



Perris Union High School District

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN (BBP-ECP)

CCR Title 8, § 5193

Updated 2015

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Introduction

Purpose

Perris Union High School District (PUHSD) is committed to providing a safe and healthful work environment for all employees. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Cal/OSHA Bloodborne Pathogens Standard, CCR Title 8, § 5193.

Employees are encouraged to read and are required to follow the guidelines and procedures set forth in this plan. Questions regarding the contents of this plan should be brought to the attention of your immediate supervisor.

A copy of this plan can be found at the following locations:

- Athletic Office at each comprehensive high school
- Business Services
- Educational Services
- Health Office at each school site
- Health Services
- Human Resources
- Inland Urgent Care of Menifee - Medical Clinic
- Maintenance & Operations
- Nutrition Services
- Principal's Office at each school site
- Pupil Services
- Risk Management
- Science Department at each comprehensive high school
- Special Education
- Superintendent's Office

Administrative Duties

PUHSD Risk Management, as the Superintendent's Designee, is responsible for the implementation of the ECP.

All employees who have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

PUHSD, through Site Administrators, Department Directors and Supervisors, will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and bags as required by the standard and this policy. PUHSD will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

PUHSD, through Risk Management and Health Services, will be responsible for ensuring that all employees exposed to bloodborne pathogens (BBP) will receive the medical action that is required and that appropriate medical records are maintained in accordance with California Code of Regulations Title 8 § 3204.

PUHSD, through Risk Management and Health Services, will be responsible for training, documentation of training, and making the written ECP available to employees and CAL-OSHA representatives.

PUHSD, through Risk Management and Health Services, will maintain, review, and update the ECP annually and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Risk Management (951) 943-6369 Ext. 80282.

Employee Exposure Determination

(Made without regard as to use of personal protective equipment [PPE] and clothing)

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.*

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

Parenteral Contact – *Means piercing mucous membranes or the skin barrier through such events as needle stick, human bites, cuts and abrasions.*

Tasks and procedures or related tasks and procedures in which occupational exposure occurs:

- Vaccination or TB testing where needles are used.
- Working with the developmentally-disabled (e.g., bites, feeding, diapering, etc.).
- Contact with saliva (feeding, manipulation of the lips, etc.).
- Contact with saliva when visibly contaminated with blood (e.g., bleeding gums, etc.).
- Working with menses, vaginal secretions, or semen (e.g., diapering, housekeeping).
- Any contact with blood (e.g., first aid, athletics, campus security, etc.).
- Plumbing duties involving contact with human waste.

Exposure Determination:

An exposure determination worksheet was completed for each position whose duties may cause employee exposure to bloodborne pathogens. The determination included the potential for exposure, as well as actual exposure. As a result, the District has determined all employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series upon commencing the following job assignments:

- Attendance Tech/Health Aide
- Campus Supervisor
- Certified Nursing Assistant
- Custodian
- District School Nurse
- Maintenance/Plumber
- Paraeducators Severely-Handicapped

In addition, the District has determined that some employees in the following job classifications and responsibilities may have occupational exposure and will be offered the Hepatitis B vaccination series on an individual basis as requested.

- Adaptive P.E. Teachers, Special Education
- Athletic Coaches
- Science Teachers
- Special Education Teacher Emotionally-Disturbed (ED)
- Special Education Teacher Severely-Handicapped (SH)
- Speech Therapists

Future exposure determinations are to be made at the time a position is created and each time there is a change in work duties which may result in a change in occupational exposure risk.

Petition to Request Hepatitis B Vaccination Series

Employees in job classifications determined to have some occupational exposure to potentially infectious materials and staff members that encounter exposure to bloodborne pathogens shall contact Health Services or Risk Management to request the Hepatitis B vaccination series by completing the District's *Petition for Hepatitis B Vaccine* form. Each request will be evaluated on an individual basis. If occupational exposure is confirmed, the District will consider possible engineering controls, work practice controls, and/or offering the Hepatitis B vaccination series.

Methods of Implementation and Control

All employees will utilize Universal Precautions

Universal precautions eliminate much of the fear of not knowing if a student or co-worker has an infection, and shall be observed to prevent contact with blood or other potentially infectious materials. Universal precautions include:

- 1. Treating all body fluids as if known to be infectious for HIV, HBV, HCV and any other Bloodborne pathogen.**
- 2. Hand washing:**
 - Before eating, drinking or smoking.
 - Before handling cooking utensils or implements.
 - Before and after preparing food or assisting with feeding.
 - Before and after assisting with toileting or diapering, and after using the toilet.
 - After contact with body fluids such as respiratory secretions, blood including menstrual flow, urine, feces, mucous, or drainage from wounds.
 - After close personal care of students, especially those with nose, mouth, eye or ear drainage.
 - After removing disposable gloves (gloves encourage moist environment conducive to bacterial growth).
- 3. Using Personal Protective Equipment (PPE) as needed and provided (e.g. gloves, goggles).**

Engineering Controls and Work Practice Controls

Engineering controls - Means controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers, and sharps with engineered sharps injury protection, using a broom and a dust pan instead of picking broken glass up by hand).

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).

Both engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The specific engineering controls and work practice controls used are:

Hand Washing Facilities:

- Hand washing facilities or appropriate, district approved hand sanitizer shall be available to all employees. When hand washing facilities are not feasible, the employee shall be provided appropriate, district approved hand sanitizer or antiseptic towelettes. Hands shall be washed with soap and running water as soon as possible. Contact the Maintenance & Operations Supervisor or Plant Supervisor for product information.
- All First Aid kits utilized by athletic trainers and or team coaches and staff supervising off-campus activities will contain district approved hand sanitizer or hand antiseptic cleanser and clean paper towels, or will have antiseptic towelettes. When the employee is able to access a hand washing facility, they are expected to wash their hands as soon as possible for at least 30 seconds with soap and water. It is the responsibility of each supervising employee to make sure the First Aid kits are properly stocked with district approved supplies before leaving the school site. The Athletic Director will ensure approved disinfectant and other cleaning/sanitizing supplies are available for proper decontamination. Supplies will also be available in the Health Office.
- Employees shall be trained and are required to comply with proper hand washing technique.

Sharps: - Means any object used or encountered 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, and exposed ends of dental wires.

Needleless System:

- Perris Union High School does not currently use needleless systems. As students may bring their own medication to the school sites, Perris Union High School cannot guarantee that needleless systems are not present. One should expect that there will always be needles at the sites. In the event information indicates the needleless system is more effective in reducing sharps injuries, the District will evaluate as needed.

Needle Devices:

- Employees handling sharps shall be provided at all times with containers for contaminated sharps that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately.
- Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. PUHSD needles are **never** to be recapped or bent and shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

Non-Needle Devices:

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

Sharps Disposal Containers:

- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers can be found in all Health Offices, in science labs where blood typing is part of the curriculum and in the Agriculture Facilities where project animals are given injections. Sharps disposal containers can be ordered by each site or department or by contacting Risk Management (951) 943-6369 Ext. 80282. Please order extra needle disposal (sharps) containers as needed. Contact Risk Management or Purchasing for approved product information.
- Employees shall not reach by hand into the containers where sharps have been placed.
- Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose an employee to the risk of sharps injury.
- Sharps disposal containers are inspected, and maintained by each site's Health Technician, or classroom teacher. Sharps disposal containers must be closed and sealed when the container is no greater than 2/3 full or whenever necessary to prevent overfilling. Containers will be picked up by Receiving or Risk Management and transported to the District's containment area for pickup by a licensed disposal transporter. Submit a Task Request to Purchasing or call Receiving and/or Risk Management at (951) 943-6369 Ext. 80233 or 80282.
- PUHSD evaluates the need for new procedures or new products by discussions with and yearly evaluations of the affected areas/departments. Health Services is consulted and involved in this process.

Personal Protective Equipment:

To protect yourself it is essential to have a barrier between you and the potentially infectious material. If you find yourself in a situation where you are experiencing contact with blood or other body fluids, a barrier must be used or created to eliminate an exposure incident.

- All personal protective equipment (PPE) will be provided without cost to employees.
- The protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials (OPIM). At District facilities, this primarily means disposable gloves.
- The protective equipment will be considered appropriate if it does not permit blood or other potentially infectious materials (OPIM) to pass through or reach the employee's clothing, 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.
- Employees shall be trained and are required to comply with the use of protective equipment.
- Used PPE shall be discarded and double bagged if leakage is possible in appropriate containers. Each Health Office will have available appropriate containers for disposal of contaminated equipment or clothing.
- All contaminated personal protective equipment will be cleaned, laundered, and disposed of by the District at no cost to the employees.
- All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.
- Disposable gloves shall be worn when it can be reasonably anticipated that the employee will have contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin. Dispose of the gloves by turning the gloves inside out as they are removed. Wash hands with soap and water as soon as possible.
- If you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before putting on your gloves.
- Disposable (single use) gloves shall not be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be decontaminated using an approved Hepatitis B rated disinfectant.
- Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Below is a listing of Personal Protective Equipment (PPE) that may be needed and provided to PUHSD employees:

Personal Protective Equipment	Where Available	Task
Disposable latex gloves and utility gloves as needed	Health Office, Supervisor, Custodian	Rendering first aid to students or adults. Worn by Special Education staff (Certificated or Para-educators) performing procedures appropriate for them to do as requested by a student's physician. Worn by custodial staff when cleaning up bodily fluids from carpet or hard surface floors in addition to cleaning restrooms, urinals, commodes and emptying receptacles containing female sanitary products. Worn by district maintenance personnel doing plumbing tasks in restroom facilities or related to the flow of waste products from restroom facilities.
Face Shields-Mask	Custodial supply area and Maintenance supply area	Plumbing tasks where possible infectious material could spray or splash.
Shoe Covers	Custodial supply area and Maintenance supply area	Worn by custodians or others cleaning up bodily fluids from carpet or hard surface floors.
Easy Reachers	Custodial supply area	Picking up sharps.

Regulated Waste

- It is not anticipated that regulated waste will be generated in the school district other than contaminated sharps.
- If it is determined that the District has potential regulated waste it will be double bagged and an absorbent material will be added to prevent any liquid or semi-liquid blood from being released. When that is not feasible, the material will be double bagged and put into a container constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents ensuring proper handling. Containers will be picked up by Risk Management and transported to the District's containment area for pickup by a licensed disposal transporter. Call Risk Management for pickup at (951) 943-6369 Ext. 80282.

Regulated Waste refers to medical waste regulated by Health & Safety code § 117600 - 118360.

1. Any liquid or semi-liquid blood or other potentially infectious materials.
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
3. Items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
4. Contaminated sharps.
5. Pathological and microbiological wastes containing blood or OPIM.

Housekeeping

"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 §118275.

- Administration through the Maintenance and Operations Supervisor along with the Plant Supervisors shall ensure that the worksite is maintained in a clean and sanitary condition. The Maintenance and Operations Supervisor along with the Plant Supervisors shall determine and implement an appropriate written schedule for cleaning and the correct method of decontamination based upon type of surface to be cleaned, type of soil present or procedure being performed in the area. General requirements are as follows:
 1. During school hours trained personnel will be responsible to clean and decontaminate all restrooms, locker rooms, weight rooms, Special Education classrooms for the Severely-Handicapped and Health Offices at least once each day they are used.
 2. During school hours trained personnel will be responsible to decontaminate equipment and environmental surfaces immediately, or as soon as possible, after receiving reports that contact with blood or other potentially infectious material (OPIM) has occurred. Decontamination will include an EPA Registered Hepatitis B rated disinfectant, along with the use of paper towels or other disposable towels. Call the Maintenance and Operations Supervisor if there are any questions regarding District-approved disinfectants.
 3. Mops used to mop restrooms, locker rooms, weight rooms, fitness rooms and Health Offices will be color-coded to eliminate or reduce possible cross contamination.
 4. Plant Supervisors and the Maintenance and Operations Supervisor will ensure that all custodial staff receives training and instruction when any changes are made to the decontamination process or products used.
 5. Heavy mil plastic bags shall be used to contain potentially infectious waste and double bagged if leakage is possible.
- All potentially contaminated bins, pails, cans, and similar receptacles shall be inspected and decontaminated as soon as feasible after visible contamination, by trained personnel. Call the Maintenance and Operations Supervisor if there are any questions regarding District-approved disinfectants.
- During school sessions waste receptacle liners are to be replaced daily in restrooms, locker rooms, weight rooms, Special Education classrooms for the Severely-Handicapped and Health Offices.
- Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry may be sorted or rinsed to remove visible contaminants, double bagged to prevent leakage of fluids and transported to the washing area. Disposable gloves will be provided and usage required when handling contaminated laundry.

- All employees who handle potentially contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Gloves will be removed as soon as reasonable to prevent cross contamination. Dispose of the gloves by turning the gloves inside out as they are removed. Wash hands with soap and water as soon as possible.
- Broken glassware that may be contaminated shall be picked up using mechanical means.
- Dustpan, and scraper or broom will be utilized to clean up vomit or semi-solid material from floors after an absorbent material has been applied (Example: Emergency Clean-Up Powder). All items utilized during clean up should be disinfected immediately after use.

Labels

- Sharps containers shall be marked with “Bio Hazard” labels.
- Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials.
- Labels concerning bio-hazardous waste shall comply with Title 8, § 3340, and Health and Safety Code § 118275 - 118320. Call Risk Management with any questions regarding labels at (951) 943-6369, Ext. 80282.

Hepatitis B Vaccination Series

- PUHSD will provide training to employees regarding Hepatitis B vaccinations addressing the safety, benefits, efficacy, methods of administration, and availability.
- The Hepatitis B vaccination series is available at no cost to all at risk employees after training, and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is made available unless:
 1. Documentation exists that the employee has previously received the series.
 2. Antibody testing reveals that the employee is immune.
 3. Medical evaluation shows that vaccination is contraindicated.
 4. Employee declines and signs declination form.
- If an employee chooses to decline the HBV vaccination series, the employee must sign a declination form. This declination is kept with vaccination forms.
- Employees who decline may request and obtain the vaccination at a later date at no cost. Employee should contact the Risk Manager for authorization.
- Vaccinations will be provided by Inland Urgent Care in Menifee. Instructions will be included with the authorization given through Risk Management.

Post-exposure Evaluation and Follow-up

- Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Immediate intervention can forestall the development of Hepatitis B or enable the affected worker to track potential HCV, and/or HIV infection. Prompt reporting also can help the worker avoid spreading bloodborne infection to others. Further, it enables the District to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again.
- Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HBV, HCV and HIV infectivity if this is unknown and if permission for testing can be obtained.
- Should an exposure incident occur the affected employee must contact their site administrator or supervisor immediately. This also includes an exposure event that occurs after hours if blood or other potentially infectious materials were present. Such an event on weekends or during field trips shall be reported as soon as possible (injury, fight, etc.).
- All reports of exposure whether written or verbal shall be followed up with the ***Post Exposure Report*** and submitted to the employee's administrator (exposure incidents occurring during normal work hours shall be reported before the end of the shift or workday).
- Both vaccinated and unvaccinated employees who experience an occupational exposure shall be referred to the Site Administrator, and the District School Nurse to confirm exposure.
- District School Nurses, Health Technicians or other employees who sustain a needle stick or contaminated sharps injury shall also complete the PUHSD form, ***Sharps Injury Log***, located in Section 4 of this document, within 14 days of the incident.
- Exposed employees shall complete the PUHSD form, ***Offer of Testing to Exposed Person***, located in Section 4 of this document.
- An immediate confidential medical evaluation and follow-up will be conducted by referral to a licensed Medical Doctor. Following the initial first aid (clean the wound, flush eyes or other mucous membranes; if blood is sprayed into an eye, irrigate the eye(s) with gently running warm water from the bridge of the nose outward for at least 15 minutes making sure not to expose the other eye), the following activities will be performed:
 1. Documentation of the route of exposure and the circumstances related to the incident.
 2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested; if/after consent is obtained, for HIV/HBV/HCV infectivity. A written statement from the source individual, or parent/guardian if source individual is a minor, stating if consent is given or denied, is required.

3. Results of testing of the source individual will be made available to the exposed employee, through the medical facility, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. Employee will be offered the option of having their blood collected for testing of the employees' HIV/HBV/HCV serological status.
5. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U. S. Public Health Service.
6. Hepatitis B vaccination shall be made available to any unvaccinated employee following an occupational exposure. (Please note that currently there is no vaccine for HCV/ HIV).
7. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel.
8. The treating physician will be provided with a copy of the Cal/OSHA Bloodborne Pathogens Standard, CCR Title 8, § 5193.
9. Counseling and evaluation of reported illnesses is not dependent on the employee's electing to have baseline HBV, HCV and HIV serological testing.

Administration of Post-Exposure Evaluation and Follow-up

- Any healthcare provider must ensure that any health care professional(s) who is employed by that provider and responsible for employee's bloodborne pathogens standard including Hepatitis B vaccination program, post-exposure evaluation and follow-up, are given a copy of CAL-OSHA's bloodborne pathogens standard.
- The Post Exposure Plan ensures that the health care professional evaluating an employee after an exposure incident:
 1. Receives a copy of the CAL-OSHA regulation section relating to post exposure.
 2. Is advised of the HBV vaccine status of employee and testing results of source individual, if available.
 3. Writes opinion that is limited to the fact that the employee has been informed of the results and has been informed about any medical condition requiring further evaluation or treatment.
 4. Makes available to the employee a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

- Health Services and Risk Management will review the circumstances of all exposure incidents to determine if any procedural revisions are needed.
- If it is determined that revisions are needed, Health Services and Risk Management will ensure that appropriate changes are made to this ECP.

Employee Training

Because there is no vaccine to prevent certain bloodborne diseases such as Hepatitis C or HIV, training is the best defense to minimize the risks of workplace exposure to such potentially fatal illnesses.

- All employees who have occupational exposure to bloodborne pathogens receive training conducted by Risk Management when hired, and shall attend mandatory annual refresher training on bloodborne pathogens and communicable diseases.
- Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Health Services, the Health Office, the Site Administrator or Risk Management. If requested, an employee will be provided with a copy of the ECP free of charge and within 15 days of the request.
- All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.
- Training will consist of approved on-line courses and/or by Health Services and/or Risk Management. In the event Risk Management is conducting the training, all medical related questions will be directed to one of the District School Nurses or the employee's personal physician.

Recordkeeping

Training Records

- Training Records shall be kept for each employee upon completion of their training. These documents will be kept for at least three years in Risk Management.
- Employee training records shall be provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Risk Management.

- Training records shall include the following items:
 1. Training dates.
 2. Content or summary of the training.
 3. Name(s), and qualifications of Trainer(s).
 4. Names and job titles of trainees.
- The training shall include:
 1. PUHSD post-exposure plan.
 2. Information regarding Hepatitis B vaccinations.
 3. Information regarding where to obtain/access to the PUHSD ECP.
 4. Information regarding where to obtain/access to the CAL-OSHA Bloodborne Pathogen Standard.
 5. Procedure to follow if an exposure incident occurs.

Medical Records

- Medical records are maintained for each employee with occupational exposure in accordance with § 3204.
- These confidential records are kept at the administration office for at least the duration of employment plus 30 years.
- In the event the District's Third Party Administrator becomes involved, they will be responsible for maintenance of the required medical records.
- Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to PUHSD Risk Management at 155 E. Fourth Street, Perris, CA 92570.

Under the bloodborne pathogens standard medical records also must include the following information:

1. Employee's name and social security number.
2. Employee's hepatitis B vaccination status including vaccination dates and any medical records related to the employee's ability to receive vaccinations.
3. Results of examination, medical testing and post-exposure evaluation and follow-up procedures as allowed by current law(s).
4. Health care professional's written opinion.
5. A copy of the information provided to the health care professional.

CAL-OSHA Recordkeeping

- Each occupational exposure shall be documented.

Sharps Injury Log

Health Services establishes and maintains a sharps injury log to record percutaneous injuries

from contaminated sharps.

- The information in the sharps injury log is recorded and maintained for a period of 5 years from the date the exposure incident occurred.
- The Health Technician will send the original log to Health Services, keeping a copy at the site and sending a copy to Risk Management.

Schedule of Implementation

Training, personal protection equipment (PPE) and housekeeping requirements are ongoing.

- New devices or techniques for preventing the spread of communicable diseases at the worksite shall be ongoing and included in the annual review of the Exposure Control Plan. (See above)
- Hepatitis B vaccination series for at-risk employees shall be offered upon employment or immediately, if the employee becomes at-risk by an assignment change (see section titled Hepatitis B Vaccination Series for full information).

Exposure Reporting Procedures and Related Forms

For Exposed Employee

1. Employee reports exposure to immediate supervisor and fills out the *Post Exposure Report*. (BP-1)
2. Site Administrator or designee and District School Nurse or Designee signs the *Post Exposure Report*. (BP-1)
 - a. If exposure was the result of a Sharps Injury, Health Services must also complete the *Sharps Injury Log*, (BP-2), and send a copy to Risk Management.
3. If exposure is confirmed by nursing staff, exposed employee must also complete *Offer of Testing and Medical Services to Exposed Employee*. (BP-3)
4. Site Administrator or designee faxes the following completed forms to Risk Management at 943-5356, and sends original in district mail.
 - a. *Post Exposure Report*. (BP-1)
 - b. *Offer of Testing and Medical Services to Exposed Employee*. (BP-3)
5. If services are requested, Exposed Employee will be provided with the *Authorization for Medical Services to Exposed Employee* (BP-4) and other required documentation to be delivered to the medical facility. The Risk Manager or the District School Nurse will schedule/confirm testing and counseling with Inland Urgent Care and ensure the following documentation is delivered to Inland Urgent Care or other medical facility used.
 - a. Copy of the *Post Exposure Report*, which includes exposed employee's job duties as they relate to the incident. (BP-1)
 - b. Copy of exposed employee's *Offer of Testing and Medical Services to Exposed Employee*. (BP-3)
 - c. Copy of District Plan. (On file with Inland Urgent Care)
 - d. Copy of C.C.R Title 8, section 5391. (on file with Inland Urgent Care)

For Source Individual

1. If source individual is known, Site Administrator or designee fills out the *Source Individual Report*. (BP-5).
2. Site Administrator or designee, have the source individual fill out the *Consent to Test Source Individual & Authorization to Release Test Results*. (Student BP-6, or Adult BP-7)
 - a. If source individual is a student, the Administrator must contact the parent or guardian to determine if consent will be granted to PUHSD to provide for testing for HBV, HCV and HIV as well as authorization to make those tests results available to the exposed individual. *Consent to Test Source Individual (Student) & Authorization to Release Test Results*, (Student BP-6) must be completed by parent or guardian. Parent or guardian will be provided a true copy.
 - b. If source individual is an adult, the source individual needs to complete the *Consent to Test Source Individual (Adult) & Authorization to Release Test Results*. (Adult BP-7) Source Individual will be provided a true copy.
3. Site Administrator or designee sends by fax the *Source Individual Report* (BP-5) and the *Consent to Test Source Individual & Authorization to Release Test Results* (Student BP-6 or Adult BP-7) to Risk Management 943-5356. Please send originals to Risk Management by district mail.
4. When *Consent to Test Source Individual & Authorization to Release Test Results* are received, the source individual or parent/guardian shall be given the *Authorization for Testing Source Individual* (BP-8) and directed to Inland Urgent Care.
6. Risk Management or a District School Nurse will schedule/confirm testing and counseling with Inland Urgent Care and ensure the following documentation is delivered to Inland Urgent Care or other medical facility used.
 - a. *Copy of the Consent to Test Source Individual & Authorization to Release Test Results* (Student BP-6 or Adult BP-7)
 - b. *Copy of the Authorization for Services* (Source Individual; BP-8)

DOCUMENTATION/FOLLOW-UP

1. Risk Management will:
 - a. Maintain *Exposure Documentation Follow-up*. (BP-9)
 - b. Schedule testing and counseling, as needed.
 - c. Maintain a confidential file of all exposures.
 - d. Track the exposed incident as a potential workers' compensation issue.
 - e. Check all reporting documentation for completeness, upon receipt.

Related Forms

1. BP-10: Exposure Determination Worksheet.
 - Used to evaluate employee exposure to bloodborne pathogens based on job classification and/or duties.
2. BP-11: Offer of HBV; EE Request/Decline.
 - Offer of Hepatitis B vaccination series to employees with occupational exposure.
3. BP-12: Employee Responsibility Acknowledgement.
 - Employee accepts offer of Hepatitis B vaccination series and acknowledges responsibility to complete all three vaccinations.
4. BP-13: Authorization for HBV.
 - Authorization to obtain Hepatitis B vaccination series at no cost to the employee.
5. BP-14: Petition for HBV.
 - Process for employees to request the Hepatitis B vaccination series.

Perris Union High School District
Bloodborne Pathogen Exposure Reporting Procedures & Related
Forms

Form Number	Form Name	Responsible to Complete	Comments and Form Disbursement
BP-1	Post Exposure Report	Administrator or Designee	Copy to exposed employee & medical facility. Fax to Risk Management and forward original.
BP-2	Sharps Injury Log	Site Health Tech or District School Nurse	Keep copy on site; send original to Risk Management.
BP-3	Offer of Testing & Medical Services to Exposed Employee	Exposed Employee	Copy to exposed employee & medical facility. Fax to Risk Management and forward original.
BP-4	Authorization for Medical Services for Exposed Employee	Risk Management or District School Nurse	Send copy with employee to medical facility. Fax to Risk Management and forward original. Confidential file set up in Risk Management.
BP-5	Source Individual Report (If known)	Administrator or Designee	Fax to Risk Management and forward original.
BP-6	Consent to Test Source Individual (Student) & Authorization to Release Test Results	Parent or Legal Guardian of student	Copy to Parent or Guardian, copy to medical facility. Fax copy to Risk Management and forward original.
BP-7	Consent to Test Source Individual (Adult) & Authorization to Release Test Results	Source Individual	Copy to Source Individual, copy to medical facility. Fax copy to Risk Management and forward original.
BP-8	Authorization for Testing (Source Individual)	Risk Management or District School Nurse	Send copy with Source Individual, Parent or Legal Guardian to medical facility. Fax copy to Risk Management and forward original.
BP-9	Exposure Documentation & Source Follow-up	Risk Management	Maintain all exposure documentation, records and reports. Check for completeness.
BP-10	Exposure Determination Worksheet	Risk Management; Health Services; Human Resources; Site Admin.; Dept. Directors etc.	Used to evaluate exposure to BBP per job classification and/or duties.
BP-11	Offer of HBV; EE Request/Decline	Employee	Employees with occupational exposure accept or decline offer of HBV.
BP-12	Employee Responsibility Acknowledgement	Employee accepting offer or requesting HBV vaccination series	Employee signs after HBV vaccination are accepted/requested, approved and authorized. Original with R.M.
BP-13	Authorization for HBV	Employee	Employee takes to medical facility.
BP-14	Petition for HBV	Employee submits request; Administrator acknowledges request; DSN approves/denies; Risk Manager authorizes.	Petition evaluated on individual basis. When occupational exposure(s) are confirmed employee will be offered HBV series by Risk Management

**PUHSD BLOODBORNE PATHOGENS
POST EXPOSURE REPORT
CONFIDENTIAL**

Site Administrator or Designee: Complete and **FAX** to Risk Management within 24 hours of knowledge of a reported exposure **(951) 943-5356**.

1. Exposed Employee name: _____ SS#: _____

2. Position: _____ Site: _____

3. Employee's job duties as they relate to the exposure incident: _____

4. Has exposed employee completed the Hepatitis B vaccination series prior to this exposure?

Yes No Date: _____

5. Location where exposure occurred: _____

6. Day, date and time of exposure: _____ a.m./p.m.

7. Describe exposure circumstances:

a) Employee's activity at time of exposure: _____

b) Cause of Exposure: _____

c) Body Part contaminated: _____

d) Blood or OPIM present? Describe: _____

8. Were other employees or Minors exposed in this event? _____

Name(s): _____

POST EXPOSURE REPORT Cont.

CONFIDENTIAL

9. List witness(es): _____

10. Who was notified of this exposure? _____
11. What safeguards were provided and/or in use? _____

12. Describe first aid administered. _____

13. Who administered first aid? _____
14. Describe the custodial actions taken. _____

15. Who completed the clean-up and when? _____

16. Any other relevant comments? _____

Site Administrator or Designee

Date

Exposure Determination to be completed by District Nursing Staff

Exposure Confirmed

Exposure Not Confirmed

District School Nurse or Designee

Date

This report will be provided to the medical service provider if services are requested.

Distribution: Copy to exposed employee & medical facility. Fax to Risk Management and forward original.

PUHSD BLOODBORNE PATHOGENS SHARPS INJURY LOG

1. Date and time of the exposure incident: _____
2. Type and brand of sharp involved in the exposure incident: _____
3. Description of the exposure incident: _____

4. Job Classification of the exposed employee: _____
5. Department or work area where the exposure incident occurred: _____

6. Describe specific activity exposed employee was performing when incident occurred:

7. Describe how the incident occurred: _____

8. List the body part(s) involved in the exposure incident: _____

9. Did the sharp have engineered sharps injury protection (ESIP)? Yes No
If so, was it activated? Yes No
10. If there were no ESIP, what is the injured employee's opinion as to whether such a mechanism could have prevented the injury? _____

11. What is the employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury? _____

Distribution: Keep copy on site; send original to Risk Management

**PUHSD BLOODBORNE PATHOGENS
OFFER OF TESTING & MEDICAL SERVICES
TO EXPOSED EMPLOYEE
CONFIDENTIAL**

DATE OF EXPOSURE: _____

EXPOSED PERSON: PLEASE READ THE FOLLOWING

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B, Hepatitis C, HIV infection or other serious illnesses. I further understand that I am being given the opportunity to have my blood collected, to be vaccinated with Hepatitis B vaccine, to receive HCV, HIV and other serious disease counseling at no charge to me.

SIGN THE STATEMENT THAT APPLIES TO YOUR DECISION.

I DECLINE the offer of testing and medical services including the collection of my blood, the Hepatitis B vaccination series, HCV, HIV and other serious disease counseling at this time. I understand that by declining these services, I continue to be at risk of acquiring HBV, HCV, HIV or other serious diseases. In the future, if I wish to have my blood collected, to be vaccinated with Hepatitis B vaccine, to receive HCV, HIV and other serious disease counseling, I can receive these services at no charge to me.

I will notify my supervisor or the District in writing if I wish to proceed with any of these services in the future.

Name: _____ Date: _____

Social Security No: _____

I ACCEPT the offer of testing and medical services that may include the collection of my blood, the Hepatitis B vaccination series, and HCV, HIV or other serious disease counseling at this time. Please make arrangements for these services.

I understand that all test results are confidential and they do not have to be made available to the District by the provider of services or by myself.

Name: _____ Date: _____

Social Security No: _____

Distribution: Copy to exposed employee & medical facility. Fax to Risk Management and forward original.



BLOODBORNE PATHOGENS AUTHORIZATION FOR MEDICAL SERVICES FOR EXPOSED EMPLOYEE

Date: _____

To: Inland Urgent Care of Menifee
27168 Newport Rd., Ste. 1
Menifee, CA 92584
Telephone: (951) 246-3033

SUBJECT: Medical Services Authorized as needed: HBV, HCV, and HIV Testing
HBV Vaccination Series
Medical Risk and Treatment Options
Counseling

This letter authorizes you to provide services to _____
SS # _____, in accordance with the Perris Union High School District's **Exposure Control Plan for Blood Borne Pathogens** (referred to as "Plan"). Enclosed are the following documents:

- () 1. BP-1, Copy of **Post Exposure Report**, which includes exposed employee's job duties as they relate to the exposure incident.
- () 2. BP-3, **Offer of Testing & Medical Services to Exposed Employee.**
- () 3. Source individual's test results, if available, and allowable by law.
- () 4. Copy of Plan (currently on file with Inland Urgent Care).
- () 5. Copy of C.C.R. Title 8, § 5193 (currently on file with Inland Urgent Care).

RESULTS ARE TO BE PROVIDED DIRECTLY TO TESTED INDIVIDUAL ONLY.

Please complete the evaluation in accordance with the Plan and bill the District for any and all charges related to this exposure incident. It is requested that your office report to the District by telephone and in writing the date counseling services and test results were provided to the tested individual.

The District is to be billed for the services requested in this letter at the following address:

Judy Miller, Risk Manager	Phone: (951) 943-6369
Perris Union High School District	Fax: (951) 943-5356
155 E. 4 th Street	
Perris, CA 92570	

Please call the Risk Management Office with any questions regarding this information.

Distribution: Send copy with employee to medical facility. Fax to Risk Management and forward original.

**PUHSD BLOODBORNE PATHOGENS
SOURCE INDIVIDUAL REPORT
CONFIDENTIAL**

Site Administrator or Designee: Complete and **FAX** to Risk Management within 24 hours of knowledge of a reported exposure **(951) 943-5356**.

1. Date of Incident: _____ Site: _____
2. Location where exposure occurred: _____
3. Name of Source Individual: _____
(unless District establishes identification is not feasible or is prohibited by law)*

IF THE SOURCE INDIVIDUAL IS A MINOR:

4. Has parent or guardian been notified of incident? Yes No
5. When and how did notification occur? _____

6. Name of Site Administrator making Parent Contact _____
7. Name of Parent or Legal Guardian _____
8. Written consent to test the Source Individual obtained? Yes No
If yes, has written consent been received? Yes No
(Use consent form BP - 6)

Report Completed by: _____ Date: _____
Site Administrator

***Director of Pupil Services will determine if identification is permitted by law.** Reference: Health & Safety Code: Chapters 1.11, 1.12, Sections 199.21, 199.30, 199.31 and 199.37

Distribution: Fax to Risk Management and forward original.

**PUHSD BLOODBORNE PATHOGENS
CONSENT TO TEST SOURCE INDIVIDUAL (MINOR)
CONFIDENTIAL**

I am the parent or legal guardian of _____ . I give consent to Perris Union High School District to provide testing for HBV, HVC and HIV as a result of a blood exposure incident on (date): _____ at _____ School.

I understand that test results will be provided to me by the medical/testing facility and that the results do not have to be made available to the school district or to the individual involved in the blood exposure incident. I further understand that I must give written permission to make test results available to the school district or to any other individual(s) involved in this incident.

I have been informed that I have the right to receive a copy of this consent to test and I hereby acknowledge receipt of a true copy of the **Consent to Test Source Individual (Minor)**. A copy of this Consent to Test shall be as valid as an original of same.

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

**AUTHORIZATION TO RELEASE TEST RESULTS (MINOR)
CONFIDENTIAL**

I confirm that I am either the parent or legal guardian of the Minor listed above and hereby give written authorization to make blood test results from said Minor available to the individual(s) involved in the exposure incident described above through the medical facility. I also understand that any information pertaining to the incident described above will remain confidential.

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Distribution: Copy to Parent or Guardian, copy to medical facility. Fax to Risk Management and forward original.

**PUHSD BLOODBORNE PATHOGENS
CONSENT TO TEST SOURCE INDIVIDUAL (ADULT)
CONFIDENTIAL**

I, _____, give consent to Perris Union High School District to provide testing for HBV, HVC and HIV as a result of a blood exposure incident on (date) _____, at _____ School.

I understand that test results will be provided to me by the medical/testing facility and that the results do not have to be made available to the school district or to the individual involved in the blood exposure incident. I further understand that I must give written permission to make test results available to the school district or to any other individual(s) involved in this incident.

I have been informed that I have the right to receive a copy of this authorization and I hereby acknowledge receipt of a true copy of the **Authorization and Consent to Test**. A copy of this Authorization and Consent to Test shall be as valid as an original of same.

Print Name: _____

Signature: _____

Date: _____

**AUTHORIZATION TO RELEASE TEST RESULTS
CONFIDENTIAL**

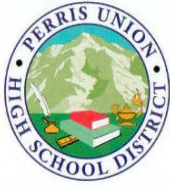
I give written authorization to make my blood test results available to the individual(s) involved in the exposure incident described above through the medical facility. I also understand that any information pertaining to the incident described above will remain confidential.

Print Name: _____

Signature: _____

Date: _____

Distribution: Copy to source individual; copy to medical facility. Fax to Risk Management and forward original.



BLOODBORNE PATHOGENS AUTHORIZATION FOR TESTING SOURCE INDIVIDUAL

Date: _____

To: Inland Urgent Care of Menifee
27168 Newport Rd., Ste. 1
Menifee, CA 92584
Telephone: (951) 246-3033

SUBJECT: Authorized for testing as needed: HBV, HCV and HIV TESTING

This letter authorizes you to provide the above services to:

in accordance with the Perris Union High School District's Exposure Control Plan for Bloodborne Pathogens.
Enclosed is the following document:

() 1. **Consent to Test & Authorization to Release Test Results**

(Minor BP-6 or Adult BP-7)

Please bill the District for any and all charges related to this exposure incident. It is requested that your office notify the District by telephone with follow-up in writing of the date test results were provided to the tested individual or the tested individual's parent or legal guardian.

Please call Risk Management at (951) 943-6369 ext. 130 with any questions regarding the information in this letter.

Distribution: Send copy Source Individual, Parent or Guardian to medical facility. Fax to Risk Management forward original.

**PUHSD BLOODBORNE PATHOGENS
EXPOSURE DOCUMENTATION & SOURCE FOLLOW-UP
CONFIDENTIAL**

EXPOSURE DATE: _____ SS# _____

EMPLOYEE NAME: _____

EXPOSED EMPLOYEE (EE) FOLLOW-UP:

1. Exposure Report received on (date): _____
2. EE Consent to Test/Decline provided on: _____ Date Returned on: _____ Date
3. EE Testing scheduled on: _____ Date
4. Medical/Testing Facility Name: _____
Address: _____

Phone No: _____ Fax No: _____
5. Documents provided to Medical/Testing Facility:
() BP-1 Copy of Post Exposure Report (including employee's job duties)
() Source Test Results, if available () BP-3 Offer of Testing & Medical Services
() Copy of District Plan (on file) () BP-4 Authorization for Medical Services
6. Employee's test results provided to EE by medical/testing facility on: _____ Date
7. Source Individual's Test Results* provided to EE on: _____ Date

SOURCE FOLLOW-UP

1. Source Individual Report received? Yes (Date) _____ No
 2. Written Consent to Test Source received? Yes (Date) _____ No
 3. Source Testing scheduled on _____ Date
 4. Medical/Testing Facility name and address: _____

 5. Medical/Testing Results provided to Source Individual by testing facility on: _____ Date
- This form completed by: _____

*Reference: Health & Safety Code: ___ Chapters 1.11, 1.12, Sections 199.21,199.30, 99.31,199.37

**PUHSD BLOODBORNE PATHOGENS
EXPOSURE DETERMINATION WORKSHEET**
(To Add Job Classifications to Class I)

Please complete one form for each job classification, listing the tasks (duties) that may cause an employee to be exposed, the frequency of the exposure risk (routine or occasional), and if the exposure applies to all employees in the same classification.

Employee Position Classification: _____

Locations where this position is assigned:

Tasks and Procedures	Exposure Risk: (Indicate if risk is routine or occasional)	If <u>all</u> employees in this Classification are at risk
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional comments regarding potential risks:

Engineering controls and/or work practices to consider:

Exposure Confirmed Exposure Not Confirmed

District Representative

Date

Employee Responsibility Acknowledgment Hepatitis B Vaccination

In compliance with our Bloodborne Pathogens Plan, the Perris Union High School District has determined that all employees in the following job classifications and responsibilities have potential occupational exposure:

Attendance Tech/Health Aide
Certified Nursing Assistant
District School Nurse
Para educators Severely Handicapped

Campus Supervisor
Custodian
Maintenance/Plumber

I am a Perris Union High School District employee or substitute that is covered under the Bloodborne Pathogen Exposure Plan. I have received training that included:

- C.C.R. Title 8, Section 5193, where an access copy is kept at my site.
- General explanation of the epidemiology and symptoms of bloodborne diseases.
- Modes of transmission.
- PUHSD's Exposure Control Plan and how to obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and OPIM.
- Methods of Compliance: Universal precautions, engineering controls, work practice controls and PPE.
- Decontamination and Disposal: Types, proper use, location, removal, handling, decontamination and disposal of PPE.
- Hepatitis B Vaccination information including: Efficacy, safety, method of administration, benefits, and free immunization to eligible Level I employees (covered under the ECP).
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- Exposure Incident: Explanation of the procedure to follow if an exposure incident occurs, including reporting the incident, medical follow-up available and procedure for recording the incident of the Sharps Injury Log.
- Post-exposure evaluation and follow-up.
- Signs and labels.

I have accepted the offer to receive the Hep B vaccination series and have been given the authorization form to receive the vaccination series through Inland Urgent Care at no cost to me. The Hepatitis B vaccine will be given in 3 doses over a six-month period. I understand that I am responsible to complete all three vaccinations in the time frame disclosed by Inland Urgent Care.

Employee Name (*please print*)

Employee Signature

Employee Position/Title

Site

Date

Authorization for Hepatitis B Vaccination Employees Eligible for Hepatitis B Vaccine

This form must be submitted to Medical Personnel in order to receive Hepatitis B Vaccinations. Vaccinations are provided **at no cost to the employee** at Inland Urgent Care at 27168 Newport Rd., Suite 1, Menifee, CA 92584.

Employee Name *(please print)*

Employee Position/Title

Site

- 1) **Call for an appointment at (951) 246-3033.**
- 2) **Bring this Authorization form with you to all 3 visits at Inland Urgent Care:
27168 Newport Rd., Suite 1
Menifee, CA 92584**
- 3) **Enter the date of each shot below and have the administering nurse initial it.**
- 4) **When last shot is completed, return this form to PUHSD Risk Management Office.**
- 5) **KEEP A COPY FOR YOUR RECORDS.**

The employee understands that they are to consult with their private physician in order to receive information regarding the Hepatitis B vaccinations and their health history.

Employee Signature

Date

**DATES OF
VACCINATIONS**

**NURSE
INITIALS**

Risk Manager must sign below to authorize vaccination series.

Risk Manager

Date

Petition for Hepatitis B Vaccine

(Complete and return to Risk Management)

Each request will be evaluated on an individual basis. If occupational exposure is confirmed the District will consider possible engineering controls, work practice controls and/or offer the Hepatitis B vaccination series.

Name: _____ Date: _____

Position: _____ Site: _____

I understand that my present job classification and associated responsibilities have not been identified by the District as having occupational exposure or reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of my duties.

While performing my job responsibilities, I am frequently involved in the following tasks, which I feel put me at risk for contact with blood or other potentially infectious materials:

Task	Frequency	Potentially Infectious Material
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am requesting the Hepatitis B vaccination series at no cost to myself.

Employee Signature

Administrator or Supervisor's Signature

PETITION RESPONSE

Request Approved: **Hepatitis B Vaccination Authorization enclosed.**

Request Denied: **Will initiate the following engineering controls and/or work practice controls.**

District School Nurse

Date

Comment: Employee submits request; Administrator acknowledges request; DSN approves/denies; Risk Manager authorizes

Safety in the Biology Laboratory from the Science Safety Handbook for California Public Schools

Human Blood Sampling

Blood sampling or typing in the Biology Lab is allowed as long as the following procedures are followed:

- Only done on a voluntary basis.
 - Only by those student volunteers who submit a permission note signed by a parent or legal guardian who has been provided with information on risks.
 - Through self-administered blood draws by each volunteer.
 - In a manner consistent with the school's exposure control plan.
1. Several days before providing the opportunity for voluntary blood sampling by students, discuss with the students the techniques they will learn. Emphasize that for most students this is a perfectly safe procedure (except for possible infection from someone else's blood); discuss the risks for hemophiliacs and others. Emphasize also that the results of the tests are not to be considered valid for diagnostic purposes.

Explain to the class that students must *not* participate in the blood sampling if they have any known medical problem, especially any of the following conditions:

- Diabetes.
- Excessive bleeding (characteristic of hemophiliacs and users of prescribed drugs that lengthen clotting time, such as Coumadin, or drugs prescribed for a heart condition).

- Hepatitis (during the preceding year). If Hepatitis B or C is involved, a student may still be a carrier and could infect other students from contact with blood on table tops, broken lancets, and so forth.
- Chronic pyoderma (skin pus areas, recurring boils). Students with this condition would likely have skin contaminated with staphylococcus and streptococcus bacteria. Puncturing of such contaminated skin could produce a new infection site. If the lancet were accidentally reused, it could transmit the bacteria to other students.
- Infection with HIV. The blood can transmit the virus from an infected person to another person if the virus gains entrance into the blood of that other person.
- Students with any such medical problems do not need to tell the teacher or their classmates; they simply would not bring to school a note of permission from their parents. Thus they need not be embarrassed about or reveal their medical problem.
- The majority of students who carry Hepatitis B or C or HIV are not aware that they are infected. For this reason teachers and students should follow the universal safety precautions:



Bloodborne Pathogen Standard
California Code of Regulations Title 8, § 5193

Bloodborne Pathogen Standard

California Code of Regulations Title 8, §5193

§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.

“Hand washing 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 is 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.

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 judgment, 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

b. 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 bench tops 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. Leak-proof 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 work shift if they may have become contaminated during the shift.

(I) Hygiene.

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

2. When provision of hand washing 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, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.

(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, orthopedic 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, leak-proof, 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-door 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 re-circulated 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 nonemergency 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. Repealed of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection re-lettering, 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

Miscellaneous Resources and Materials

BBP ECP Summary of Responsibility Outlines For:

**Athletic Coaches
Athletic Directors
Custodial Staff
District School Nurse (DSN)
Health Office Staff
Site Administrators**



**PERRIS UNION HIGH SCHOOL DISTRICT
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
SUMMARY FOR ATHLETIC COACHES**

Hepatitis B vaccination series is available at no cost to all at risk employees that have been identified as having occupational exposure to bloodborne pathogens. The following are classifications where all employees are at risk and classifications where some employees are at risk:

1. **All employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series.**
 - Attendance Tech/Health Aide
 - Certified Nursing Assistant
 - District School Nurse
 - Para educators Severely Handicapped
 - Campus Supervisor
 - Custodian
 - Maintenance/Plumber

2. **Some employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series on an individual basis, after the Petition for Hepatitis B Vaccine is submitted and approved by the District School Nurse and/or the Risk Manager.**
 - Adaptive P.E. Teachers, Special Education
 - Special Education Teacher for the Emotionally Disturbed (ED)
 - Speech Therapists
 - Athletic Coaches
 - Special Education Teacher for the Severely Handicapped (SH)

Athletic Coaches Responsibilities:

1. **Understand rights and responsibilities under the District's Bloodborne Pathogen Plan that include:**
 - a. **Hep B vaccination series at no cost to PUHSD employee's if exposure is occurring by completing and submitting the Petition found in section 4 of the plan:**
 - i. Completed *Petitions* are signed by administrator or supervisor to acknowledge request. Each request will be evaluated on an individual basis; approved or denied by the District School Nurse and returned to Risk Management. If approved, Risk Manager will authorize vaccinations at a local medical facility.
 - b. **Appropriate work practice controls for cleaning body fluid spills.** Always wear gloves, use approved disinfectant, paper or disposable towels, don't cross contaminate work surfaces and wash hands often.
 - c. **Universal Precautions.** Treat all body fluids as if they were infected, wash your hands before and after any personal hygiene tasks, and use PPE when appropriate
 - d. **District's policy regarding regulated waste, and disposal.** If regulated waste is generated, contact Risk Management for pickup (951-943-6369 Ext. 80282, or email judy.miller@puhsd.org).
 - e. **Responsibility to report to Administrator/Risk Management.** The District's Plan contains written reporting procedures/forms that involve the Site Administrator and District School Nurse.

2. **Use personal protective equipment (PPE), primarily gloves when exposure to blood or other potentially infected material (use correctly).**

3. **Ensure that all team coaches and staff supervising team activities have first aid kits with hand sanitizer or hand antiseptic cleanser and clean paper towels or antiseptic towelettes.**

Standardized Products protect against BBP and MRSA

1. The district has implemented standardized disinfectants for restrooms, locker rooms, wrestling mats, weight/fitness equipment and artificial turf field. Contact your Plant Supervisor, AD, Maintenance & Operations Supervisor or Risk Manager for directions on specific products and their use.
2. Emergency Clean Up powder... absorbs 100 times its weight in liquid(s).



PERRIS UNION HIGH SCHOOL DISTRICT BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN SUMMARY FOR ATHLETIC DIRECTORS

Hepatitis B vaccination series is available at no cost to all at risk employees that have been identified as having occupational exposure to bloodborne pathogens. The following are classifications where all employees are at risk and classifications where some employees are at risk:

1. **All employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series.**
 - Attendance Tech/Health Aide
 - Certified Nursing Assistant
 - District School Nurse
 - Para educators Severely Handicapped
 - Campus Supervisor
 - Custodian
 - Maintenance/Plumber

2. **Some employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series on an individual basis, after the Petition for Hepatitis B Vaccine is submitted and approved by the District School Nurse and/or the Risk Manager.**
 - Adaptive P.E. Teachers, Special Education
 - Special Education Teacher for the Emotionally Disturbed (ED)
 - Speech Therapists
 - Athletic Coaches
 - Special Education Teacher for the Severely Handicapped (SH)

Athletic Directors Responsibilities:

1. **Keep a copy of PUHSD's Bloodborne Pathogen Exposure Control Plan and make it available to athletic staff.**
2. **Assist the Risk Manager by setting up training for coaches, PE teachers, and trainers.**
3. **Understand rights and responsibilities under the District's Bloodborne Pathogen Plan that include:**
 - a. **Hep B vaccination series at no cost to PUHSD employee's if exposure is occurring by completing and submitting the Petition found in section 4 of the plan:**
 - i. Completed *Petitions* are signed by administrator or supervisor to acknowledge request. Each request will be evaluated on an individual basis; approved or denied by the District School Nurse and returned to Risk Management. If approved, Risk Manager will authorize vaccinations at a local medical facility.
 - b. **Appropriate work practice controls for cleaning body fluid spills.** Always wear gloves, use approved disinfectant, paper or disposable towels, don't cross contaminate work surfaces and wash hands often.
 - c. **Universal Precautions.** Treat all body fluids as if they were infected, wash your hands before and after any personal hygiene tasks, and use PPE when appropriate
 - d. **District's policy regarding regulated waste, and disposal.** If regulated waste is generated, contact Risk Management for pickup (951-943-6369 Ext. 80282, or email judy.miller@puhsd.org).
 - e. **Responsibility to report to Administrator/Risk Management.** The District's Plan contains written reporting procedures/forms that involve the Site Administrator and District School Nurse.
4. **Use personal protective equipment (PPE), primarily gloves when exposure to blood or other potentially infected material (use correctly).**
5. **Ensure that all team coaches and staff supervising team activities have first aid kits with hand sanitizer or hand antiseptic cleanser and clean paper towels or antiseptic towelettes.**

Standardized Products protect against BBP and MRSA

1. The district has implemented standardized disinfectants for restrooms, locker rooms, wrestling mats, weight/fitness equipment and artificial turf field. Contact your Plant Supervisor, AD, Maintenance & Operations Supervisor or Risk Manager for directions on specific products and their use.
2. Emergency Clean Up powder... absorbs 100 times its weight in liquid(s).



PERRIS UNION HIGH SCHOOL DISTRICT BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN SUMMARY FOR CUSTODIAL STAFF

Custodians have been identified as having occupational exposure and will be offered the Hepatitis B Vaccination series; for more details see the Bloodborne Pathogen Exposure Control Plan. Copies can be found in every Health Office, with every Principal's Secretary, Plant Managers, Athletic Directors and each District Administrative division.

Custodial Responsibilities:

- 1. Understand the appropriate work practice controls when cleaning restrooms, locker rooms, weight rooms, Special Ed (SH) rooms, Health Offices, and miscellaneous body fluid spills.**
 - Make sure to follow appropriate infection control measures; always wear gloves, use approved disinfectant, paper or disposable towels, color coded mops, don't cross contaminate work surfaces and wash hands often.
- 2. Understand right to use personal protective equipment (PPE), and the responsibility to use it correctly.**
 - Let supervisor know when PPE is needed (primarily disposable gloves).
- 3. Understand the importance of using Universal Precautions.**
 - Treat all body fluids as if they were infected, wash your hands before and after any personal hygiene tasks, and use PPE when appropriate.
- 4. Understand District policy regarding regulated waste, and disposal.**
 - If regulated waste is generated, contact Risk Management for pickup (951-943-6369 Ext. 80282, or email judy.miller@puhsd.org).
- 5. Understand right to receive the Hep B vaccination series at no cost and the responsibility to follow through and complete all three vaccinations, if accepted.**
 - Employees have a legal right to decline, and can change their mind at any time. Substitutes are also covered, but must complete/submit Petition found in section 4 of the Bloodborne Exposure Control Plan to supervisor; evaluated on case by case basis; accepted or denied by District School Nurse; authorized by the Risk Manager.
- 6. Understand risk of exposure and responsibility to report exposure to supervisor.**
 - The District's Plan contains written reporting procedures/forms that involve the site administrator and District School Nurse.

Standardized Products:

1. The District has implemented standardized disinfectants. Contact your Plant Supervisor, Lead Custodian, Athletic Director, Maintenance & Operations Supervisor or Risk Manager for directions on specific products and their use.
2. Emergency Clean Up powder... absorbs 100 times its weight in liquid(s).
3. Hand sanitizer is available for any classroom/area without hand washing facilities readily available. Contact your Plant Supervisor, the Maintenance & Operations Supervisor or Risk Manager.



**PERRIS UNION HIGH SCHOOL DISTRICT
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
SUMMARY FOR DISTRICT SCHOOL NURSE (DSN)**

Hepatitis B vaccination series is available at no cost to all at risk employees that have been identified as having occupational exposure to bloodborne pathogens. The following are classifications where all employees are at risk and classifications where some employees are at risk:

1. **All employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series.**
 - Attendance Tech/Health Aide
 - Certified Nursing Assistant
 - District School Nurse
 - Para educators Severely Handicapped
 - Campus Supervisor
 - Custodian
 - Maintenance/Plumber

2. **Some employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series on an individual basis, after the Petition for Hepatitis B Vaccine is submitted and approved by the District School Nurse and/or the Risk Manager.**
 - Adaptive P.E. Teachers, Special Education
 - Special Education Teacher for the Emotionally Disturbed (ED)
 - Speech Therapists
 - Athletic Coaches
 - Special Education Teacher for the Severely Handicapped (SH)

District School Nurse Responsibilities:

1. **Fill out applicable forms when reporting bloodborne pathogen exposures.** There is a written procedure and corresponding forms that involves the site administrator and District School Nurse.
2. **Sign District's *Petition for Hepatitis B Vaccine*,** when requested by any staff member that encounters or perceives exposure to bloodborne pathogens whether or not they have been identified as an at risk employee (Substitutes are covered under the standard).
 - a. Petitions are signed by administrator or supervisor to acknowledge request, and then are approved or denied by the District School Nurse and/or the Risk Manager. If occupational exposure is confirmed consider possible engineering controls, work practice controls and/or offering the Hepatitis B vaccination series.
 - b. Each request is evaluated on an individual basis and returned to Risk Management when completed.
3. **Incorporate PUHSD BBP ECP information into training.**

Other Changes/Additions:

1. Standardized disinfectants that are EPA Registered, HBV rated. Contact your Plant Supervisor, AD, Maintenance & Operations Supervisor or Risk Manager for directions on specific products and their use.
2. Emergency Clean Up powder... absorbs 100 times its weight in liquid(s).
3. Hand sanitizer is available for any classroom/area without hand washing facilities readily available. (Contact the Plant Supervisor, Maintenance & Operations Supervisor or Risk Manager).



**PERRIS UNION HIGH SCHOOL DISTRICT
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
SUMMARY FOR HEALTH OFFICE STAFF (HEALTH AIDE/CNA)**

Hepatitis B vaccination series is available at no cost to all at risk employees that have been identified as having occupational exposure to bloodborne pathogens. The following are classifications where all employees are at risk and classifications where some employees are at risk:

1. **All employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series.**
 - Attendance Tech/Health Aide
 - Certified Nursing Assistant
 - District School Nurse
 - Para educators Severely Handicapped
 - Campus Supervisor
 - Custodian
 - Maintenance/Plumber

2. **Some employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series on an individual basis, after the Petition for Hepatitis B Vaccine is submitted and approved by the District School Nurse and/or the Risk Manager.**
 - Adaptive P.E. Teachers, Special Education
 - Special Education Teacher for the Emotionally Disturbed (ED)
 - Speech Therapists
 - Athletic Coaches
 - Special Education Teacher for the Severely Handicapped (SH)

Health Office Responsibilities:

1. **Keep copy of *BBP ECP*.** All employees have a right to have access to the ECP.
2. **Inspect, maintain and replace sharps containers.** Contact Receiving or Risk Management for pickup at 951-943-6369 Ext. 80233 or 80282.
3. **Maintain Sharps Injury Log.** Copy required at site for no less than five years (Copy all reports to Risk Management).
4. **Understand District policy regarding regulated waste.** If regulated waste is generated, contact Risk Management for pickup (951-943-6369 Ext. 80282, or email judy.miller@puhsd.org).
5. **Give copy of District's *Petition for Hepatitis B Vaccine*,** when requested by any staff member that encounters or perceives exposure to bloodborne pathogens whether or not they have been identified as an "at risk employee" (Substitutes are covered under the standard).
 - a. Petitions are signed by administrator or supervisor to acknowledge request, and then are approved or denied by the District School Nurse and/or the Risk Manager. Each request will be evaluated on an individual basis and returned to Risk Management when completed.
6. **Understand the applicable forms and procedures for reporting bloodborne pathogen exposures.** There is a written procedure and corresponding forms that involves the Site Administrator and District School Nurse.

Other Changes/Additions:

1. Petition available to request Hep B vaccination series. Requests should be evaluated on a case by case basis, and returned to Risk Management when completed (accepted or denied by DSN or Risk Manager).
2. Standardize disinfectants that are EPA Registered, HBV rated. Contact your Plant Supervisor, AD, Maintenance & Operations Supervisor or Risk Manager for directions on specific products and their use.
3. Emergency Clean Up powder... absorbs 100 times its weight in liquid(s).
4. Hand sanitizer is available for any classroom/area without hand washing facilities readily available. (Contact your Plant Supervisor, Maintenance & Operations Supervisor or Risk Manager).



**PERRIS UNION HIGH SCHOOL DISTRICT
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
SUMMARY FOR SITE ADMINISTRATORS**

Hepatitis B vaccination series is available at no cost to all at risk employees that have been identified as having occupational exposure to bloodborne pathogens. The following are classifications where all employees are at risk and classifications where some employees are at risk:

1. **All employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series.**
 - Attendance Tech/Health Aide
 - Certified Nursing Assistant
 - District School Nurse
 - Para educators Severely Handicapped
 - Campus Supervisor
 - Custodian
 - Maintenance/Plumber

2. **Some employees in the following job classifications and responsibilities have occupational exposure and will be offered the Hepatitis B vaccination series on an individual basis, after the Petition for Hepatitis B Vaccine is submitted and approved by the District School Nurse and/or the Risk Manager.**
 - Adaptive P.E. Teachers, Special Education
 - Special Education Teacher for the Emotionally Disturbed (ED)
 - Speech Therapists
 - Athletic Coaches
 - Special Education Teacher for the Severely Handicapped (SH)

Administrative Responsibilities:

1. **Provide all necessary personal protective equipment (PPE)** such as gloves, facemasks etc., as needed to prevent or minimize exposure to Bloodborne Pathogens (BBP).
2. **Make hand-washing facilities available to all employees.** When hand-washing facilities are not feasible, the employee shall be provided appropriate antiseptic hand sanitizer or antiseptic towelettes.
 - a. Hand sanitizer is available for any classroom/area without hand washing facilities readily available. Contact your Plant Supervisor, Maintenance & Operations Supervisor or Risk Manager.
3. **Fill out applicable forms when reporting bloodborne pathogen exposures.** There is a written procedure and corresponding forms that involve the site administrator and District School Nurse.
4. **Sign District's *Petition for Hepatitis B Vaccine*** when submitted by any staff member that encounters exposure to bloodborne pathogens whether or not they have been identified as an at risk employee (Substitutes are covered under the standard).
 - a. Petitions are signed by administrator or supervisor to acknowledge request, and then are approved or denied by the District School Nurse and/or the Risk Manager. If occupational exposure is confirmed the District will consider possible engineering controls, work practice controls and/or offering the Hepatitis B vaccination series.
 - b. Each request is evaluated on an individual basis and returned to Risk Management when completed
5. **Schedule and conduct staff BBP training.** Work with Risk Management to schedule and conduct BBP training, for staff.