



# BLOODBORNE PATHOGENS

## EXPOSURE CONTROL PLAN

OFFICE OF ENVIRONMENTAL HEALTH & SAFETY  
LOS ANGELES UNIFIED SCHOOL DISTRICT



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## I. Introduction

The [California Code of Regulations \(CCR\), Title 8, Section 5193, Bloodborne Pathogens Standard](#), require that the District establish, implement, and maintain a written Exposure Control Plan for all employees who are reasonably anticipated to incur occupational exposure to blood or other potentially infectious materials (OPIM). The Los Angeles Unified School District (LAUSD) is committed to providing and maintaining a safe and healthful workplace for employees. In pursuit of this goal, the exposure control plan has been designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials.

Bloodborne pathogens are microorganisms that are present in human blood and can cause disease in humans. Some pathogens can be transmitted when infected blood or other OPIM, such as semen, or other body fluids contaminated with blood come in contact with the blood of an uninfected individual. The most serious and prevalent bloodborne diseases transmitted by pathogens are Hepatitis B, Hepatitis C, and acquired immune deficiency syndrome (AIDS), which is caused by human immunodeficiency virus (HIV). In the course of work tasks, employees may be exposed to viruses through routes such as needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood or other materials.

All employees who may be exposed to blood or OPIM as part of their job duties are included in this program.

## II. Exposure Determination

All District job classifications in which it is reasonable to anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) are categorized according to their potential exposure; primary and secondary. Exposure determination is made without regards to the use of personal protective equipment. Employees in both exposure categories will receive the annual bloodborne pathogens training and be provided with post exposure evaluation and follow-up in the case of an exposure incident.

Employees in the primary exposure category are reasonably anticipated to incur occupational exposure during the performance of their job duties. Such job classifications include nurses and coaches providing first aide to injured students or staff and custodial staff conducting clean-up of blood or OPIM. For full list of job classifications in the primary exposure category, refer to *Appendix A*. These employees will be offered the Hepatitis B vaccination series. Employees not covered by the primary exposure category are considered to be in the secondary exposure category. Tasks or procedures for

employees in this category may include responding to accidental injuries and providing immediate first aid when needed.

### III. Methods of Compliance

#### a. Universal Precaution

Universal Precautions is an approach to infection control to treat all human blood and OPIM as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. When there is a potential contact with blood or OPIM, such measures as implementing engineering controls, use of personal protective equipment and thorough hand washing should be taken. All employees shall observe Universal Precautions to prevent contact with blood or OPIM. Quick information guides on universal precautions, post exposure procedures, and clean up and disposal can be found in *Appendices B-D*.

#### b. Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where exposure remains after implementation of these controls, personal protective equipment shall be used. Specific methods of work practice controls include the following:

1. Staff/first aid providers who have open or weeping skin lesions must refrain from all direct patient care and from handling patient care equipment unless the lesion can be properly covered.
2. All procedures involving blood or OPIM must be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
3. Needleless systems shall be used for withdrawal of body fluids after initial venous or arterial access is established, administration of medications or fluids, and for any other procedure involving the potential for an exposure incident. If needleless systems are not used, needles with engineered sharp injury protection must be used.
4. Precautions must be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures.
5. Hands must be washed with soap and water if at all practical before gloves are used, always when gloves are removed, and immediately after skin contact with blood or OPIM occurs. Appropriate antiseptic hand cleanser (towelettes) must be used when hand washing facilities are not available.
6. Although saliva has not been implicated in HIV transmission, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices must be used to minimize the need for direct contact during emergency resuscitation activities.

7. Employees are prohibited to eat, drink, smoke, apply cosmetics or lip balm, and handle contact lenses in areas of potential exposure.
8. Food and/or drink must not be stored in refrigerators that contain vaccines, blood, OPIM, or other biological materials.
9. Infectious materials must be immediately placed in a labeled container and stored in designated areas. These storage areas must be secured, maintained, and routinely inspected by the site administrator or designee.

c. Sharps Management

Sharps are defined as any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including but not limited to hypodermic needles, syringes, blades and needles with attached tubing, and broken glass items, such as pipettes and blood containers which are contaminated with other medical waste.

Contaminated needles and other sharps shall not be bent, recapped, or removed from devices. Shearing or breaking of contaminated needles or other contaminated sharps is prohibited. Contaminated sharps or other sharps must be discarded immediately or as soon as feasible in containers that are easily accessible to personnel and located as close as possible to the immediate area where sharps are used or reasonably anticipated to be found. When discarding contaminated sharps, place them in containers that are closeable, puncture-resistant, appropriately labeled and color coded, and leak-proof during handling, storage, and transport.

All sites shall provide proper storage, handling, and transportation of biohazard/regulated waste with proper labels. School nurses are responsible for transporting sharps to the consolidation site and for completing the Medical Waste Tracking Document (*Appendix E*). In July 2014, the State of California Department of Public Health (CDPH) Medical Waste Management Program issued a “Limited Quantity Medical Waste Hauling Exemption certificate” for LAUSD.

Consolidation of wastes must be in a secured storage area that is located in a central, accessible location and denies access to unauthorized persons. The storage area shall be marked with warning signs on, or adjacent to the exterior of doors, gates, or lids. Sign shall read:

CAUTION  
BIOHAZARD WASTE STORAGE AREA  
UNAUTHORIZED PERSONS KEEP OUT

d. Personal Protective Equipment (PPE)

Personal Protective Equipment provides protection against exposure to infectious materials and must be routinely used when contact with blood or other body fluid of any person is encountered. The body fluids of all persons must be considered potentially hazardous. Direct skin contact with all body fluids should be avoided.

When there is an occupational exposure, appropriate PPE such as, but not limited to, gloves gowns, laboratory coat, face shields, or masks and eye protection, and mouthpieces shall be provided at no cost to the employee.

- PPE must be readily accessible and available in appropriate sizes.
- PPE must be properly used, cleaned, laundered, repaired or replaced as needed or discarded.
- PPE must be worn by District personnel who administer first aid involving blood or handle fluids including clean up.

i. Selection, Care and Use of PPE

1. Wear single-use gloves when direct contact with blood or OPIM is expected to occur and when handling or touching contaminated items or surfaces. Utility (household type) gloves may be used for housekeeping tasks such as cleaning and decontaminating after a blood spill. However, they should only be used if they are in perfect condition (i.e., no tears, cracks, punctures). Hypoallergenic gloves or other similar alternatives must be made available to employees who have an allergic sensitivity to certain materials.
2. Replace disposable (single-use) and reusable gloves as soon as possible if they are torn, punctured or when their ability to function as a barrier is compromised.
3. Prohibit the washing or decontamination of disposable (single-use) gloves for re-use.
4. Wear face and eye protection devices whenever splashes, spray, splatter or droplets of blood or other body fluids may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.
5. Wear protective clothing in instances when gross contamination can be reasonably anticipated.
6. Provide ventilation or respiratory equipment (i.e., resuscitation devices) as needed.
7. Remove PPE prior to leaving the work areas and wash hands and areas which may have had contact with fluid.

ii. Required Supplies

The following PPE and supplies must be kept in a designated area on site. Supplies should be checked and replaced frequently. It is imperative that these supplies be available at all times for primary exposure employees.

1. Disposable CPR masks
2. Disposable (single-use) gloves
3. Moist antiseptic hand cleanser for areas without accessible water
4. Household bleach or an approved disinfectant
5. Liquid soap for hand washing (should be available in all work areas)

6. Sharps containers (puncture proof containers for disposal of used needles) that is large enough to accommodate the size of the sharp device
7. Biohazard waste labeled plastic bags for disposing or regulated medical waste

e. Housekeeping

i. Clean Up Procedures

All equipment and work surfaces shall be cleaned and decontaminated by trained personnel immediately after contact with blood or OPIM, using the following cleaning procedures:

1. Don appropriate personal protective equipment (i.e. gloves)
2. Wipe up any infectious material with paper towels and dispose it as contaminated material. Body fluids such as urine, feces, vomit not contaminated with blood, can be disposed using conventional methods.
3. An EPA labeled disinfectant that has been approved by the District shall be used for cleaning surfaces which are contaminated with blood. Follow the manufacturer's directions for use.
4. Ensure that the disinfectant is provided adequate contact time with the all contaminated surfaces per the manufacturer's directions. Rinse the area with water to prevent possible corrosion only after the prescribed contact time on the label has been met.
5. If a mop, broom, or dust pan is used in the clean-up, rinse it in the disinfectant solution.
6. All bins, pails, cans and similar receptacle which may be contaminated shall be inspected each time before discarding contents. If receptacle is found to be contaminated with blood or OPIM, it shall be immediately cleaned and decontaminated.

ii. Disposal Procedures

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable; puncture resistant; leak proof on sides and bottom; and labeled. Sharps containers ready for disposal (no more than  $\frac{3}{4}$  full), shall not be stored for more than 7 days. Sharps waste shall not be combined with any other wastes, such as expired medication.



2. Other regulated medical waste shall be placed in containers which are closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping; labeled and color-coded; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. The following categories of waste require special handling and are determined to qualify as regulated medical waste:
  - a. Liquid or semi-liquid blood or OPIM
  - b. Items which would release blood or OPIM in a liquid or semi-liquid state if compressed
  - c. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.
3. Body waste products, i.e., urine and feces without blood, are not included in the definition of OPIM. Waste such as disposable containing non-fluid blood (sanitary napkins, dressings, gauze, cotton rolls, drapes, or other body fluids that can be contained in the absorbent material and not flake off) is not medical waste and can be thrown away in the regular trash.
4. Each site must have an appropriate biohazard container (labeled, red-colored bag) to be used only for the disposal of regulated medical waste. When used, red biohazard bags must be replaced. A request for the waste pick can be made by submitting a [Hazardous Waste Pickup Request form](#) (*Appendix F*), through the Office of Environmental Health and Safety. Biohazardous waste shall not be stored for more than 7 days on a school site. A replacement container must be available prior to the removal of the full container.
5. Place all regulated medical waste in closeable and biohazard labeled or color-coded containers (bags). Waste may be placed in plastic, sealable bags before disposal in a larger biohazard bag in order to reduce odors.
6. Medical waste must be disposed according to federal, state and local regulations. Anyone transporting medical waste must complete the Medical Waste Tracking Document (*Appendix E*).



iii. Labeling

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or the potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.
2. Labels shall be fluorescent orange or orange-red with the biohazard symbol or “BIOHAZARDOUS WASTE” lettering in a contrasting color. Labels must conform to the [California Code of Regulations, Title 8, Section 3340, Accident Prevention Signs.](#)



IV. Hepatitis B Vaccine

Employees in the primary exposure job classification shall be offered Hepatitis B vaccination series. The vaccinations will be available at no cost to the employee, provided by or under the supervision of a licensed physician, and in accordance to the recommendations of the U.S. Public Health Service. The vaccination shall be made available after the employee has received the training in occupation exposure and within 10 working days of initial assignment. However, the vaccination may be declined if the employee has previously received the complete Hepatitis B vaccination series; antibody testing has revealed that the employee is immune; the vaccine is contraindicated for medical reasons; or the employee does not wish to be vaccinated.

The Hepatitis B vaccine is administered by injection in three separate doses. The first two doses are given one month apart, and the third dose six months after the first. A record of the Hepatitis B Vaccination series will be documented on the Hepatitis B Vaccination Form (*Appendix G*). All employees who decline the Hepatitis B vaccination shall sign a Cal/OSHA required waiver indicating their refusal on the Hepatitis B Declination Form (*Appendix H*). If the employee initially declines the Hepatitis B vaccination but at a later date, while still covered under the standard, decided to accept the vaccination, the vaccination shall then be made available. Contact Nursing Services for information regarding Hepatitis B Vaccination.

V. Exposure Incident

An exposure incident is defined as a specific exposure to mucous membranes of the eye, nose, and mouth; non-intact skin; or parenteral contact with blood or other OPIM that results from the performance of the employee's duties. All employees who incur an exposure incident will, within 24 hours, be offered a confidential post-exposure evaluation and follow-up in accordance with the Cal/OSHA standard. All exposure incidents shall be reported, investigated, and documented using the follow procedures:

- i. Perform immediate first aid procedures (such as thorough washing of skin or flushing of mucous membranes, or encouraging bleeding from puncture wounds)
- ii. Employee shall notify site administrator or administrator's designee, i.e., school nurse.
- iii. Site administrator or designee must attempt to identify and provide documentation of the potential transmitter to facilitate risk assessment of the infection status of individual's blood. The transmitter's blood shall be tested as soon as feasible and after consent is obtained to determine HBV, HCV, and HIV infectivity. If consent cannot be obtained, document refusal on the Employee/Potential Transmitter Medical Evaluation Consent Form (*Appendix I*).

\*Note – Confidentiality is both a medical and legal requirement. Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the protection and confidential handling of protected health information. Individuals in violation of this regulation are subjected to fine of up to \$50,000, as well as imprisonment up to one year. Offenses committed under false pretenses allow penalties to be increased to a \$100,000 fine, with up to five years in prison. Finally, offenses committed with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm permit fines of \$250,000, and imprisonment for up to ten years.

- iv. Site Administrator or designee shall provide employee with
  1. Medical Service Letter (*Appendix J*)
  2. Employee Medical/Potential Transmitter Evaluation Consent Form (*Appendix I*)
  3. Copy of the employee's job description
- v. Employee should seek a medical evaluation and counseling from designated medical advisor or District authorized doctor, clinic, or hospital as soon as feasible and be tested after consent is provided. The employee will be offered the option of having his/her blood tested immediately for HBV, HCV, and HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological

status, if initially declined. Medical evaluation and counseling will be based on the following information:

1. A written description of the exposed employee's duties as they relate to the exposure incident;
  2. Written documentation of the route of exposure and circumstances under which exposure occurred;
  3. Results of the potential transmitter's blood testing, if available; and
  4. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the District's responsibility to maintain.
  5. District shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of completion of evaluation. This information shall include the following information:
    - a. Whether Hepatitis B vaccination is indicated for employee and if the employee has received such vaccination
    - b. A statement that the employee has been informed of the results of the evaluation; and
    - c. A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
- vi. Site administrator must complete the Injury/Accident Investigation Report in the [Incident System Tracking Accountability Report \(ISTAR\)](#) system. The site administrator must also notify Employee Health Services of the incident and forward copies of all documents provided to the employee for the purpose of follow-up and record keeping. Documents must be forwarded to 333 S. Beaudry Ave. 14<sup>th</sup> Floor, Room 110, Los Angeles, CA 90017 or [employeehealth@lausd.net](mailto:employeehealth@lausd.net).
- vii. The site administrator or designee shall record the exposure incident on the Sharps Injury Log (*Appendix K*) for injuries involving a sharp within 14 working days of the date the incident is reported. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. Sharps injury log must be maintained 5 years on site from the date of the exposure incident occurrence.

## VI. Employee Training

Employees shall be trained regarding bloodborne pathogens at the time of initial assignment, annually thereafter, and when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. Site administrator shall ensure employees receive the bloodborne pathogens training. The

training shall be documented. Refer to the Health and Safety Training Form (*Appendix L*). Contact District Nursing Services to coordinate the training. The training shall include the following elements:

- i. Accessible copy of the standard and an explanation of its contents
- ii. Discussion of the epidemiology and symptoms of bloodborne pathogens
- iii. Explanation of the modes of transmission of bloodborne pathogens
- iv. Explanation of the District's Bloodborne Pathogens Exposure Control Plan and method for obtaining a copy
- v. Recognition of tasks that may involve exposure
- vi. Explanation of the use and limitations of methods to reduce exposure (e.g., engineering controls, work practices, personal protective equipment)
- vii. Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment
- viii. Explanation of the basis of selection of personal protective equipment
- ix. Information on the hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it will be offered free of charge
- x. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- xi. Explanation of the procedures to follow if an exposure incident occurs, including the method reporting medical follow up
- xii. Information on the evaluation and follow-up required after an employee exposure incident
- xiii. Explanation of the signs, labels, and other color coding systems

## VII. Record Keeping Procedures

### a. Medical record keeping

Employee Health Services is responsible for storing and maintaining medical records related to bloodborne pathogen exposure. Medical records shall be maintained in accordance with [California Code of Regulations, Title 8, Sections 3204, Access to Employee Exposure and Medical Records](#). Medical records must be maintained for the duration of employment plus 30 years. All records pertaining to bloodborne pathogen exposure must be forwarded to Employee Health Services at 333 S. Beaudry Ave. 14<sup>th</sup> Floor, Room 110, Los Angeles, CA 90017, (213) 241-6326 or [employeehealth@lausd.net](mailto:employeehealth@lausd.net). The records shall include the following:

1. 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 vaccination or declination form;
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 to the health care professional;

6. A copy of the Employee/ Potential Transmitter Medical Evaluation Consent Form;

b. Confidentiality of Medical Records

The medical records shall be kept confidential. The contents shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.

Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the protection and confidential handling of protected health information. Individuals in violation of this regulation are subjected to fine of up to \$50,000, as well as imprisonment up to one year. Offenses committed under false pretenses allow penalties to be increased to a \$100,000 fine, with up to five years in prison. Finally, offenses committed with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm permit fines of \$250,000, and imprisonment for up to ten years.

c. Training Records

The site administrator is responsible for maintaining training records. Training records are to be kept on site for five years from the date of training and shall include the following information:

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

d. Medical Waste Tracking Document

Medical waste tracking information shall be maintained for 3 years.

e. Sharps Injury Log

Sharps Injury Log shall be maintained 5 years from the date the incident occurred. They must be available at the site of incident.

f. Availability

An employee's medical record shall be provided upon request from Employee Health Services for examination and copying to the employee, to anyone having written consent of the employee, to CAL/OSHA and National Institute of Occupational Safety and Health (NIOSH). The Sharps Injury Log and employee training records shall be made available to the employee, his designated representative, Office of Environmental Health and Safety, Cal/OSHA, and NIOSH.

## APPENDICES

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- A. Primary Exposure Category Classifications
- B. Bloodborne Pathogens Quick Guide – Universal Precautions
- C. Bloodborne Pathogens Quick Guide – What should I do after an exposure incident?
- D. Bloodborne Pathogens Quick Guide – Clean Up, Decontamination & Disposal
- E. Medical Waste Tracking Document
- F. Hazardous Waste Pick-up Request Form
- G. Hepatitis B Vaccination Form
- H. Hepatitis B Vaccination Declination Form
- I. Employee/Potential Transmitter Medical Evaluation Consent Form
- J. Medical Service Letter
- K. Sharps Injury Log
- L. Health and Safety Training

## APPENDIX A

### PRIMARY EXPOSURE CLASSIFICATIONS

LOS ANGELES UNIFIED SCHOOL DISTRICT

**PRIMARY EXPOSURE CATEGORY BY JOB CLASSIFICATION**

JOB CODE	JOB DESCRIPTION (TITLE)	JOB CODE	JOB DESCRIPTION (TITLE)
22108744	APPRENTICE PLUMBER	22104054	PLANT MANAGER I
22104574	ASST OUTDOOR EDUC CENTER MGR	22104047	PLANT MANAGER II
22104061	ASST PLANT MANAGER I	22104037	PLANT MANAGER III
22104048	ASST PLANT MANAGER II	22104047	PLANT MANAGER II
13100662	ASST PRIN, SPECIAL EDUCATION	22104037	PLANT MANAGER III
29105345	ATHLETICS ASSISTANT	22104021	PLANT MANAGER IV
22104068	BLDG & GRNDS WKR (RESTR/DISAB)	22104236	PLANT SECURITY AIDE
22104075	BLDG & GROUNDS WORKER	22104241	PLANT SECURITY AIDE SAT SUN HOLIDAY
13400406	COORD, OUTDOOR EDUC PROGRM	22103344	PLUMBER
22105307	COORD, OUTDOOR EDUCATION PROGRAM	22103152	PLUMBING TECHNICAL SUPERVISOR
12300132	COORD, SCHOOL NURSING, FIELD	22104218	POLICE CAPTAIN
13107020	COORD, SITE, EARLY ED CENTER	22104215	POLICE DETECTIVE
22104209	DEP CHIEF OF POLICE	22104240	POLICE INTERN
21104704	EARLY CHILDHOOD ASSOCIATE & R	22104221	POLICE OFFICER
21104522	EARLY ED C AIDE I -CANT LANG & RSTR	22104219	POLICE RECRUIT
21104521	EARLY ED C AIDE I-SPAN LANG & RSTR	22104057	POOL CUSTODIAN
21104485	EARLY ED CENTER AIDE 1 (SUB/REL)	29208431	POOL SUPERVISOR
21104490	EARLY ED CENTER AIDE 2 (SUB/REL)	29105331	POOL SUPERVISOR
21104520	EARLY ED CENTER AIDE I & R	13107033	PRINCIPAL, EARLY EDUCTN CENTER
21104900	EARLY ED CENTER AIDE II & R	22104097	SCH FACILITIES ATTENDANT & R
24102580	EARLY ED CENTER OFFICE MGR	22104098	SCH FACILITIES ATTENDANT FEM & R
21104901	EARLY ED CTR AIDE II - SPAN LANG & R	22104099	SCH FACILITIES ATTENDANT MALE & R
21104902	EARLY ED CTR AIDE II (HEAD START)	12300461	SCHOOL NURSE
21104933	EARLY ED CTR AIDE-MONTESORI & R	12300526	SCHOOL REC THERAPIST SPEC ED
21104700	HEALTH CARE ASSISTANT	22104233	SCHOOL SAFETY OFFICER
21104701	HEALTH CARE ASSISTANT - MALE	29208447	SCHOOL SPVN AIDE
24102605	HEALTH OFFICE CLERK	22104239	SECURITY OFFICER
22104081	HOUSEKEEPER	22104211	SERGEANT
21104063	INFANT CARE AIDE	21104573	SPEC ED TRAINE - HEARG IMPAIR & R
21104067	INFANT CARE AIDE (RESTRICTED)	21104571	SPEC EDUCATION ASSISTANT
21104400	LICENSED VOCATIONAL NURSE	21104566	SPEC EDUCATION ASST (MALE)
22104223	LIEUTENANT	21104575	SPEC EDUCATION TRAINEE
29105334	LIFEGUARD	21104562	SPEC EDUCATION TRAINEE (MALE)
29208434	LIFEGUARD	24104459	SPEC NEEDS ATTENDANT
22103775	MAINTENANCE WORKER (REST/DISD)	24104463	SPEC NEEDS ATTENDANT (FEMALE)
24102638	MEDICAL ASSISTANT	24104461	SPEC NEEDS ATTENDANT (MALE)
22104595	NATURALIST	11100740	SPECIAL EDUCATION TEACHER
12300464	NURSE,SCH,SUB,D-D	22104225	SPVG SCHOOL SAFETY OFFICER
24104420	OCCUPATIONAL HEALTH NURSE	21104560	SPVG SPECIAL ED ASSISTANT
12300481	OCCUPATIONAL THER,SCH,SP ED	22103311	SR PLUMBER
29105371	OUT OF SCHOOL AREA PROGRAM SUPERVISOR	22104224	SR POLICE OFFICER
29105375	OUT OF SCHOOL PROGRAM SUPERVISOR	29208430	SR POOL SUPERVISOR
29105376	OUT OF SCHOOL PROGRAM WORKER	29105330	SR POOL SUPERVISOR
29105373	OUT OF SCHOOL SR PROGRAM SUPERVISOR	29208432	SR SWIM INSTR,REC
29105372	OUT OF SCHOOL TRAVELING PROGRAM SUP	29105332	SR SWIMMG INSTRUCTN- RECREATION
22104597	OUTDOOR EDUCATION ASST(FEMALE)	29208433	SWIM INSTR,REC
22104598	OUTDOOR EDUCATION ASST(MALE)	29105333	SWIMMING INSTRUCTOR (RECREATION)
22104591	OUTDOOR EDUCATION CENTER MGR	22103155	SWIMMING POOL TECHNICAL SUPERVISOR
22103711	OUTDOOR EDUCATION CTR MAINT WKR	11207044	TCHR, MONTESSORI EARLY ED CNTR
12300479	PHY THER, SCH, SPEC ED	11207046	TCHR,EARLY ED CENTER
12300491	PHYSICAN, SCHOOL	11107043	TCHR,EARLY ED CENTER
		11100778	TCHR,K-12,ADPT



## APPENDIX B

### BLOODBORNE PATHOGENS QUICK GUIDE

#### UNIVERSAL PRECAUTIONS

# BLOODBORNE PATHOGEN QUICK GUIDE



## UNIVERSAL PRECAUTIONS

Infected persons may not always know that they are infectious or may not wish to share this information with others. Therefore, these precautions should be used in all situations when handling blood and body fluids. These precautions are appropriate to prevent the spread of all infectious diseases.

1. Wash hands with soap and water.
2. Wear gloves when there is potential contact with blood or body fluids.
3. Clean up blood and body fluids first with a District approved EPA labeled disinfectant.
4. Dispose of contaminated materials in double plastic bags. If contaminated materials are one of the following, then place in red biohazard bags:
  - a. liquid or semi-liquid blood or other potentially infectious material (OPIM)
  - b. items which release liquid blood or OPIM if compressed
  - c. Items with caked blood or OPIM capable of releasing materials during handling
5. Use protective barrier devices for cardiopulmonary resuscitation (CPR) administration.

## HAND WASHING / SANITIZING

1. **WET** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **LATHER** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
3. **SCRUB** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **RINSE** your hands well under clean, running water.
5. **DRY** your hands using a clean towel or air dry them.

Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water are not available, use a District approved hand sanitizer. Hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do not eliminate all types of germs.

**Hand sanitizers are not as effective when hands are visibly dirty or greasy.**

### How do you use hand sanitizers?

1. Apply the product to the palm of one hand (read the label for correct amount).
2. Rub your hands together.
3. Rub the product over all surfaces of your hands and fingers until hands are dry.



## APPENDIX C

### BLOODBORNE PATHOGENS QUICK GUIDE

WHAT SHOULD I DO AFTER AN EXPOSURE INCIDENT?

# BLOODBORNE PATHOGEN QUICK GUIDE



## WHAT SHOULD I DO AFTER AN EXPOSURE INCIDENT?

Examples of exposure incidents are: a prick with a contaminated needle, blood splashing on the mucous membranes (eyes, nose, or mouth) or blood splattering on skin with open cuts or scrapes that result from the performance of the employee's duties.

### IN THE EVENT OF AN EXPOSURE INCIDENT, THE SITE ADMINISTRATOR OR DESIGNATED EMPLOYEE SHALL IMMEDIATELY:

1. Ensure the exposed area has been washed with soap and water or flushed if the exposed area is a mucous membrane.
2. Identify the potential transmitter, if possible. Complete Employee/Potential Transmitter Medical Evaluation Consent form (Appendix I of the Bloodborne Pathogens Exposure Control Plan).
3. Document circumstances of exposure through the Incident System Tracking Accountability Report (ISTAR).
4. Provide employee with:
  - a. Medical Service Letter
  - b. Employee Medical/Potential Transmitter Evaluation Form
  - c. Copy of the employee's job description
5. Notify Employee Health Services at 213-241-6326 and forward all medical information to the Medical Director at Employee Health Services, 333 S. Beaudry 14<sup>th</sup> Floor, Room 110, Los Angeles, CA, 90017 and/or [employeehealth@lausd.net](mailto:employeehealth@lausd.net).
6. If exposure incident was due to use or handling of sharps, complete the Sharps Injury Log (Appendix K of the Bloodborne Pathogens Plan).

\* Medical information regarding the incident is CONFIDENTIAL and must not be included in the site's written report or discussed.

*For further information regarding bloodborne pathogens, talk to your school nurse, Nursing Services, Employee Health Services or your personal physicians.*



333 S. Beaudry Ave., 21th Fl.,  
Los Angeles, CA 90017  
Phone: 213-241-3199  
Fax: 213-241-6816  
[achieve.lausd.net/oehs](http://achieve.lausd.net/oehs)

## APPENDIX D

### BLOODBORNE PATHOGENS QUICK GUIDE

### CLEAN UP, DECONTAMINATION & DISPOSAL

# BLOODBORNE PATHOGEN QUICK GUIDE



## CLEAN UP ♦ DECONTAMINATION ♦ DISPOSAL PROCEDURES

All equipment and work surfaces contaminated by blood, blood contaminated body fluid, and other potentially infectious material (OPIM) must be cleaned and decontaminated by trained personnel.

### CLEANING PROCEDURES:

1. Trained personnel must wear personal protective equipment (gloves, aprons, etc.) to clean contaminated areas.
2. Clean contaminated area with soap and water. If contaminated surface or items are porous such as cardboard boxes, then such items must be disposed.
3. Decontaminate the surface with a District approved EPA labeled disinfectant capable of killing viruses and bacteria.
4. Allow the decontamination solution to remain on the surface for at least the minimum contact time printed on the label or in the manufacturer's directions, then rinse.
5. Decontaminate all non-disposable cleaning equipment (mops, buckets, etc.) with the disinfectant.

### DISPOSAL PROCEDURES:

Special handling and disposal procedures are required for regulated medical waste. Waste produced from the spill may qualify as regulated medical waste and be biohazardous, if the waste is:

- Liquid or semi-liquid blood or OPIM
  - Items which release liquid blood or OPIM, if compressed
  - Items with caked blood or OPIM capable of releasing materials during handling
1. Dispose biohazardous waste in the red "BIOHAZARD" labeled bags. Do not place Sharps waste in plastic biohazard bags. Place Sharps waste in designated puncture proof containers.
  2. Submit [Hazardous waste request form](#) to the Office of Environmental Health and Safety by email at [waste@lausd-oehs.org](mailto:waste@lausd-oehs.org), or by fax (213) 241-6816. Store waste in a secure location until pickup.



**\* REGULATED MEDICAL WASTE DOES NOT INCLUDE URINE, FECES AND VOMIT, DISPOSABLES CONTAINING NON-FLUID BLOOD SUCH AS SANITARY NAPKINS, DRESSINGS, GAUZE, OR COTTON ROLLS WITH SMALL AMOUNTS OF DRIED BLOOD OR OTHER BODY FLUIDS THAT ARE CONTAINED IN THE ABSORBANT MATERIAL AND DO NOT FLAKE OFF.**



333 S. Beaudry Ave., 21th Fl.,  
Los Angeles, CA 90017  
Phone: 213-241-3199  
Fax: 213-241-6816  
[achieve.lausd.net/oehs](http://achieve.lausd.net/oehs)

## APPENDIX E

### MEDICAL WASTE TRACKING DOCUMENT

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEDICAL WASTE TRACKING DOCUMENT**

District Nursing Services (Hauler)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Nurse:  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

Consolidation Site:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consolidation Site Representative:  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

Consolidation Site Delivery Date: \_\_\_\_\_

Date	Generator (School Site)	Medical Waste Type	Medical Waste Quantity

Original:

Copy:

REF: Medical Waste Management Act,  
Chapter 6; 25063



APPENDIX F

HAZARDOUS WASTE PICK-UP REQUEST FORM



**Office of Environmental Health and Safety**  
 333 South Beaudry Avenue  
 Los Angeles, CA 90017  
 Phone: (213) 241-3199  
 Fax: (213) 241-6816



## Hazardous Materials/Waste Pick-up Request

- All fields are required.
- Check with other staff members to ensure chemicals may not still be used.
- List all items.
- Store all chemicals in a secure accessible area. Keep incompatibles separate. Materials should be ready to go.
- Complete form and mail/fax to OEHS. Specify number of pages at bottom right of request.
- If confirmation of request is not received within 5 working days, please contact OEHS at (213) 241-3199.

### Facility Information

School/Site: _____	Location Code: _____	Date: _____
Address: _____	Phone No.: _____	
City, Zip: _____	Fax No.: _____	
Contact Name: _____	Storage Building: _____	
Contact Title: _____	Storage Room: _____	
Employee # (CSC's <sup>1</sup> Only): _____	Time Spent <sup>2</sup> (CSC's Only): _____	

Material/Waste Name	Amount (ea.) Lb., oz., gal.	Container Type	Container Condition (Good, Fair, Poor)	Liquid/Solid (L or S)

Number of Replacement Containers Needed: \_\_\_\_\_

<sup>1</sup>Chemical Safety Coordinator  
<sup>2</sup>Time spent includes: Segregating chemicals for removal; separating incompatibles; preparing chemicals for disposal; itemizing all waste for disposal.

**To be completed by OEHS**

CONTRACTOR:
DATE REQUESTED:

DATE LAB PACKED:
DATE OF PICK-UP:

# Hazardous Materials/Waste Pick-up Request cont'd

Material/Waste Name	Amount (ea.) Lb., oz., gal.	Container Type	Container Condition (Good, Fair, Poor)	Liquid/Solid (L or S)

APPENDIX G

HEPATITIS B VACCINATION FORM

LOS ANGELES UNIFIED SCHOOL DISTRICT

**HEPATITIS B VACCINATION**

The primary job duties of the employee listed below require possible contact with blood and body fluid. Please give necessary Hepatitis B vaccine series as required by the Bloodborne Pathogens Standard. The contents of this form are CONFIDENTIAL. Ensure distribution or access of this form is prohibited.

**Instructions:** Send original to: **Employee Health Services**  
 333 S. Beaudry Ave., 14<sup>th</sup> Fl., Room 110  
 Los Angeles, CA 90017  
 (213) 241-6326 | [employeehealth@lausd.net](mailto:employeehealth@lausd.net)

Employee Name	Employee Signature
Job Title	Employee ID Number
Work Location / School Site	Work Phone Number

I hereby give my consent to be inoculated against Hepatitis B.

I have received information on Hepatitis B and Hepatitis B vaccine. (Fact sheet will be provided at each vaccination.)

I have been given an opportunity to ask questions about the inoculation and risks involved. I understand the benefits and risks of Hepatitis B vaccine and request that it be given to be.

(For Women): If I am pregnant or breast feeding or planning pregnancy, I have discussed this with my physician.

HBV Series I (0 month)	HBV Series II (1 month)	HBV Series III (6 months)
Date	Date	Date
Employee Signature	Employee Signature	Employee Signature

**For Health Care Provider Use Only**

Provider Facility	Provider Phone Number
-------------------	-----------------------

Provider Facility Address

HBV Series I (0 month)	HBV Series II (1 month)	HBV Series III (6 months)
Manufacturer & Lot Number	Manufacturer & Lot Number	Manufacturer & Lot Number
Date	Date	Date
Print Provider Name	Print Provider Name	Print Provider Name
Provider Signature	Provider Signature	Provider Signature

## APPENDIX H

### HEPATITIS B VACCINATION DECLINATION FORM

LOS ANGELES UNIFIED SCHOOL DISTRICT

**HEPATITIS B VACCINATION DECLINATION FORM**

**Instructions:** Send original to:

**Employee Health Services**  
333 S. Beaudry Ave., 14<sup>th</sup> Fl., Room 110  
Los Angeles, CA 90017  
(213) 241-6326  
[employeehealth@lausd.net](mailto:employeehealth@lausd.net)

The contents of this form are CONFIDENTIAL. Ensure distribution or access of this form is prohibited.

Please check  all that apply:

- I understand that due to my occupational exposure to blood or potentially infectious materials I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.
- I have been previously immunized for Hepatitis B (HBV) and do not require additional vaccination.
- I have been tested for Hepatitis B (HBV) and have been shown to be immune.
- I decline Hepatitis B (HBV) vaccine due to medical reasons or personal belief.
- I plan to see my health care provider.

Print Name	Social Security Number
Job Title	Employee ID Number
Work Location / School Site	Work Phone Number
Signature	Date

APPENDIX I

EMPLOYEE/ POTENTIAL TRANSMITTER MEDICAL

EVALUATION CONSENT FORM



LOS ANGELES UNIFIED SCHOOL DISTRICT

**EMPLOYEE/POTENTIAL TRANSMITTER MEDICAL EVALUATION CONSENT**

**Instructions:** Send original to:

**Employee Health Services**  
333 S. Beaudry Ave., 14<sup>th</sup> Fl., Room 110  
Los Angeles, CA 90017  
(213) 241-6326 [employeehealth@lausd.net](mailto:employeehealth@lausd.net)

The contents of this form are CONFIDENTIAL. Ensure distribution or access of this form is prohibited.

Check  one:                       Employee     Potential Transmitter

Check  one:

I consent to have:

- Both baseline blood sample collection and appropriate serological testing of sample.
- Baseline blood sample collection testing only. I do not consent to serological testing at the time. I understand the blood sample will be preserved for at least 90 days. I can request a serological test of the sample at any time within the 90 day period, but understand that I must give an additional blood sample to document seroconversion.
- I do not consent either to a baseline blood sample collection or serological testing.

Print Name	Social Security Number
Job Title	Employee ID Number
Work Location / School Site	Work Phone Number

Print Name of Parent or Guardian (if minor)

Signature of Parent or Guardian	Date
---------------------------------	------

Name of person with whom possible bloodborne pathogen contact was made

***For Office Use Only***

Please check the appropriate box:

- Potential transmitter has agreed to testing.
- Potential transmitter has refused to be tested.
- Source cannot be found or identified.

Signature of site administrator or nurse	Date
--	------

Print name of site administrator or nurse

## APPENDIX J

### MEDICAL SERVICE LETTER

LOS ANGELES UNIFIED SCHOOL DISTRICT

MEMBERS OF THE BOARD

STEVEN ZIMMER, PRESIDENT  
MÓNICA GARCÍA  
DR. GEORGE J. MCKENNA III  
MÓNICA RATLIFF  
DR. REF RODRIGUEZ  
SCOTT M. SCHMERELSON  
DR. RICHARD A. VLADOVIC



MICHELLE KING  
SUPERINTENDENT OF SCHOOLS

JUSTO H. AVILA  
CHIEF HUMAN RESOURCES OFFICER

ROSA L. MERCADO, M.D.  
MEDICAL DIRECTOR

Human Resources Division  
333 South Beaudry Avenue, 14<sup>th</sup> Floor - Los Angeles, CA 90017  
Telephone: (213) 241-6131 - Fax: (213) 241-8418

Date:

Re: (Name of Employee)\_\_\_\_\_

Employee ID Number \_\_\_\_\_

Job Location\_\_\_\_\_

Date and Time of Injury\_\_\_\_\_

Dear Doctor:

The above named employee has been referred to you for an evaluation of a possible work related exposure to blood or other potentially infectious materials. The Bloodborne Pathogens Standard requires that you, as a health care professional evaluating this employee, provide a written opinion to the employer within 15 days of the completion of the evaluation, with the following information:

- a) State whether Hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination;
- b) That the employee has been informed of the results of the evaluation; and
- c) 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.

Please forward this to my office within 15 days so that compliance with the OSHA regulations can be upheld. Please note that the regulations do not require testing or treatment for conditions not covered by the Standard, which focuses primarily on Hepatitis B, Hepatitis C, and HIV infections. Please use reasonable judgment when recommending additional testing and/or treatment for the exposure presented.

Thank you very much.

Sincerely,

Dr. Rosa Mercado, MD  
Director of Employee Health Services  
333 South Beaudry Ave. 14<sup>th</sup> Floor, Room 110  
Los Angeles, CA 90017  
213-241-6326

APPENDIX K

SHARPS INJURY LOG

LOS ANGELES UNIFIED SCHOOL DISTRICT

**SHARPS INJURY LOG**

The following information, if known or reasonably available, must be documented within 14 working days of the date on which the exposure incident was reported. A separate Sharps Injury Log must be completed for each exposure incident involving sharps. Retain the completed form on site for 5 years.

**This document is NOT confidential. DO NOT INCLUDE INFORMATION IDENTIFYING EXPOSED PERSONS.**

- 1. Today's Date: \_\_\_\_\_ 2. Report completed by: \_\_\_\_\_
- 3. Date of exposure incident: \_\_\_\_\_ 4. Time of the exposure incident: \_\_\_\_\_
- 5. Site/School where incident occurred: \_\_\_\_\_ 6. Site/School Code: \_\_\_\_\_
- 7. Type of sharp involved: (Example: needles, catheter, etc.) \_\_\_\_\_
- 8. Brand of Sharp involved: \_\_\_\_\_

9. Description of exposure incident:

- Job classification of exposed employee: \_\_\_\_\_
- Department or work area where the incident occurred: \_\_\_\_\_
- Procedure being performed by the exposed employee at the time of the incident: \_\_\_\_\_

• How the incident occurred: \_\_\_\_\_

• Body part(s) involved: \_\_\_\_\_

• Did the device involved have engineered sharps injury protection\*? (Check  One)    Yes     No

• Was engineered sharps injury protection\* on the sharp involved? (Check  One)    Yes     No

\* Engineered sharps injury protection is a physical attribute, built in safety feature, which effectively reduces the risk of an exposure incident.

If Yes: (a) Was the protective mechanism activated at the time of the exposure incident?    Yes     No

(b) Did the injury occur before during or after the mechanism was activated? \_\_\_\_\_

(c) Comments: \_\_\_\_\_

If No: Does the injured employee believe that a protective mechanism could have prevented the injury?

Yes     No

• Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? (Check  One)    Yes     No

**Employee's opinion:**

\_\_\_\_\_  
\_\_\_\_\_

10. Comments on the exposure incident (e.g., additional relevant factors involved): \_\_\_\_\_

11. Employee interview summary: \_\_\_\_\_

12. Please attach picture(s) of the sharp(s) involved, if available.

## APPENDIX L

### HEALTH AND SAFETY TRAINING FORM

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
HEALTH AND SAFETY TRAINING FORM**

**TRAINING LOCATION** \_\_\_\_\_

**DATE** \_\_\_\_\_

The following employees have been trained in accordance with Title 8 of the California Code of Regulations in: (Please check one of the following.)

- Bloodborne Pathogens Standard Section 5193
  - Fire Prevention & Emergency Evacuation Sections 3220-3221
  - Hazard Communication Section 5194
  - Injury & Illness Prevention Program Section 3203
  - Occupational Exposure Hazardous Chemicals in Laboratories Section 5191
- Other (specify agency and applicable codes) \_\_\_\_\_

PRINT NAME	SIGNATURE	EMPLOYEE #	JOB TITLE	WORK LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Trainer or Site Administrator's Signature

**ATTACH A COPY OF THE AGENDA AND LIST OF TRAINING MATERIALS.**

# REFERENCES

---

## Regulations

1. [California Code of Regulations \(CCR\), Title 8, Section 5193, Bloodborne Pathogens Standard](#)
2. [California Code of Regulations, Title 8, Section 3340, Accident Prevention Signs](#)
3. [California Code of Regulations, Title 8, Sections 3204, Access to Employee Exposure and Medical Records](#)

## District Policy Bulletins

1. [BUL – 3772.3 Injury and Illness Prevention Program](#)
2. [BUL – XXXXX Bloodborne Pathogen](#)
3. [BUL – 1645.2 Infection Control Guidelines for Preventing the Spread of Communicable Disease](#)
4. [BUL – 4088 Students with HIV/AIDS Infection](#)
5. [BUL – 4480.1 Policy and Procedure for the Acquisition and Use of Automated External Defibrillators \(AED\)](#)
6. [BUL – 5269.2 Incident System Tracking Accountability Report \(ISTAR\)](#)
7. [BUL 3787.2 Assisting Students with Prescribed Medications at Schools](#)

## District Reference Guides

1. [REF – 1279.2 Workers' Compensation Claims Reporting](#)
2. [REF – 4149.1 Disposal Procedures for Hazardous Waste and Universal Waste](#)

## District Publications

1. [Safety Alert 07-05 Prevention Measures & Clean-up Procedures for Communicable Diseases](#)
2. [Safety Alert 04-14 Accident Investigation and Report](#)
3. [LAUSD Communicable Diseases in Schools, 2015](#)