|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C:\Users\hcastro\Documents\Logos\BRS_no_white.png |  | **Blood borne Pathogens Exposure Control Plan** |  |  |
|  |  |  | **Instructions** |  |
|  |
| **Program Development** |  | The following sample program is provided to assist you with the preparation and implementation of an effective blood borne pathogens exposure control program. question.JPGInformation for the development of your program is provided in the program guide included with this program. You will see question mark icons throughout the document. These are hyperlinks that will take you directly to relevant information in the program guide, and each section in the program guide has a “Back” button to return you to program. You will need to provide information in several areas within the program. The information needed will be indicated by ***BLUE TEXT***. Other areas of the program may need to be modified or eliminated depending on your organization. Once your program is customized, we recommend you copy the program material from this document, paste it into a new Word document, and remove the icons. |
|  |  |  | Provided by Bickmore Risk Services | 800.541.4591 |

**Policy and Elements of the Plan**

We provide a safe and healthful workplace for employees. Our organization’s policy is to establish, implement, and maintain an effective exposure control plan as required by the blood borne pathogens (BBP) regulation in *California Code of Regulations, Title 8 (8 CCR), Section 5193*. This written plan is designed to prevent or minimize employees’ occupational exposure to blood and other potentially infectious materials (OPIM). The plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (*8 CCR 3203*).

Our exposure control plan is made available upon request, for examination and copying, to our employees, the Chief of Cal/OSHA, and the National Institute for Occupational Health and Safety (or their respective designees) in accord with *8 CCR 3204*, “Access to Employee Exposure and Medical Records.”

Our organization’s written exposure control plan contains at least the following elements:

* Responsibility
* Exposure Determination
* Methods of Compliance
* Hepatitis B Vaccination
* Post Exposure Evaluation and Follow-up
* Communication of Hazards
* Information and Training
* Record Keeping

**Exposure Determination**

Employees in our organization have occupational exposure to blood borne pathogens. *Occupational exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties. *Parenteral contact* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions.

Our policy is to conduct exposure determinations throughout our facilities without regard to the use of personal protective equipment (PPE). We have committees, workgroups, lead person(s), or other individuals who conduct, evaluate, and periodically review exposure determinations. This process involves identifying all the job classifications, tasks, or procedures in which our employees may have occupational exposure to blood or OPIM.

Other methods or procedures we use to conduct exposure determinations are specified below:

***INSERT INFORMATION***

**Job Classifications in Which All Employees Have Occupational Exposure**

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

|  |  |  |
| --- | --- | --- |
| 1 |  6 | 11 |
| 2 |  7 | 12 |
| 3 |  8 | 13 |
| 4 |  9 | 14 |
| 5 | 10 | 15 |

**Job Classifications in Which Some Employees Have Occupational Exposure**

The only individuals who have occupational exposure in the job classifications listed below are those who perform the tasks/procedures noted.

|  |  |
| --- | --- |
| Job Classification | Tasks/Procedures in these Jobs that Have Occupational Exposure |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

**Methods of Implementation**

Our organization has developed a schedule and methods of implementation for the applicable subsections (d) through (h) of *8 CCR 5193*. We have determined which subsections are applicable to our organization and documented the pertinent information as follows:

Areas addressed in order to eliminate or minimize exposure to bloodborne pathogens include:

1. Universal Precautions (Total Body Substance Precautions)
2. Engineering and Work Practice Controls
3. Personal Protective Equipment (PPE)
4. Universal Precautions (Total Body Substance Precautions)

We require the use of universal precautions in order to prevent contact with blood or OPIM. Universal precautions are an infection control practice. It means all human blood and certain body fluids are treated as if they are known to be infected with HBV, HCV, HIV, and other diseases carried and transmitted by blood.

We consider all human blood or OPIM as infectious regardless of the source.

1. Engineering and Work Practice Controls



We utilize engineering and work practice controls to eliminate or minimize blood or OPIM exposure to employees. PPE will be utilized in conjunction with engineering controls. These engineering controls will be examined and updated on a regular schedule. We provide and enforce the use of the engineering and work practice controls, which could include:

1. Prohibited Practices
2. Requirements for Handling Contaminated Sharps
3. Hand Washing
4. Regulated Waste
5. Other Controls
6. Prohibited Practices
* In work areas where there is a reasonable likelihood of exposure to a blood borne pathogen or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, or cabinets or on counter tops or bench tops where a blood borne pathogen or OPIM is present.
* All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.
* Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. If needles or syringes are found, they should be handled with caution and placed in a biohazard sharps container.
* Needle clippers and other devices that shear, bend, or break contaminated needles are prohibited from use.
* Reusable sharps that are contaminated with blood or OPIM will not be stored or processed in a manner that will require an employee to reach by hand into the container where these sharps have been placed.
* Broken glassware that may be contaminated will not be directly handled with a gloved or bare hand. It will be handled by mechanical means (tongs, dustpan and broom). Contaminated broken glass will be placed in puncture-resistant containers and disposed of as biohazardous waste.
1. Requirements for Handling Contaminated Sharps
* A sharps container should always be within arm’s reach of an employee administering an IV or injection. The employee should always call out “Sharp Out” to warn others of the hazard. This is especially important with combative patients.
* All procedures involving the use of sharps in connection with patient care such as withdrawing body fluids; accessing a vein of artery; or administering vaccines, medications, or fluids will be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
* Immediately or as soon as possible after use contaminated sharps are placed in sharps containers.
* Sharps containers are rigid, puncture resistant, leak proof on the sides and bottoms, and portable when portability is necessary to ensure easy access by the user. The sharps containers are closable. When closed, the containers are leak resistant and incapable of being reopened without great difficulty. Such containers are labeled with the universal biohazard symbol and replaced frequently enough to prevent overfilling.
* Sharps containers are readily available in areas where sharps waste may be generated. They must remain upright throughout use and be replaced as necessary to avoid overfilling. Sharps containers are emptied before they are three-quarters full. Disposable sharps containers are not reopened, emptied, or accessed in any way.
* Close the sharps container immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
* Place the sharps container in a secondary container if leakage of the primary container is possible. The second container must be capable of being sealed and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The second container must be labeled or color-coded to identify its contents.
* To prevent exposures to the risk of percutaneous injuries (breaking skin), employees must not, under any circumstances, open, empty, or manually clean (or clean in any other manner) reusable containers.
* Place other regulated waste in containers that are closeable and constructed to contain all the contents and prevent leakage of fluids during handling, storage, transportation, and shipping. (Once again, try to place all bio-waste materials on the ambulance prior to departure.)



1. Hand Washing

We ensure hand-washing supplies are available to those exposed to blood or OPIM. Cal/OSHA requires these facilities be readily accessible after incurring exposure. If hand-washing facilities are not feasible, we will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes to remove the blood or OPIM. If these alternatives are used, the hands are to be washed with soap and running water as soon as feasible. We provide the following supplies for emergency hand-washing use until employees can have access to soap and water:

|  |  |
| --- | --- |
| Hand-Washing Supplies | Location |
|  |  |
|  |  |
|  |  |
|  |  |



1. Regulated Waste

We dispose of all regulated waste in accordance with applicable federal, state, and local regulations. (It is recommended that all bio waste gets placed on ambulances prior to leaving the scene.)

Regulated waste includes liquid or semi-liquid blood or infectious materials, items saturated with liquid blood or OPIM, items caked with dried blood or OPIM, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.

We dispose of its regulated waste in the following manner:

***INSERT INFORMATION***

1. Other Controls

Cleaning and Decontamination of the Worksite

* Decontaminate all contaminated work surfaces with an approved germicide after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIM.
* Inspect and decontaminate all bins, pails, cans, and similar receptacles after each exposure.
* Advise employees to not pick up contaminated broken glassware directly with their hands or with gloves. Provide brooms and dustpans or other tools to avoid contact.

Laundry

Handle laundry contaminated with blood or OPIM as little as possible. Sort and place contaminated laundry in appropriately marked (biohazard labeled or color-coded red) bags at the location where it was used. Do not sort or rinse laundry in the area of use. If the contaminated laundry is wet and likely to soak through the original red bag or container, transport the laundry in a second bag or container that prevents leakage.

We sendcontaminated laundry for cleaning to ***INSERT INFORMATION***

1. Personal Protective Equipment (PPE)

We ensure the following PPE requirements are met:

1. PPE and training in the appropriate use of PPE is provided to employees who are at risk of occupational exposure to blood borne pathogens.
2. PPE is provided at no cost to the employee, in appropriate sizes, and includes but is not be limited to:
	* Gloves, including glove liners, and hypoallergenic gloves
	* Gowns
	* Laboratory coats
	* Face shields
	* Masks
	* Eye protection such as goggles
	* Mouthpieces
	* Resuscitation bags or other ventilation devices
3. Cleaning, disposal, repair, and replacement of PPE are provided at no cost to the employee.
4. PPE is considered appropriate if it does not permit blood or OPIM to pass through to the employee’s work clothes, street clothes, or undergarments; skin; eyes or other mucous membranes under normal working conditions and for the duration of time that PPE will be used.

PPE is located in the following areas:

***INSERT INFORMATION***

## All garments that are penetrated by blood will be removed immediately or as soon as feasible. All PPE is removed prior to leaving the work area. When PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

## Affected employees are required to wear gloves where it is reasonably anticipated they will have hand contact with blood, OPIM, non-intact skin, and mucous membranes (first aid, CPR, clean up of body fluids visibly contaminated with blood).

Disposable gloves are not to 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 or punctured or when their ability to function as a barrier is compromised. Non-latex gloves will be provided to employees with latex allergies.

Leather gloves may be decontaminated for reuse provided the integrity of the glove is not compromised. Leather gloves will 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.

**Note:** Leather gloves are to be discarded if grossly contaminated. They are not to be used as PPE against blood borne pathogens. Therefore, if exposure is possible, latex or nitrile gloves should be worn under the leather gloves.

## Employees who are exposed to splashes of blood or OPIM to the eyes are required to wear eye and face protection. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin length face shields, will be required to be worn whenever splashes spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

# Hepatitis B Vaccination



A safe and effective vaccine is available to protect employees from HBV. The vaccine is generally well tolerated and has not been associated with serious side effects. Immunization requires three injections of vaccine into the muscle of the upper arm over a six-month period.

We offer the HBV vaccine to all current employees who are at risk of occupational exposure to blood borne pathogens and within 10 working days of hire or reassignment to a job or tasks that places the employee at risk. The vaccination is:

1. Provided at no cost to the employee;
2. Made available at reasonable times during normal work hours and at an accessible locations;
3. Performed by or under supervision of a licensed physician or by another licensed health care professional; and
4. Provided according to current recommendations of the U.S. Public Health Service.

There is no current recommendation for booster doses. Should booster doses be recommended in the future, they will be offered to the employee based on medical determination of need.

The following exemptions are appropriate for any employee and will be documented in the employee’s health record when:

1. The employee has previously received a complete series of HBV vaccinations; or
2. Antibody testing has revealed the employee is immune; or
3. The vaccine is contraindicated for medical reasons; or
4. The employee has declined vaccination and that refusal is documented.

All employee blood drawn for serological testing will be sent to an accredited laboratory for testing at the organization’s expense.

Pre-screening before receiving the HBV vaccination is not mandatory and is not routinely performed.

If the employee initially declines the HBV vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be provided to the employee at that time and at no cost to the employee.

Any employee who declines the HBV vaccination must sign the declination statement in the forms section of this document.

**Communication of Hazards**

Labels and Signs

1. We will provide warning labels incorporating the universal biohazard sign and require the words “biohazard,” “biohazard waste,” or “sharps waste” to be printed on or affixed to biohazardous waste items that employees are required to remove.
2. The labels are fluorescent orange or orange-red with lettering or symbols in a contrasting color.
3. Labels are affixed as securely as possible to the container, preferably by adhesive or by wire, string, or other method to prevent loss or unintentional removal.
4. Red bags or red containers may be substituted for labels as in sharps containers or regulated waste red bags.

Biohazard Signs

1. All holding areas have a sign posted at the entrance to each area that:
	1. incorporates the universal biohazard symbol; and
	2. lists any special requirements for entering the area.

Training

We provide training to all employees who are at risk for exposure to blood borne pathogens or OPIM. This training is provided at no cost to the employee and during work hours. With the consent of the employee, training may occur during non-work hours.

Training is given as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place as soon as possible for currently employed workers;
2. At least annually after the initial training;
3. When there is introduction of new engineering, administrative, or work practice controls and whenever modifications of current tasks may affect the potential occupational exposure to blood borne pathogens.

Information and training of individuals who are not our employees (contract worker, registry, student, etc.) will be provided by the affected outside agency or as specified in the contract. We will monitor the outside agency for compliance with the information and training requirement.

Training will be appropriate in content and vocabulary to educational level, literacy, and language of employees.

Our training program includes information and explanations of at least the following:

* Epidemiology, symptoms, and modes of transmission of blood borne diseases
* Exposure control plan we have implemented and how to obtain a copy of the written plan
* Appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM
* Use and limitations of methods that will prevent or reduce exposures, including appropriate engineering, administrative or work practice controls, and PPE

The basis for selection of PPE

* Types, proper use, location, removal, handling, decontamination, and disposal of PPE
* HBV vaccination series, including its efficacy, safety, method of administration, benefits, and the fact that the vaccination will be offered to employees free of charge
* Appropriate actions to take and persons to contact in an emergency involving blood or OPIM
* Procedure to follow if an exposure incident occurs, including the:
	+ - Method of reporting the incident
		- Medical follow-up that will be made available
		- Procedure for recording the incident in the sharps injury log
* Post-exposure evaluation and follow-up that will be made available to employees
* Signs, labels, and/or color codings that are used

In addition to the above-mentioned information, we provide to all employees a copy of *8 CCR 5193*, “Bloodborne Pathogens,” and an explanation of its content.

The person conducting the training will be knowledgeable of the standard, our exposure control plan and HBV, HCV, and HIV and be able to relate the requirements to employee exposures and concerns.

**Record Keeping**

Medical Records

1. We will establish and maintain an accurate record for each employee with occupational exposure. This employee’s record will include:
2. The name of employee and number;
3. A copy of the employee’s HBV vaccination status including the dates of all HBV vaccinations, declination statements, and medical records relative to the employee’s ability to receive vaccinations;
4. A copy of all results of examinations, medical testing, evaluation, and follow up of exposure incidents;
5. A copy of the health care professional’s written opinion as required following and exposure incident.
6. We will ensure employee medical records are kept confidential and are not disclosed or reported without the employee’s written consent to any person within or outside the workplace except as required by this standard and by law.
7. Employee health records, as required by this section, will be maintained for at least the duration of employment plus 30 years, meaning during the entire employment period and 30 years after the last date of work.

Training Records and Sharps Injury Logs

1. Training records will include the:
	1. Dates of the training session;
	2. Contents or a summary of the training session;
	3. Names and qualifications of persons conducting the training sessions;
	4. Names and job titles of persons attending the training.
2. Training records will be maintained for three years from the date the training occurred. It is a best practice to maintain them as part of the permanent personnel file.
3. Copy of employee’s individual training record will be placed in his/her personnel file at the conclusion of each calendar year and kept for the duration of employment.
4. Sharps injury reports and logs will be maintained five years from the date of the incident (same as Cal/OSHA Form 300 Log).
5. Accessibility
	* 1. Employee training records and the sharps injury logs will be made available upon request to employees, employee representatives, and Cal/OSHA.
		2. Employee medical records will be made accessible to the employee, anyone having the written consent of the employee, and Cal/OSHA.

**Provisions for the Initial Reporting of Exposure Incidents**

We report all exposure incidents as soon as possible (and in no case later than the end of the work shift during which they occurred) regardless of whether first aid was rendered. An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee’s duties. All employees (including designated first aid providers who provide first aid regularly and those who render first aid only as a collateral duty) receive training about our policy.

The following individuals are designated by our organization to receive reports of exposure incidents:

Contact persons: ***INSERT NAME*** Contact number: ***INSERT NUMBER***

Contact persons: ***INSERT NAME*** Contact number: ***INSERT NUMBER***

After-hours contact person: ***INSERT NAME*** Contact number: ***INSERT NUMBER***

The exposure incident report includes at least the following:

* The names of all employees involved in the exposure incident (including all first aid providers who have rendered assistance regardless of whether PPE was used)
* A description of the exposure or first aid incident, including:
* The time and date
* A determination of whether an exposure incident occurred. This determination is necessary to ensure the proper post-exposure evaluation is conducted and prophylaxis and follow-up are made available immediately if an exposure incident has occurred.
* Person receiving the report
* Contact number

**Hepatitis B Vaccination Series for Unvaccinated Employees**

We strongly encourage HBV vaccination and make the vaccination series available to all employees who have occupational exposure to blood or OPIM. Included are collateral first aid providers who have rendered assistance in *any* situation involving the presence of blood or OPIM regardless of whether an actual exposure incident has occurred. The vaccination series is provided to collateral first aid providers as soon as possible but no later than 24 hours after the employee has rendered assistance.

**Post-Exposure Evaluation and Follow-up**

In the event of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up. All post-exposure follow-up will be performed at the designated occupational health clinic.

|  |  |
| --- | --- |
| Name of Occupational Health Clinic |  |
| Address |  |
| City |  |

That evaluation and follow-up will include the following:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred (to include details of the use or non-use of engineering controls, work practice controls, or PPE);
2. When a source is identifiable, that individual’s blood will be tested as soon as feasible and after consent is obtained to determine HIV, HBV, and HCV infectivity. If consent is not obtained, we will establish that consent cannot be legally obtained. When the source individual’s consent is not required by law, that individual’s blood, if available, may be tested and the results documented.
3. Consultation and testing of the source individual will be done at the request of the exposed employee through the source’s private physician.
4. If the source individual is known to be infected with HIV, HBV, or HCV, testing to determine such status need not be repeated.
5. Results of the source individual’s testing will be made available to the exposed employee and the employee will be informed of laws/regulations regarding the privacy rights of the source individual. The results of the source individual’s blood test and employee’s blood test are confidential and will be known only to the health care provider and the exposed employee.
	1. The exposed employee’s blood will be collected as soon as it is feasible and tested for HIV, HBV, and HCV serological status, only after signed consent has been obtained.

Employee Testing & Treatment

Counseling and other features of post exposure evaluation will be offered whether or not the employee elects to have baseline HIV/HBV/HCV serological testing. If the employee consents to baseline blood collection but does not give consent to HIV serological testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, the employee gives written consent to have serologic testing performed on the baseline sample, testing will be ordered by the health care provider as soon as it is feasible.

Post-exposure prophylaxis (hepatitis B immune globulin for hepatitis B) will be provided when medically indicated according to the recommendations of the U.S. Public Health Service current at the time prophylaxis is administered. The costs of tests, treatment, and prophylaxis of employees will be borne by the organization. Cost of tests, treatment, and prophylaxis of individuals who are not our employees (contract worker, registry, student, etc.) will be borne by the affected outside agency or as specified in the contract between our organization and the outside agency. The outside agency/individual will be responsible for compliance with the post-exposure evaluation and follow-up treatment.

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

Information Provided to the Health Care Professional

We will provide the health care professional responsible for the employee’s HBV vaccination program and/or post-exposure evaluation with the following information:

1. A copy of *CCR, Title 8, Section 5193*;
2. A written description of the exposed employee’s duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which exposure occurred;
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.

Health Care Professional’s Written Opinion

We will obtain and provide the employee with a copy of the evaluating health care professional’s written opinion within 15 days of the completion of the evaluation.

The health care professional’s written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The health care professional’s written opinion for post exposure follow-up will be limited to the following information:

* A statement that the employee has been informed of the results of the evaluation
* A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

Note: All other findings or diagnoses will remain confidential and will not be included in the written report.

First Aid and Exposure Incident Report

We will investigate and document on a first aid and exposure incident report form incidents involving the presence of blood or OPIM. Investigations will include the following information:

1. Names of all first aid providers who rendered assistance, regardless of the use of PPE;
2. Description of the incident that must include a determination of whether or not, in addition to the presence of blood or OPIM, an occupational exposure incident occurred;
3. Time and date of incident (include location);
4. Offer of HBV to all unvaccinated first aid providers who rendered assistance within 24-hours of the incident.

**Work Practice Controls Exception to Prohibited Practices**

Our organization prohibits the bending, recapping, or removal of contaminated sharps from devices *except when* performed using a mechanical device or a one-handed technique, and it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure.

**Sharps Injury Reporting**

All parenteral contacts (piercing or lacerations) that occur in the workplace are reported on the sharps injury log and recorded within 14 days of the incident. The data recorded includes the following information, if known or reasonably available:

1. Date and time of the exposure incident;
2. Type and brand of the sharp involved;
3. The procedure the exposed employee was performing at the time of the incident;
4. How the incident occurred;
5. The body part involved in the incident;
6. If the sharp had engineered sharps injury protection, whether the 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 employee’s opinion as to whether and how such a mechanism could have prevented the injury and the employee’s opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.
8. The employee’s opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.

The required information is recorded on the sharps injury log, and all exposure incidents involving sharps are also recorded on the Cal/OSHA 300 Log in accordance with the requirements of the “Employer Records of Occupational Injury or Illness” regulation, known as the California record keeping standard.

Periodic determinations are made on the frequency of use and the types, models, or brands of sharps involved in the exposure incidents documented on our sharps injury log.

**Identification of Engineering Controls**

Our policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. Engineering controls means controls (e.g., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the blood borne pathogens hazard from the workplace.

We first evaluate products that eliminate the use of sharps (e.g., needleless systems), if available. If these devices are not selected, we then evaluate devices equipped with engineered sharps injury protection (ESIP). ESIP means either (1) a physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or (2) a physical attribute built into any other type of needle device or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

We have procedures for identifying and selecting appropriate and effective engineering controls when appropriate, which may include:

* Setting up a process
* Defining needs
* Gathering information
* Testing and selecting products
* Using new products
* Conducting follow up

**Plan Review and Update**

Our exposure control plan is reviewed and updated at least annually (and whenever necessary) to include:

* New or modified tasks or procedures that affect occupational exposure
* Progress in implementing the use of needleless systems and sharps with engineered sharps injury protection
* New or revised job position(s) that involve occupational exposure
* Reviews and evaluations of exposure incidents that have occurred since the previous update
* Reviews and responses to information indicating the existing exposure control plan is deficient in any area

All employees are encouraged to provide suggestions on improving the procedures they perform. Employees contribute to the review and update of the exposure control plan by:

* Participating as members of committees (e.g., safety and health, labor-management, infection control, product evaluation and selection, purchasing of equipment)
* Attending meetings to discuss safety and health issues and improvements
* Reporting issues or potential problems to supervisors
* Providing ideas, recommendations, or suggestions
* Filling out reports, questionnaires, or other documents

**NAME OF ORGANIZATION**

**Hepatitis B Vaccine Consent/Declination**

Date:

### CONSENT - RECORD OF CONSENT FOR HEPATITIS “B” VACCINATION

(This Section is OPTIONAL)

I have attended the in-service training on the blood borne pathogens program regarding HIV, hepatitis B, and the hepatitis-B vaccine. I have also read the in-service training literature and have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand I must have at least three doses of vaccine over a six month period to confer immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. You must complete the whole series within the six months.

I request that it be administered to me.

Print Name: Employee #:

Employee Signature: Date: / /

Employer Representative:

DELCLINATION - RECORD OF HEPATITIS “B” VACCINE DECLINATION

(This Section is MANDATORY)

Date:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name: Department:

Employee Signature: Social Security #:

Employer Representative:

**NAME OF AGENCY**

**FIRST AID INCIDENT REPORT**

**FOR BLOODBORE PATHOGENS**

Date of incident: Time: a.m. [ ]  p.m. [ ]

Date incident reported: Time: a.m. [ ]  p.m. [ ]

Describe the first-aid incident:

Was there blood or other body fluids present? Yes [ ]  No [ ]

Did an exposure incident occur? Yes [ ]  No [ ]

If yes, please describe it.

(Cal/OSHA – “An 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 one’s duties.”)

Did the first aid providers use PPE? Yes [ ]  No [ ]

Print names of persons who provided first aid:

If there was an exposure incident as defined by Cal/OSHA, were they **immediately** referred for post-exposure evaluation and follow-up? Yes [ ]  No [ ]

Was there blood or other body fluids present? Yes [ ]  No [ ]

If unvaccinated, were they offered the hepatitis B vaccination? Yes [ ]  No [ ]

Supervisor’s Signature: Date:

**NAME OF AGENCY**

##### **SHARPS INJURY LOG**

Supervisors: Complete for each employee exposure incident involving a sharp. This form is to be completed with the employee but not by the employee. Fill in the most appropriate boxes. A sharp includes, but is not limited to, needles, needle devices, scalpels, lancets, Exacto blades, and broken glass.

Injury ID No. Date/Time of Exposure Incident:

(Not Employee Name)

Job Classification/Title: Department/Location:

 Where Exposure Occurred:

Regular Department #: Location (Bldg./Room #):

What procedure was being performed when the incident occurred?

Check all body parts that were involved

[ ]  Finger [ ]  Hand [ ]  Arm [ ]  Face/Head [ ]  Torso [ ]  Leg

[ ]  Other

Did the exposure incident occur:

[ ]  During use of sharp [ ]  Disassembling [ ]  After use and before sharps container

[ ]  While putting sharp into sharps container [ ]  Sharp left, inappropriate place

[ ]  Other

Identify sharp object involved:

Type: Brand: Model:

Was sharp injury protection device attached? Yes [ ]  No [ ]

Was protective mechanism activated? Yes [ ]  No [ ]

Did the exposure occur: [ ]  Before [ ]  During [ ]  After activation

If the sharp had no engineered sharps injury protection, do you feel that such a mechanism could have prevented the injury? Yes [ ]  No [ ]

What other engineering, administrative, or work practice controls could have prevented this injury?

Attach this form to the accident investigation form. Send both originals to Human Resources within 24 hours of the incident.

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|  |  |  | **Applicability** |  |
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| **Program Development Guide** |  | Even though many occupations are at low risk of being exposed to blood borne viruses such as hepatitis B and C and HIV, which causes AIDS, these viruses can result in death to those who contract them. As a result, employers in every industry need to identify potentially infectious materials and treat all blood and bodily fluids as potentially dangerous. In addition, an exposure control plan is required to determine how employees will be protected when there is a chance of exposure.  Aside from health care facilities, public safety, fire and rescue, and funeral services where exposure is obvious, job classifications such as laundry worker, plumber, janitor, housekeeper, nurse, park groundskeeper, gardener, and lifeguard may also be likely to come in contact with infectious materials that could threaten their health. Things such as soiled sheets, towels, tissues, sanitary napkins, and first aid equipment could be contaminated with blood or body fluids carrying viruses that cause AIDS, hepatitis, or other illnesses. **Frequently Asked Questions****Q: What about first-aid trained employees? If we have people who are first-aid trained, does that mean that we have to develop a comprehensive BBP? It just doesn’t seem worth the trouble.**A: Probably not. In general, employees who are designated to provide first aid or medical assistance are covered by 5193. However, there is an exception for first-aid trained employees whose job duties specify that providing emergency first aid is a collateral duty for them. If you have only this exposure to BBP, you would not be required to develop a full-blown program or even offer the hepatitis B vaccination (HBV) to first aid responders unless and until an exposure incident occurred. If this occurs, the employee would need to be provided with a hepatitis B vaccination as soon as possible, but not more than 24 hours, after the rendering of such assistance. Bottom line: If you have first-aid trained employees on staff, and providing emergency first aid is listed under their job duties, you need to be familiar with the standard and be prepared to act in the event of an exposure incident.***Q:* Are employees who render first aid as a "Good Samaritan" but not as part of their job duties covered by** [**5193**](http://www.dir.ca.gov/title8/5193.html)**?** A: No. Only employees whose job duties require them to render first aid are covered by [5193](http://www.dir.ca.gov/title8/5193.html). However, when an employee voluntarily provides first aid, and subsequently is exposed to blood or OPIM, Cal/OSHA encourages employers to offer post-exposure follow-up as detailed in the BBP standard.**Q: What industries are exempt from 5193?**A: Construction. However, construction industry employers still have a regulatory responsibility to protect their employees from blood borne pathogens. |  |
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| **Program Development Guide** |  | **Q: Are sewage plant and wastewater treatment workers covered by the** [**5193**](http://www.dir.ca.gov/title8/5193.html)**?** A: These workers are not ordinarily considered to have occupational exposure, since the material they contact is not visibly contaminated with blood. There is no evidence to suggest that sewage plant or wastewater workers are at increased risk for hepatitis B infection. HBV and HIV may be present in wastewater, but only in a non-viable state and in very dilute concentrations that would not be expected to pose a risk to wastewater workers or sewage plant workers.**Q: Under what circumstances does** [**5193**](http://www.dir.ca.gov/title8/5193.html) **cover employers with employees such as housekeepers, laundry attendants, janitorial workers, sanitation workers, plumbers, and other workers not generally thought of as being at risk for exposure to bloodborne pathogens?** A: 5193 applies wherever occupational exposure exists, i.e., where skin, eye, mucous membrane, or parenteral contact with blood or OPIM is reasonably anticipated. In facilities that intrinsically involve occupational exposure, e.g., hospitals, it is obvious that health care workers will be covered by [5193](http://www.dir.ca.gov/title8/5193.html).However, operations not commonly understood to involve occupational exposure may involve such exposure if carried out in such a facility. For example, laundry operations are not usually thought of as involving occupational exposure, but laundry workers in hospitals have such exposure because they work with bedding and other laundry and are likely to encounter contaminated sharps from time to time that have been inadvertently discarded or otherwise found their way into the laundry.Similarly, if plumbers are required to work on plumbing or sewage systems inside, or directly coming from hospitals or other health care facilities, it is "reasonably anticipated" that they would have contact with blood or OPIM. Therefore, they have occupational exposure are also be covered by [5193](http://www.dir.ca.gov/title8/5193.html).Occupational exposure does not depend only on the nature of the facility in which the operation is conducted. Taking again the example of laundry services, if laundry workers work at a commercial laundry facility rather than a hospital, they will still have occupational exposure if they work with laundry that has come from a hospital or other facility that may contain contaminated sharps.The same may be true of housekeepers or laundry workers who work in short-term or long-term lodging establishments where contact with items such as contaminated hypodermic syringes in bed sheets or in trash receptacles is reasonably anticipated. |  |
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| **Program Development Guide** |  | Even in those situations where the risk of contact with blood or OPIM is not so high as to be "reasonably anticipated," the nature of the work may still require basic protective measures under the provisions of 8 CCR [3203](http://www.dir.ca.gov/title8/3203.html) (IIPP) to prevent events that could lead to an exposure incident.For example, municipal sanitation workers are at risk of receiving cuts, abrasions, and punctures in the course of their work unless precautions such as using gloves, protective clothing, and specific procedures for handling garbage and refuse are taken. A skin puncture from a contaminated hypodermic syringe could, on occasion, be among these injuries. Therefore, the protections and training sanitation workers must receive, even if they are not covered by the bloodborne pathogens standard, must be calculated to eliminate exposure to bloodborne pathogens that could arise in the course of their work, if the employer's IIPP is to be considered "effective" as required by [3203(a)](http://www.dir.ca.gov/title8/3203.html).BACK button.JPG |  |
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|  |  |  | **Exposure Determination** |  |
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| **Program Development Guide** |  | Some job classifications are automatically deemed subject to the program just by the nature of the work they are performing. This includes: * EMT Personnel
* Paramedics
* Firefighters
* Police Officers
* Evidence Technicians
* Lifeguards
* Nurse Practitioners
* Nursing Assistants

There are some job classifications where the exposure is dependent upon job responsibilities rather than just the classification. In these instances, duties need to be evaluated to determine if they should be included in the program based on the reasonable potential for exposure to blood or OPIM. . Employers are required by Cal/OSHA to develop a list of all tasks and procedures or groups of closely related tasks and procedures where reasonably anticipated occupational exposure occurs when tasks are performed by “SOME” (Category 2) employees in these job classifications. The purpose is to identify personal protective equipment (PPE) to reduce or eliminate the exposure. |  |
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|  |  |  | **Exposure Determination** |  |
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| **Program Development Guide** |  | Examples of job classifications in which some employees have occupational exposure include:* Dietary employees handling food contaminated with vomitis, blood, or OPIM
* Field service technicians doing maintenance/repairs on medical equipment contaminated with blood or OPIM
* Housekeepers handling regulated waste, cleaning up spills or equipment
* Medical assistants administering injections, cleaning rooms, disinfecting equipment
* Patient escort/transport personnel transporting patients, responding to incidents
* Physical therapists conducting exams, providing patient therapy
* Plant operations engineers doing maintenance/repairs on systems or equipment contaminated with blood, OPIM, or

containing used sharps* Playground supervisors providing first

aid* School bus drivers providing first aid
* School teachers providing first aid
* Security services responding to incidents or emergencies
* BACK button.JPGTechnicians with patient contact activities: exams, taking vital signs

Employees who may fall into the “SOME” category include fire prevention bureau or administrative staff who are trained as Paramedics, EMTs, or first responders. |  |
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|  |  |  | **Engineering and Work Practices** |  |
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| **Program Development Guide** |  | If identified job classifications do not deal with handling contaminated sharps, references in this section can be removed. **Frequently Asked Questions****Q: What responsibilities does an employer have under** [**5193(d)(2)**](http://www.dir.ca.gov/title8/5193.html)**, given that other parts of** [**5193**](http://www.dir.ca.gov/title8/5193.html) **set forth specific requirements?** A: [5193(d)(2)](http://www.dir.ca.gov/title8/5193.html) contains general requirements related to the use of engineering and work practice controls to eliminate or minimize employee exposure. The purpose of [5193(d)(2)](http://www.dir.ca.gov/title8/5193.html) is to put employers on notice that, since not every safety precaution can be specifically identified and listed in [5193](http://www.dir.ca.gov/title8/5193.html), employers must utilize the general principles of engineering and work practice controls to protect employees, wherever appropriate, in addition to meeting the specific requirements of [5193](http://www.dir.ca.gov/title8/5193.html).  Examples of engineering controls include the use of plastic tubes or containers for blood collection and processing (instead of glass containers), and devices used to prevent employee contact with contaminated materials such as tongs or forcepsBACK button.JPGNeedleless Systems, needle devices, and non-needle sharps are primarily applicable to laboratories and health care environments. If this exposure does not exist for your organization, references to these controls can be removed.  |  |
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|  |  |  | **Regulated Waste** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: Are human tissue and items contaminated with blood or OPIM, such as those that may be secured in law enforcement situations, viewed as regulated waste?** A: Materials that have not entered the waste stream, and are intended to be put to some use rather than to be disposed of, are not "waste." Therefore, these materials are not considered to be regulated waste under the standard.It should be kept in mind that [5193](http://www.dir.ca.gov/title8/5193.html) still requires measures to prevent exposure to these materials even though they are not classified as regulated waste. Moreover, once the item fulfills its use, disposal of the item becomes an issue and the regulated waste provisions of [5193](http://www.dir.ca.gov/title8/5193.html) become applicable.**Q: Are feminine hygiene products considered regulated waste?** A: Neither Cal/OSHA nor the California Department of Health Services generally considers discarded feminine hygiene products used to absorb menstrual flow to fall within the definition of regulated waste. The intended function of products such as sanitary napkins is to absorb and contain blood. The absorbent material of which they are composed will, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood.These items must be discarded into waste containers that are properly lined with plastic bags. Such bags should protect the employees from physical contact with the contents.BACK button.JPG |  |
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|  |  |  | **Cleaning** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What type of disinfectants can be used to decontaminate equipment or working surfaces that have come in contact with blood or OPIM?** A: Under [5193(d)(3)(H)](http://www.dir.ca.gov/title8/5193.html), cleaning of contaminated work surfaces after completion of procedures is required to ensure that employees are not unwittingly exposed to blood or OPIM remaining on a surface from previous procedures.Appropriate disinfectants include a diluted bleach solution, Environmental Protection Agency (EPA)-registered tuberculocides, EPA-registered sterilants, or products registered as effective against HIV or HBV. The lists of these EPA Registered Products are available from the National Antimicrobial Information Network (NAIN) at telephone number 1-800-447-6349, and at the NAIN website <http://ace.orst.edu/info/nain/lists.htm>.The list of products registered against HIV and HBV includes quaternary ammonia products that EPA has approved as effective against HIV and HBV. These products can be used to comply with [5193](http://www.dir.ca.gov/title8/5193.html), provided the surfaces on which they are used have not become contaminated with agent(s) or volumes or concentrations of agent(s) for which higher levels of disinfection are recommended. Disinfectant products must be used according to all label instructions, including concentration, volume to be applied on a given surface area and contact time.**Q: What does Cal/OSHA mean by the term "contaminated laundry?"** A: Contaminated laundry means laundry that has been soiled with blood, or other potentially infectious materials (OPIM), or may contain contaminated sharps. See [5193(b)](http://www.dir.ca.gov/title8/5193.html), Definitions.**Q: What color-coding is required for laundry bags?** A: Laundry bags must be color-coded in accordance with [5193(g)(1)(A)](http://www.dir.ca.gov/title8/5193.html). Facilities which utilize Universal Precautions in the handling of all soiled laundry may use alternative labeling or color-coding provided that it permits all employees to recognize the containers as requiring handling with Universal Precautions. According to [5193(d)(3)(J)3](http://www.dir.ca.gov/title8/5193.html)., when contaminated laundry is shipped off-site to a facility not utilizing Universal Precautions for handling of all laundry which the facility receives, the facility generating the contaminated laundry must place it in bags or containers labeled or color-coded in accordance with [5193(g)(1)(A)](http://www.dir.ca.gov/title8/5193.html).Containers for contaminated sharps, moved from their area of use for the purpose of disposal, are (1) closed immediately prior to their removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and (2) placed in a secondary container if leakage is possible. |  |
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|  |  |  | **Cleaning** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions**Containers for disposal of other regulated wastes (i.e., non-sharps) and secondary containers (for contaminated sharps and other regulated wastes) need to be closeable and constructed to contain all contents and prevent leakage and protrusion. If outside contamination of a container of regulated waste occurs, that container is to be placed in a secondary container. Containers for the disposal of other regulated wastes (i.e., non-sharps) are labeled as follows: BIOHAZARD (with the international biohazard symbol or as BIOHAZARDOUS WASTE.)**Q: Who is responsible for laundering PPE?** A: The employer is responsible for laundering PPE at the workplace or at a commercial laundry and at no cost to employees. Employees must not bring PPE home to launder. See [5193(d)(3)(J)](http://www.dir.ca.gov/title8/5193.html).**Q: Are there guidelines to be followed when laundering personal protective equipment? What** water temperature and detergent types are acceptable? A: The decontamination and laundering of protective clothing should be handled by washing and drying the garments according to the clothing manufacturer's instructions.**Q: Does protective clothing need to be removed before leaving the work area?** A: Yes. [5193](http://www.dir.ca.gov/title8/5193.html) requires that personal protective equipment be removed prior to leaving the work area. While "work area" must be determined on a case-by-case basis, a work area is generally considered to be an area where work involving occupational exposure occurs or where the contamination of surfaces may occur.BACK button.JPG |  |
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|  |  |  | **Personal Protective Equipment** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What PPE do we need to provide our employees?**A: That depends on your organization’s exposures. Appropriate PPE must be provided at no cost to employees when engineering and work practice controls do not eliminate the BBP exposure. PPE, in appropriate sizes, can either be accessible at the worksite or be issued to your employees.PPE is considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee’s work or street clothes, undergarments, skin, eyes, mouth, or other mucous membranes.Appropriate PPE includes (but is not limited to):* Gloves
* Hypoallergenic gloves

When employees make the judgment to decline the use of PPE, you should investigate and document the incident to determine whether changes can be made to prevent such occurrences in the future. Employees should be encouraged to report all such instances without fear of reprisal.* Glove liners, powderless gloves, or similar

alternatives (for those allergic to gloves normally provided)* Mouthpieces
* Resuscitation bags
* Gowns
* Laboratory coats
* Face shields
* Masks
* Eye protection
* Pocket masks/other ventilation devices

**Q: What if an employee refuses to wear the required PPE?**A: If the PPE is required, they must wear it – except under limited circumstances. Under rare and extraordinary circumstances, employees exercising their own professional judgment may decline to use PPE in a specific instance because its use would:* Prevent the delivery of health

care or public safety services; or* Pose an increased hazard to the employee’s safety or that of coworker(s).

**Q: What about PPE cleaning and replacement?**A: You are required to clean, launder, repair, replace (as needed to maintain effectiveness), and dispose of PPE at no cost to employees.**BACK button.JPG** |  |
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| C:\Users\hcastro\Documents\Logos\BRS_no_white.png |  | **Blood borne Pathogens Exposure Control Plan** |  |  |
|  |  |  | **Hepatitis B Vaccination** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: Who must be offered the hepatitis B vaccination?** A: The hepatitis B vaccination series shall be made available after an employee has received the training required by [5193(g)(2)(G)9](http://www.dir.ca.gov/title8/5193.html). and within 10 days of the initial work assignment to duties with occupational exposure to blood or OPIM. The employer does not have to make the hepatitis B vaccination available to employees who have previously received the vaccination series, who are already immune as revealed by appropriate tests for HBV antibodies, or who are prohibited from receiving the vaccine for medical reasons.For employees assigned to render first aid only as a duty collateral to their routine work assignment, an Exception is available to the requirement for provision of hepatitis B vaccination prior to exposure. This Exception is found immediately after 5193(f)(1)(A). Under this Exception for collateral duty first aid providers, the requirement for provision of the hepatitis B vaccination is triggered by the employee's rendering of assistance in any situation involving the presence of blood or OPIM, regardless of whether an actual exposure incident, as defined in the standard, occurred. If, under this Exception, an employer chooses not to vaccinate prior to occurrence of exposure and instead elects to vaccinate only after first aid is rendered where blood or OPIM is present , the employee must be provided with a hepatitis B vaccination as soon as possible, but not more than 24 hours after the rendering of such assistance. The Exception to [5193(f)(1)(A)](http://www.dir.ca.gov/title8/5193.html) should be consulted for additional conditions and requirements.**Q: Who is responsible for paying for the hepatitis B vaccination?** A: The employer has the responsibility to make the hepatitis B vaccine and vaccination, including post-exposure evaluation and follow-up, available at no cost to the employer's employees on work time.**Q: Can accepting hepatitis B vaccination be made a condition of employment?** A: No. Cal/OSHA believes that it is unlawful for an employer to make HBV vaccination a condition of employment. |  |
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|  |  |  | **Hepatitis B Vaccination** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What is the appropriate course of action by an employer when the HBV vaccination series is interrupted?** A: CDC recommends that if the hepatitis B vaccination series is interrupted after the first dose, the second dose should be administered as soon as possible. The second and third dose should be separated by an interval of at least two (2) months. If only the third dose is delayed, it should be administered when convenient. The CDC recommendation for post-vaccination testing for antibody status after the third dose of the three-dose vaccination series, also incorporated by reference in 5193, and discussed below, helps address any concerns with respect to effectiveness of the vaccine being compromised by interruption in its provision. See "Centers for Disease Control and Prevention. Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP). [MMWR Recommendations and Reports](http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00033405.htm). November 22, 1991. Volume 40, Number RR-13."**Q: Is post-vaccination testing for hepatitis B antibody required to be provided by the employer?** A: Cal/OSHA believes this CDC recommendation indicates that post-vaccination testing is important for the overall effectiveness of a hepatitis B vaccination program and for the protection of individual employees. Therefore, Cal/OSHA will expect not only healthcare workers, but all employees covered by [5193](http://www.dir.ca.gov/title8/5193.html), to be offered and encouraged to receive testing after hepatitis B vaccination to assure the development of protective antibodies to hepatitis B surface antigen.**Q: Can an employer require an employee to submit to screening for hepatitis B antibody before vaccination?** A: No. Cal/OSHA believes that it is unlawful for an employer to require an employee to take a prescreening serologic test. An employer may, however, decide to make pre-screening available at no cost to the employee. Employees who test positive for hepatitis B antibody are not required to be provided the hepatitis B vaccination. |  |
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|  |  |  | **Hepatitis B Vaccination** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: Can employees refuse the hepatitis B vaccination?** A: Yes. Employees have the right to refuse the hepatitis B vaccine and any post-exposure evaluation and follow-up. It is important to note, however, that the employee needs to be properly informed of the benefits of the vaccination and post-exposure evaluation through training. If after being provided appropriate training, the employee refuses vaccination, the employer must have the employee sign a declination form with wording as found in [Appendix A to 5193](http://www.dir.ca.gov/title8/5193a.html). The employee also has the right to decide to take the vaccination at a later date if he or she so chooses. The employer must make the vaccination available at that time.**Q: If an employee declines the hepatitis B vaccination, can the employer make up a declination form?** A: If an employee declines the hepatitis B vaccination, the employer must ensure that the employee signs a hepatitis B vaccine declination. Any alternative declination form designed by the employer must use wording that is identical to that found in [Appendix A of 5193](http://www.dir.ca.gov/title8/5193a.html). A photocopy of the Appendix may be used as a declination form, or the words can be typed or written onto a separate document.BACK button.JPG |  |
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|  |  |  | **Post Incident Evaluation** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What serological testing must be done on the blood of the source individual?** A: The employer must identify and document the source individual if known, unless the employer can establish that identification is not feasible or is prohibited by state or local law. The source individual's blood must be tested as soon as feasible, after consent is obtained, in order to determine HIV, HBV and HCV infectivity. The information on the source individual's HIV, HBV and HCV testing results must be provided to the evaluating health care professional. Also, the results of the testing must be provided to the exposed employee. The exposed employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectivity status of the source individual.**Q: What if consent cannot be obtained from the source individual for testing of their blood?** A: If consent cannot be obtained, and is required by California law, the employer must document in writing that consent cannot be obtained. When the source individual's consent is not required by California law, the source individual's blood, if available, must be tested, results documented and test results provided to the exposed employee.**Q: When must the exposed employee's blood be tested?** A: After consent is obtained, the exposed employee's blood is collected and tested as soon as feasible for HIV, HBV and HCV infectivity status. If the employee consents to the follow-up evaluation after an exposure incident, but does not give consent for HIV serological testing, the blood sample must be preserved for 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested for HIV, testing must be done as soon as feasible. [5193(f)(3)(C)3](http://www.dir.ca.gov/title8/5193.html). requires additional collection and testing be made available as recommended by the U.S. Public Health Service.**Q: Who has to pay the testing and counseling of the exposed employee and the source patient?** A: The employer of the exposed employee must pay for the cost of the post-exposure evaluation and follow-up, including testing and counseling of both the exposed employee and the source patient (if applicable).BACK button.JPG |  |
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|  |  |  | **Counseling** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What type of counseling is required following an exposure incident?** A: [5193](http://www.dir.ca.gov/title8/5193.html) requires that post-exposure counseling be given to employees following an exposure incident. Counseling should include CDC recommendations for prevention and transmission of bloodborne infections including HIV, HBV, and HCV. Counseling must be made available regardless of the employee's decision to accept serological testing.See "Centers for Disease Control and Prevention. Public Health Service Guidelines for the Management of Health Care Worker Exposures to HIV and Recommendations for Post-exposure Prophylaxis. [MMWR Recommendations and Reports](http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00052722.htm). May 15, 1998, Volume 47, RR-7."This document contains recommendations for post-exposure counseling related to HIV. The CDC Recommendations include refraining from blood, semen, and organ donation; abstaining from sexual intercourse, or use of measures to prevent HIV transmission of potentially infectious body fluids during sexual intercourse; and refraining from breast feeding infants during the post-exposure follow-up period.**Q: Who provides counseling for personnel involved in an exposure incident?** A: The employer is required to provide or secure the provision of appropriate counseling by a trained counselor. 5193 does not stipulate the qualifications or license requirements of the counselor. Counseling can be done by the employee's supervisor, the doctor that administers treatment, or any other person with appropriate training.BACK button.JPG |  |
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|  |  |  | **Physician Evaluation** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What information does the health care professional provide to the employer following an exposure incident?** A: The health care professional's written opinion for hepatitis B is limited to whether hepatitis B vaccination is indicated and if the employee received the vaccination.The written opinion for post-exposure evaluation must include the following information:1. That the employee has been informed of the results of the evaluation
2. That the employee has been told about any medical conditions resulting from exposure that may require further evaluation and treatment. (f)(5)(C) All other findings or diagnoses must be kept confidential and not included in the written report.

The employer must obtain and provide to the employee a copy of the evaluating health care professional's written opinion, which contains the material cited above, within fifteen (15) days of completion of the evaluation.BACK button.JPG |  |
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|  |  |  | **Labels** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: When are labels required?** A: Labels are required on the following:1. Regulated waste (when regulated waste is red-bagged per 5193(g)(1)(A)5., the bag must be labeled);
2. Sharps containers;
3. Laundry bags (unless Universal Precautions are observed as required by 5193(d)(3)(J)1.b.);
4. Refrigerators and freezers that are used to store blood or OPIM;
5. Bags and other containers used to store, dispose of, transport, or ship blood or OPIM, e.g., specimen containers; and
6. Contaminated equipment which is to be serviced or shipped.

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|  |  |  | **Training** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What qualifications are required for the individual who provides the training required by** [**5193**](http://www.dir.ca.gov/title8/5193.html) **or serves as the contact person for questions about the subject matter of the training?** A: The employer must ensure that accurate and effective information is transmitted during the course of training. At a minimum, this must include direct access to a person who is knowledgeable in all subject matter of the training program as it relates to the workplace for which the training is provided. Since employees must be provided with site-specific information (e.g. the location of the Exposure Control Plan, procedures to be followed if an exposure incident occurs, engineering and work practice control measures in place at the worksite to prevent exposure incidents, and procedures for obtaining post-exposure evaluation and follow-up), the trainer must be qualified to answer questions with respect to all of these issues.The direct access requirement can be met if trainees have direct access to a trainer by way of a telephone hot line. The use of an electronic mail system to answer employee questions is not considered direct access to a qualified trainer, unless the trainer is available to answer the e-mailed questions at the time the questions arise.**Q: Which employees must be trained?** A: All employees with reasonably anticipated occupational exposure must receive initial and annual training. Also, additional training must be provided to any employee whose occupational exposure is affected by new engineering, administrative or work practice controls as well as by any new tasks or procedures.**Q: Are collateral duty first aid personnel or other assigned emergency response personnel required to be trained?** A: Persons with emergency response job duties with potential occupational exposure must receive the training required by [5193](http://www.dir.ca.gov/title8/5193.html). |  |
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|  |  |  | **Training** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: Are coaches and playground personnel required to be trained?** A: If coaches, playground aids, and similar employees have collateral duty first aid responsibilities, they must receive the training required by [5193](http://www.dir.ca.gov/title8/5193.html).**Q: Are part-time and temporary employees required to be trained?** A: Yes. Part-time and temporary employees are covered as employees by [5193](http://www.dir.ca.gov/title8/5193.html) and are also to be trained on the employer's time.**Q: What format should we use for the training? Is computerized training ok?**A: Trainers must be knowledgeable in the subject matter as it relates to the workplace. All employees need to have an opportunity for interactive questions and answers with the person(s) conducting the training. If computerized training is used, a person knowledgeable about the training material should be available to answer questions.BACK button.JPG |  |
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|  |  |  | **Record Keeping** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: Who is the custodian of the records required to be generated and kept by the standard?**A: The employer is responsible for the establishment and maintenance of all records required by [5193](http://www.dir.ca.gov/title8/5193.html). Medical records may be kept off site at the location of the health care provider.**Q: How long must the records required by** [**5193**](http://www.dir.ca.gov/title8/5193.html) **be retained?** A: The Sharps Injury Log must be kept five (5) years from the date the exposure incident occurred. Records of training required by 5193 are required to be retained for three (3) years from the date of training. Medical records must be kept for the duration of employment plus thirty (30) years. 5193(h)(5), and an additional standard in Title 8, Section [3204](http://www.dir.ca.gov/title8/3204.html), should be consulted for requirements related to maintenance, availability, and transfer of employee medical records.BACK button.JPG |  |
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|  |  |  | **Engineering Controls** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: What are engineering controls, and why do we need them?**A: Engineering controls remove employee exposure to the hazard, and they are seen as the best means to prevent injury. You are also required to implement administrative or work practice controls, which limit employee exposure in time or space, and PPE, which is effectively the “last line of defense.” Engineering controls in BBP include sharps disposal containers, needleless systems, sharps with engineered sharps injury protection [ESIP], and plastic tubes for blood collection, etc.**Q: What are some examples of administrative or work practice controls?**A: While engineering controls are always preferable, sometimes they aren’t enough. Some work practice controls are associated with your engineering controls, and some are independent of them. Examples include (1) passing trays of surgical instruments rather than passing instruments by hand; (2) procedures for the administration of medications to combative or confused patients; (3) always washing hands after the removal of gloves; (4) proper patient handling techniques for phlebotomy on uncooperative patients; and (5) proper cleaning and decontamination of equipment. It is best to have written policies and procedures that detail your required work practice controls.**Q: Are we required to use engineering controls and purchase expensive equipment?**A: Yes, if the exposure is there. Engineering controls (e.g., needleless systems or engineered sharps injury protection for needle devices or non-needle sharps) must be used to prevent sharps injuries except in circumstances where the engineering control:1. Is not available in the marketplace;
2. Jeopardizes the patient’s safety or the success of a medical, dental, or nursing procedure as determined by the health care professional caring for the patient
3. Is not more effective than the control currently in use; or
4. Lacks the necessary safety performance information.BACK button.JPG

Involve employees in the process of improving your organization’s engineering controls. After all, they’re the ones who are working with the sharps and who face the exposure to BBP. |  |
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|  |  |  | **Hands** |  |
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| **Program Development Guide** |  | **Frequently Asked Questions****Q: Should we have a policy on employee hygiene?** A: Yes, employees must follow appropriate procedures at all times in order to minimize risk. * Ensure that hand washing facilities are readily accessible to employees, and train them how.
* Provide antiseptic towelettes or antiseptic hand cleanser along with clean cloths or

paper towels (when hand washing facilities are not accessible).* Ensure that employees wash their hands and any other skin (as soon as feasible) with soap and running water after (1) using antiseptic towelettes or hand cleansers; (2) removing gloves or other personal protective equipment; or (3) contacting blood or OPIM.
* Employees must flush their mucous membranes with water (as soon as feasible) after those body areas have been in contact with blood or OPIM.BACK button.JPG
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