The following sample program is provided to assist you with the preparation and implementation of an effective blood borne pathogens exposure control program. The sample program includes information on the fecal borne pathogen hepatitis A and may be used if your organization is offering the hepatitis A vaccine to staff with occupational exposure to this fecal borne virus.

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.

**Name of Entity**

**Blood Borne Pathogen & Hepatitis A**

**Exposure Control Program**

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Appendices

A Exposure Determination Worksheet

B Incident Report for Blood or Fecal Borne Pathogens

C Hepatitis A Vaccine Consent/Declination

D Hepatitis B Vaccine Consent/Declination

E Incident Report for Blood or Fecal Borne Pathogens

F Sharps Injury Log

# Purpose

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

The Program also includes protocols to protect or minimize employees’ occupational exposure to hepatitis A virus (HAV). HAV is found in the feces of an infected person and is not a blood borne pathogen. However, the protocols to prevent or minimize occupational exposure to hepatitis A are similar to blood borne pathogen protocols and therefore, have been included in this Program. In addition, employees should be aware they have a responsibility for their own health and safety.

This Program 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.”

# Responsibilities

**Exposure Control Program Administrator**

The INSERT TITLE OF RESPONSIBLE PERSON is the Exposure Control Program Administrator. Responsibilities include, but not limited to:

* Ensuring departments comply with the Program;
* Maintaining all required records for the Program; and
* Reviewing/updating the Program on an annual basis or whenever there are changes in employee exposures, job tasks, technology; whenever an employee has a blood borne pathogen exposure; when the Program is found to be deficient in any area; or when there are changes in the regulation.

**Department Heads/Supervisors/Managers/Designees for Departments with Occupational Exposures**

Responsibilities include, but are not limited to:

* Acting as the Program coordinator for the department;
* Providing resources and support to implement the Program;
* Ensuring the Program is properly implemented;
* Ensuring employees receive initial and annual training;
* Ensuring the Program is implemented within the department;
* Offering the hepatitis A and hepatitis B vaccinations to affected employees;
* Verifying department-specific methods for source control and cleaning and disinfection of equipment and vehicles (if applicable);
* Demonstrating knowledge in exposure control principles and practices as they apply to the department’s facilities and operations;
* Determining department-specific methods for source control, cleaning and disinfection of equipment, and cleaning and disinfection of vehicles, if applicable;
* Documenting exposure incidents and implementing the post-exposure evaluation process for affected employees;
* Monitoring the post-exposure evaluation process where an exposure incident has occurred;
* Forwarding required records to the Exposure Control Program Administrator; and
* Assisting the Exposure Control Program Administrator with the Program review/update.

**Employees with Occupational Exposure**

Responsibilities include, but are not limited to:

* Complying with safe work practices as outline in the Program;
* Attending required training;
* Accepting the hepatitis A and/or B vaccinations or sign the declination forms;
* Reporting a blood or fecal borne pathogen exposure to their supervisor immediately;
* Following post-exposure evaluation procedures if an exposure incident occurs;
* Providing suggestions on improving the procedures they perform; and
* Taking personal responsibility for their health and safety.

#

# Exposure Determination and Job Classifications

Each department will maintain a current list of employees who have an occupational exposure to blood or fecal borne pathogens based on their job classification – See Appendix A for a sample worksheet.

Revisions to Appendix A may/may not require City Council/County Board of Supervisors approval.

**Occupational Exposure to Blood Borne Pathogens**

Occupational exposure to blood borne pathogensmeans reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.

Exposure determinations will be conducted throughout the facilities without regard to the use of personal protective equipment (PPE). Committees, workgroups, Department Heads, lead person(s), or other individuals who conduct, evaluate, and periodically review exposure determinations will be used for this purpose.

This process involves identifying the job classifications, tasks, or procedures where employees may have occupational exposure to blood, OPIM, or fecal matter.

**Other Potentially Infectious Materials (OPIM)**

OPIMincludes 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 and include:

* Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood; and
* All body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Parenteral Contact**

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

**Occupational Exposure to Fecal Borne Pathogens**

Occupational exposure to fecal borne pathogens (hepatitis A [HAV]) means reasonably anticipated contact with fecal matter due to close person-to-person contact or from cleaning human waste.

# Methods of Compliance

**Universal and Standard Precautions (Total Body Substance Precautions)**

The use of universal precautions is required in order to prevent contact with blood and OPIM. Universal precautions are an infection control practice that 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 regardless of the source.

In addition, all human feces will be treated as if infected with HAV regardless of the source.

Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids and human feces shall be considered potentially infectious materials and treated with appropriate precautions.

The use of specified engineering and work practice controls will be used to limit exposure.

Use hand washing, gloving (and other personal protective equipment), clean-up and housekeeping techniques whenever there is a potential exposure for blood or fecal borne pathogens.

**Engineering and Work Practice Controls**

Engineering and work practice controls are utilized to eliminate or minimize blood, OPIM, or fecal matter exposure to employees. PPE will be utilized in conjunction with engineering controls. These engineering controls will be examined and updated on a regular basis.

Engineering Controls

Appropriate and effective engineering controls to prevent or minimize exposure incidents will be selected whenever possible. Engineering controls means controls (e.g., sharps disposal containers, sharps handling tools, and sharps with engineered sharps injury protection) that isolate or remove the blood borne pathogens hazard from the workplace.

Products that eliminate the use of sharps (e.g., needleless systems) will be evaluated, if available. If these devices are not selected, then devices equipped with engineered sharps injury protection (ESIP) will be evaluated.

An ESIP is either:

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

The procedures for identifying and selecting appropriate and effective engineering controls may include:

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

Work Practice Controls

The following practices are expected to be followed and will be enforced:

* In work areas where there is a reasonable likelihood of exposure to a blood borne pathogen, OPIM, or fecal matter, 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, OPIM, or fecal matter;
* Any material or object that may be contaminated with blood, OPIM, or fecal matter will not be directly handled with a bare hand;
* Mechanical means (e.g. tongs, dustpan and broom) will be used when appropriate to prevent direct hand contact;
* Contaminated materials or objects will be placed in puncture-resistant containers and disposed of as biohazardous waste; and
* Needle clippers and other devices that shear, bend, or break contaminated needles are prohibited from use.

**Exception to Prohibited Practices**

The bending, recapping, or removal of contaminated sharps from devices is prohibited except whenperformed 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.

**Requirements for Handling Contaminated Sharps**

The following requirements for handling contaminated sharps are expected to be followed and will be enforced:

* If needles or syringes are found, they will be handled with caution and by mechanical means (e.g. tongs or pliers) whenever practical and placed directly into a biohazard sharps container, sharp end first;
* Needles and other sharps will not be bent, recapped, removed, sheared, or purposely broken;
* 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;
* Sharps containers will be readily available in areas where sharps waste may be generated;
* Sharps containers will be labeled with the universal biohazard symbol;
* Sharps containers will be rigid, puncture resistant, leak proof on the sides and bottom, portable when portability is necessary to ensure easy access by the user and closable;
* When closed, the containers are leak resistant and incapable of being reopened without great difficulty;
* Sharps containers should remain upright throughout use and emptied before they are three-quarters full;
* Disposable sharps containers are not to be re-opened, emptied, or accessed in any way;
* Ensuring 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 will be performed using effective safe practices and other methods designed to minimize the risk of a sharps injury;
* Immediately, or as soon as possible, placing contaminated sharps in sharps containers;
* Closing the sharps container immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
* Sharps container must be placed 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 also be labeled or color-coded to identify its contents;
* 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; and
* To prevent exposures to the risk of percutaneous injuries (breaking skin), employees will never open, empty, or clean reusable containers.

**Regulated Waste**

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.

Containers for regulated waste will:

* Be leak proof, closable, and puncture resistant;
* Not contain loose sharps;
* Be stored upright;
* Be handled exclusively by personnel trained and authorized under this Program; and
* Be **RED** and labeled with a fluorescent orange biohazard symbol.

Regulated waste will be disposed of in accordance with applicable federal, state, and local regulations. Insert place where regulated waste will be taken or contact your manager/supervisor for proper disposal sites.

**Cleaning and Decontamination Equipment and Surfaces**

All equipment and surfaces are to be cleaned and decontaminated as soon as possible after contact with blood, OPIM, or human feces.

The following clean-up procedures are recommended by the Center for Disease Control (CDC):

1. Block off the area of the contamination until clean-up and disinfection is complete.
2. Use appropriate PPE.
3. Wipe up the spill using paper towels or absorbent material and place in a plastic garbage bag.
4. Gently pour a freshly prepared bleach solution (1 part regular household bleach and 9 parts cool water) or an approved EPA-registered germicide onto all contaminated areas.
5. Let the bleach solution remain on the contaminated area for 20 minutes. Follow the manufacturer’s recommendations for appropriate contact time for approved germicides.
6. Wipe up the remaining bleach solution or germicide.
7. All non-disposable cleaning materials used such as mops and scrub brushes should be disinfected by saturating with bleach solution or germicide and air dried.
8. Remove gloves and place in plastic garbage bag with all soiled cleaning materials.
9. Double-bag and securely tie-up plastic garbage bags and discard.
10. Thoroughly wash hands with soap and water.

**Hygiene**

Handwashing facilities will be readily accessible to employees who are exposed to blood, OPIM, or fecal whenever feasible.

If handwashing facilities are not feasible, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes to remove the blood, OPIM, or fecal matter will be provided. If these alternatives are used, the employee is required to wash their hands with soap and running water as soon as practical.

Flush mucous membranes (eyes, nose, and mouth) with water immediately, or as soon as feasible, for at least 10 minutes following contact of such body areas with blood, OPIM, or fecal matter.

**First Aid - Optional**

If you pierce or puncture your skin with a sharp, follow this first aid advice immediately:

* Encourage the wound to bleed, ideally by holding it under running water;
* Wash the wound using running water and plenty of soap;
* Do not scrub the wound while you’re washing it;
* Do not suck the wound;
* Dry the wound and cover it with a bandage or dressing; and
* Seek medical treatment.

**Personal Protective Equipment (PPE)**

PPE and training in the appropriate use of PPE will be provided to employees who are at risk of occupational exposure to blood, OPIM, and fecal borne pathogens.

PPE will be provided at no cost to the employee, in appropriate sizes, and includes but is not be limited to:

* Gloves (impermeable and permeable), including glove liners and hypoallergenic gloves
* Gowns/outerwear
* Face shields/masks
* Eye protection

PPE is considered appropriate if it does not permit blood, OPIM, or fecal matter to pass through to the employee’s clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal working conditions and for the duration of time PPE will be used.

All PPE is to be removed prior to leaving the work area. When PPE is removed, it should be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Employees are required to wear impermeable gloves, such as nitrile or latex-free where it is reasonably anticipated they will have hand contact with blood, OPIM, fecal matter, non-intact skin, or mucous membranes (first aid, CPR, clean up of body fluids visibly contaminated with blood or fecal matter).

Disposable (single-use) 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.

Utility gloves, such as leather or fabric, are not to be used as PPE against pathogens. Therefore, if an exposure is possible, impermeable gloves must be worn under these types of gloves.

Utility gloves may be decontaminated for reuse provided the integrity of the glove is not compromised. They must be discarded if grossly contaminated, cracked, peeled, torn, punctured, or exhibit signs of deterioration when their ability to function as a barrier is compromised.

Employees who may be exposed to splashes of blood, OPIM or fecal matter 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, are required to be worn whenever splashes, spray, splatter, or droplets of blood, OPIM, or fecal matter may be generated, and eye, nose, or mouth contamination can reasonably be anticipated.

**Laundry**

If garments become penetrated by blood, OPIM, or fecal matter they will be removed immediately, or as soon as practical.

Contaminated laundry will be handled with a minimum of agitation.

Contaminated laundry will be sorted and placed 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.

If employees have contact with contaminated laundry, they are required to wear appropriate PPE.

Employees should avoid washing contaminated garments at home. Contact your manager/supervisor for the location for the nearest laundry cleaning location or, insert location of laundry.

# Hepatitis A & B Vaccinations

The HAV and HBV vaccines are available to all employees who are at risk of occupational exposure to blood or fecal borne pathogens within ten (10) working days of hire or reassignment to a job or tasks that places the employee at risk. The vaccination is:

* Provided at no cost to the employee;
* Made available at a reasonable time and place;
* Performed by, or under supervision of, a licensed physician or by another licensed health care professional; and
* Provided according to current recommendations of the U.S. Public Health Service.

HBV booster doses are not recommended for persons with normal immune status who have been vaccinated. Should booster doses be recommended, they will be offered to the employee based on a medical determination of need at no cost to the employee.

OPTIONAL: The following vaccination exemptions are appropriate for any employee who declines the offer for HAV or HAB vaccination.

* The employee has previously received a complete series of HAV and/or HBV vaccinations; or
* Antibody testing has revealed the employee is immune to HAV and/or HBV; or
* The vaccines are inadvisable for medical reasons; or
* Personal or religious reasons.

Employees are not required to disclose the reason why they declined the HAV or HAB vaccination.

Any employee who declines the HAV and/or HBV vaccination is required to sign a declination form. Employees who accept the HAV and/or HBV are encouraged to sign an acceptance form. See Appendices B and C.

All blood drawn for serological testing will be sent to a laboratory for testing at no cost to the employee.

Participating in a pre-screening program is not a prerequisite for receiving the hepatitis B vaccination.

If an employee initially declines the HAV and/or 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.

# Post Exposure Evaluation and Follow-up

All employee exposure incidents involving human blood, OPIM, or fecal matter must be reported to supervisors/designee 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 incidentmeans specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, OPIM, or fecal matter that resulted from the performance of an employee’s duties.

Supervisors/designee will complete the Incident Report for Blood and Fecal Borne Pathogen for each employee exposure event. See Appendix D.

In the event of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up.

The evaluation and follow-up will include the following:

* 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);
* When a source is identifiable and after consent is obtained, that individual’s blood will be tested as soon as feasible to determine HIV, HAV, HBV, and HCV infectivity. If consent is not obtained, it will be documented 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;
* Consultation and testing of the source individual will be done at the request of the exposed employee through the source’s private physician;
* If the source individual is known to be infected with HIV, HAV, HBV, or HCV, testing to determine such status need not be repeated; and
* 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.

**Employee Testing & Treatment**

Counseling and other features of post-exposure evaluation will be offered whether or not the employee elects to have baseline HIV/HAV/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 ninety (90) days. If within ninety (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 (immune globulin or vaccination for HAV or HBV) will be provided to any employee 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 NAME OF ENTITY. Cost of tests, treatment, and prophylaxis of individuals who are not our employees (contract workers, registry students, volunteers, prisoner work crews, etc.) will be borne by the affected outside agency or as specified in the contract between NAME OF ENTITY 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**

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

* A copy of CCR, Title 8, Section 5193;
* A written description of the exposed employee’s duties as they relate to the exposure incident;
* Written documentation of the route of exposure and circumstances under which exposure occurred;
* Results of the source individual’s blood testing, if available; and
* All medical records relevant to the appropriate treatment of the employee including vaccination status.

**Health Care Professional’s Written Opinion**

A copy of the evaluating health care professional’s written opinion will be obtained and provided the employee within fifteen (15) days of the completion of the evaluation.

The health care professional’s written opinion for HAV and/or HBV vaccination will be limited to whether HAV and/or 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, feces, 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 Reporting**

Incidents involving the presence of blood, OPIM, or fecal matter will be investigated and documented. Investigations will include the following information:

* Description of the incident that must include a determination of whether or not, in addition to the presence of blood, feces, or OPIM, an occupational exposure incident occurred;
* Names of all first aid providers who rendered assistance, regardless of the use of PPE (if applicable);
* Location, time, and date of incident; and
* Offer of HAV or HBV to all employees who rendered first aid assistance within 24-hours of the incident (if applicable).

**Counseling**

Post-exposure counseling may be provided to employees after an exposure incident, if appropriate. Counseling by a qualified counselor will be made available to the employee regardless of his or her decision to accept serological testing. A qualified counselor may include the employee’s supervisor, a physician administering treatment to the exposed employee, or any other individual with appropriate training. A component of the counseling includes the *MMWR* recommendations from the Centers for Disease Control and Prevention (CDC). (A subscription to *MMWR* is available at *www.cdc.gov/subscribe.html.*) Those recommendations cover the prevention and transmission of bloodborne infections (including HIV, HBV, and HCV) and other relevant topics.

# Communication of Hazards

**Labels and Signs**

Warning labels will be incorporated into the universal biohazard sign and require the words “biohazard,” “biohazard waste,” or “sharps waste” to be printed on or affixed to biohazardous waste items.

The labels will be fluorescent orange or orange-red with lettering or symbols in a contrasting color.

Labels will be affixed as securely as possible to the container, preferably by adhesive or by wire, string, or other method to prevent loss or unintentional removal.

Red bags or red containers may be substituted for labels except for sharps containers or regulated waste red bags.

All containers of biohazard regulated waste and sharps disposal containers, such as refrigerators/freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or other infectious materials, such as contaminated equipment, PPE or other laundry must be labeled.

# Training

Training will be provided to all employees who are at risk for exposure to blood or fecal borne pathogens or OPIM. This training is provided at no cost to the employee and during normal work hours.

Training is given as follows:

* At the time of initial assignment to tasks where occupational exposure may take place;
* At least annually after the initial training; and
* 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 or fecal borne pathogens or OPIM.

Information and training of individuals who are not entity employees (contract workers, interns, students, volunteers, etc.) will be provided by the affected outside agency.

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

The training program will include information and explanation of at least the following:

* An accessible copy of the regulatory text of the standard and an explanation of its contents;
* Epidemiology and symptoms of bloodborne diseases;
* Modes of transmission of bloodborne and fecal borne pathogens;
* BBP Program and the means by which the employee can obtain a copy of the written Program;
* Appropriate methods for recognizing tasks and other activities that may involve exposure to blood, OPIM, or fecal contamination;
* Use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and PPE;
* Types, proper use, location, removal, handling, decontamination and disposal of PPE;
* Basis for selection of PPE;
* HAV and HAB 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;
* Appropriate actions to take and persons to contact in an emergency involving blood, OPIM, or fecal contamination;
* Procedures 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 (see Appendix E);
* Post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
* Signs and labels and/or color coding; and
* An opportunity for interactive questions and answers with the person conducting the training session.

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

# Program Review and Update

The Program will be reviewed annually and updated as needed. Updates may take place when:

* New or modified tasks or procedures that affect occupational exposure;
* 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 Program is deficient in any area; or
* Changes in the regulation.

Employees contribute to the review and update of the exposure control Program 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; or
* Filling out reports, questionnaires, or other documents.

# Record Keeping

**Employee Medical Records**

Records for each employee with occupational exposure will be established and maintained. The employee’s record will include:

* The name and birth date of employee
* A copy of the employee’s HAV and/or HBV vaccination status, including the dates of all HAV and HBV vaccinations, declination/acceptance statements, and medical records relative to the employee’s ability to receive vaccinations;
* A copy of all results of examinations, medical testing, evaluation, and follow up of exposure incidents; and
* A copy of the health care professional’s written opinion as required following an exposure incident.

Employee medical records are confidential and are kept in the employee’s personnel file.

Employee medical records will not be 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.

Employee health records 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.

Employee medical records will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to Cal/OSHA, and to NIOSH in accordance with Section 3204.

**Training Records**

Training records will be maintained for at least three years from the date the training occurred.

Training records will include the:

* Dates of the training session;
* Contents or a summary of the training session;
* Names and qualifications of persons conducting the training sessions; and
* Names and job titles of persons attending the training.

Employee training records will be provided upon request for examination and copying to employees, to employee representatives, to Cal/OSHA, and to NIOSH.

**Sharps Injury Log**

All parenteral contacts (piercing or lacerations) that occur in the workplace will be reported on the Sharps Injury Log and recorded within 14 days of the incident. See Appendix E.

Sharps Injury Log will be maintained for at least five years from the date of the incident.

The Sharps Injury Log will be provided upon request for examination and copying to employees, to employee representatives, to Cal/OSHA, to the Department of Health Services, and to NIOSH.

**Appendix A - Exposure Determination Worksheet (EXAMPLE)**

|  |
| --- |
| **Name of Entity** |
| Please complete one form for each job classification and list duties that may cause an employee to be exposed to blood, OPIM or fecal matter. |
| **Employee Position Classification:** *Registered Nurse*  |
| **Locations Where this Position is Assigned:** Behavioral Health Services |
| **TASKS & PROCEDURES** | **EXPOSURE RISK:**Indicate if risk is *Routine* or *Occasional* | **🗸** if all employees in this classification are at risk |
|  |  |  |
| *Supervises the development & implementation of specialized health care services* | *Routine* | **🗸** |
| *Supervises the administration of medication* | *Routine* | **🗸** |
| *Provides emergency nursing care* | *Routine* | **🗸** |
| *Conducts a program directed toward control of communicable disease* | *Routine* | **🗸** |
|  |  |  |
| **Additional Comments Regarding Potential Risks** |
| *A primary provider of health care.* |
|  |
| **Department Head/Supervisor Signature** | **Date** |
| The potential risks of exposure pertaining to the above job duties represent the exposure determination to the best of our knowledge. |

**Appendix A - Exposure Determination Worksheet (EXAMPLE)**

|  |
| --- |
| **Name of Entity** |
| Please complete one form for each job classification and list duties that may cause an employee to be exposed to blood, OPIM or fecal matter. |
| **Employee Position Classification:** *Custodian* |
| **Locations Where this Position is Assigned:** |
| *All Facilities* |
| **TASKS & PROCEDURES** | **EXPOSURE RISK:**Indicate if risk is *Routine* or *Occasional* | **🗸** if all employees in this classification are at risk |
|  |  |  |
| *Clean restrooms* | *Routine* | **🗸** |
| *Empties and cleans trash cans* | *Occasional* | **🗸** |
| *Picks up trash on grounds* | Occasional | **🗸** |
|  |  |  |
|  |  |  |
| **Additional Comments Regarding Potential Risks** |
| *Will require personal protective equipment, training and must use universal precautions with blood and OPIM or bio-labeled articles and bags.* |
|  |  |
| **Department Head/Supervisor Signature** | **Date** |
| The potential risks of exposure pertaining to the above job duties represent the exposure determination to the best of our knowledge. |

**Appendix B**

**INSERT NAME OF ENTITY**

**Hepatitis A Vaccine Consent/Declination**

**CONSENT - RECORD OF CONSENT FOR HEPATITIS A VACCINATION**

(This Section is OPTIONAL)

I have read the CDC vaccine information statement, Hepatitis A Vaccination: What You Need to Know. I have had an opportunity to ask questions and understand the benefits and risks of the hepatitis A vaccination. I understand I must complete the series of the selected vaccine to have effective immunity. However, as with all medical treatment, there is no guarantee I will become immune or I will not experience an adverse side effect from the vaccine.

I request it be administered to me.

Print Name:

Employee Signature:

Date:

Employer Representative:

**DELCLINATION - RECORD OF HEPATITIS A VACCINE DECLINATION**

(This Section is REQUIRED if employee declines)

I have read the CDC vaccine information statement: Hepatitis A Vaccination: *What You Need to Know*. I understand that due to my occupational exposure to people who are homeless and/or use illicit drugs and/or have close contact with environments near or are serving people who are homeless and/or use illicit drugs, I may be at risk of acquiring hepatitis A virus (HAV) infection. I have been given the opportunity to be vaccinated with hepatitis A vaccine, at no charge to myself. However, I decline hepatitis A vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis A, a serious disease. If in the future, I continue to have occupational exposure to fecal contamination and I want to be vaccinated with hepatitis A vaccine, I can receive the vaccination series at no charge to me.

Print Name:

Employee Signature:

Date:

Employer Representative:



**Appendix C**

**INSERT NAME OF ENTITY**

**Hepatitis B Vaccine Consent/Declination**

**CONSENT - RECORD OF CONSENT FOR HEPATITIS B VACCINATION**

(This Section is OPTIONAL)

I have read the CDC vaccine information statement: Hepatitis B Vaccination: General Information. 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 I will become immune, or I will not experience an adverse side effect from the vaccine. You must complete the whole series within the six months.

I request it be administered to me.

Print Name:

Employee Signature:

Date:

Employer Representative:

**DELCLINATION - RECORD OF HEPATITIS B VACCINE DECLINATION**

(This Section is MANDATORY)

I have read the CDC vaccine information statement:Hepatitis B Vaccination: General Informat*i*on. 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 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:

Employee Signature:

Department:

Date:

Employer Representative:





**Appendix D**

**INSERT NAME OF ENTITY**

**INCIDENT REPORT** **FOR BLOOD OR FECAL BORNE PATHOGENS**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: |  | Time: |  |
| Date Incident Reported: |  | Time: |  |

Describe the first-aid or exposure incident:

|  |
| --- |
|  |
|  |
|  |

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

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

*Cal/OSHA definition – 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 result from the performance of one’s duties.*

If yes, please describe it.

|  |
| --- |
|  |
|  |
|  |

Was PPE used? Yes [ ]  No [ ]  What PPE was used?

Print name(s) of persons who provided first aid or were also exposed:

|  |
| --- |
|  |
|  |
|  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Report taken by: |  | Date: |  |
| Signature: |  |

**Appendix E**

**INSERT NAME OF ENTITY**

##### **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 #:*(Not the employee name)* |  | Date/time of Exposure Incident: |  |
| Job Classification/Title: |  | Department: |  |
| Where exposure occurred *(be specific):* |  |

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 in an 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 engineering, administrative, or work practice controls could have prevented this injury?

|  |
| --- |
|  |
|  |
|  |

*Attach this form to the IIPP Supervisors’ Report of Injury and Illness investigation form.*