor.
7. To provide feedback on the company exposure control plan.

Exposure Determination

Some employees at our company have occupational exposure to bloodborne pathogens. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of the employee's duties. Parenteral contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts or abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs, and other materials known or

reasonably likely to be infected with HIV, hepatitis B, or hepatitis C through cells, tissues, blood, organs, culture mediums, or solutions.

The company will conduct exposure determinations throughout the facility without regard to use of personal protective equipment. This process involves identifying all the job classifications, tasks, or procedures in which our employees may have occupational exposure to blood or OPIM. The company will evaluate all job classifications at the time this program is established, and as new job classifications and tasks are created.

Procedures for Exposure Determination

The following methods will be used to identify exposure hazards at this company.

Person or Group	Method
Committee Evaluations	The safety committee or other organization will conduct initial and periodic determinations of exposure hazards.
Bloodborne Pathogens Program Administrator	Will coordinate periodic reviews of job classifications and tasks that may have occupational exposure.
Supervisors	Supervisors will continuously evaluate the workplace for exposure hazards.

Job Classifications in Which All Employees Have Occupational Exposure

All individuals in each job classification listed below have occupational exposure.

1. District Nurse
2. Student Healthcare Specialist
3. Health Clerk
4. Custodian
5. Campus Security
6. Coach
7. Athletic Trainer
8. Special Education Teacher & Instructional Aide
9. Shop Teacher
10. Assistant Principal
11. Bus Driver

Methods of Compliance

The company has developed methods of compliance to protect employees and comply with regulations.

Universal Precautions

"Universal precautions" assume that all body fluids are infected with bloodborne pathogens. This method of infection control requires the employer and employee to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. When it is difficult to discern the type of bodily fluids, all body fluids are to be considered as potentially infectious. All employees will be trained on and required to use universal precautions.

Engineering Controls

Engineering controls and work practices will be used by all employees to eliminate or minimize occupational exposures at this facility. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The following are engineering controls to be followed:

1. Sharps containers must:
 - a. Be rigid.
 - b. Be puncture resistant.
 - c. Be properly labeled or color-coded for biohazards.
 - d. Be leak proof on the sides and bottom.
 - e. Not allow employees to reach into the container by hand to retrieve sharps.
 - f. Be conveniently located to work area.
 - g. Be maintained in upright position.
 - h. Be replaced routinely, not allowed to overfill.
 - i. Be portable if necessary.
2. Storage, transportation, or shipping containers must:
 - a. Be closeable.
 - b. Be properly labeled or color-coded for biohazards.
 - c. Be leak proof.
 - d. Be puncture resistant.
3. Needleless systems shall be used for:
 - a. Withdrawal of body fluids after initial venous or arterial access is established.
 - b. Administration of medication or fluids.
 - c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to needle devices.
4. If needleless systems are not available, needles must be used with engineered sharps protection.
5. Any non needle sharp must have engineered sharps injury protection.

Identifying and Selecting Appropriate Engineering Controls

The company uses a systematic process to identify and select appropriate and effective engineering controls. This process will be directed and run by the company bloodborne pathogens administrator. The administrator will work with supervisors and employees to make these determinations.

Defining Needs

The administrator will solicit input from employees, supervisors, and managers about the tasks that have potential exposure. The administrator will then create a list of job tasks, prioritizing the high risk tasks first. The engineering control evaluation will proceed in order, from highest to lowest priority.

Gather Information

The program administrator will continuously gather information about currently available engineering controls that are designed to reduce or eliminate occupational exposure. Because new technology is continually entering the marketplace, the company will periodically search for information on new products. The company safety committee, along with area supervisors, will also monitor the availability of new technologies and products for engineering controls.

Testing and Selecting Products

Each potential exposure is addressed by applying screening criteria to the engineering controls under consideration. When possible, multiple devices will be screened for each potential exposure. The screening criteria will eliminate controls with readily identifiable problems. Only devices that pass the screening will be tested at the facility.

Employees will be trained on the safe and proper use of the devices before testing begins. They will be trained on the specific device, and given the opportunity to practice with them in realistic scenarios. Representatives of manufacturers and distributors will be requested to demonstrate the use of these products, train employees, and answer questions on the safe operation of each device.

Checklists, evaluation forms, or other types of standardized tools are used in the testing of new products. The tools are tailored specifically to the category of product under consideration. The same checklist or evaluation tool will be used for products within a given category. If the product being tested is shown to increase exposure hazards, or is unsafe in any way, the testing will be halted immediately.

Once the testing is completed, the people involved in the testing will rank the devices for effectiveness. The program administrator will use this information, along with other feedback from testing employees and supervisors, to select the appropriate devices. These devices will be purchased and made available for use.

Use of New Products

The new products will be introduced to the workplace on a limited basis. All staff members using the new products or devices will be thoroughly trained. The training will include the knowledge and skills to use the devices safely. For each new product, representatives of the manufacturer or distributor will be requested to:

1. Demonstrate the proper use and application.

2. Providing training of safe operation.
3. Answer employee questions.
4. Provide required follow ups.

During the trial period, problems with the new devices may arise. Any questions or concerns should be brought to the attention of a supervisor. If serious problems or concerns arise, the supervisor will contact the program administrator.

Conducting Follow Ups

The company will conduct follow ups to ensure that the devices are meeting the needs of the organization. Follow up evaluations of products and associated work practices will be evaluated six months after implementation, and annually after that. Staff members will provide periodic feedback for evaluation and tracking purposes. As newer products become available, they are screened, tested, and selected according to the described process.

Exceptions to Engineering Controls

The use of engineering controls is not required if a license health care professional is:

1. Directly involved in patient care.
2. Determines the control will jeopardize the patient's safety or the success of a medical, dental, or nursing procedure.
3. Exercising reasonable clinical judgment.

If this exception applies, the following information must be submitted to the program administrator:

1. Type of control under consideration.
2. Procedure or task involved.
3. Name of the licensed health care professional making the determination.
4. The date of the determination.
5. The reason for the exception.
6. Any relevant additional information or comments.

Work Practice Controls

Work practice controls will be evaluated and updated on a regular schedule to ensure their effectiveness. All procedures involving the use of sharps in connection with patient care, such as withdrawing bodily fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of sharps injury. Employees will utilize the following work practice controls to protect themselves from exposure risk.

1. Wash hands with soap and water immediately or as soon as possible after removing gloves or other personal protective equipment.
2. Wash hands and skin with soap and water following any potential exposure.
3. Flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or OPIM.
4. Do not bend, recap or remove contaminated needles unless no alternative is feasible or such action is required by a specific medical or dental procedure.
5. Do not shear or break contaminated needles or other sharps.

6. If necessary to bend, recap or remove needles, use only a mechanical device or a one-handed technique.
7. Place contaminated reusable sharps in appropriate containers immediately or as soon as possible after use.
8. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
9. Immediately close sharps containers when full. Place in a secondary container if leakage is possible.
10. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which could expose employees to sharps injury.
11. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
12. Do not keep food and drink in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
13. Perform procedures involving blood or OPIM to minimize splashing, spraying, spattering, and generation of droplets.
14. Do not pipette/suction blood or OPIM by mouth.
15. Place blood or OPIM only in containers that prevent leaks during collection, handling, processing, storage, transport, or shipping.
16. If a container could be punctured by a specimen, it must be placed in a puncture-resistant secondary container.
17. Examine and properly decontaminate, if feasible, all equipment prior to servicing or shipping.
18. Attach a warning label to all parts or equipment that remain contaminated, and make sure all affected employees, the servicing representative and/or manufacturer, as appropriate, are informed of its status.
19. Wear gloves when you anticipate hand contact with blood, OPIM, mucous membranes, and non-intact skin is anticipated, and when you perform vascular access procedures and/or handle or touch contaminated items or surfaces.
20. Remove disposable gloves as soon as practical when contaminated or as soon as possible when torn, punctured, or ineffective as a barrier. Never wash disposable gloves for re-use.
21. Properly decontaminate utility gloves before re-using. Discard utility gloves if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.
22. Remove garments immediately or as soon as possible when they are penetrated by blood or OPIM.
23. Remove all personal protective equipment before leaving the work area.
24. Place used personal protective equipment only in designated areas or containers for storage, washing, decontamination or disposal.
25. Do not pick up broken glassware directly with the hands. Use mechanical means such as a dust pan, tongs, or forceps.

Personal Protective Equipment

The proper use of personal protective equipment is important for minimizing exposure hazards. PPE will be provided, cleaned, laundered, and disposed of by the employer at no cost to the employee. The company will provide training on the proper selection, use, and disposal of PPE. The following PPE is required for the job tasks listed:

Job Tasks	Type(s) of PPE
Administering First Aid	Gloves (goggles in some cases)
Emptying Trash	Gloves
Changing Diapers	Gloves
Cleaning Restrooms	Gloves and goggles
Tube Feedings	Gloves
Cleaning Kitchens	Gloves and goggles
Catheterizations	Gloves (gowns for high-exposure risk)

Housekeeping

The company will ensure that the worksite is maintained in a clean and sanitary condition. Michael Killen is in charge of the company housekeeping and cleaning program. A cleaning scheduling will be established for cleaning and decontamination of the worksite. The method for cleaning and decontamination will be written and appropriate for the:

1. Location within the facility.
2. The type of surface or equipment to be treated.
3. The type of soil or contamination present.
4. Tasks or procedures being performed in the area.

All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than the end of the shift. Contaminated work surfaces must also be cleaned as soon as feasible when:

1. Surfaces become overtly contaminated.
2. There is a spill of blood or OPIM.
3. Procedures are completed.
4. At the end of the work shifts.

All waste receptacles that are intended for reuse which are likely to become contaminated with blood or OPIM must be inspected and decontaminated on a regularly scheduled basis. If known contamination occurs, it must be cleaned immediately. Protective coverings, such as plastic wrap or aluminum foil, must be removed and replaced if they become overtly contaminated or at the end of the work shift if there is a chance they were contaminated.

Housekeeping Schedule

The following schedule has been established for cleaning of potentially contaminated areas at this facility:

Area Cleaned or Decontaminated	Frequency of Cleaning / Decontamination	Employee Responsible for Determining and Implementing the Written Schedule
Adult Education	Daily AND Immediately when contaminated	Brian Head, Assistant Principal
Del Lago Academy	Daily AND Immediately when contaminated	Penny Parker, Assistant Principal
District Service Center	Daily AND Immediately when contaminated	Mike Simonson, Asst. Superintendent, Business Services
Escondido High School	Daily AND Immediately when contaminated	Jason Jacobs, Asst. Principal
Maintenance	Daily AND Immediately when contaminated	Michael Killen, Director
Orange Glen High School	Daily AND Immediately when contaminated	Michael Ernst, Assistant Principal
San Pasqual High School	Daily AND Immediately when contaminated	Sue Pastor, Assistant Principal
Transportation	Daily AND Immediately when contaminated	Linda Rendon, Transp. Supervisor
Valley High School	Daily AND Immediately when contaminated	Christina Wilde, Assistant Principal

Laundry

Contaminated laundry shall be handled as little as possible and with minimum agitation. It must be bagged or containerized where it was used and must not be sorted or rinsed where it was used.

Contaminated laundry must be placed and transported in bags or containers that are properly labeled for biohazards. When contaminated laundry is wet and could possibly soak through or leak from a bag or container, it must be placed in leak-proof bags or containers. Employees will wear proper personal protective equipment when handling contaminated laundry.

Regulated Waste

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 119360, and other applicable regulations. The bloodborne pathogens administrator will ensure that the handling of regulated waste is in compliance with these requirements.

Disposal of Sharps Containers

When a container of contaminated sharps is moved from the area for the purpose of disposal:

1. Close the container prior to removal to prevent spilling.
2. If leakage is possible, place in a secondary container. This container must be
 - a. Closeable.
 - b. Constructed to contain all contents and prevent leakage.
 - c. Properly labeled and color coded.
3. Place the replacement container in the work area.
4. Deliver the sharps container to Escondido Fire Department for disposal.

Disposal of Other Regulated Waste

Regulated waste not consisting of sharps will be disposed of in containers that are:

1. Closeable.
2. Constructed to contain the contents and prevent leakage.
3. Properly labeled and color coded.
4. Closed prior to moving.

If the container has contamination on the outside, it must be placed in a secondary container that meets the above requirements. Contaminated waste will be picked up by an outside contractor.

Communication of Hazards to Employees

The company will inform employees of bloodborne pathogen exposure hazards by posting signs and labeling containers. The program administrator will procure and provide these warning devices.

Labels

Warning labels must be placed on containers of regulated waste, refrigerators and freezers, and other containers used to store, transport or ship blood or OPIM. These labels will include the following legend:



In the case of regulated waste, the legend will read either BIOHAZARDOUS WASTE or SHARPS WASTE. These labels must be:

1. Fluorescent orange or orange-red, with lettering and symbols in contrasting color.
2. An integral part of the container, or affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents unintentional removal.
3. Attached in a way to make it immediately visible to employees.

Training Program

All employees with occupational exposure hazards will be trained on bloodborne pathogens safety and the knowledge, skills, and techniques required to work safely. The training will be provided by someone knowledgeable in the subject matter covered by the elements contained in the training program as it related to the workplace that the training will address. This training will be provided at no cost to the employee, during their normal working hours. It will be appropriate to the employee's education level, literacy, and language. This training will occur:

1. At the time of initial assignment to tasks where occupational exposure may take place.
2. At least annually thereafter.
3. When changes occur, such as introduction of new engineering controls or work practices. This training may be limited to addressing the new policies and the new exposures created.
4. Whenever it is determined that previous training may be inadequate.

The training topics will include:

1. A copy and explanation of the Cal OSHA Bloodborne Pathogens Standard T8 Section 5193.
2. The epidemiology and symptoms of bloodborne diseases.
3. The modes of transmission for bloodborne diseases.
4. An explanation of the company exposure control plan, including its location and how to obtain a copy.

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that it is free of charge.
9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow up, and the procedure for recording the incident in the sharps injury log.
11. Information on the post exposure evaluation and follow up that the employer is required to provide.
12. An explanation of signs and labels and/or color coding required.
13. An opportunity for interactive questions and answers with the person conducting the training session

Hepatitis B Vaccination, Post Exposure Evaluation, and Follow-Up

The company will ensure that all medical evaluation and procedures including the hepatitis B vaccine, post-exposure evaluation and follow up, including prophylaxis, are:

1. Made available at no cost to employees.
2. Made available to the employee at a reasonable time and place.
3. Performed by or under the supervision of a licensed physician or by or under the supervisor of another licensed health care professional.
4. Provided according to current recommendations of the U.S. Public Health Service.

Selected Medical Personnel

Personnel Designated to Provide Post-Exposure Evaluation and Follow-Up	
<i>Name of Health Care Professional(s)</i>	<i>Contact Information</i>
Callie Escobedo, School Health Nurse	Telephone #: (760) 291-3007
	Fax#: (760) 291-3015
	302 N. Midway Drive Escondido, CA 92027
Concentra Medical Center	Telephone #: (760) 432-9000
	Fax#:(760) 741-0279
	740 Nordahl Rd., Ste. 117 San Marcos, CA 92078

Hepatitis B Vaccination

BJ Cain, Risk Manager, is in charge of the hepatitis B vaccination program. The company will offer at no cost to exposed employees the hepatitis B vaccination series. The vaccination will be provided within ten days of initial assignment to areas with occupational bloodborne pathogen exposure. These vaccines are safe and effective, and we strongly encourage that all affected employees receive them. If an employee decides to refuse a vaccination, they must sign statement acknowledging the refusal. If the change their mind, they can get the vaccination at any time.

The following procedure will be followed when new employees are hired for job classifications that have occupational exposure, or when an employee is transferred to a job task that has exposure risk.

1. Provide the employees name, schedule, and job task to BJ Cain, Risk Manager, who will schedule an appointment during the employees normal work hours.
2. Notify the bloodborne pathogens program administrator, who will schedule the employee for training.
3. Once the employee has completed training on managing exposure risk and the Hepatitis B vaccination, they can receive the vaccination.
4. When an employee reports to an area with exposure hazards, the supervisor will verify their completion of training and vaccination status before allowing the employee to start work.

Hepatitis Vaccination for Unvaccinated Employees

It is possible that first aid providers who have not been vaccinated may be exposed to blood or OPIM. First aid providers who rendered assistance in any situation involving the presence of blood or OPIM, regardless of whether an exposure incident has occurred, will have a vaccination series provided. In this event, the following procedure will be followed:

1. The first aid responder will make sure that the emergency response is complete, and verify that the appropriate authorities were notified.
2. The responder will take note of the types of fluids they were exposed to.
3. The employee will immediately notify the bloodborne pathogens administrator that a real or potential exposure incident took place.
4. The bloodborne pathogens administrator will schedule a vaccination for the employee as soon as possible, but not longer than twenty four hours from the time of the incident.
5. The employee will participate in the normal post exposure evaluation.

Post Exposure Evaluation and Follow Up

The company has made prearrangements for appropriate post-exposure evaluation and follow-up for all employees involved in an exposure incident. After an exposure event occurs, the confidential medical evaluation will be made available immediately.

Description of Evaluation and Follow Up Procedures
<p>Employees will be treated and interviewed by the Student Healthcare Specialist at their work site, or by Callie Escobedo, School Nurse.</p> <p>If it is determined that further treatment is necessary, employee will be referred to Concentra Medical Center for further treatment and blood tests.</p>

Investigating Exposure Incidents

The company will investigate every exposure incident to determine the cause and make recommendations to prevent the incident from reoccurring. All circumstances that caused the event will be evaluated. The information collected must include:

1. The date and location of the exposure incident.
2. The employee(s) job description.
3. The tasks and procedures performed during the incident.
4. The routes of exposure.
5. A description of sharps or other devices involved.
6. The personal protective equipment worn.
7. Other relevant information.
8. The date of the incident evaluation.
9. The name(s) of the incident evaluators.

The evaluation will occur concurrently with the normal company incident investigation process. The program administrator, or a designated representative, will collect this information. The results of both investigations will be used to generate and submit recommendations to management to prevent future occurrences.

Sharps Injury Information and Evaluation of Use

A sharp is any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, resulting in an exposure incident. Sharps include, but are not limited to:

1. Needle devices.
2. Scalpels.
3. Lancets.
4. Broken glass.
5. Capillary tubes.
6. Exposed ends of wires.
7. Knives.
8. Drills.
9. Sharp tools.
10. Burs.

A sharps injury means any injury caused by a sharp, including but not limited to cuts, abrasions, or needle sticks. A sharps injury log has been established and maintained as a record of each exposure incident involving a sharp. The log documents the company's sharps injury history in sufficient detail to support the development of effective exposure control strategies. This information will be used to evaluate the future selection and use of sharps.

Sharps Injury Log

The sharps injury log is maintained by BJ Cain, Risk Manager. It is located at EUHSD District Service Center, 302 N. Midway Drive, Escondido, CA 92027. Each exposure incident that involves a sharp will be recorded in the log. The information will be recorded in a way to protect the confidentiality of the employee, and will be recorded within 14 working days of the incident. The information recorded for each incident will include:

1. Date and time of the exposure incident.
2. Type and brand of sharp involved in the exposure incident.
3. The job classification of employees involved.
4. Department or work area where the exposure incident occurred.
5. The procedure the employee was following at the time of the incident.
6. How the incident occurred.
7. The body part involved in the exposure incident.
8. 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.
9. If the sharp had no engineer sharps injury protection, the injured employees opinion as to whether and how such a mechanism could have prevented injury.
10. The employee's opinion about whether any engineering or work practice controls could have prevented injury.

The information in the sharps injury log will be maintained for at least five years after the incident.

Periodic Evaluations of Sharps Use

Periodic determinations are made on the frequency of use and the types, models, or brands of sharps involved in the exposure incidents documented in our sharps injury log. These determinations are made annually. The types of and quantity of sharps used at the facility will be tracked by the bloodborne pathogens program administrator. This information will be used to determine the most effective sharps to use at the facility. The information will also be included in the periodic engineering controls reviews. The sharps that will be selected are the ones that meet the needs of the task and present the lowest injury risk.

Recordkeeping

Medical Records

The company will maintain medical records for each employee with occupational exposure. These records will be kept confidential, and will not be disclosed without the employees' written consent, except when required by law. These records will be maintained for the duration of employment plus 30 years. Medical records will be maintained by BJ Cain, Risk Manager. The medical records will be stored at EUHSD District Service Center, 302 N. Midway Drive, Escondido, CA 92027.

Employee medical records will include:

1. The name and social security number of the employee.
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations, and any medical records relative to the employee's ability to receive the vaccine.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. The employer's copy of the healthcare professional's written opinion.
5. A copy of the information provided by the healthcare professional.

Training Records

The company will maintain training records for employees. These records will be maintained for at least three years after the training date. These records will be maintained by BJ Cain, Risk Manager and be stored at EUHSD District Service Center, 302 N. Midway Dr., Escondido, CA 92027.

The information will include:

1. The dates of training sessions.
2. The contents or a summary of the training sessions.
3. The name and qualifications of the person conducting the training.
4. The names and job titles of all persons attending the training.

Program Evaluation and Employee Involvement

Our exposure control plan is reviewed and updated at least annually, and whenever:

1. New or modified tasks or procedures that affected occupational exposure are introduced.
2. Progress in implementing the use of needleless systems and sharps with engineered protection is made.
3. New or revised job positions that involve occupational exposure are created.
4. Reviews and evaluations of exposure incidents that occurred since the previous update are made.
5. There is information to suggest that the current exposure control plan is inadequate.

The revisions will incorporate employee and supervisor feedback, and will be authorized by management.

Employee Involvement in Program Reviews

Employee and supervisor feedback is crucial to developing and maintaining an effective exposure control plan. The company will solicit feedback from employees on the success of the program and any steps that can be taken for improvement. The company has established multiple procedures for receiving feedback.

Exposure Control Plan Open for Review Notification

Whenever the company conducts a review of the exposure control plan, affected employees will be notified. This notification will occur by email, announced by the supervisors to their employees, or both. During this period, employees can submit their suggestions by:

1. Informing their supervisor, who will communicate the recommendations to the program administrator.
2. Writing an email directly to the program administrator.
3. Submitting a safety suggestion in the company suggestion box.

Safety and Health Committee

The company safety and health committee will consider the exposure control plan as part of their standard review processes. They will submit any suggestions, in writing, to the program administrator. Safety committee members will also solicit feedback from the employees in their functional areas.

Safety Meetings

Work areas and job classifications that have occupational exposure hazards will incorporate plan feedback as part of their routine safety meetings. Every safety meeting will include discussion of the current program, engineering and work practice controls, and personal protective equipment. Any suggestions or feedback will be communicated immediately to the program administrator.

New Product Reviews

The company will include selected employees as part of the new product reviews. The employees will be trained on these new products, and participate in limited testing. These employees will complete an evaluation form on the selected products. This information will be collected by the program administrator and used as part of the evaluation process.

Exposure Incident Reporting

When an employee is involved in an exposure incident, their feedback will be collected. This will include their thoughts on the engineering controls and work practice controls, and whether or not they are effective. The company will also ask for recommendations for improvement. This information will be provided to the program administrator.