



SANTA ROSA  
JUNIOR COLLEGE

**Santa Rosa Junior College  
Bloodborne Pathogens  
Exposure Control Plan**

**PATHOGENS**

**BLOODBORNE  
EXPOSURE CONTROL PLAN**

**Environmental Health & Safety  
2008**



# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

## Table of Contents

|                                                                                                                    |      |
|--------------------------------------------------------------------------------------------------------------------|------|
| A. Background.....                                                                                                 | 1    |
| B. Purpose of this Exposure Control Plan.....                                                                      | 1    |
| C. Location Where Exposure Control Plan is Available.....                                                          | 1    |
| D. Exposure Determination.....                                                                                     | 1– 5 |
| E. Implementation Methodology                                                                                      |      |
| 1. Compliance Methods: Universal Precautions, Engineering Controls, Work Practice and Administrative Controls..... | 6    |
| 2. Contaminated Needles and Sharps.....                                                                            | 6    |
| 3. Containers for REUSABLE Sharps.....                                                                             | 7    |
| 4. Work Area Restrictions.....                                                                                     | 7    |
| 5. Hygiene                                                                                                         | 7    |
| 6. Specimens.....                                                                                                  | 7    |
| 7. Servicing or Shipping Contaminated Equipment.....                                                               | 8    |
| 8. Personal Protective Equipment.....                                                                              | 8    |
| 9. Housekeeping.....                                                                                               | 9    |
| 10. Regulated Waste Disposal.....                                                                                  | 11   |
| 11. Labels and Signs.....                                                                                          | 12   |
| 12. Laundry Procedures.....                                                                                        | 12   |
| 13. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up.....                                            | 12   |
| 14. Information and Training.....                                                                                  | 15   |
| 15. Required Record keeping: Employee Departments, HR, etc.....                                                    | 16   |
| 16. Evaluation and Review.....                                                                                     | 17   |
| F. Summary of Responsibilities.....                                                                                | 18   |
| Appendices:                                                                                                        |      |
| Definitions                                                                                                        |      |
| 1. Definitions used in this exposure control plan.....                                                             | 20   |
| Vaccine Procedures and Forms:                                                                                      |      |
| 2. Vaccine Acceptance or Declination – 2 part form.....                                                            | 22   |
| 3. Vaccination Flow Chart.....                                                                                     | 23   |
| 4. Vaccination Authorization letter (for employees with HPR insurance).....                                        | 24   |
| 5. Student Health Services Vaccine Voucher (for employees with no insurance)– 3 part form.....                     | 25   |
| 6. Vaccination Documentation.....                                                                                  | 26   |
| BBP Training Procedures and Forms:                                                                                 |      |
| 7. Initial BBP Training Documentation – 2 part form.....                                                           | 27   |
| 8. BBP Training Waiver (for employees who are trained at another employer) – 2 part form.....                      | 28   |
| 9. BBP Training Sign-in Sheet (for group I and group II employees).....                                            | 29   |
| 10. BBP Training Sign-in Sheet (for group III employees).....                                                      | 30   |
| 11. BBP Training Topics Outline.....                                                                               | 31   |
| Post-Exposure Follow-up Procedures and Forms                                                                       |      |
| 12. Post-Exposure: Guidelines for Handling Blood or Body Fluid Exposure or Sharps Injury to Employees.....         | 32   |
| 13. Post-Exposure Medical Treatment Authorization—Employee.....                                                    | 33   |
| 14. Follow-up Prophylaxis Protocol—Employee.....                                                                   | 34   |
| 15. Post-Exposure: Guidelines for Handling Work-Related Injury or Exposure—Student Trainee .....                   | 35   |
| 16. Post-Exposure Medical Treatment Authorization—Student Trainee.....                                             | 37   |
| 17. Follow-up Prophylaxis Protocol—Student Trainee.....                                                            | 38   |
| 18. Sharps Injury Report Form.....                                                                                 | 39   |
| 19. Supervisor's Report of Injury.....                                                                             | 40   |
| SRJC Incident Report.....                                                                                          | 41   |
| Cal/OSHA Regulation                                                                                                |      |
| Cal/OSHA Legal Standard - 8 CCR 5193.....                                                                          | 42   |

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Employer Name: Santa Rosa Junior College (SRJC)

Date of This Revision: September 2008

## A. Background

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) issued an order regulating occupational exposure to bloodborne pathogens (29 CFR 1919.1030). OSHA determined that employees face a significant health risk during occupational exposure to blood and other body fluids. These materials may contain microscopic organisms that can cause disease. Pathogens include Hepatitis B and C viruses (HBV and HCV) which cause liver diseases, and Human Immunodeficiency Virus (HIV) which causes Acquired Immunodeficiency Syndrome (AIDS). OSHA concluded that this hazard may be minimized or eliminated using a combination of engineering controls, work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs, labels, and other provisions.

The California version of the bloodborne pathogen legislation became effective on January 8, 1993. The text of the law can be found in Section 5193 of Title 8 of the California Code of Regulations (8 CCR 5193).

The following exposure control plan has been developed in accordance with the Cal/OSHA Bloodborne Pathogen Standard. The Santa Rosa Junior College Board of Trustees originally approved the plan at the December 14, 1993 meeting as procedures for Board Policy 3.2.4f (Infectious Disease). This policy is now numbered 4.11.6. The latest revision of the exposure control plan is dated 2008.

*Note: Definitions of terms commonly used in this plan are listed in Appendix A.*

## B. Purpose

The purpose of this plan is to:

1. Eliminate or minimize employee occupational exposure to blood and certain other potentially infectious materials (OPIM).
2. Comply with the Cal/OSHA Bloodborne Pathogens Standard, 8 CCR 5193. This plan is also part of the SRJC Injury and Illness Prevention Program required by 8 CCR 3203.

## C. Location

A copy of this plan will be kept in the Environmental Health and Safety Department, District Police, Student Health Services and HR Department offices, as well as each department whose employees are covered by this plan.

An individual copy of this plan is available to employees, to Cal/OSHA, and to NIOSH upon request from the Environmental Health and Safety department, ext. 4803 (527-4803).

## D. Exposure Determination

The State of California (Cal/OSHA) requires employers to determine which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to have potential exposure even if they normally would wear personal protective equipment (PPE) such as gloves which would prevent exposure). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency.

## Exposure Determination: Group I Positions—All Employees Have Potential Exposure

The following job classifications, designated as “Group I” provide potential exposure for all employees:

| Department/Program                                                                                                                    | Position                                                                                                                                                     | Activity with Potential Exposure                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adapted Physical Education - Swimming Program                                                                                         | Lifeguard<br>Adapted Swimming Instructor<br>Swimming Instructional Aide                                                                                      | Emergency First Aid (primary duty), cleaning up blood spills.                                                                                                                                                                                                                                       |
| Administration of Justice<br>Public Safety:<br>Emergency Medical Care Program<br>EMT/Paramedic Program<br>Facilities Operations, PSTC | EMC Program Coordinator<br>EMC Faculty<br>EMC Lab Coordinator<br>Lab Assistant<br>Director, Facilities Operations<br>Skilled Maintenance Worker<br>Custodian | Instruction and supervision of students involved in patient care: injections, dressings, etc. Handling sharps biowaste; Sharps disposal.<br>Cleaning up blood spills & broken glass, handling needles, soiled feminine hygiene pads or other potentially infectious materials in trash or plumbing. |
| Child Development/Children's Center                                                                                                   | Site Supervisor Program<br>Child Care Teacher<br>Child Care Assistant<br>Lab Instructor Master<br>Child Development Intern<br>Student Employee               | Potential exposure from children's wounds, bloody mucous or stools while changing diapers, cleaning and bandaging wounds, or from human bites.                                                                                                                                                      |
| Consumer Family Studies                                                                                                               | Instructors                                                                                                                                                  | Clean up blood after cuts, first aid.                                                                                                                                                                                                                                                               |
| District Police                                                                                                                       | Police Chief<br>Police Lieutenant<br>Police Officer<br>Community Services Officer                                                                            | Involvement in physical altercations involving blood or other body fluids. Render first aid as an emergency responder.<br>Render first aid as an emergency responder.                                                                                                                               |
| Environmental Health and Safety                                                                                                       | Hazardous Materials Specialist                                                                                                                               | Handling and pick-up of biowaste, cleaning up blood spills.                                                                                                                                                                                                                                         |
| Facilities Operations                                                                                                                 | Custodial Manager<br>Substitute Custodian<br>Custodian Technician<br>Custodian                                                                               | Cleaning up bloody spills and broken glass. Handling soiled feminine hygiene products. Possible hidden needle exposure in trash.                                                                                                                                                                    |

| Department/Program                                       | Group I Position                                                                    | Activity with Potential Exposure                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facilities Operations                                    | <b>Skilled Maintenance Worker<br/>Plumber</b>                                       | Handling bloody feminine hygiene products or OPIM in the plumbing.                                                                                                                                                                                                                                                                                                                                         |
| Health Sciences<br>ADN (Associate Degree Nursing)        | <b>ADN Instructor<br/>Adjunct Instructor</b>                                        | Instruction and supervision of students involved in patient care: injections, dressings, etc. Handling sharps biohazard.                                                                                                                                                                                                                                                                                   |
| Health Sciences<br>Community Health Worker               | <b>Community Health Worker<br/>Instructor</b>                                       | Instruction and supervision of students involved in needle exchange programs, patient care in clinics, possible first aid and CPR, other field exposure                                                                                                                                                                                                                                                    |
| Health Sciences<br>Dental Program                        | <b>Dental Program Instructor<br/>Dental Program Student</b>                         | Instruction and supervision of students cleaning teeth, cleaning contaminated instruments and equipment.                                                                                                                                                                                                                                                                                                   |
| Health Sciences<br>Medical Assisting                     | <b>Medical Assisting Instructor,<br/>Adjunct Instructor</b>                         | Transcription and insurance billing programs have no potential exposure. Instructors in the clinical and administrative medical assistant programs supervise students giving injections, drawing blood, performing blood and urine tests and handling blood and urine specimens, cleaning up after procedures and patient care, sorting and disposing of trash, and possibly performing First Aid and CPR. |
| Health Sciences<br>Nursing Assistant<br>Home Health Aide | <b>Nursing Assistant<br/>Home Health Aide<br/>Instructor<br/>Instructional Aide</b> | Instruction and supervision of students involved in patient care: injections, dressings, etc. handling sharps biohazard.                                                                                                                                                                                                                                                                                   |
| Health Sciences<br>Nursing Skills Lab                    | <b>Instructors using the skills lab<br/>Lab Assistant II</b>                        | Cleaning up bloody spills and broken glass. Handling soiled feminine hygiene products. Possible hidden needle exposure in trash. Managing biohazardous and sharps waste, blood clean up.                                                                                                                                                                                                                   |
| Health Sciences<br>Psychiatric Technician                | <b>Psychiatric Technician<br/>Instructor</b>                                        | Instruction and supervision of students giving intramuscular and subcutaneous injections, insertion of nasogastric tubes and catheters, application of sterile dressings, and human bites.                                                                                                                                                                                                                 |

| Department/Program                                  | Group I Position                                                                                             | Activity with Potential Exposure                                                                                                                               |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Sciences/<br>Radiologic Technology           | <b>Instructor</b>                                                                                            | Instruction and supervision of students giving intravenous injections; handling sharps biowaste.                                                               |
| Health Sciences<br>Vocational Nursing               | <b>Vocational Nursing Instructor</b>                                                                         | Assisting students in patient care: injections, dressing changes, enemas, nasogastric intubation, glucometer testing.                                          |
| Health Sciences<br>Vocational Nursing to ADN Ladder | <b>Vocational Nursing to ADN Instructor</b>                                                                  | Assisting students in patient care: injections, dressing changes, enemas, nasogastric intubation, glucometer testing.                                          |
| Life Sciences<br>Anatomy                            | <b>Science Lab Instructional Assistant (Anatomy)</b>                                                         | Clean up blood from cuts and assist with first aid.                                                                                                            |
| Physiology                                          | <b>Physiology Instructor</b>                                                                                 | Cholesterol: pricking student fingers for blood-draw. Handling biowaste.                                                                                       |
| Petaluma Campus:<br>Facilities Operations           | <b>Facilities Worker</b>                                                                                     | Cleaning up blood spills & broken glass, handling hidden needles, soiled feminine hygiene pads or other potentially infectious materials in trash or plumbing. |
| Physical Education:<br>Equipment Room               | <b>Equipment Technician</b>                                                                                  | Sorting and washing blood soaked laundry.                                                                                                                      |
| Physical Education:<br>Swim Center                  | <b>Lifeguard<br/>Aquatics Coordinator<br/>Swimming Instructors<br/>Pool Attendant</b>                        | Emergency First Aid (a primary duty), cleaning up blood spills. Cleaning up blood spills.                                                                      |
| Physical Education:<br>Training Room                | <b>Instructor/Athletic Trainer<br/>Assistant Athletic Trainer<br/>Student Assistant</b>                      | First aid, bandaging, splinting, etc. of injured student athletes.                                                                                             |
| Student Health Services                             | <b>Director<br/>College Nurse Practitioner<br/>Other licensed medical professional<br/>College Physician</b> | Direct patient care: injections, TB tests, immunizations, wound care, and first aid. Handling biohazardous waste and clean up of patient care areas.           |

#### Note

- Bookstore employees use tagging guns for affixing price tags to clothing, which could cause an exposure, however, these employees are not included in this program. Each tagging gun is assigned to one employee only. Employees are prohibited from using one another's tagging guns. This ensures that exposure to someone else's blood is not a hazard, per Cal/OSHA instruction.
- Health Science and Child Development practicum students are not covered by this standard, since they are not employees of the College although they have the same potential exposures as are listed for the instructors of their programs. They will be given training within their curriculum to avoid exposure, and those who experience an exposure incident will use the procedures, forms and protocols outlined in Appendix O, P, Q for Health Science and Child Development students.
- Agriculture Department meat cutting and veterinary program employees are not included in this plan because the materials they are working with do not meet the definition of human blood or OPIM. (See definitions in Appendix A for clarification.)

#### Exposure Determination: Group II Positions—Some employees have potential exposure

Cal/OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or OPIM, it's important to examine the chart above. Only the employees within job classifications above who do the listed tasks are considered covered by this exposure control plan. Group II and III employees who perform tasks listed in Group I and have potential exposure will be treated the same as the employees in Group I.

#### Group II

| Department/Program | Position/Employees                   | Activity with Potential Exposure                                                     |
|--------------------|--------------------------------------|--------------------------------------------------------------------------------------|
| Life Sciences      | <b>Coordinator,<br/>Science Labs</b> | Handling and packaging biowaste.<br>Drawing blood for lab use. Preparing blood agar. |

Exposure Determination: Group III Positions—Designated First Aid Providers who provide first aid as a collateral assignment

**Group III employees** are designated first aid providers who provide first aid only as a collateral assignment, not as a primary assignment, generally responding to workplace incidents. Bloodborne Pathogen Training requirements and exposure control requirements apply to this group, but not employer-paid Hepatitis B vaccination, unless the employee has sustained an exposure incident. (Note: Employees who provide first aid as an emergency responder, such as District Police Officers, Community Service Officers and Lifeguards are assigned to Group I, per Cal/OSHA requirements.) Positions that fall under Group III are listed below.

#### Group III

| Department/Program                                                                          | Position/Employees                                                            | Activity with Potential Exposure                                         |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Adapted Physical Education, other than Swimming programs which are included in Group I.     | <b>Adapted PE Instructor<br/>Instructional Aide</b>                           | Render first aid or assistance to injured students as a collateral duty. |
| District Police                                                                             | <b>Student Cadet</b>                                                          | Designated first aid responder — collateral duty.                        |
| Physical Education, other than Swimming classes and programs which are included in Group I. | <b>Athletic Coach &amp; Assistant Coach<br/>Physical Education Instructor</b> | Render first aid or assistance to injured athletes as a collateral duty. |



## E. Implementation Methodology

Cal/OSHA requires this plan to include the methods SRJC will use to implement the requirements of the Cal/ OSHA standard. The following complies with this requirement.

### 1. Compliance Methods

#### ***Universal Precautions***

All SRJC employees will observe universal precautions in order to minimize exposure to infected blood or OPIM.

**ALL blood and OPIM will be considered infectious, regardless of the perceived status of the source individual.** Employees will always follow required procedures regardless of their opinion of the likelihood of exposure. Under circumstances in which differentiation between body fluid types is difficult or impossible, all bodily fluids shall be considered potentially infectious materials.

#### ***Engineering and Work Practice Controls***

SRJC will use engineering and work practice controls to minimize exposure to its employees. Personal protective equipment (PPE) will also be used as appropriate.

OSHA requires engineering controls to be examined and maintained regularly to ensure their effectiveness.

OSHA requires work practice controls to be evaluated and updated on a regular basis as well.

OSHA requires that needleless systems or needle devices with engineered sharps injury protection (ESIP) to be used for procedures involving the withdrawal of bodily fluids, administration of medications, and any other procedure involving the potential for an exposure for which a needleless system or needle device with ESIP is available as an alternative to the use of needle devices. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

#### ***Engineering Controls in use at SRJC:***

1. Sharps containers
2. Self-sheathing needles and needle systems: e.g. B-D Safety Glide, B-D Safety-Lok, Sherwood Monojet
3. IV access systems and needleless IV administration systems
4. Plastic vacuum tube phlebotomy (passive device since it is unbreakable), Vacutainer
5. Other sharps devices with engineered sharps injury protection (ESIP)

Supervisors will examine and maintain the sharps containers and other engineering controls in their area on a monthly basis, replacing the supply when necessary.

The department chair/manager is also responsible for evaluating the effectiveness of engineering controls on an annual basis and whenever a needle stick or other exposure incident occurs.

#### ***Work Practice Controls:***

- a) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- b) Do not ever pick up broken glass directly with your hands. Use tongs, forceps, or brush & dustpan.
- c) Custodians and other employees should not compress loose trash in trashcans with their hands but use the bottom of another trash can or another solid device so that hidden sharps will not pierce their skin.
- d) Mouth pipetting and suctioning of blood or OPIM is prohibited.

### 2. Contaminated Needles and Sharps

All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering medications, shall be performed using appropriate patient-handling techniques. *Please note that no person is allowed to perform patient handling above his/her level of training regardless of simplicity of such handling.*

Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

Contaminated sharps shall not be bent, recapped, or removed from devices.

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.

Disposable sharps shall not be reused.

Dispose of used needles or other sharps in a puncture resistant, leak proof, labeled container immediately or as soon as possible after use.

Containers for contaminated sharps shall be easily accessible to employees and located as close as feasible to the immediate area where sharps are used. (See the section on regulated waste disposal for additional requirements.)

### **3. Containers for REUSABLE Sharps**

Examples of reusable sharps are scalpels, forceps, saws, large bore needles, dental knives, drills and burs, etc.

Contaminated REUSABLE sharps are to be placed immediately, or as soon as possible after use into containers that are leak proof on the sides and bottom, puncture resistant, and labeled with a biohazard label.

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.

The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

### **4. Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or OPIM are present.

### **5. Hygiene**

Hand washing facilities must be readily accessible to employees.

Where hand washing facilities are not feasible (e.g. in an ambulance), the employee will use antiseptic cleanser with clean paper towels or anti-septic towelettes. When these alternatives are used, the employee will wash his or her hands with soap and running water as soon as feasible. The department chair/manager must provide visual (written) locations of the alternatives. He/she is also responsible for maintenance of these alternatives.

***Supervisors shall ensure that employees wash their hands immediately or as soon as feasible*** after removal of gloves or other personal protective equipment.

Supervisors shall ensure that employees wash their hands and any other potentially contaminated skin area with soap and water or flush mucous membranes with water immediately or as soon as feasible ***following contact of such body areas with blood or OPIM.***

### **6. Specimens**

Specimens of blood or OPIM will be placed in a container that prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. Containers shall be closed prior to being stored, transported, or shipped.

The container used for this purpose will be properly labeled with warnings stating "Biohazard." The labels shall be fluorescent orange or orange-red with lettering in a contrasting color and shall bear the biohazard symbol. Labels shall be affixed by a method that prevents their loss or accidental removal.

If the outside of the specimen container becomes contaminated, the primary container shall be placed within a second container that meets the requirements above.

### **7. Servicing or Shipping Contaminated Equipment**

Supervisor is responsible for ensuring that equipment that may become contaminated with blood or OPIM is examined prior to servicing or shipping. Such equipment shall be decontaminated as necessary, unless he or she demonstrates that decontamination is not feasible, or interferes with manufacturer's ability to evaluate failure of the device.

When a piece of equipment is left contaminated, employees shall attach a readily observable label (red or fluorescent orange with the word "Biohazard" and the biohazard symbol, stating which portions of the equipment remain contaminated) to the equipment.

Supervisors shall convey information concerning all remaining contamination to all affected employees (including custodial staff), the servicing representative, and the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

## **8. Personal Protective Equipment (PPE)**

### **PPE Provision**

Department chair/manager/program coordinator is responsible for ensuring that the following provisions are met. All PPE used at Santa Rosa Junior College will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or OPIM. PPE may include, but is not limited to gloves, gowns, laboratory coats, face shields or masks and eye protection, rescue breathing mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

The PPE be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under the normal conditions of use and for the duration of time which the PPE is used. Each department will have its own supply of PPE, and employees shall have free access to the supply as needed. Supervisors are responsible for maintaining an adequate supply of PPE.

### **PPE Use**

Supervisors shall ensure that the employee uses the appropriate PPE unless the supervisor shows that the employee is temporarily excused from using PPE under extraordinary circumstances which make the use of PPE hazardous to employee's health. When the employee or supervisor makes such judgement, the circumstances shall be investigated and documented to determine whether changes can be made to prevent such occurrences in the future.

SRJC requires all employees to report instances when they are declined to wear PPE for the above reasons so that problems may be solved and changes made.

### **PPE Accessibility**

Supervisors shall ensure that the appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the latex gloves normally provided.

### **PPE Cleaning, Laundering and Disposal**

SRJC will dispose of, clean, and launder all PPE at no cost to the employees. (PPE that is designed to be disposable **will not** be laundered or cleaned.) SRJC will repair and replace all PPE, when needed to maintain its effectiveness, at no cost to employees.

All garments that are penetrated by blood shall be removed immediately, or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

### **Gloves**

Gloves shall be worn when contact with blood or OPIM is reasonably anticipated when performing vascular access procedures; and when handling or touching contaminated items or surfaces. Gloves should be worn for all tasks listed in the exposure determination chart on pages 3-8, and for all other similar tasks. Latex gloves are used for patient care needs. Nitrile gloves for tasks with chemical exposure and cleaning instruments in the Dental Lab.

Disposable (single-use) gloves are not to be washed or decontaminated for re-use, and are to be replaced when they become damaged or contaminated.

Utility gloves may be decontaminated for re-use if they are not damaged. Utility gloves are to be discarded if they are damaged.

#### **Mouth, Eye and Face Protection**

Employees must use masks for CPR. Masks may be used in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, whenever splashes, spray splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Examples where SRJC would require such protection include patient care in the dental labs and administering first aid for injuries with spurting blood.

#### **Gowns, Aprons, and Other Protective Body Clothing**

OSHA requires additional protective clothing such as lab coats, aprons, clinic jackets, or similar outer garments when needed to protect clothing from becoming contaminated. The type and characteristics of such protective clothing will depend upon the task and degree of exposure anticipated. Examples where SRJC would require such protection include administering first aid for injuries with spurting blood and dental lab patient care.

OSHA requires surgical caps, hoods, shoe covers, or boots to be worn in instances when gross contamination can reasonably be anticipated such as during autopsies and orthopedic surgery. No exposure of this type is anticipated at SRJC.

## **9. Housekeeping**

Supervisors shall ensure that the work place is maintained in a clean and sanitary condition. They shall develop and implement an appropriate written schedule for cleaning and decontamination of the work site.

The method of cleaning or decontamination used shall be appropriate for the:

- a) Location within the facility
- b) Type of surface or equipment to be cleaned
- c) Type of soil or contamination present
- d) Tasks or procedures being performed in the area

All contaminated work surfaces will be decontaminated after completion of contaminating procedures and immediately after any spill of blood or OPIM. At the end of the work shift any surface that may have become contaminated since the last cleaning must also be cleaned.

Plastic wrap and other protective coverings may be used to assist in keeping surfaces free of contamination in the Dental lab, Student Health Services, and other areas. All protective coverings shall be removed and replaced between successive patients (Dental Lab, Health Services), or when they otherwise become contaminated.

All bins, cans, pails, and similar receptacles, which may be contaminated, shall be inspected when emptied by the employee assigned to empty them, and decontaminated if necessary.

Contaminated reusable sharps shall not be stored or discarded into containers that require employees to reach into them by hand.

Employees will use the following products to clean up spills of blood or OPIM and decontaminate surfaces:

Disinfectant products must be used according to manufacturer's instructions, including concentration, volume to be applied on a given surface area and contact time. Use the directions given below.

**a) Diluted household bleach:** Available at grocery or drug stores. For technical information, call the Chlorox Co.—1-800-292-2808. Procedure: Mix 3/4 cup household bleach with 1 gallon of water, or put 1/4 cup bleach in a one quart spray bottle and fill with water, or you can mix 1 part bleach to 10 parts water. (Note: dilutions from 1 part bleach to 9 parts water up to 1 part bleach to 100 parts water are listed as effective and acceptable by OSHA.) Solution must be freshly made within 24 hours. Wipe up gross blood or OPIM. Wipe or spray the bleach solution on the contaminated surface. Allow to remain 5 minutes. Rinse and air dry.

**b) Envirocide Disinfectant:** Available from Lab Safety Catalog, 1-800-356-0783. For technical information, call 1-800-841-1428. Procedure to use: Spray spill with full-strength product. Wipe up blood or OPIM. Respray surfaces and allow 10 minute contact time. Wipe dry.

**c) Cavicide Disinfectant:** Available from Lab Safety Catalog, 1-800-356-0783. For technical information, call 1-800-347-9023. Procedure to use: Wipe up gross blood or OPIM with paper towel. Spray surfaces with full-strength Cavicide and clean up residual spill. Respray Cavicide on cleaned surface and allow 10 minute contact time. Product may partly evaporate during this time—rewet if necessary. Wipe surface with damp cloth if desired.

**d) Buckeye Quat 64 Disinfectant:** Available from Custodial Services. For technical information, call 1-314-291-1900 x130. Procedure to use: Use 2 oz. (1/4 cup) Quat 64 per gallon of water. (This is the same as the automatic dispenser dilution.) Wipe up gross blood or OPIM. Apply solution and wet all surfaces with spray, sponge, or mop. Allow product to remain wet on the surface for 10 minutes. If it evaporates, reapply. Let air dry and wipe with a damp cloth.

**e) Virex:** Dissolve 1 tablet in 1 quart water. Clean surface with Virex and wipe. Respray and let sit 10 minutes.

**f) Other** Environmental Protection Agency (EPA)-registered tuberculocides, sterilants, or products registered as effective against HIV or HBV. The lists of these EPA Registered Products are available from the National Antimicrobial Information Network (NAIN) at the NAIN website <http://npic.orst.edu/> and at the telephone number 1-800-447-6349.

| Department or Area                              | Schedule                                                                                | Product Used                                            |
|-------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
| Pool areas, physical education facilities       | After a blood spill or contamination with OPIM                                          | Diluted bleach or Envirocide                            |
| EMT Program Classes                             | Same as above                                                                           | Diluted bleach                                          |
| Children's Center                               | Same as above                                                                           | Buckeye Quat 64                                         |
| District Police, EHS                            | Same as above                                                                           | Diluted bleach or Envirocide                            |
| Facilities – Custodial Services                 | Same as above                                                                           | Buckeye Quat 64                                         |
| Health Sciences various areas                   | Same as above                                                                           | Diluted bleach or Envirocide                            |
| Health Sciences Dental Lab                      | Clean up blood or OPIM spills, plus routine cleaning after each patient                 | Virex                                                   |
| Health Sciences Dental Lab                      | Clean instruments                                                                       | Meile thermal disinfection. Then bagged and autoclaved. |
| Life Sciences                                   | After a blood spill or contamination with OPIM                                          | Diluted bleach or Envirocide                            |
| Physical Education: Equipment room, pool areas, | After a blood spill or contamination with OPIM                                          | Diluted bleach or Envirocide                            |
| Student Health Services                         | Clean surfaces contaminated with blood or OPIM plus routine cleaning after each patient | Diluted bleach solution                                 |

## 10. Regulated Waste Disposal

### Disposable Sharps

Contaminated disposable sharps shall be discarded immediately to the containers that are closable, puncture resistant, leak proof and properly labeled.

Sharps containers are located in the Nursing Skills Lab, Dental Lab (4024B), Student Health Services Patient Care Rooms, Chemistry Stockroom, Life Sciences Prep Room, Agriculture Central Supply and classrooms, Physical Education Training Room, Physiology Lab, and District Police Office on the Santa Rosa campus. There are also sharps containers in the Administration of Justice EMT classrooms, Petaluma Life Sciences Lab, Petaluma District Police Office and Petaluma Student Health Services. During use, containers for contaminated sharps shall be easily accessible and located as close as is feasible to the immediate area where sharps are used (e.g. patient care areas).

The containers shall be maintained upright throughout use, replaced routinely, and not allowed to be overfilled. Before moving containers of contaminated sharps from the area of use, the containers shall be closed to prevent spillage or protrusion of contents during handling, storage and transport. Disposable sharps shall only be placed in disposable containers. (Do not reuse disposable containers.)

All sharps containers must be labeled with the words "sharps waste" and/or with the international biohazard symbol and the word "BIOHAZARD." If you have questions or need to schedule a pick-up of full sharps containers, please call Environmental Health and Safety at 527-4803.

### Other Regulated Waste

Departments will use red containers to hold items that are soaked with blood or OPIM. In addition, a label on the bag will display the universal biohazard symbol and the word BIOHAZARD or BIOHAZARD WASTE. The label shall be fluorescent orange or orange red.

Biowaste containers are located on the Santa Rosa campus at Quinn Pool, Life Sciences Prep Room, Dental Lab (4024B), Student Health Services Patient Care Areas, Physical Education Training Room, Agriculture Central Supply and the Physiology Lab. The locked biowaste freezer is located in room 4026 Race Hall. The locked box that holds containers ready for pick-up is located in the Hazardous Materials cage. On the Petaluma campus a biowaste container is located in Student Health Services.

Locations that have only occasional biowaste should take the red-bagged waste to Student Health Services. Student Health Services representative will place the red bags in the locked biowaste freezer in room 4026 Race Hall. Environmental Health and Safety Hazmat Specialist picks up waste from the freezer when it is full.

If you have questions regarding the disposal of your waste or need to schedule a pick-up of full sharps containers, please call Environmental Health and Safety at 527-4803.

### Requirements:

Other regulated waste shall be placed in containers that are closable, of the appropriate size to contain all contents, and constructed to prevent leakage during handling, storage, and transport.

All waste containers must be closed and properly labeled prior to pick-up. If outside contamination of the waste container occurs, it shall be placed in a labeled second clean container before pick-up.

Biohazard labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and any other containers used to store blood or OPIM.

Disposal of all regulated waste shall be in accordance with applicable state and local regulations.

Note: Not all items contaminated with blood or OPIM are defined as "regulated waste." Some contaminated items may become contaminated with blood or OPIM during the course of their use, but are not within the scope of regulated waste and the disposal provision of 8 CCR 5193. These include minimally contaminated absorbent items, such as dental drapes, gauze, and Band-Aids, that will dry out and be free of dried blood in quantities that could be considered "caked." These items can be placed in plastic bags and disposed of in normal trash. Discarded sanitary napkins and other feminine hygiene products are also not considered "regulated waste." The absorbent material of which they are composed will, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. These items must be discarded into waste containers that are properly lined with plastic bags.

## **11. Labels and Signs**

The supervisor shall ensure that biohazard labels are properly affixed. Cal/OSHA requires labels on the following: regulated waste (when regulated waste is red-bagged, the bag must be labeled), sharps containers, laundry bags of contaminated laundry, refrigerators and freezers that are used to store blood or OPIM, bags and other containers used to store, dispose of, transport, or ship blood or OPIM, contaminated equipment which is to be serviced or shipped.

The label shall include the universal biohazard symbol and the word "BIOHAZARD." In case of regulated waste, the words "BIOHAZARDOUS WASTE" may be substituted for "BIOHAZARD". The label shall be fluorescent orange or orange-red.

Regulated waste red bags or containers must also be labeled.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

## **12. Laundry Procedures**

These procedures apply to laundry operations in the SRJC's Physical Education Department, where blood-soaked uniforms and towels are washed.

Laundry contaminated with blood or OPIM will be handled as little as possible, with a minimum of agitation. It will be decontaminated by washing and drying the garments according to the clothing manufacturer's instructions.

Contaminated laundry shall be bagged or containerized at the location where it was generated; it will not be sorted or rinsed in the area of use. The bags will be labeled and color-coded. (Use a red bag with the word BIOHAZARD written on it.)

If the contaminated laundry is wet and likely to soak through the original red bag or container, the laundry shall be transported/stored in a second bag or container that prevents leakage of fluids to the exterior.

Employees who handle contaminated laundry will always wear gloves plus other protective equipment (lab coats, face shields, etc.) as needed to prevent contact of skin or mucous membranes with blood or OPIM.

If contaminated laundry is shipped off site for service, you must use the same properly labeled red bags, as described above.

## **13. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up**

Santa Rosa Junior College will make available the Hepatitis B vaccine and vaccination series to all employees\* who have occupational exposure, and post-exposure follow-up to employees who have had an exposure incident.

The Coordinator of Environmental Health and Safety shall ensure that all medical evaluations and procedures including the Hepatitis B vaccination series and post-exposure follow-up, including prophylaxis are:

- a) Available at no cost to the employee
- b) Available to the employee at a reasonable time and place
- c) Performed by or under the supervision of a licensed health care professional
- d) Provided according to the recommendations of the U.S. Public Health Service

An accredited laboratory shall conduct all laboratory tests at no cost to the employee.

### **Designated First Aid Responders**

Employees who are designated as first aid responders as a collateral duty are listed in the exposure determination as Group III. SRJC employees that render first aid as a "good Samaritan" but not as a job duty are not listed in any exposure group in this plan, but will be treated as if they were a part of Group III after an exposure incident.

\* Designated first aid responders (listed as group III on the exposure determination) who respond only as a collateral duty and are not health care workers or public safety/community service officers will be offered free vaccination only after responding where blood and other potentially infectious materials were present. At that time they will also receive the same post-exposure evaluation and follow-up as all other employees listed on the exposure determination.

If any SRJC employees are exposed to blood or OPIM while providing first aid at work, follow these directions:

- a) An employee will report the incident to his or her supervisor and to the HR Department immediately.
- b) The HR Department will record the following information, and maintain it in a file for OSHA review:
  - 1) Names of all first aid providers involved
  - 2) A description of the incident
  - 3) Date and time of incident
  - 4) A determination if an actual exposure has occurred (See definition, Appendix A)
- c) HR will instruct an employee on how to get appropriate evaluation and post-exposure follow-up, including the Hepatitis B vaccination series, at no cost to the employee. The vaccine will be offered to the first aid providers at this time, whether or not an actual exposure, as defined in Appendix A, occurred.

Any first aid training offered by the District to employees will include the above information, as well as a discussion of the hazards of bloodborne pathogens.

**Hepatitis Vaccination** (Please see detailed instructions and forms in appendices B-F.)

The Coordinator of Environmental Health & Safety will set up the Hepatitis B vaccination program and make it available to departments. The chair/manager/coordinator of each department will make sure that the vaccination is offered to the covered employees. Each department will maintain vaccination documentation.

The Hepatitis B vaccination series shall be made available to each Group I and Group II employee after he or she has received initial training in occupational exposure, and within 10 days of initial assignment. The supervisor will refer the employee to the proper medical facility, depending on his or her medical insurance, as outlined in Appendix C.

All Group I and II employees will be offered the Hepatitis B vaccines with an employee's consent.

The District may prescreening test for Hepatitis B antibody before providing Hepatitis B vaccination. If the prescreening is required, it will be available to an employee at no cost. The District is not required to provide the Hepatitis B vaccination for employees who test positive for Hepatitis B.

During New Employee Safety Orientation (NESO), each employee will sign a statement of consent to receive the Hepatitis B vaccine (vaccine acceptance section) or a Cal/OSHA-required waiver indicating their refusal to receive the vaccine (vaccine declination section). This form will be kept in the employee's department file.

If at a later date an employee who has waived to receive the vaccine and is still covered by the standard decides to accept the vaccination, the District will make it available when the employee notifies his or her supervisor or the Environmental Health & Safety Department.

If the U.S. Public Health Service recommends a booster dose of Hepatitis B vaccine at a future date, such dose will be made available.

**Post-Exposure Evaluation and Follow-up** (Please see detailed instructions and forms in Appendices L-Q.)

When an employee has an exposure incident, he or she will immediately report it to his or her supervisor and the HR Department. All exposure incidents shall be reported, investigated, and documented. The HR Analyst for Workers' Compensation will notify the Environmental Health & Safety Department of the incident.

The HR Analyst for Workers' Compensation will document the exposure incident on the standard Workers' Compensation form. The employee will fill out a Sharps Injury Report Form (Appendix R). (See Sharps Injury Log section.) The supervisor will fill out the Supervisor's Report of Injury Form. Both forms will be sent to the HR Dept. The HR Analyst for Workers' Compensation will prepare and keep the sharps injury log. (See Sharps Injury Log section.)



Following the report of an exposure incident, the employee shall be referred immediately to the designated medical contractor for a confidential medical evaluation. Appendices L and O give directions for referral to the current medical contractor and detailed procedures for reporting the incident.

This evaluation will follow the protocol in Appendices N and Q and must include:

- a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
- b) Identification and documentation of the source individual, including testing the source individual's blood, unless such identification is not feasible or prohibited by state or local law (See "Source Blood Status" section.)
- c) Testing the employee's blood for HBV and HIV serological status, with the employee's consent
- d) Post-exposure prophylaxis when medically indicated, following the current recommendations of the U.S. Public Health Service [e.g. HBV vaccine, ISG (gamma globulin), or HBIG (immune globulin)].
- e) Counseling regarding risk status and appropriate follow-up
- f) Evaluation of reported illnesses

Health Science and Child Development practicum students who experience an exposure, although not covered by this program, will follow the procedures and protocols listed in Appendices O, P, Q for Health Science students.

### **Source Blood Status**

The medical contractor will seek to obtain consent and to test the source individual's blood as soon as possible. If the source individual refuses to be tested, it must be documented to establish that legal consent was not obtained.

If source individual's blood is already known to be HBV or HIV positive, testing need not be repeated.

Results of source individual's blood test shall be made available to the exposed employee. The employee will also be informed of the confidentiality laws concerning disclosure of the identity and infectious status of the source individual.

The protocol in Appendices N and Q delineates necessary prophylaxis and follow-up if the source individual's blood cannot be obtained.

### **Information to be Provided to the Health Care Professional**

The HR Analyst for Workers' Compensation shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination and evaluation after an exposure incident receives the following additional information:

- a) A copy of the Bloodborne Pathogen Standard, 8 CCR 5193 (with Appendix U)
- b) A written description of the exposed employee's duties as they relate to the exposure incident
- c) Written documentation of the route of exposure and circumstances under which exposure occurred
- d) Results of the source individual's blood testing, if available
- e) All medical records relevant to the appropriate treatment of the employee, including vaccination status

### **Health Care Professional's Written Documentation**

The medical contractor will provide the HR Analyst for Workers' Compensation with a work status report that confirms that the employee has received post-exposure follow-up, as required.

The health care professional's written opinion for HBV vaccination and post-exposure follow-up shall be limited to the following information:

- a) Vaccination documentation
- b) A statement that the employee has been informed of the results of the evaluation
- c) A statement that the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious material which will require further evaluation or treatment

All other findings or diagnosis shall remain confidential and shall not be included in the written report.

The SRJC HR Analyst for Workers' Compensation shall ensure that the medical contractor provides the employee with a copy of the evaluating health care professional's written documentation within 15 working days of the evaluation.

## **14. Information and Training**

The department chair/manager/program coordinator shall ensure that training is provided to the employees at the time of the initial assignment to tasks where occupational exposure may occur and at least annually thereafter. Additional training shall be provided when employee is assigned duties that involve additional exposure.

All safety training sessions must be documented!

The department chair/manager/coordinator shall ensure that the following documentation is kept on file:

- a) "Initial Bloodborne Pathogen Plan Training Documentation" form (Appendix G)—*each employee in Group I, II, or III must sign this two-part NCR form the first time they are trained, unless they waive the training (see b)*
- b) "Bloodborne Pathogen Training Waiver" form (Appendix H) — *part-time employees who have been trained by another employer.*
- c) "Record of Hepatitis B Vaccine Acceptance or Declination" (Appendix B) — *must be signed by each employee in Group I and II.*
- d) "Bloodborne Pathogen Training" (Appendices I and J) sign-in sheet — *signatures of all employees attending should be used for all training; initial and annual.* Attach an outline of the topics covered at the training. Group I and II employees should use the version BBP form that asks about insurance coverage and vaccine plans (Appendix I). Group III employees should sign in on the abbreviated form which does not discuss the vaccine or insurance coverage. (Appendix J)

Training shall be provided at no cost to the employee during working hours. Training shall be tailored to the education and language level of the employee.

Supervisors of employees covered by the program shall attend the initial training sessions.

The training program will be interactive and cover at a minimum the following elements (Appendix K):

- a) Accessible copy of the regulatory text of the standard and an explanation of its contents
- b) Discussion of the epidemiology and symptoms of bloodborne diseases
- c) Explanation of the ways bloodborne pathogens gets into system
- d) Explanation of the District's Bloodborne Pathogen Exposure Control Plan and how to obtain a copy
- e) Recognition of tasks that may involve exposure
- f) Instructions on how to use personal protective equipment (PPE)
- g) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE
- h) Instructions on how to select appropriate PPE
- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge to covered employees (groups I and II)
- j) An explanation of the procedures to follow if an exposure incident occurs, including reporting methods and follow-up procedures
- k) Information on the evaluation and follow-up required after an employee exposure incident
- l) An explanation of the signs, labels, and color coding systems used for bloodborne pathogens
- m) Interactive questions and answers. If the employee has additional questions, he or she may ask his or her supervisor, the Environmental Health and Safety Department, or Student Health Services for further information.

The person conducting the training shall be knowledgeable in the subject matter covered by these elements as they relate to the workplace that the training will address.

Supervisors will provide additional training to employees when there are any changes of tasks, equipment or procedures affecting the employee's occupational exposure.

If a part-time employee already received the training through another employer, he or she can be exempted from the annual training sessions if the employee signs the waiver in Appendix H and return it to the department office.

## **15. Recordkeeping**

### **Sharps Injury Log**

In compliance with Cal/OSHA, the HR Analyst for Workers' Compensation, maintains a Sharps Injury Log for five years from the date of each incident. A log entry is made of each exposure incident involving a sharp within 14 working days of the date the incident is reported to the supervisor or College.

The injured employee must fill out a Sharps Injury form (Appendix R) with all requested information and send the completed form to the HR Department within 10 working days. Information required on the form includes:

- a) Date and time of the exposure incident
- b) Type and brand of the sharp involved in the exposure incident
- c) A description of the exposure incident which shall include:
  - Job classification of the exposed employee
  - Department or work area where the exposure incident occurred
  - The procedure that the exposed employee was performing at the time of the incident
  - How the incident occurred
  - The body part involved in the exposure incident
  - Information about sharps injury protection and whether it was utilized at the time of the incident
  - Employee's suggestions for improvement

#### Medical Records

The HR Analyst for Workers' Compensation will maintain medical records related to occupational exposure as indicated below for the duration of employment plus thirty years. These records will be kept in each employee's workers' compensation file, in accordance with Title 8 California Code of Regulation, Section 3204. These records will be kept confidential, and will not be disclosed without the employee's written consent. The records will include the following:

- a) The name and social security number of the employee
- b) A copy of the employee's Hepatitis B vaccination status, including the dates of vaccination or Declination Form (Appendix B)
- c) A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure (work-status report)
- d) A confidential copy of the health care professional's written documentation, if applicable

Any results from medical examinations, medical tests, and follow-up procedures will be kept at the Medical Contractor.

#### Departmental Vaccine and Training Records

Vaccine Records: The employee's department will maintain the following **vaccine records** for the duration of employment (for Group I and Group II employees only):

- a) Vaccine Acceptance/Declination Form (Appendix B)
- b) Vaccine Documentation (Appendix F or similar or other documented form from vaccine provider.)

Training Records: Additionally, the employee's department will maintain all of the following **training records** for a minimum of three years from the date of each training.

- a) At least one copy of the *Initial BBP Training Documentation* (Appendix G) for each employee covered. Keep for the duration of employment, or for three years if the employee fills out another one. (Can just keep the latest three years if this form is used each year.)
- b) Three years worth of training sign-in sheets. See Appendix I for groups 1 and 2 and Appendix J for group 3 employees.

The following information shall be documented on or kept stapled to the sign-in sheets:

1. The dates of training sessions
2. An outline describing the material presented (See Appendix K)
3. The names and qualification of persons conducting the training
4. The names and job titles of all persons attending the training sessions

#### Miscellaneous Departmental BBP Records:

1. Documentation of latest supervisor annual inspections for employee compliance with procedures.

2. Documentation of last annual review of available engineering controls (e.g. self-sheathing needles) for those departments who use sharps.
3. Current written cleaning schedule.
4. Latest monthly inventory form/chart for PPE (stock of gloves, etc. on hand)

#### **Record Availability**

The employee's records shall be made available to the employee or to anyone having the employee's written consent for examination and copying in accordance with Title 8 CCR-GISO, Section 3204.

All employee records shall, upon request, be made available to Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH).

## **16. Evaluation and Review**

The Coordinator of Environmental Health and Safety (EH&S) and the Director of Student Health Services are responsible for annually reviewing Blood Borne Pathogen program and its effectiveness.

HR Analyst for Workers' Compensation is responsible for reviewing the Sharps Injury Log when a new entry is made for other similar incidents (those involving the same equipment or procedures). If similar incidents are found, the HR Analyst will provide a copy of the Sharps Injury Log to the EH&S Department for review. The EH&S Department will consult with the department involved to develop improved procedures or equipment.

Each department chair/manager/program coordinator with covered employees will be responsible for annual review of the currently available protection equipment, selecting such equipment where appropriate for the procedures performed by employees in their respective work areas, and training employees in its use.

Each department chair/manager/program coordinator with covered employees will also be responsible for annually consulting covered employees with respect to the procedures performed by employees in their respective work areas and changes needed in the bloodborne pathogen exposure control plan.

## **17. Summary of Responsibilities**

#### **Individual Employees**

- a) Read and follow the procedures and guidelines in this plan.
- b) Attend safety training when scheduled. Sign a statement of intent to receive or to not receive the Hepatitis B vaccination at the time of initial training.
- c) Ask questions regarding any task, procedure, or equipment, or when you have a concern. Give feedback on the effectiveness of the BBP program and suggestions for improvement to your supervisor
- d) Make and keep Hepatitis B vaccination appointments so that the series is completed in a timely way. Keep written documentation of your vaccinations.
- e) Report any exposure incident to your supervisor and to the HR Department immediately and fill out an SRJC Incident Form (Appendix T) to document the injury (always) and a Sharps Injury Form (Appendix R) if a sharp was involved.
- f) Follow through on all post-exposure procedures and medical appointments after an incident.
- g) Read and become familiar with the requirements of this plan and attend a New Employee Safety Orientation. Supervisors who are also covered (listed in exposure determination) will also attend annual training.
- h) Train employees on department specific safe work practices relative to exposure to blood or other potentially infectious materials. Include the location of PPE, blood clean-up kits, etc.
- i) Train employees on safety procedures when working with needles or other sharps. Be sure to explain the use of built-in safety features in needle devices.
- j) Retrain employees whenever changes in tasks, equipment, or procedures affect an employee's risk of occupational exposure.
- k) Ensure that employees attend all required training sessions. Answer employee's questions regarding the district's bloodborne pathogens program.
- l) Monitor and ensure employee compliance with all provisions of this Exposure Control Plan, including hand washing procedures, wearing personal protective equipment, attending training sessions, reporting exposures, etc.

- m) At least monthly, monitor the supply of personal protective equipment (e.g. gloves) and engineering controls (e.g. sharps containers, needleless systems) to ensure that an adequate supply is kept on hand of appropriate types and sizes.
- n) Ensure that the work site is maintained in a sanitary condition. Develop and implement a written schedule for cleaning and decontamination of the work site.
- o) Make sure that biohazard labels are properly affixed to required containers.
- p) After an exposure incident, assist with first aid and help employee to wash hands and flush the site of exposure. Refer the employee to the medical contractor (Appendix L/O) and give him or her a treatment authorization (See Appendix M/P). Note the name of the source blood individual, if known. Report the incident to the HR Department within 24 hours or the next working day. Also send the yellow copy of the treatment authorization (Appendix M or P) to HR. Investigate all exposures and fill out the Supervisor's Report of Injury Form (Appendix S) and submit it to HR. Help the employee fill out the SRJC Incident Report (Appendix T) and submit to Student Health Services. Help employee to fill out the Sharps Injury Report Form (Appendix R) if a sharp was involved, and submit to HR. Review all procedures and equipment involved in the incident to determine how it could have been avoided.
- q) Inspect equipment to be serviced if it may become contaminated with blood or OPIM. Inform employees about contaminated equipment that is waiting to be serviced, if any, and label or tag it appropriately. Make sure equipment is decontaminated before servicing if possible.

#### **Department Chair / Manager / Program Coordinator**

1. Read and become familiar with the requirements of this plan.
2. Schedule training sessions as required by the standard (**initial training** for new employees covered by the standard at time of initial assignment, **annual training** for all covered employees, **training on new procedures or new equipment** for those who are affected by the changes); ensure that employees attend scheduled training sessions. Document all training Sessions. (See appendices G, H, I, J, K.)
3. Offer hepatitis B vaccination at no cost to the covered employee within ten days of assignment; document with Vaccine Acceptance/Declination Form (Appendix B). Give directions on how the employee can obtain the vaccine (Appendix C). Arrange for payment of vaccine expense. Give directions on how those who decline the vaccination may later change their minds and receive the vaccine.
4. Keep records: training records, vaccine acceptance or declination statements, training waivers, vaccine records, equipment evaluation records, review of exposure incidents, etc. Track the training dates and notify employees when they are required to attend update their training.
5. At least annually, research and evaluate available engineering devices (e.g. needleless systems); choose and purchase those to be used after considering employee input; document the selection process.
6. Order personal protective equipment (e.g. gloves) and engineering controls (e.g. sharps containers, needleless systems) to ensure that an adequate supply is kept on hand. (Work with supervisors.)
7. Monitor departmental practices for compliance with this exposure control plan.
8. Review exposure incidents and determine how they could have been avoided. Consult with employees as to the effectiveness of the procedures in this exposure control plan. Annually go over the needlestick log with the Coordinator of Environmental Health and Safety, and suggest changes to the exposure control plan as needed.
9. If handwashing facilities are not available in a program area (e.g. ambulance), document the alternatives available, and the locations, tasks, and responsibilities involved in ensuring maintenance and accessibility of the alternatives.

#### **Coordinator of Environmental Health and Safety**

1. Review exposure incidents and needlestick log annually with appropriate department chair/manager/program coordinator annually or whenever two similar incidents have occurred.
2. Review the SRJC Bloodborne Pathogen Program annually in consultation with the Director of Student Health Services, evaluate its effectiveness, and update the written plan as needed.
3. Serve as a trainer when requested by individual departments.
4. Arrange for payment of post-exposure vaccine and follow-up expenses.
5. Assist department chairs / managers / program coordinators to evaluate departmental practices and monitor for compliance with the provisions of this plan.

#### **Director of Student Health Services**

1. Serve as an advisor in developing and implementing the BBP training program.
2. Serve as a technical resource to answer employee and supervisor questions regarding Hepatitis B or C, HIV, vaccine, post-exposure follow-up procedures, etc.
3. Provide Hepatitis B vaccinations to Group I employees who do not have medical insurance.
4. Review this Exposure Control Plan annually, in consultation with the Coordinator of Environmental Health and Safety.

#### **HR Analyst for Workers' Compensation**

1. Coordinate post-exposure follow-ups with Medical Contractor, ensuring that the employee has received post-exposure follow-up.
2. Ensure that the health care professional's written opinion is provided to employees receiving post-exposure follow-up within fifteen days of the completion of the evaluation.
3. Prepare and/or track and maintain records relative to post-exposure follow-up to bloodborne pathogens, including those for first aid providers. These will include but not be limited to worker compensation reports and logs, incident reports, sharps injury log, supervisor's report of injury, and health care professional's written opinion.
4. Notify the Environmental Health and Safety Department when an exposure incident has occurred.
5. Provide the required information (see list on page 14) to the health care professional responsible for post-exposure follow-up.

#### **Appendix A: Definitions used in this exposure control plan**

**BBP** - Blood Borne Pathogens, see below.

**Blood Borne Pathogens** - pathogenic microorganisms that are present in human blood. They may cause disease. Pathogens include, but are not limited to: Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

**CCR** - California Code of Regulations.

**8CCR 5193** - title 8 of the California Code of Regulations, section 5193.

**Contaminated** - contains reasonable amount blood or OPIM on a surface or inside.

**Contaminated Laundry** - laundry that has been soiled with blood or OPIM materials or may contain sharps.

**Contaminated Sharps** - contaminated object that is capable of penetrating skin or any other part of the body and to result in an exposure incident. Examples include needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires, dental knives, drills and burs.

**Decontamination** - use of physical or chemical means to remove, inactivate, or destroy BBP on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**EH&S** - Environmental Health and Safety.

**Engineering Controls** - controls (e.g. sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the blood borne pathogens hazard from the workplace.

**Engineered Sharps Injury Protection** or **ESIP** means either:

- (1) a physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
- (2) a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

**Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**Hand Washing Facilities** - facilities providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**HBV** - Hepatitis B virus.

**HCV** - Hepatitis C virus.

**HIV** - Human Immunodeficiency Virus.

**Needle or Needle Device** - a needle of any type, including, but not limited to, solid and hollow-bore needles.

**Needleless System** - device that does not use needles for: (1) the withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; and (3) any other procedure involving the potential for an exposure incident.

**Occupational Exposure** - reasonably anticipated skin, eye, mucous membrane or other parenteral contact with blood or OPIM that results from the carrying out duties at work.

**One-Hand Technique** - a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

**OPIM** - other potentially infectious materials. (See below)

**Other Potentially Infectious Materials** include but are not limited to: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids (such as in emergency response);

(2) any unfixed tissue or organ (other than intact skin) from a human, (living or dead); and

(3) any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV: (a) cell, tissue or organ cultures (human or from experimental animals); (b) blood, organs or other tissues from experimental animals; or (c) culture medium or other solutions.

**Parenteral contact** - piercing mucous membranes or the skin barrier through such events such as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE)** - specialized clothing or equipment worn by an employee for protection against a hazard such as gloves, goggles, or aprons. General work clothes are not considered personal protective equipment.

**Regulated Waste** - (1) liquid or semi-liquid blood or OPIM; (2) contaminated items that would contain blood or OPIM and are capable of releasing these materials when handled or compressed; (3) contaminated sharps; (4) pathological and micro-biological waste containing blood or OPIM. Regulated Waste includes "medical waste" as regulated by California Health and Safety Code, Chapter 6.1, sections 117600 through 118360

**Sharp** - any object that can be reasonably expected to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills, and burs.

**Sharps Injury** - any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

**Sharps Injury Log** - a written or electronic record satisfying the requirements of title 8, California Code of Regulations, section 5193c(2)

**Source Individual** - any individual whose blood or other bodily fluids may be a source of occupational exposure to the employee.

**SRJC** - Santa Rosa Junior College.

**Universal Precautions** - an international standard approach to infection control. According to the concept of Universal Precautions, all human blood and bodily fluids are treated as if infected with blood borne pathogens.

**Work Practice Controls** - controls that reduce the likelihood of exposure by defining the manner in which a task is performed (example: prohibiting recapping of needles by two-handed technique) require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

Appendix B: Vaccine Acceptance or Declination – 2 part form



# SANTA ROSA JUNIOR COLLEGE

## Record of Hepatitis "B" Vaccine Acceptance or Declination

Instructions: All participants complete the employee information below. Determine whether or not you wish to receive the Hepatitis B vaccine at no charge. Sign and date either the Acceptance section or one of the Statement of Non-Participation sections. Remember, you must sign one: the Acceptance or one of the Statement of Non-Participation sections.

If, after receiving information about Bloodborne Pathogens and specific information about Hepatitis B and the Hepatitis B Vaccine/Vaccination, you are still unsure if you want the vaccination, sign the Declination temporarily (you may later change your mind) and contact SRJC Student Health Services, x4445, to have your questions answered. If upon further review you decide to receive the vaccine, contact your department to change your statement.

### Employee Information

Printed Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Department: \_\_\_\_\_  
(Last four digits only)  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Acceptance

- ☐ I have received information and training pertaining to Hepatitis B, the vaccination and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risks of the vaccine and I consent to receive this vaccine.

I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series: second vaccine one month after first vaccine and third vaccine within five months of second vaccine). I have been given instructions on who to contact to schedule the vaccine.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Non-Participation—Have Already Had Vaccine

- ☐ I decline the Hepatitis B vaccination series because I have already completed the series on \_\_\_\_\_  
(date of last shot received)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Non-Participation—Declination

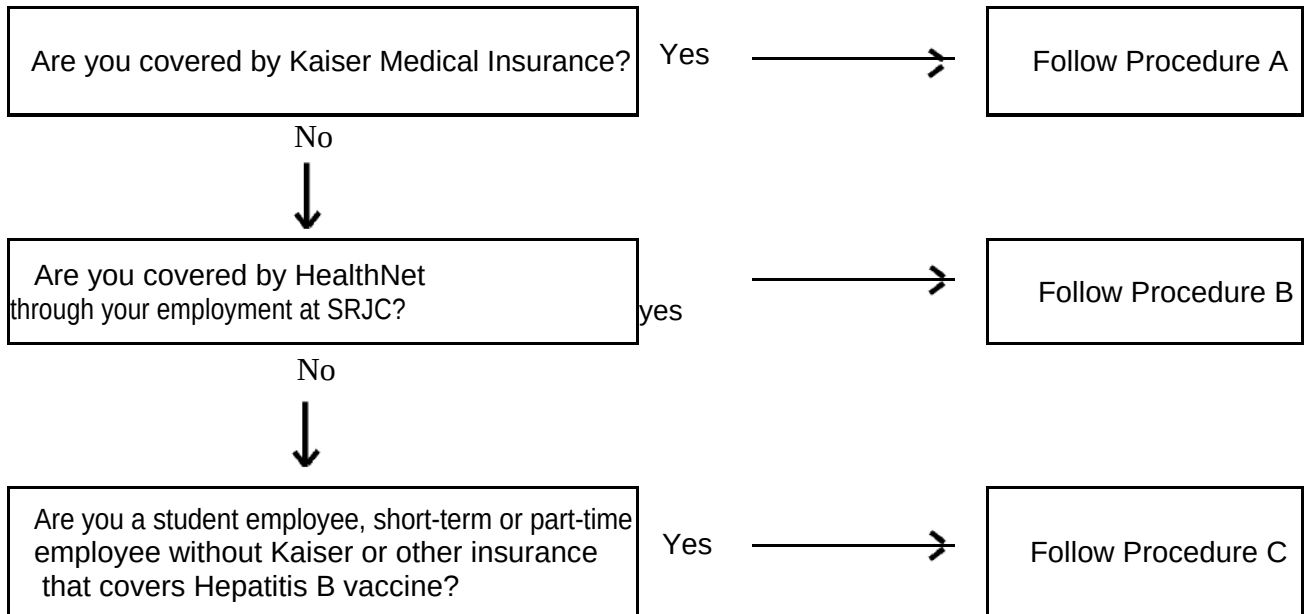
- ☐ I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis 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 materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me. To receive the vaccination at that time, I will contact my department office or the SRJC Environmental Health & Safety Department, 527-4803.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Appendix C: Vaccination Flow Chart

If employees covered by the program elect to receive the Hepatitis B vaccination series, the following procedures should be followed. The method of vaccination will depend on employment status and medical insurance coverage.



#### Procedure A:

Employees with Kaiser Medical coverage can receive the Hepatitis B vaccination series at no charge. You must have been seen once by a regular physician, and then you can call that doctor's office or Current Care (571-4044) to schedule an Hepatitis B vaccination appointment.

Request written documentation from the provider including vaccination type, dose, dates of administration, and signature or stamp of medical provider. Turn in the verification form to your department for tracking.

#### Procedure B:

Employees covered by Health Plan of the Redwoods (HPR) will receive the Hepatitis B vaccination series from their Primary Care Physician. Obtain a verification of potential exposure letter to take with you to your vaccine appointment. Make an appointment for the vaccine only (not for an office visit) explaining that you qualify for free vaccine because you fall in a high-risk group because of occupational exposure. The physician should not charge a co-pay fee for the vaccine.

Request written documentation from the provider including vaccination type, dose, dates of administration, and signature or stamp of medical provider. Turn in the verification form to your department for tracking.

#### Procedure C:

Employees without medical insurance can receive the Hepatitis B vaccination series at Student Health Services. Obtain an authorization voucher from your department and call Student Health Services for a vaccination appointment. Turn in the voucher at the time of vaccination.

Student Health Services will record the vaccination type, dose, dates of administration, and signature of the medical provider. The authorization memo will be returned to the department for tracking.

Appendix D: Vaccination Authorization letter (HealthNet)



Michael R. Ceser **SAMPLE**

Date: \_\_\_\_\_

Dear Medical Professional,

This is to certify that \_\_\_\_\_ has occupational exposure to blood and bodily fluids and needs the Hepatitis B vaccination series.

Sincerely,

Environmental Health & Safety, SRJC

Appendix E: Student Health Services Vaccine Voucher for employees with no insurance – 3 part form

## Santa Rosa Junior College Hepatitis B Vaccination Authorization

TO: Student Health Services

FROM: Coordinator Environmental Health & Safety

### HBV DOSE 1

DATE: \_\_\_\_\_

The following employee is being referred to you to receive the Hepatitis B vaccination series:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Extension

SS# \_\_\_\_\_ - \_\_\_\_\_

This employee's job duties involve routine exposure to blood or other potentially infectious materials, and therefore he/she has been placed in Group I in the District's Bloodborne Pathogen Exposure Control Plan. Group I employees are offered the Hepatitis B series at no charge.

Upon completion of the FIRST DOS of vaccine, Student Health Services will fill out this form, keep the white copy, send the yellow copy to Accounting and the pink copy to Environmental Health & Safety.

Date of 1st Dose \_\_\_\_\_ Vaccine Provider's Signature \_\_\_\_\_

#### For Accounting Purposes

**Date:** \_\_\_\_\_ **Transfer Amount:** \$ \_\_\_\_\_  
**FROM:** Environmental Health & Safety Budget 10-00-20-0000-6777-5190.00  
**TO:** Health Services Budget 01-00-80-1410-6431-4390.00

SRJC Blood

borne

rev. 5/2007

Environmental Health & Safety

Hep B Authoriz. Dose 1"

## Appendix F: Vaccination Documentation

### Sample California Immunization Record

Note: Not shown at actual size. The California Immunization Record (yellow card) can be folded to fit into the plastic holder.

| VACCINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE GIVEN                                                                                            | DOCTOR OFFICE OR CLINIC                                                           | DATE NEXT DOSE DUE |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|--------------------------|---------------------------|-----------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|----------|----------------|--------------------------------------|-----|-----|-----|-----|--|--------------------------------------------------------------|--------------------------------|-----|-----|-----|-----|--|--------------------------------------------------------------|--------------------------------------|-----|-----|-----|-----|--|--------------------------------------------------------------|--------------------------------|-----|-----|-----|-----|--|--------------------------------------------------------------|
| <b>PNEUMOCOCCAL</b><br>(Conjugate=PCV)<br>(Polysaccharide=PPV23)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                                                     | <input type="checkbox"/> (en)<br><input type="checkbox"/> (aly)                   |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                                                                                     | <input type="checkbox"/> (en)<br><input type="checkbox"/> (aly)                   |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                                                                                                     | <input type="checkbox"/> (en)<br><input type="checkbox"/> (aly)                   |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                                                                     | <input type="checkbox"/> (en)<br><input type="checkbox"/> (aly)                   |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| SAMPLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                   |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| <table border="1"> <thead> <tr> <th>Type**</th> <th>Date given</th> <th>Given by</th> <th>Date read</th> <th>Read by</th> <th>mm indur</th> <th>Interpretation</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PPD-Mantoux</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td></td> <td><input type="checkbox"/> Pos<br/><input type="checkbox"/> Neg</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td></td> <td><input type="checkbox"/> Pos<br/><input type="checkbox"/> Neg</td> </tr> <tr> <td><input type="checkbox"/> PPD-Mantoux</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td></td> <td><input type="checkbox"/> Pos<br/><input type="checkbox"/> Neg</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td></td> <td><input type="checkbox"/> Pos<br/><input type="checkbox"/> Neg</td> </tr> </tbody> </table> <p>* A chest x-ray may be indicated if skin test is positive.<br/>** If required for school entry, must be Mantoux unless exception granted by local health department.</p> |                                                                                                       |                                                                                   |                    | Type**                   | Date given                | Given by                                                                          | Date read                          | Read by                                                                                               | mm indur | Interpretation | <input type="checkbox"/> PPD-Mantoux | / / | / / | / / | / / |  | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg | <input type="checkbox"/> Other | / / | / / | / / | / / |  | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg | <input type="checkbox"/> PPD-Mantoux | / / | / / | / / | / / |  | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg | <input type="checkbox"/> Other | / / | / / | / / | / / |  | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg |
| Type**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date given                                                                                            | Given by                                                                          | Date read          | Read by                  | mm indur                  | Interpretation                                                                    |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| <input type="checkbox"/> PPD-Mantoux                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | / /                                                                                                   | / /                                                                               | / /                | / /                      |                           | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg                      |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | / /                                                                                                   | / /                                                                               | / /                | / /                      |                           | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg                      |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| <input type="checkbox"/> PPD-Mantoux                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | / /                                                                                                   | / /                                                                               | / /                | / /                      |                           | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg                      |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | / /                                                                                                   | / /                                                                               | / /                | / /                      |                           | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg                      |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| <table border="1"> <thead> <tr> <th>CHEST X-RAY (Radiograph)</th> <th>Film date: ____/____/____</th> <th>Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal</th> </tr> </thead> <tbody> <tr> <td>(Necessary if skin test positive.)</td> <td>Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |                                                                                   |                    | CHEST X-RAY (Radiograph) | Film date: ____/____/____ | Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal | (Necessary if skin test positive.) | Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| CHEST X-RAY (Radiograph)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Film date: ____/____/____                                                                             | Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| (Necessary if skin test positive.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no |                                                                                   |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |
| <p>Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.</p> <p>Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante de inmunización.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |                                                                                   |                    |                          |                           |                                                                                   |                                    |                                                                                                       |          |                |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |                                      |     |     |     |     |  |                                                              |                                |     |     |     |     |  |                                                              |

### IMMUNIZATION RECORD

Comprobante de Inmunización



Name  
nombre

Birthdate  
fecha de nacimiento

Allergies  
alergias

Vaccine Reactions  
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

| Name                                                                                         | Sex                               | Birthdate | VACCINE | DATE GIVEN                                                          | DOCTOR OFFICE OR CLINIC | DATE NEXT DOSE DUE |
|----------------------------------------------------------------------------------------------|-----------------------------------|-----------|---------|---------------------------------------------------------------------|-------------------------|--------------------|
|                                                                                              |                                   |           | vacuna  | fecha de vacunación                                                 | médico o clínica        | próxima vacuna     |
| PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces. | <b>POLIO</b>                      |           | 1       | <input type="checkbox"/> IPV<br><input type="checkbox"/> OPV        |                         |                    |
|                                                                                              |                                   |           | 2       | <input type="checkbox"/> IPV<br><input type="checkbox"/> OPV        |                         |                    |
|                                                                                              |                                   |           | 3       | <input type="checkbox"/> IPV<br><input type="checkbox"/> OPV        |                         |                    |
|                                                                                              |                                   |           | 4       | <input type="checkbox"/> IPV<br><input type="checkbox"/> OPV        |                         |                    |
|                                                                                              | <b>DTaP<br/>DTP<br/>Td<br/>DT</b> |           | 1       | <input type="checkbox"/> DTaP/DTP<br><input type="checkbox"/> Td/Td |                         |                    |
|                                                                                              |                                   |           | 2       | <input type="checkbox"/> DTaP/DTP<br><input type="checkbox"/> Td/Td |                         |                    |
|                                                                                              |                                   |           | 3       | <input type="checkbox"/> DTaP/DTP<br><input type="checkbox"/> Td/Td |                         |                    |
|                                                                                              |                                   |           | 4       | <input type="checkbox"/> DTaP/DTP<br><input type="checkbox"/> Td/Td |                         |                    |
|                                                                                              |                                   |           | 5       | <input type="checkbox"/> DTaP/DTP<br><input type="checkbox"/> Td/Td |                         |                    |
|                                                                                              |                                   |           |         | <input type="checkbox"/> Td                                         |                         |                    |
|                                                                                              | <b>HIB</b>                        |           | 1       |                                                                     |                         |                    |
|                                                                                              |                                   |           | 2       |                                                                     |                         |                    |
|                                                                                              |                                   |           | 3       |                                                                     |                         |                    |
|                                                                                              |                                   |           | 4       |                                                                     |                         |                    |
|                                                                                              | <b>MMR</b>                        |           | 1       |                                                                     |                         |                    |
|                                                                                              |                                   |           | 2       |                                                                     |                         |                    |
|                                                                                              | <b>HEPATITIS B</b>                |           | 1       |                                                                     |                         |                    |
|                                                                                              |                                   |           | 2       |                                                                     |                         |                    |
|                                                                                              |                                   |           | 3       |                                                                     |                         |                    |
|                                                                                              | <b>VARICELLA (chickenpox)</b>     |           |         | <input type="checkbox"/> Had disease                                |                         |                    |
|                                                                                              |                                   |           |         |                                                                     |                         |                    |
| <b>HEPATITIS A</b>                                                                           |                                   | 1         |         |                                                                     |                         |                    |
|                                                                                              |                                   | 2         |         |                                                                     |                         |                    |

DT = diphtheria, tetanus [difteria, tétano]  
DTaP = diphtheria, tetanus, pertussis (whooping cough) [difteria, tétano y tos ferina]  
FLU = influenza  
Hep A = Hepatitis A, Hep B = Hepatitis B  
HIB = Hib meningitis (Haemophilus influenzae type B) [meningitis (hib)]  
IPV = inactivated polio [poliomielitis inactivada], OPV = oral polio [vacuna oral contra la polio]  
MMR = measles, mumps, rubella [sarampión, paperas y rubéola (sarampión alemán)]  
PCV = pneumococcal conjugate vaccine [neumocócica conjugada]  
PPV = pneumococcal polysaccharide vaccine [vacuna polisacárida contra el neumococo]  
Td = tetanus, diphtheria [tétano, difteria]  
VAR = varicella (chickenpox) [varicela]

PIA 298 (8/02) 5405-75



# SANTA ROSA JUNIOR COLLEGE

Employee (print name) \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Student Employee? (circle one) yes no

Social Security Number (Last four digits only) \_\_\_\_\_

## Bloodborne Pathogens Plan Training Documentation

The California Bloodborne Pathogen Standard requires that employees covered by the law receive an initial and annual training.

By signing below, you will indicate that you understand the following topics covered by the Bloodborne Pathogens Plan training and that you have been given an opportunity for interactive questions and answers with the person conducting the training:

1. The location of an accessible copy of the legal OSHA standard (your own department office and the Department of Environmental Health & Safety), and an explanation of its contents;
2. A discussion of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. Explanation of the District's Bloodborne Pathogen Control and how to obtain a copy (ask at your own departmental office or at the Environmental Health & Safety Department);
5. How to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods to be used to reduce exposure such as safe work practices, engineering controls (e.g. needleless systems), and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
8. An explanation of the basis of selection of personal protection equipment (*appropriate, effective*);
9. Information on the Hepatitis B vaccine, including efficacy, safety, method of administration, benefits of vaccination, and that the vaccine/vaccination will be offered free of charge to employees covered in the plan;
10. Emergency With Blood: Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. Exposure Incident: An explanation of the procedures to follow if an exposure incident occurs, including how to report the incident, how to get an authorization for treatment and other follow-up, and the procedure for recording the incident on the Sharps Injury Log;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee after an exposure incident;
13. An explanation of the signs, labels, and color coding systems used to communicate biohazards.

I have attended the Bloodborne Pathogens Plan training. I have had an opportunity to ask questions and receive answers in an interactive format, and I understand the topics and provisions outlined above.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Trained by \_\_\_\_\_



## SANTA ROSA JUNIOR COLLEGE

### Bloodborne Pathogen Training Waiver

My signature below indicates that I have already attended an annual Bloodborne Pathogen training at my other employer,

\_\_\_\_\_ on \_\_\_\_\_,  
(employer name) (date of training)

and that the training covered the following topics:

- An accessible copy of the legal standard and an explanation of its contents
- A discussion of the epidemiology and symptoms of bloodborne diseases
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods to reduce exposure (i.e. safe work practices, engineering controls such as needleless systems, and personal protective equipment)
- Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment
- An explanation of the basis for selection of personal protection equipment
- Information on the Hepatitis B vaccine, including efficacy, safety, method of administration, benefits of vaccination, and that it will be offered free of charge
- Information on the required evaluation and follow-up an employer provides after an employee exposure incident
- An explanation of the signs, labels, and color coding systems
- An opportunity for interactive questions and answers with the person conducting the training

I understand that the District's Bloodborne Pathogen Exposure Control Plan includes a copy of the OSHA BBP standard, and is available in my department office and in the Environmental Health & Safety Department. I may request a copy from EH&S.

I understand that if I am exposed to blood or other potentially infectious materials at work, I should wash the site of exposure thoroughly with soap and water and I must report it to my supervisor and the Personnel Department as soon as possible (always before the end of my work shift). I will be given a "Work Related Injury Treatment Authorization" to take with me to Kaiser Permanente (or after hours to Kaiser Permanente Emergency Room) for treatment.

I understand my department's procedures for handling and disposing of sharps, biowaste disposal and labeling, and the availability of personal protective equipment.

Employee Name (print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Social Security Number  
(Last four digits only) \_\_\_\_\_

#### **Appendix K: BBP Training Topics**

The training program will be interactive and cover at a minimum the following elements:

- 1) An accessible copy of the regulatory text of the standard and an explanation of its contents
- 2) A discussion of the epidemiology and symptoms of bloodborne diseases
- 3) An explanation of the modes of transmission of bloodborne pathogens
- 4) Explanation of the District's Bloodborne Pathogen Exposure Control Plan and how to obtain a copy
- 5) Recognition of tasks that may involve exposure
- 6) An explanation of the use and limitations of methods to reduce exposure, including appropriate engineering controls, administrative controls, safe work practices and personal protective equipment)
- 7) Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment
- 8) An explanation of the basis of selection of personal protection equipment
- 9) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge to covered employees (groups I and II)
- 10) An explanation of the procedures to follow if an exposure incident occurs, including reporting methods and follow-up procedures
- 11) Information on the evaluation and follow-up required after an employee exposure incident
- 12) An explanation of the signs, labels, and color coding systems used for bloodborne pathogens
- 13) Interactive questions and answers. If the employee has additional questions, he or she may ask his or her supervisor, the Environmental Health and Safety Department, or Student Health Services for further information

The person conducting the training shall be knowledgeable in the subject matter covered by these elements as they relate to the workplace that the training will address.

Supervisors will provide additional training to employees when there are any changes of tasks, equipment or procedures affecting the employee's occupational exposure.

## Guidelines for Handling Blood or Body Fluid Exposure or Sharps Injury to SRJC Employees

| Incident                                                                                                                                                                                                                                                                       | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A. Blood or Body Fluid Exposure</b><br/> <b>NOTE</b><br/> <i>Because HIV prophylactic drugs are most effective when administered within the first four hours after exposure, the employee should be seen within 1-3 hours by the medical contractor, if possible</i></p> | <ol style="list-style-type: none"> <li>1. Supervisor assists with washing the site of the exposure and with first aid, if necessary. Supervisor notes name of source individual, if known.</li> <li>2. Supervisor refers Employee to SRJC HR Department (527-4304) immediately.</li> <li>3. HR refers employee to Occupational Health Center (576-4932, 3327 Chanate Road) for immediate follow-up per protocol. Employee should be given the white copy of the <i>Training Related Injury/Exposure Treatment Authorization</i> form to take to Occupational Health Center. HR keeps the yellow copy of the <i>Treatment Authorization</i> form.</li> <li>4. Employee and Supervisor complete <i>SRJC Incident Report</i> and forward to Student Health Services. Source individual information should be included on this form under <i>description of event</i>. If clinical site procedures prohibit the use of the source individual's name, use initials and hospital identification number.</li> <li>5. If exposure involves sharps, Employee and Supervisor also complete <i>Sharps Injury Report Form</i> and Supervisor forwards to HR. If exposure does not involve sharps, Supervisor fills out <i>Supervisor's Report of Employee Injury</i> and forwards to HR.</li> <li>6. HR Analyst will contact Employee and Supervisor for any additional information and paperwork required for workers' compensation reporting.</li> <li>7. If the incident occurs on the weekend or in the evening, Supervisor refers the Employee to Kaiser Hospital. Report as in steps 4–7 above on the first working day after the incident. HR Analyst should then call the Occupational Health Center to confirm that the protocols have been followed.</li> </ol> |
| <p><b>B. Sterile/Uncontaminated Needlestick or Other Sharps Injury</b></p>                                                                                                                                                                                                     | <ol style="list-style-type: none"> <li>1. Supervisor assists with first aid.</li> <li>2. Supervisor refers employee to SRJC Student Health Services if tetanus is not current (within 7-10 years) for Td booster within 72 hours of the incident.</li> <li>3. Follow steps 4-6 as described in “A,” including <i>Sharps Injury Report Form</i>.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |





# SANTA ROSA JUNIOR COLLEGE

Sonoma County Junior College District

## Work-Related Injury/Exposure Treatment Authorization

Employee Name \_\_\_\_\_

Social Security Number (Last four digits only) \_\_\_\_\_

The above employee has sustained a work-related injury or exposure. He or she needs a confidential medical evaluation.

The District uses Kaiser Permanente Occupational Health and Safety, 401 Bicentennial Way, Santa Rosa, (707-571-3485) for evaluations done on weekdays 8 a.m. – 5:00 p.m.

Outside those hours, the employee is sent to Kaiser Permanente emergency room, 401 Bicentennial Way, Santa Rosa, (707-571-4800) using the FAST TRACK procedures.

**To the medical provider:** The District's Worker's Compensation carrier is Keenan and Associates, 1740 Technology Drive, Suite 300, San Jose, CA 95110, Lic # 0451271 (408-838-5340).

Contact the SRJC Human Resources Analyst at (707) 524-1624 regarding additional paperwork that may need to be completed.

Authorized Signature \_\_\_\_\_ Phone \_\_\_\_\_

Person Authorizing (Print name) \_\_\_\_\_

**Supervisors must report the incident to Human Resources within 24 hours or on the first working day following the incident.**

Distribution: White – Employee takes to medical provider, Yellow – HR

## **Appendix N: Post-Exposure Follow-up Prophylaxis Protocol by Medical Contractor–Employee**

Note: Medical contractor will follow the latest guidelines from the Center for Disease Control. A summary follows.

### **Treatment of Exposure Site:**

Wash wounds and skin sites with soap and water (*antiseptic o.k. if desired*). Flush mucous membrane exposures with water. Do *not* use soap or antiseptic.

### **Test Blood of Source Person and Exposed Individual**

Request and obtain permission for testing of source individual, if known. If the source individual's blood is already known to be HBV, HCV, or HIV positive, that testing need not be repeated. If the source individual refuses to be tested, it must be documented that legal consent was not obtained. If the source individual cannot be identified, this must be documented.

Request and obtain permission for testing of exposed individual.

Test both samples for HIV, Hepatitis B surface antigen and Hepatitis C antibody.

### **Assess Risk of HIV Infection and Prophylaxis**

Note: HIV prophylaxis may be started before blood test results are known.

Perform a preliminary assessment of source person, if known, for HIV risk factors, physical condition, etc.

Evaluate the exposure incident for potential to transmit HIV: consider and document the type of body substance involved, route of exposure, circumstances and severity of exposure (e.g. amount of fluid or skin involved).

Do a clinical evaluation of exposed individual, noting medications that person is taking, underlying medical conditions or circumstances (i.e. pregnancy, breast feeding, renal or hepatic disease). Offer pregnancy testing to women of child-bearing age.

### **HIV Post-Exposure Prophylaxis (PEP)—Drug Regimens**

Where the preliminary assessment has determined that there is likelihood that the source person is infected with HIV, the medical contractor must consider the need, benefits, and toxicity risks of prophylactic drug regimens, following CDC guidelines. If PEP is used, it should be started within four hours of exposure, or sooner if possible. If results from source blood testing are negative, discontinue PEP.

**Critical timeframe:** HIV prophylactic drugs are most effective when given within 4 hours of exposure.

### **Hepatitis B Prophylaxis**

Administer HBIG (Hepatitis B Immune Globulin) and Hepatitis B vaccine or other prophylactic agents as appropriate, following CDC guidelines.

**Critical timeframes:** HBIG should be given as soon as possible after exposure, within the first 24 hours. Hepatitis B vaccine is given within seven days of exposure.

### **Evaluate Exposed Person's Tetanus Status**

Give Tetanus booster if indicated.

### **Counseling and Education, On-going Testing**

Both source person and exposed individual are counseled as to the results of blood tests, risk status, confidentiality laws, and need for further action.

Exposed individual receives post-exposure blood tests at CDC recommended intervals, if indicated.

### **Health Care Professional's Written Opinion**

The medical contractor will inform the HR Department that the exposed person has received post-exposure follow-up as required. The written opinion provided shall be limited to the following information: whether vaccination is indicated and if such vaccination has been given, a statement that the exposed individual has been informed of the results of the evaluation, and that the individual has been told of any medical conditions resulting from exposure to blood or OPIM which will require further evaluation or treatment. A copy of the report will be given to the individual.

## Appendix O: Guidelines for Handling Training-Related Injury or Exposure to Health Science/Child Development Students

### Guidelines for Handling Training-Related Injury or Exposure

#### Santa Rosa Junior College Health Science and Child Development Students

| Incident                                                                                                                                                                                                                                                                      | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A. Blood or Body Fluid Exposure</b><br/> <b>NOTE</b><br/> <i>Because HIV prophylactic drugs are most effective when administered within the first four hours after exposure, the student should be seen within 1-3 hours by the medical contractor, if possible</i></p> | <ol style="list-style-type: none"> <li>1. Instructor assists with first aid, if necessary, and notes name of source patient and source patient's physician.</li> <li>2. Instructor refers student to Kaiser Hospital for immediate follow-up per protocol. Student should be given the white copy of the <i>Training Related Injury/Exposure Treatment Authorization</i> form to take to Kaiser Hospital. Instructor forwards the yellow copy of the <i>Treatment Authorization</i> form to HR within 24 hours.</li> <li>3. Student and instructor complete <i>SRJC Incident Report</i> and forward to Student Health Services. Source patient information should be included on this form under <i>description of event</i>. If clinical site procedures prohibit the use of the source patient's name, use initials and hospital identification number.<br/> If exposure involves sharps, student and instructor also complete <i>Sharps Injury Report Form</i> and instructor forwards to HR. If exposure does not involve sharps, instructor fills out <i>Supervisor's Report of Employee Injury</i> and forwards to HR.</li> <li>4. Instructor notifies Health Sciences department office within one working day of incident.</li> <li>5. Student Health Services notifies HR Analyst responsible for workers' compensation (527-4817) immediately.</li> <li>6. HR Analyst will contact student and instructor for any additional information and paperwork required for workers' compensation reporting.</li> <li>7. If the incident occurs on the weekend or in the evening, instructor refers the student to Kaiser Hospital Emergency Room. Report as in steps 3-6 above on the first working day after the incident.</li> </ol> |
| <p><b>B. Sterile/Uncontaminated Needlestick or Other Sharps Injury</b></p>                                                                                                                                                                                                    | <ol style="list-style-type: none"> <li>1. Instructor assists with first aid.</li> <li>2. Supervisor refers employee to SRJC Student Health Services if tetanus is not current (within 7-10 years) for Td booster within 72 hours of the incident.</li> <li>3. Follow steps 3-6 as described in "A," including <i>Sharps Injury Report Form</i>.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>C. Communicable Disease Exposure</b><br/> <b>Tuberculosis</b><br/> <i>Caring for a patient with documented TB in an enclosed space without the use of universal precaution</i></p>                                                                                      | <ol style="list-style-type: none"> <li>1. Instructor refers student to SRJC Student Health Services for baseline Mantoux PPD as soon as possible (unless Mantoux has been done in the previous 12 months).</li> <li>2. Follow steps 3-6 as described in "A."</li> <li>3. Follow up PPD required 8-12 weeks from time of exposure.</li> <li>4. Chest x-ray required if follow-up PPD is positive.</li> <li>5. Student must provide documentation of above steps if evaluation not completed in SRJC Student Health Services.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Appendix O, continued: Guidelines for Handling Training-Related Injury or Exposure Involving Health Science/Child Development Students**

| <b>Incident</b>                                                                                                                                                                              | <b>Actions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Meningococcal Meningitis</b><br><i>Intensive direct contact without the use of universal precautions. Close contact with patients who have meningococcal lower respiratory infection.</i> | <ol style="list-style-type: none"> <li>1. Instructor immediately refers student to Kaiser Occupational Health Department to evaluate for prophylaxis.</li> <li>2. Follow steps 3-7 as described in "A" if referral is necessary.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Varicella Zoster</b>                                                                                                                                                                      | <ol style="list-style-type: none"> <li>1. Instructor evaluates need for referral, i.e., no referral if student has previous history of chicken pox or contact with family members diagnosed with chicken pox.</li> <li>2. If history indicates susceptibility, instructor refers student to Kaiser Hospital for baseline varicella screening on the first working day following exposure.</li> <li>3. Follow steps 3-6 as described in "A" if referral is necessary.</li> </ol> <p><i>NOTE: If titer negative, student is potentially infective during incubation period, 10-21 days past exposure.</i></p> |
| <b>Other Communicable Diseases</b>                                                                                                                                                           | <ol style="list-style-type: none"> <li>1. Instructor evaluates need for referral. Consults infection control in clinical setting, student's private physician and/or SRJC Student Health Services, if needed.</li> <li>2. If referral is indicated, instructor refers student to Kaiser Occupational Health Department.</li> <li>3. Follow steps 3-7 as described in "A" if referral is necessary.</li> </ol>                                                                                                                                                                                               |
| <b>D. Work Related Injuries</b><br>(Excluding A - C above)                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Emergency</b><br><i>(immediate incapacitating injury)</i>                                                                                                                                 | <ol style="list-style-type: none"> <li>1. Instructor evaluates and sends students to Emergency Room at clinical site/Kaiser Hospital (step 7).</li> <li>2. Follows steps 3-6 as described in "A."</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Urgent</b><br><i>(non-incapacitating) or minor injury</i>                                                                                                                                 | <ol style="list-style-type: none"> <li>1. Instructor evaluates and sends students to SRJC Student Health Services/Kaiser Hospital Emergency Room (step 7).</li> <li>2. Follows steps 3-6 as described in "A."</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                    |

## **Appendix P & Q: Follow-up Prophylaxis Protocol for Health Science/Child Development Student Trainee**

Note: Medical contractor will follow the latest guidelines from the Center for Disease Control. A summary follows Treatment of Exposure Site:

Wash wounds and skin sites with soap and water (*antiseptic o.k. if desired*). Flush mucous membrane exposures with water. Do *not* use soap or antiseptic.

### **Test Blood of Source Person and Exposed Individual**

Request and obtain permission for testing of source individual, if known. If the source individual's blood is already known to be HBV, HCV, or HIV positive, that testing need not be repeated. If the source individual refuses to be tested, it must be documented that legal consent was not obtained. If the source individual cannot be identified, this must be documented.

Request and obtain permission for testing of exposed individual.

Test both samples for HIV, Hepatitis B surface antigen and Hepatitis C antibody.

### **Assess Risk of HIV Infection and Prophylaxis**

Note: HIV prophylaxis may be started before blood test results are known.

Perform a preliminary assessment of source person, if known, for HIV risk factors, physical condition, etc.

Evaluate the exposure incident for potential to transmit HIV: consider and document the type of body substance involved, route of exposure, circumstances and severity of exposure (e.g. amount of fluid or skin involved).

Do a clinical evaluation of exposed individual, noting medications that person is taking, underlying medical conditions or circumstances (i.e. pregnancy, breast feeding, renal or hepatic disease). Offer pregnancy testing to women of child-bearing age.

### **HIV Post-Exposure Prophylaxis (PEP)—Drug Regimens**

Where the preliminary assessment has determined that there is likelihood that the source person is infected with HIV, the medical contractor must consider the need, benefits, and toxicity risks of prophylactic drug regimens, following CDC guidelines. If PEP is used, it should be started within four hours of exposure, or sooner if possible. If results from source blood testing are negative, discontinue PEP.

Critical timeframe: HIV prophylactic drugs are most effective when given within 4 hours of exposure.

### **Hepatitis B Prophylaxis**

Administer HBIG (Hepatitis B Immune Globulin) and Hepatitis B vaccine or other prophylactic agents as appropriate, following CDC guidelines.

Critical timeframes: HBIG should be given as soon as possible after exposure, within the first 24 hours. Hepatitis B vaccine is given within seven days of exposure.

### **Evaluate Exposed Person's Tetanus Status**

Give Tetanus booster if indicated.

### **Counseling and Education, On-going Testing**

Both source person and exposed individual are counseled as to the results of blood tests, risk status, confidentiality laws, and need for further action.

Exposed individual receives post-exposure blood tests at CDC recommended intervals, if indicated.

### **Health Care Professional's Written Opinion**

The medical contractor will inform the HR Department that the exposed person has received post-exposure follow-up as required. The written opinion provided shall be limited to the following information: whether vaccination is indicated, and if such vaccination has been given, a statement that the exposed individual has been informed of the results of the evaluation, and that the individual has been told of any medical conditions resulting from exposure to blood or OPIM which will require further evaluation or treatment. A copy of the report will be given to the individual.



# SAMPLE

## Sharps Injury Report

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Type & Brand of Sharp: \_\_\_\_\_

Job Classification of Injured Person: \_\_\_\_\_

Site where exposure occurred: \_\_\_\_\_

Procedure being performed when exposure occurred: \_\_\_\_\_

How incident occurred: (briefly) \_\_\_\_\_

Body part involved in exposure/injury: \_\_\_\_\_

Did the sharp involved have engineered protection? \_\_\_\_\_

Was the protection activated? \_\_\_\_\_

Did the injury occur before/during/after the protective mechanism was activated?

If the sharp did not have engineered protection, in the injured person's opinion, would protective mechanism have prevented the injury? \_\_\_\_\_

In the injured person's opinion, would any other engineering, administrative or work practice control have prevented the injury? \_\_\_\_\_

\_\_\_\_\_  
Faculty/Supervisor's Signature      Date



**SAMPLE**

Fax to HR within 24hrs of injury at 707-527-4967

Name of injured: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Date reported: \_\_\_\_\_

Time of injury: \_\_\_\_\_ am \_\_\_\_\_ pm Time started work: \_\_\_\_\_ am \_\_\_\_\_ pm

Job title: \_\_\_\_\_

Work location: \_\_\_\_\_ Santa Rosa \_\_\_\_\_ PSTC Windsor \_\_\_\_\_ Petaluma \_\_\_\_\_ Shone Farm Other \_\_\_\_\_

Hrs. worked/day: \_\_\_\_\_ Days/week: \_\_\_\_\_ Total weekly hrs: \_\_\_\_\_

Did employee lose at least one full day of work AFTER incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date last worked: \_\_\_\_\_

If yes, has employee returned to work: Yes, date returned \_\_\_\_\_ No

Did employee see a physician for this injury/illness? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name and address of physician? \_\_\_\_\_

Place and location where accident or exposure occurred? \_\_\_\_\_

What was employee doing when injured? \_\_\_\_\_

Describe how the injury/illness occurred? \_\_\_\_\_

Object or substance that directly injured employee (e.g. teeth, nails, chair, etc.): \_\_\_\_\_

Describe the injury/illness (e.g. cut, strain, fracture, exposure): \_\_\_\_\_

Part of the body affected (e.g. back, wrist, leg, eye): \_\_\_\_\_

Name of witnesses: \_\_\_\_\_

What steps have been taken to prevent a similar accident?: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

FILING OF THIS REPORT IS NOT AN ADMISSION OF LIABILITY

5/2007



## SANTA ROSA JUNIOR COLLEGE

Employee (print name) \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Student Employee? (circle one) yes no

Social Security Number (Last four digits only) \_\_\_\_\_

### Bloodborne Pathogens Plan Training Documentation

The California Bloodborne Pathogen Standard requires that employees covered by the law receive an initial and annual training.

By signing below, you will indicate that you understand the following topics covered by the Bloodborne Pathogens Plan training and that you have been given an opportunity for interactive questions and answers with the person conducting the training:

1. The location of an accessible copy of the legal OSHA standard (your own department office and the Department of Environmental Health & Safety), and an explanation of its contents;
2. A discussion of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. Explanation of the District's Bloodborne Pathogen Control and how to obtain a copy (ask at your own departmental office or at the Environmental Health & Safety Department);
5. How to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods to be used to reduce exposure such as safe work practices, engineering controls (e.g. needleless systems), and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
8. An explanation of the basis of selection of personal protection equipment (*appropriate, effective*);
9. Information on the Hepatitis B vaccine, including efficacy, safety, method of administration, benefits of vaccination, and that the vaccine/vaccination will be offered free of charge to employees covered in the plan;
10. Emergency With Blood: Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. Exposure Incident: An explanation of the procedures to follow if an exposure incident occurs, including how to report the incident, how to get an authorization for treatment and other follow-up, and the procedure for recording the incident on the Sharps Injury Log;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee after an exposure incident;
13. An explanation of the signs, labels, and color coding systems used to communicate biohazards.

I have attended the Bloodborne Pathogens Plan training. I have had an opportunity to ask questions and receive answers in an interactive format, and I understand the topics and provisions outlined above.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Trained by \_\_\_\_\_



## Appendix U: Cal/OSHA Regulations (Legal Standard) – 8 CCR 5193

### Subchapter 7. General Industry Safety Orders Group 16. Control of Hazardous Substances Article 109. Hazardous Substances and Processes

#### §5193. Bloodborne Pathogens.

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.

Exception: This regulation does not apply to the construction industry.

(b) Definitions. For purposes of this section, the following shall apply:

“Biological Cabinet” means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

(1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

(2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.

(3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

“Blood” means human blood, human blood components, and products made from human blood.

“Bloodborne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

“Chief” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” means either:

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or

(2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

“Handwashing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

(1) The withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; and

(3) Any other procedure involving the potential for an exposure incident.

“NIOSH” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

“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.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“Other Potentially Infectious Materials” means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(A) Cell, tissue, or organ cultures from humans or experimental animals;

(B) Blood, organs, or other tissues from experimental animals; or

(C) Culture medium or other solutions.

“Parenteral Contact” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Production Facility” means a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

“Regulated Waste” means waste that is any of the following:

(1) Liquid or semi-liquid blood or OPIM;

(2) Contaminated items that:

(A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and

(B) Are capable of releasing these materials when handled or compressed.

(3) Contaminated sharps.

(4) Pathological and microbiological wastes containing blood or OPIM.

(5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

“Research Laboratory” means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to

penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

"Sharps Injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

"Sharps Injury Log" means a written or electronic record satisfying the requirements of subsection (c)(2).

"Source Individual" means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3); 2.

The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;

3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).

4. An effective procedure for gathering the information required by the Sharps Injury Log.

5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;  
Note: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;

7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and

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.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;

2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;

3. To include new or revised employee positions with occupational exposure;

4. To review and evaluate the exposure incidents which occurred since the previous update; and

5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

(A) Date and time of the exposure incident;

(B) Type and brand of sharp involved in the exposure incident;

(C) A description of the exposure incident which shall include:

1. Job classification of the exposed employee;

2. Department or work area where the exposure incident occurred;

3. The procedure that the exposed employee was performing at the time of the incident;

4. How the incident occurred;

5. The body part involved in the exposure incident;

6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;

7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and

8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) 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.

(3) Exposure Determination.

(A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;

2. A list of job classifications in which some employees have occupational exposure; and

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with

the provisions of subsection (c)(3)(A)2. of this standard

(B) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) General. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls—General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

(B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.

(D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(3) Engineering and Work Practice Controls—Specific Requirements.

(A) Needleless Systems, Needle Devices and non-Needle Sharps.

1. Needleless Systems. Needleless systems shall be used for:

- a. Withdrawal of body fluids after initial venous or arterial access is established;
- b. Administration of medications or fluids; and
- c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

- a. Withdrawal of body fluids;
- b. Accessing a vein or artery;
- c. Administration of medications or fluids; and
- d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

- a. Withdrawal of body fluids;
- b. Accessing a vein or artery;
- c. Administration of medications or fluids; and
- d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:

- a. Market Availability. The engineering control is not required if it is not available in the marketplace.
- b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.

- c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.

- d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

(B) Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

2. Contaminated sharps shall not be bent, recapped, or removed from devices.

Exception: Contaminated sharps may be bent, recapped or removed from devices if:

- a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and
- . The procedure is performed using a mechanical device or a one-handed technique.

3. 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.

4. Disposable sharps shall not be reused.

5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

8. Mouth pipetting/suctioning of blood or OPIM is prohibited.

9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

(C) Requirements for Handling Contaminated Sharps.

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body 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 a sharps injury.

2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.

3. At all time during the use of sharps, containers for contaminated sharps shall be:

- a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

- b. Maintained upright throughout use, where feasible; and
- c. Replaced as necessary to avoid overfilling.

(D) Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:

- a. Rigid;
- b. Puncture resistant;
- c. Leakproof on the sides and bottom;
- d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and
- e. Labeled in accordance with subsection (g)(1)(A)(2).

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

(E) Regulated Waste.

1. General.

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Disposal of Sharps Containers.

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

- a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and

- b. Placed in a secondary container if leakage is possible. The second container shall be:

- i. Closable;
- ii. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
- iii. Labeled according to subsection (g)(1)(A) of this section.

3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:

- a. Closable;
- b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
- c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

- d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

4. Outside Contamination. If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:

- a. Closable.
- b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

- d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(F) Handling Specimens of Blood or OPIM. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/ color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with subsection (g)(1)(A) is required when such specimens/containers leave the facility.

2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.

3. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(G) Servicing or Shipping Contaminated Equipment.

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

1. A readily observable label in accordance with subsection (g)(1)(A)8. shall be attached to the equipment stating which portions remain contaminated.

2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

- i. Location within the facility;
- ii. Type of surface or equipment to be treated;
- iii. Type of soil or contamination present; and
- iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

- i. Surfaces become overtly contaminated; ii. There is a spill of blood or OPIM;

iii. Procedures are completed; and

iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.

b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and

replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(I) Hygiene.

1. Employers shall provide handwashing facilities which are readily accessible to employees.

2. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

4. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

(J) Laundry.

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (g)(1)(A).

(4) Personal Protective Equipment.

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Note: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

(C) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. (F) Removal.

1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
2. All personal protective equipment shall be removed prior to leaving the work area.
3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

- a. Periodically reevaluate this policy;
- b. Make gloves available to all employees who wish to use them for phlebotomy;
- c. Not discourage the use of gloves for phlebotomy; and
- d. Require that gloves be used for phlebotomy in the following circumstances:

- i. When the employee has cuts, scratches, or other breaks in his or her skin;
- ii. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
- iii. When the employee is receiving training in phlebotomy.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.

2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

Note: Surgical masks are not respirators.

(I) Gowns, Aprons, and Other Protective Body Clothing.

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.

2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.

(e) HIV, HBV and HCV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

Exception: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.

2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

4. When OPIM or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.

5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these OPIM shall be conducted on the open bench.

6. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.

8. Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of OPIM. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

11. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV, HBV and HCV research laboratories shall meet the following criteria:

(A) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(B) An autoclave for decontamination of regulated waste shall be available.

Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(4) HIV, HBV and HCV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(B) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(C) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(D) Access doors to the work area or containment module shall be self-closing.

(E) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV, HBV or HCV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV, HBV or HCV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused,

the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

Exception: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.

i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.

b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;

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 supervision of another licensed healthcare professional; and

4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A. (E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;

2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);

4. Results of the source individual's blood testing, if available; and

5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

Note: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

View Graphic

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g). 7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities, which shall bear the following legend:

View Graphic

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;
2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training 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. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. 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. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and
14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

Note: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall 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 vaccination as required by subsection (f)(2);
3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);
4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and
5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4. (C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the 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.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying. (B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A—Hepatitis B Vaccine Declination  
(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.



NOTE

Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY 1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).

2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).

3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).

4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4)The. emergency regulation filed 1-22-99 shall remain in effect until the non-emergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).

5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).

6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).

Appendix to this section is incorporated as a part of this section and the provision is mandatory

---

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A. (E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;

2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);

4. Results of the source individual's blood testing, if available; and

5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

Note: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

View Graphic

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g). 7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities, which shall bear the following legend:

View Graphic

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;
2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training 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. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. 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. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and
14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

Note: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall 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 vaccination as required by subsection (f)(2);
3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);
4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and
5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4. (C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the 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.
- (B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying. (B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A—Hepatitis B Vaccine Declination  
(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

NOTE

Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY 1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).

2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).

3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).

4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4)The. emergency regulation filed 1-22-99 shall remain in effect until the non-emergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).

5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).

6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).

Appendix to this section is incorporated as a part of this section and the provision is mandatory

---