



Morgan Hill Unified School District



Blood-borne Pathogens Training

This is an annual required training designed to inform and help protect our employees from the risks of blood-borne pathogens. The specific information and procedures adopted by the school district are available at any time through the school district website. Use the following link to navigate to the MHUSD website and the Board policy on Bloodborne pathogens (when finished, merely close the policy document to return):

http://www.mhu.k12.ca.us/documents/Board_Policy_Manual/4000/4119-42_BP_Bloodborne_Pathogens.pdf

When implementing Board Policy requires the adoption of procedures, Administrative regulations are written to ensure that the Board Policy is followed. Now use the following link to find the administrative regulation in support of this policy(close and return once viewed):

http://www.mhu.k12.ca.us/documents/Board_Policy_Manual/4000/4119-42_AR_Bloodborne_Pathogens.pdf

To save navigating back and forth to the administrative regulation excerpts of the regulations are included in this working document and shown in **purple text**. Learning Objectives and study questions are shown in **red text**.

Part 1—Know the Definitions

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. (8 CCR 5193(b)) Category one employees have occupational exposure and include school nurses, custodians, and health clerks. Teachers, including PE teachers, are category two employees and may be exposed when an exposure incident occurs.

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

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

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

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

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

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

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

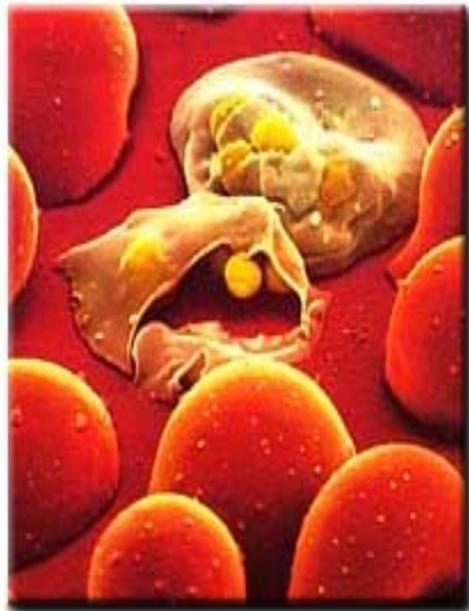
Study Question: Explain the difference between an occupational exposure, exposure incident, and Parenteral contact.

Part 2—The “Exposure Control Plan.”

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

1. A determination of which employees have occupational exposure to blood or other potentially infectious materials. The district's exposure determination shall be made without regard to the use of personal protective equipment and shall include a list of:

- A. All job classifications in which all employees have occupational exposure
- B. Job classifications in which some employees have occupational exposure
- C. All tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs and which are performed by employees listed in item #b above



A Malaria virus has reproduced inside red blood cells and will now invade neighboring cells.

- A. Methods of compliance required by 8 CCR 5193(d), such as universal precautions, general and specific engineering and work practice controls, and personal protective equipment (*cf. 4119.43/4219.43/4319.43 - Universal Precautions*)
 - B. Hepatitis B vaccination
 - C. Blood-borne pathogen post-exposure evaluation and follow-up
 - D. Communication of hazards to employees, including labels, signs, information and training
 - E. Recordkeeping
3. The district's procedure for evaluating circumstances surrounding exposure incidents.
 4. An effective procedure for gathering information about each exposure incident involving a sharp, as required for the log of sharps injuries.
 5. An effective procedure for periodically determining the frequency of use of the types and brands of sharps involved in exposure incidents documented in the sharps injury log.
 6. An effective procedure for identifying currently available engineering controls and selecting such controls as appropriate for the procedures performed by employees in their work areas or departments.
 7. An effective procedure for documenting instances when a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that the use of an engineering control would jeopardize an individual's safety or the success of a medical, dental or nursing procedure involving the individual.
 8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

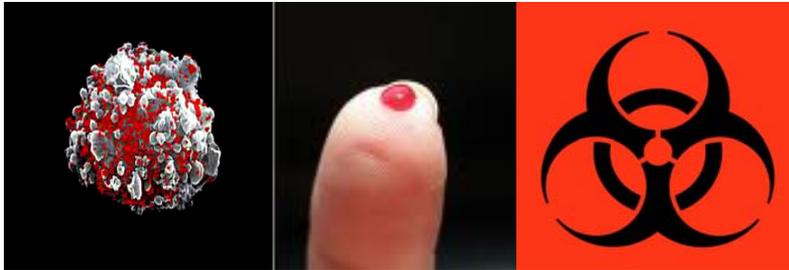
The exposure control plan shall be reviewed and updated at least annually and whenever necessary to: (8 CCR 5193(c))

1. Reflect new or modified tasks and procedures affecting occupational exposure
2. To the extent that sharps are used in the district, reflect progress in implementing the use of needleless systems and sharps with engineered sharps injury protection
3. Include new or revised employee positions with occupational exposure
4. Review and evaluate the exposure incidents which occurred since the previous update.
5. Review and respond to information indicating that the exposure control plan is deficient in any area

The district's exposure control plan shall be accessible to employees upon request. (8 CC3204(e))

Study Question: Does our school have an exposure control plan? Where can it be found?

Part 3--Read the section titled "Preventative Measures."



HIV virus—the cause of AIDS

A Needle Stick.

The Universal Biohazard Symbol

Know the 8 preventive practices that all employees should make routine:

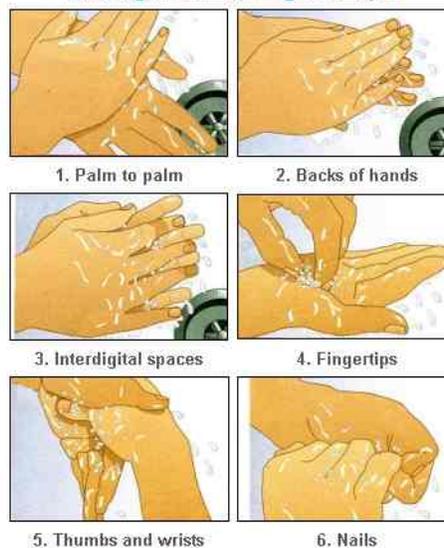
1. Perform any practice involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, spattering, and generating droplets.
2. Use personal protective equipment
3. Wash your hands thoroughly with soap and running water.
4. Refrain from eating, drinking, smoking, applying cosmetics, handling contact lenses etc. in areas with a reasonable likelihood of exposure.
5. Clean and decontaminate all equipment and work surfaces after contact with blood or other potentially infectious materials, no later than the end of the shift, or more frequently as required by state regulations.
6. Rather than hands, use mechanical tools such as brush, dustpan, tongs, forceps, broom, etc. to clean up broken glass.
7. Use effective patient-handling techniques and other methods designed to minimize the risk of sharps injuries.
8. Handle, store, treat, and dispose of regulated waste accordance with health and safety code 117600-118360.

Study Questions: Can you list the above eight measures? Which is the most common and effective protective measure?

Proper hand washing with soap, water, every surface, for ample time and performed frequently is an excellent preventive measure.



Six stage handwashing technique



Reproduced with kind permission of the Nursing Standard

Part 4--Hepatitis B Vaccination Guidelines:

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

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

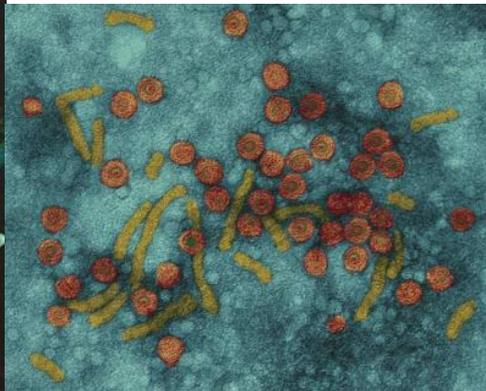
The form: http://www.mhu.k12.ca.us/documents/Board_Policy_Manual/4000/4119-42_Ea_Blood_Patho_Decline.pdf

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

Study Question: Does the district provide Hepatitis B vaccination to all employees?



Hepatitis B causes severe inflammation of the liver, can induce liver cancer, and is caused by the Hepatitis B virus shown below with red blood cells



Part 5--Information and Training

The Superintendent or designee shall ensure that all employees with occupational exposure participate in a training program containing the elements required by state regulations, during working hours and at no cost to the employee. This program shall be offered at the time of initial assignment to tasks where occupational exposure may take place, at least annually thereafter, and whenever a change of tasks or procedures affects the employee's exposure. (8 CCR 5193(g)) Designated first aid providers shall receive training that includes the specifics of reporting first-aid incidents which involve blood or body fluids which are potentially infectious. (8 CCR 5193(g))

Study Question: How often must employees update training on blood-borne pathogens?

Part 6--Reporting Incidents.

All exposure incidents shall be reported as soon as possible to the Superintendent or designee. Unvaccinated designated first aid providers must report any first aid incident involving the presence of blood or other potentially infectious material, regardless of whether an exposure incident occurred, by the end of the work shift. The full hepatitis B vaccination series shall be made available to such employees no later than 24 hours after the first aid incident. (8 CCR5193(f))

Study Question: Do you understand that all exposure incidents shall be reported to the superintendent or the designee? Who is the designee at a school site?

Part 7--Post-exposure evaluation and follow-up.

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

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

The Superintendent or designee shall provide the health care professional with a copy of 8 CCR5193; a description of the employee's duties as they relate to the exposure incident;

documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records maintained by the district relevant to the appropriate treatment of the employee, including vaccination status. (8 CCR 5193(f))

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

Study Question: What are the steps taken by the district following an exposure incident?

Part 8—Record Keeping Requirements

Upon an employee's initial employment and at least annually thereafter, the Superintendent or designee shall inform employees with occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records. (8 CCR 3204) (*cf. 3580 - District Records*)

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

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

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

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

Study Question: Do you understand that all records will be kept confidential?

Acknowledgement of Training:

As required by Board Policy, all employees must be trained annually and acknowledge that training. Employees attending training sessions in person may sign the acknowledgment form located on the District web site at:

http://www.mhu.k12.ca.us/documents/Board_Policy_Manual/4000/4119-42_Eb_Blood_Patho_Tng.pdf

Employees that have completed the training on line will acknowledge by entering their name during the post test. Your electronic signature will acknowledge training in the areas shown below:

- Explanation of the Blood-borne Pathogens Standard.
- General explanation of the epidemiology, modes of transmission and symptoms of blood-borne diseases.
- Explanation of this exposure control plan, where it may be found and how it will be implemented.
- Explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccination program including the benefits and safety of vaccination.
- Information procedures to used in an emergency involving blood or other potentially infectious material.
- What procedure to follow if an exposure incident occurs.
- Explanation of post-exposure evaluation and follow-up procedures.
- An explanation of warning labels and/or color coding.
- A review of Universal Precautions.

Now, let's see what we have learned. Use the link below to take the post test. During the post test, you will be asked to acknowledge that you have completed and understand the required training. You will also have 3 attempts to get a 90% or above score. Your log on and password for the quiz can be found on the e-mail on which you received this document.

<http://quizstar.4teachers.org/indexs.jsp>