



# Lassen County Office of Education

## **Exposure Control Plan for Bloodborne Pathogens**

**Health  
and Safety  
Matters**

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## **BACKGROUND**

On December 6, 1991, OSHA issued its final regulation on occupational exposure to bloodborne pathogens (29 CFR 1919.1030). Based on a review of the information, OSHA has determined that employees face a significant health risk as a result of occupational exposure to blood and other potentially infectious materials (OPIM) because they contain bloodborne pathogens. These pathogens include: HBV, which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immuno-Deficiency Syndrome (AIDS). The agency has concluded that this hazard can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs, labels and other provisions.

The California version of this legislation became effective on January 8, 1993. The text of the law can be found in Section 5193 of Title 8 of the California Code of Regulations (8CCR5193).

# INTRODUCTION

The Lassen COE (hereafter referred to as LCOE) is continuing the implementation of an Exposure Control Plan (ECP) to ensure the well-being and to protect the safety and health of our employees. This Plan has been developed to meet compliance with State and Federal Regulations pertaining to Bloodborne Pathogens.

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

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

- Lassen County Office of Education (District office and/or Website)

This Plan will be reviewed annually by LCOE Human Resources Administrator/Health Services.

## BLOODBORNE PATHOGENS PROGRAM COORDINATORS

- Health Services Director
- Human Resources Administrator

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## ELEMENTS OF THE EXPOSURE CONTROL PLAN (ECP)

- The required exposure determination.
- The schedule and method of implementation for:
  - ❖ Methods of compliance
  - ❖ Communication of hazards to employees
  - ❖ HBV vaccination and post-exposure evaluation and follow-up
  - ❖ Recordkeeping to be kept by Human Resource Office
- A procedure for the evaluation of circumstances surrounding exposure incidents.
- A procedure for gathering the information required by the sharps injury log.
- A procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the sharps injury log.
- A procedure for identifying currently available engineering controls and selecting such controls for the appropriate work areas.
- A procedure for obtaining information from employees as part of the plan review process.
- Ensure that a copy of the ECP is accessible to employees.
- Ensure that the ECP is reviewed and updated at least annually.

## **RESPONSIBILITIES**

### **Individual Affected Employees shall be responsible for:**

1. Reading and following the guidelines put forth in this Plan.
2. Attending training as required.
3. Addressing any concerns or questions to their supervisors.

### **Supervisors/Managers shall be responsible for:**

1. Ensuring affected employees' comply with the Exposure Control Plan, including the introduction of the Hepatitis B vaccination series within ten days of employment if the employee has not been vaccinated before. Employee must provide written proof of vaccination series or immunity (HBsAB).
2. Ensuring affected employees have initiated training on department specific safe work practices relative to exposure to blood or other potentially infectious substances/materials.
3. Monitoring their departments to ensure compliance with the Exposure Control Plan, including always having an adequate supply of protective equipment to comply with the Bloodborne Pathogen Standard (see Appendix E).
4. Ensuring that affected employees attend and complete training sessions to comply with the Bloodborne Pathogen Standard (see Appendix E).
5. Ensuring that affected employees who are appointed to an affected job classification are referred for training and, if necessary, are offered the Hepatitis B vaccination series within ten days.
6. Report compliance failures to the LCOE Superintendent of Schools or designee.

### **Human Resources Department shall be responsible for:**

1. Coordinating the initial and annual training for all affected employees covered by this plan.
2. Maintaining employee training records.

### **Human Resources & Health Services Departments shall be responsible for:**

1. Arranging for payment of vaccination series and expenses for post-exposure follow-up deemed necessary by the medical contractor.
2. Assisting department heads and managers/supervisors to monitor individual departments for compliance with the provisions of this plan.

**The Superintendent's Cabinet shall be responsible for:**

1. Reviewing the Exposure Control Plan annually.

**Health Services & Human Resources Departments shall be responsible for completing the following:**

1. Serving as an advisor in the development and implementation of the training program.
2. Ensuring that each affected employee has started the Hepatitis B vaccination series or has signed the declination form.
3. Providing Hepatitis B vaccination series to affected employees who are not eligible for vaccination from their private medical insurance.
4. Maintaining Hepatitis B vaccination records or declination forms.
5. Coordinating post-exposure follow-ups with medical contractor.
6. Ensuring that the health care professional's written opinion is provided to employees receiving post-exposure follow-up.
7. Maintaining records relative to post-exposure follow-up to bloodborne pathogens, including first aid providers.
8. Providing supplemental health education on risk management of exposure (e.g., sexual behaviors, organ donation, refraining from breast feeding, psychosocial support, seropositive reaction, etc.).
9. Ensuring that the individual(s) responsible for decontaminating equipment or working surfaces with infectious materials/substances is knowledgeable about Universal Precautions and EPA registered Tuberculocidal Disinfectants.
10. Reviewing the Exposure Control Plan annually in consultation with the Designated Administrator and the appropriate relevant areas impacted by the Exposure Control Plan.

## **AFFECTED EMPLOYEES/EXPOSURE DETERMINATION**

The purpose of the exposure determination is to identify individuals who meet the definition of occupational exposure as defined by Cal/OSHA and who shall receive training, protective equipment and vaccination as described in this program. These employees are considered affected employees. "Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

- See appendix B

## **METHODS OF COMPLIANCE AND SCHEDULE OF IMPLEMENTATION**

### **Universal Precautions 5193 (d)(1)**

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

### **Engineering and Workplace Controls 5193 (d)(2)**

The following engineering and workplace controls shall be used to eliminate or minimize employee exposure. LCOE shall continually evaluate these controls compared with new or more advanced equipment and substitute new methods as determined by the Plan Administrator.

#### **Engineering Controls**

These shall be maintained on a regular schedule. A regular system shall include documentation of maintenance inspections which include date of inspection, name of employee making the inspection, findings, repair verification if needed and the signature of the employee conducting the inspection. See Figure 1 for an example of an Engineering Controls and Inspection Schedule Guideline.



**ENGINEERING CONTROLS AND INSPECTION SCHEDULE  
(Figure 1)**

<b>ENGINEERING CONTROL</b>	<b>INSPECTION PERIOD</b>	<b>COMMENT</b>	<b>RESPONSIBLE POSITION</b>
Glove Boxes	Monthly	Available and in good condition	Classroom Teacher
CPR masks/ First Aid Kits	Monthly	Present and in good condition	Classroom teachers, drivers, Director of Health Services
Sharps Disposal Containers	Once before use; monthly during use; once before disposal.	Ensure outer portion of container remains clean while unit is in use.	Director of Health Services (DHS)
Spill Kits	Beginning of the year/Replace after use	Kit is available and all contents present. Contact maintenance for supplies.	Classroom teacher, drivers
Hand Washing Facilities	Once every 6 months	Daily Cleaning	Maintenance

## **Hand Washing Facilities**

These shall be readily available.

## **Hand Washing**

This shall be done immediately before and after glove removal. Hand washing shall also be done as soon after hand contamination as possible. If water is not available, antiseptic hand cleaners must be used with clean cloth, paper towels or antiseptic towelettes.

## **Needleless Systems**

Shall be used when information indicates the system is more effective in reducing sharps injuries than the current system being used.

## **Needle Devices**

If needleless systems are not used, needles with engineered sharps injury protection are recommended.

## **Non-Needle Sharps**

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

## **Prohibited Practices**

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Bending, recapping or removal of contaminated sharps by hand is prohibited.
- Sharps that are contaminated with blood or other potentially infectious materials (OPIM) shall not be stored in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps shall not be reused.
- Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- The contents of used sharps containers shall not be accessed.
- Sharps containers shall not be opened, emptied or cleaned manually or in any other manner which would expose an employee to the risk of sharps injury.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.

- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
- Mouth pipetting/suctioning of blood or other potentially infectious substances/materials is prohibited.

#### **Other Precautions**

- All procedures involving blood or other potentially infectious substances/materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
- Items contaminated by blood or other potentially infectious substances/materials shall be double bagged, which prevents leakage or contact with blood and OPIM.
- Contaminated clothing and equipment must be removed before entering a food consumption area.
- Splattering or the generation of droplets or aerosols of contaminated material must be avoided. If potential for this exists, face protection shall be required.
- Contaminated reusable equipment must be decontaminated to the extent possible. Employees shall wear appropriate personal protective equipment.
- Personal protective clothing must be worn to prevent body contamination and shall be provided by the District.
- Personal protective equipment (splash shields, clothes, gloves, etc.) must not be taken home by the employee and shall remain at work.
- If splashing occurs onto protective clothing, inspect clothing to ensure that blood or OPIM is not soaked through the material.
- Biohazard labels will be affixed to containers, refrigerators and freezers containing blood or other potentially infectious substances/materials and any other containers used to store or transport blood or other potentially infectious substances/materials.

## **Sharps Injury Log**

LCOE shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 24 hours of the date the incident is reported to the employer. The recorded information shall include the following:

- Date and time of the exposure incident.
- Type and brand of sharp involved in the exposure incident.
- A description of the exposure incident shall include:
  - ❖ Job classification of the exposed employee.
  - ❖ Department or work area where the exposure incident occurred.
  - ❖ The procedure that the exposed employee was performing at the time of the incident.
  - ❖ How the incident occurred.
  - ❖ The body part involved in the exposure incident.
  - ❖ If the sharp had engineered sharps injury protection (ESIP) and whether it was activated.
  - ❖ If there were no ESIP, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
  - ❖ The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

### *Requirements for Handling Contaminated Sharps*

- All procedures involving the use of sharps in connection with patient care shall be performed using effective handling techniques and other methods designed to minimize the risk of a sharps injury.
- Immediately, or as soon as possible, contaminated sharps shall be placed in an approved sharps container.
- The containers shall be maintained in the upright position throughout use, where feasible.
- The containers shall be replaced as necessary to avoid overfilling.

### *Sharps Containers for Contaminated Sharps*

- All sharps containers will be labeled, commercially designated sharps containers.
- The sharps container shall be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.
- Filled containers shall be taken by the LCOE Health Services Department to the Lassen County Public Health Department for disposal in accordance with Local, State and Federal guidelines.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE) AND CLOTHING 5193**

### **(b)**

The LCOE shall analyze employee tasks and the type of exposure expected in order to select personal protective clothing and equipment, which shall provide adequate protection. This shall be accomplished in view of the fact that there is no standardized method of testing and classification of the resistance of clothing to biological hazards.

The LCOE shall provide, at no cost to the employee, appropriate personal protective equipment. The LCOE must clean, repair and replace the equipment when necessary. The type and amount of PPE shall be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of a task or procedure.

## PERSONAL PROTECTIVE CLOTHING POLICIES

ITEM	HOW TO OBTAIN	COMMENT
Single-Use Gloves	Standard equipment: in all: classrooms, buses, transportation for students, first aid kits All school nurses shall have gloves Order through bulk supply	Wear appropriate medical examination gloves whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, other potentially infectious materials or contaminated items and surfaces. Check for leaks, tears, punctures before each use. Use gloves only one time. Remove per proper procedure and dispose of in an appropriate waste container.
Other Gloves	Request goes to teacher with reason for need.	Used for cleaning and washing. Check for leaks, tears, punctures before each use. Dispose in an appropriate waste container.
Masks	Have teacher/program manager contact School Nurse or Health Services Director to see if indicated.	Wear masks whenever there is a likelihood of splash, sprays, mists or the production of respirable droplets. Ensure that the masks fit properly. Dispose of masks in appropriate containers.
Safety Goggles/ Safety Glasses	Have teacher/program manager contact School Nurse or Health Services Director to see if indicated.	Wear eye protection whenever there is an opportunity for exposure to blood, blood products or other potentially infectious materials. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
CPR masks	Standard equipment one in all: classrooms, student transportation, first aid kits All school nurses shall carry one Contact school nurse to obtain mask.	To be used when administering CPR. Dispose of in a proper container

## HOUSEKEEPING

1. The Supervisor of Maintenance, Operations, and Transportation shall develop a schedule of disinfection for any work surface, which may become contaminated by the HIV, HCV, and HBV virus or OPIM. The type of chemical utilized shall be approved by the maintenance department and for the highest antimicrobial activity in order to kill the viruses.
2. Protective coverings shall be replaced as soon as it is feasible.
3. Broken glassware, which may be contaminated, shall not be picked up with bare hands nor shall any employee reach into a container of broken glassware.
4. Regulated waste shall be disposed of in accordance with local, State and Federal regulations.
5. Sharps Containers shall be designed according to regulations, not allowed to overfill and be located so that employees shall not have to walk long distances with used syringes. Disposable sharp containers are recommended.
6. Sharps Containers shall be inspected regularly according to the Department Administrator and replaced as required.
7. Other waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups.
8. All containers shall be inspected for leakage potential. Secondary containers shall be available if leakage is possible.
9. All containers holding contaminated material shall comply with CCR, Title 8, Chapter 4.

### **10. Sharps Containers must be:**

- Completely Leak Proof
- Closable
- Puncture Resistant
- Color Coded and Labeled
- Convenient to Work Areas
- Never Spilled

## LAUNDRY 5193 (d)(3)(J)

1. Contaminated laundry shall be bagged at the location where it was used by employees utilizing proper personal protective equipment. Contaminated laundry shall be bagged and disposed of with consideration for outside contamination and proper labeling.
2. Contaminated laundry shall be shipped off-site for cleaning/disposal.
  - a) Contaminated laundry shall be placed and transported in bags or containers labeled and color-coded in accordance with Subsection (g)(a)(A) of this standard.
  - b) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
4. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment (e.g., use universal precautions).
5. Student clothing contaminated by blood shall have the bloody area covered. If the area is too big to safely cover, the clothing shall be removed, double bagged, and sent home with the student at the end of the day.



## **WASTE DISPOSAL 5193 (d)(3)(E)(1)**

Regulated biowaste shall be placed in containers, which are closeable and are of the appropriate size to contain all contents. The containers will be strong enough to prevent leakage of fluids during handling, storage and transport. Red bags and red containers will be used by all departments to hold items that are soaked with blood or other potentially infectious substances/materials.

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

Disposal of all regulated waste shall be in accordance with applicable state and local regulations. All regulated waste shall be taken by the LCOE Health Services Department to the Lassen County Public Health Department.

## **LABELS and SIGNS 5193(g)(1)(A)**

Biohazard Waste labels will be affixed to all containers used to dispose of blood or other potentially infectious substances/materials.

## HEPATITIS B VACCINATION

1. LCOE shall make the Hepatitis B vaccination series available to all affected employees listed in category I or II in Appendix B. In addition, a post-exposure evaluation and follow-up shall be made available to all employees who are exposed to the HBV.
2. Affected employees will be provided with an authorization memo, which they will turn into LCOE Health Services Department for any of these services.
3. LCOE shall follow the regulations as stated in CCR, Title 8, Section 5193 concerning the management of the vaccination and follow-up programs.
4. The vaccination and post-exposure evaluation and follow-up including prophylaxis will be:
  - Available at no cost to the employee.
  - Available at a reasonable time and place.
  - Under the supervision of a licensed physician or another licensed health care worker;
  - Provided according to the recommendations of the USPHS (\* please see below) and
  - An accredited laboratory shall conduct all lab tests.

- \* The medical treatment for bloodborne pathogens may change over time. Cal/OSHA shall accept the CDC/USPHS guidelines current at the time of the evaluation or procedure.

Vaccine will be made available after an employee has received required training, within 10 working days of initial assignment. Employees must sign a declination form if they choose not to be vaccinated but may opt later to receive the vaccine at no cost to the employee.

Pre-vaccination screening for antibody status is not required as a condition of receiving the vaccine. LCOE can make it available at no cost to employees. An employee may decline the pre-screening, and LCOE must still make the vaccination series available to the employee. If the series is not completed, the vaccine must continue to be available, even if the series must be repeated. Should routine booster doses later be recommended by the USPHS, employees must be offered them. At the time of this plan, the possible need for routine booster doses is still being assessed by the USPHS. There is no current requirement to provide boosters, except for post-exposure prophylaxis.

## **HEPATITIS B VACCINATION OF DESIGNATED FIRST AID PROVIDERS**

Lassen County Office of Education shall designate those employees who shall render first aid as a collateral duty compared to their primary duties. Designated, or other first aid providers, whose primary job assignments are not first aid but to render first aid for workplace injuries as collateral duty (Category I & II, see Appendix B) will be offered pre-exposure vaccine including availability of the full vaccination series as soon as possible, but no later than, 24 hours of the provision of assistance in any situation involving the presence of blood or other potentially infectious material.

First aid incidents and exposure incidents occurring during normal work hours shall be reported to their supervisor immediately.

After hours reporting of a situation including first aid where blood or other potentially infectious materials were present. Such an event on weekends or during field trips shall be reported immediately to their supervisor or department head.

The verbal report shall be followed up with the Post Exposure Follow-Up Report per procedure.

- Designated first aid providers (collateral duty) requirements:
  - ❖ First aid is not a primary job duty.
  - ❖ Not employed at a clinic, first aid station or other health care facility where people go to receive first aid.
  - ❖ The designated employees have been trained.
  - ❖ Are designated and included in this Plan.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

LCOE realizes the importance of the follow-up and evaluation of HBV, HCV and HIV exposure incidents. LCOE shall, therefore, follow the regulation as stated below:

1. Following a report of an exposure incident, the employer shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
  - a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred. (BBP 1)
  - b) Identification and documentation of the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law or education code. (BBP 1)
    - ❖ The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. (BBP 4 & 5)
    - ❖ When the source individual is already known to be infected with HBV, HCV or HIV, status need not be repeated.
    - ❖ With consent of the source individual or his/her parent/guardian, the results of the source individual's testing shall be made available to the exposed employee's physician, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. (BBP 4 & 5)
  - c) Collection and testing of blood for HBV, HCV and HIV serological status.
    - ❖ The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. (BBP 2)
    - ❖ If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be performed as soon as feasible.
    - ❖ Additional collection and testing shall be made available as recommended by the U.S. Public Health Service and the employee's physician.
  - d) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

- e) Counseling.
- f) Evaluation of reported illnesses.

Counseling and evaluation of reported illnesses is not dependent on the employee's electing to have baseline HBV, HCV and HIV serological testing.

2. Information Provided to the Health Care Professional:

- a) The employer shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided a copy of the regulation(s).
- b) The employer shall ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:

- ❖ A copy of this regulation.
- ❖ A description of the exposed employee's duties as they relate to the exposure incident. (BBP 1)
- ❖ Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by Subsection (f)(3)(A). (BBP 1)
- ❖ Results of the source individual's blood testing, if available (physician to physician).
- ❖ All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by Subsection (h)(1)(B)2.

- c) Health care professional's written opinion:

The employer shall 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. (BBP 3)

- ❖ The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- ❖ The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - The employee has been informed of the results of the evaluation.
  - The employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

- If further follow-up testing should be done and when
- d) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Health Science practicum students who experience an exposure are covered by this program.

## **COMMUNICATION OF HAZARDS TO EMPLOYEES**

### **Labels and Signs**

1. Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials.
2. Labels shall comply with Title 8, Section 6004, and Health and Safety Code Sections 25080-25082.
3. Labels concerning bio-hazardous waste are covered in Health and Safety Code, Sections 25080-25082. Color coding is described in Title 8, Section 6003.
4. LCOE shall post signs at the entrance to work areas as described in the regulation.

## INFORMATION AND TRAINING 5193 (g)(2)

1. LCOE shall provide training as described below to all affected employees meeting the occupational exposure definition.
  - ❖ Training shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
  - ❖ Retraining shall occur as operations change affecting exposure.
  - ❖ The programs shall be provided at no cost and shall be delivered during work hours.
  - ❖ The content of the training shall be appropriate for the educational level of the employee.
  
2. The content of the training shall include the following topics:
  - ❖ An explanation of the Bloodborne Pathogens Standard.
  - ❖ An explanation of the Bloodborne Pathogens Exposure Control Plan and how to obtain a written copy.
  - ❖ Bloodborne disease epidemiology and symptoms.
  - ❖ Modes of transmission.
  - ❖ Recognition of tasks and activities that expose employees to the viruses.
  - ❖ The use and limitations of engineering controls, personal protective equipment, work practices.
  - ❖ Types, use, location, removal, handling and decontamination of personal protective equipment.
  - ❖ The basis for selection of personal protective equipment.
  - ❖ Information on the Hepatitis B vaccine.
  - ❖ Handling emergencies involving blood or other potentially infectious materials.
  - ❖ Exposure incident procedures and reporting.
  - ❖ Information on post-exposure follow-up and evaluation.
  - ❖ Signs, labels and other warnings.
  - ❖ Questions and other interaction.
  
3. The content of the training and qualifications of the presenter shall be documented on a training file form.

## **RECORD KEEPING**

LCOE shall maintain accurate records on occupational exposure of each employee pursuant to CCR 8, Section 3204(d). These records shall be confidential and released only by the employee's written permission or as required by law or regulation. The records shall be maintained for thirty (30) years beyond the end of employment of the employee.

### **Content of Records**

- Name and social security number of employee.
- Copies of HBV vaccination status and other relevant records.
- Copies of results of medical exams, testing and follow-up.
- Employer's copy of health care professional's written opinion as required in the regulation.
- Copy of the information provided to the health care professional as required in the regulation.

### **Training Records**

- The dates of training sessions.
- Content summary of training.
- Names and qualifications of trainers.
- Names and job titles of all employees attending.

### **Sharps Injury Log**

- The date and time of exposure incident.
- The type and brand of sharp involved.
- A description of the exposure incident.



**Record Keeping Responsibilities**

<b>RECORD</b>	<b>LOCATION</b>	<b>RESPONSIBLE PERSONNEL</b>	<b>COMMENT</b>
Training	Human Resources Dept.	Administrator	
Medical	Human Resources Dept	Administrator	
Inspection	Human Resources Dept	Administrator	
Exposure Investigation	Human Resources Dept	Administrator	
Sharps Injury Log	Human Resources Dept	Administrator	

## GLOSSARY

### SAMPLE FORMS

Exposure to Bloodborne Pathogens and Evaluation of Circumstances (BBP 1)

Record of Bloodborne Pathogens Exposure and Treatment (BBP 2)

Health Care Professional's (HCP) Written Opinion (BBP 3)

Source Individual's Consent Form (BBP 4)

Authorization for Use or Disclosure of Health Information  
*(available through Health Services Department)*

Post Exposure Follow-Up Report (BBP 5)

HBV Vaccination Informed Consent/Waiver Form

New Employee Training Sign-In Sheet

Sharps Injury Log

Exposure Determination Worksheet

**EXPOSURE TO BLOODBORNE PATHOGENS  
AND EVALUATION OF CIRCUMSTANCES  
(BBP 1)**

**FIRST AID INCIDENTS AND/OR EXPOSURE TO BLOODBORNE PATHOGENS**  
**EVALUATION OF CIRCUMSTANCES**

Exposure Incident

First Aid Incident

1. Date of Incident: \_\_\_\_\_  
Time: \_\_\_\_\_
2. Location of Incident: \_\_\_\_\_
3. Witnesses: \_\_\_\_\_
4. Route of exposure: \_\_\_\_\_
5. Exposure Circumstances: \_\_\_\_\_
  - a) Employee's activity at time of exposure: \_\_\_\_\_
  - b) Cause of exposure: \_\_\_\_\_
  - c) Part of body contaminated: \_\_\_\_\_
  - d) Other employees exposed: \_\_\_\_\_
  - e) Blood or OPIM present – describe: \_\_\_\_\_
6. Source individual; or accident victim(s) name; or source subject:  
\_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Individual #2: \_\_\_\_\_  
Position: \_\_\_\_\_
7. Exposed individual (name): \_\_\_\_\_  
Position: \_\_\_\_\_
8. Exposure incident ID #: \_\_\_\_\_  
  
Prepared by (name): \_\_\_\_\_  
Position: \_\_\_\_\_
9. Individuals rendering first aid:
  1. \_\_\_\_\_ Phone \_\_\_\_\_ PPE: \_\_\_\_\_
  2. \_\_\_\_\_ Phone \_\_\_\_\_ PPE: \_\_\_\_\_
  3. \_\_\_\_\_ Phone \_\_\_\_\_ PPE: \_\_\_\_\_

***\*IMMEDIATELY TAKE COMPLETED FORM TO PROGRAM ADMINISTRATOR\****

**RECORD OF BLOODBORNE PATHOGENS  
EXPOSURE AND TREATMENT  
(BBP 2)**

## RECORD OF BLOODBORNE PATHOGENS EXPOSURE AND TREATMENT

Exposed Employee's Name:	
Department:	
Employee's Social Security Number:	
Exposure Incident ID#:	
Date Exposed:	
Exposure to Bloodborne Pathogens Report Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I have been counseled by the school nurse regarding recommendations and reasons for post exposure evaluation by a HCP.</p> <p>I understand that testing for HIV/HBV/HCV is not mandatory but may be necessary for establishing baseline status and that all expenses for the testing will be paid by the Lassen County Office of Education. Following an initial HIV/HBV/HCV test, additional testing may be scheduled to determine if a Bloodborne Pathogen has been transmitted.</p> <p>I understand that I will be provided the test results and counseled by my physician, and that all information regarding the exposure, HIV/HBV/HCV testing, and test results will remain confidential.</p> <p>I    <input type="checkbox"/> do    <input type="checkbox"/> do not request to be evaluated and tested for HIV/HBV/HCV by a physician of my choice.</p>	
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Employee's Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> School Nurse Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date

**HEALTH CARE PROFESSIONAL'S (HCP)  
WRITTEN OPINION  
(BBP 3)**

## Health Care Professional's (HCP) Written Opinion

Name of HCP: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Employee: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Information provided to HCP on: \_\_\_\_\_

- A copy of the Title 8, CCR 5193 (f) (1)-(6)
- Hepatitis B Vaccine Status
- Copy of Bloodborne Pathogen Exposure Report

### HCP Written Opinion

▪ Was HB Vaccine given  Yes  No

▪ Will follow up vaccines be required  Yes  No

*If yes, when is next shot due?* \_\_\_\_\_

▪ Is follow-up care required?  Yes  No

*If yes, when?* \_\_\_\_\_

▪ The employee was informed of results of this evaluation  Yes  No

▪ The employee has been told about any medical conditions that could result from exposure to blood or OPIM that may require further evaluation or treatment  Yes  No

**Please sign and return this form to:** Lassen County Office of Education  
472-013 Johnstonville Rd.  
Susanville, CA 96130  
ATTN: Human Resources Department

\_\_\_\_\_  
HCP Signature

\_\_\_\_\_  
Date



**SOURCE INDIVIDUAL CONSENT FORM  
(BBP 4)**

## SOURCE INDIVIDUAL CONSENT FORM

My child \_\_\_\_\_ has been identified as the source of blood or bodily fluid involved in an occupational exposure incident at \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_. Pursuant to Cal/OSHA regulations governing bloodborne pathogens, and the Exposure Control Plan enacted by the Lassen Office of Education, I have been requested to consent to the testing of my child's blood to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV).

Accordingly,

\_\_\_\_\_ I refuse to grant my consent for such testing.

\_\_\_\_\_ I grant my consent for testing of my child's blood and/or bodily fluid in order to ascertain whether the HIV virus, Hepatitis B virus, or Hepatitis C virus are present. My consent is hereby given voluntarily of my own free will. My consent has not been obtained through duress, coercion, or pressure.

\_\_\_\_\_ I am signing a release so that the results of the testing will be given to the physician of the employee exposed to my child's blood or body fluids. I understand the test results will be given to the employee by his/her physician with information on confidentiality.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's DOB

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

**Disclosure of Health Information Form  
(Available from Health Services Department)  
(BBP 5)**

**Authorization for Use or Disclosure of Health Information to School Districts**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal Laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

**USE AND DISCLOSURE INFORMATION**

Patient/Student Name:	Last	First	MI	Date of Birth
-----------------------	------	-------	----	---------------

I, the undersigned, do hereby authorize (name of agency and/or health care providers):

(1)		(2)	
-----	--	-----	--

To provide health information from the above-named child's medical record to and from:

School District to Which Disclosure is Made	Address/City and State/Zip Code
Contact Person at School District	(Area Code) and Phone Number
The disclosure of health information is required for the following purpose:	

The requested information shall be limited to:	<input type="checkbox"/> All health information; or <input type="checkbox"/> Disease-specific
information as described	

**DURATION**

<b>This authorization shall become effective immediately and remain in effect until</b>	
or for one year from the date of signature, if no date is entered.	Date

**RESTRICTIONS**

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or such disclosure is specifically required/permitted by law.

**YOUR RIGHTS**

I understand that authorization is voluntary and I have the following rights with respect to this Authorization: *I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the health care agencies/persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization.* I have a right to receive a copy of this authorization. I understand my child has a right to receive health services at school whether this authorization is signed or not. However, signing this authorization may be required for my child to obtain safe and appropriate services at school.

**RE-DISCLOSURE**

I understand the Requestor (School District) will protect this information as prescribed by the Family Equal Rights Protection Act (FERPA) and the information becomes a part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

**APPROVAL**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: 00/00/00

# **POST EXPOSURE FOLLOW-UP REPORT (BBP 6)**

## POST EXPOSURE FOLLOW-UP REPORT FORM

Post Exposure evaluation performed by:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Exposure Incident ID #: \_\_\_\_\_

### Source Individual

Identity:  Student  Other: \_\_\_\_\_

Consent for source individual HBV, HCV, and HIV test obtained (attached)

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

Consent denied: (attached)

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

Permission for results of source individual's blood to be made available to exposed employee's physician by source individual's physician obtained

Permission for results of source individual's blood to be made available to exposed employee's physician by source individual's physician denied

Exposed Employee seen by Health Care Professional

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

Information Provided to Health Care Professional

### Date Provided

A. \_\_\_\_\_ Copy of Bloodborne Pathogen Standard

B. \_\_\_\_\_ Copy of Exposure Incident

C. \_\_\_\_\_ HBV Vaccine Status

Health Care Provider's Written Opinion

Provided to exposed employee

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

HCP providing written opinion

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**HBV VACCINATION  
INFORMED CONSENT/WAIVER FORM**

## HEPATITIS B VIRUS (HBV) VACCINE – INFORMED CONSENT/WAIVER FORM

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
School Site: \_\_\_\_\_

I hereby acknowledge that I have been given a copy of the fact sheet concerning HBV Vaccines. I attended a Hepatitis B Virus (HBV) education and training class on \_\_\_\_\_. I have also been given the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risks of taking the HBV Vaccine. I realize that the HBV immunization must be given in three (3) separate injections. I will be responsible for presenting myself to \_\_\_\_\_ on prescribed dates in order to complete the entire series.

**FOR FEMALE EMPLOYEES:** I hereby acknowledge I should not receive the HBV Vaccine if I am pregnant or suspect a possible pregnancy.

My signature below indicates that I have authorized \_\_\_\_\_ to administer the HBV Vaccine to me.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Witness: \_\_\_\_\_  
(Licensed Personnel)

### **HBV VACCINE SERIES DOCUMENTATION**

**Dose #1:** Date: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Given by: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Dose #2:** Date: \_\_\_\_\_ Lot #: \_\_\_\_\_  
(at least four Given by: \_\_\_\_\_  
weeks after dose #1) Comments: \_\_\_\_\_

**Dose #3:** Date: \_\_\_\_\_ Lot #: \_\_\_\_\_  
(at least four Given by: \_\_\_\_\_  
months after dose #2) Comments: \_\_\_\_\_

### **HBV VACCINE WAIVER**

- 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 HBV vaccine, at no charge to myself. However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, 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 HBV vaccine, I can receive the vaccination series at no charge to me.
- I have already received the HBV Vaccine. My last injection was given on \_\_\_\_\_.
- I **did** receive follow-up titer testing post-vaccine.  I **did not** receive follow-up titer testing post-vaccine.

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

**Note: Original to Personnel/District Office (D.O.). Copy to be taken each time immunization received. Return a copy to personnel/D.O. when filled out and series completed.**



# **EMPLOYEE TRAINING SIGN-IN SHEET**

# Lassen County Office of Education Employee Training

Subjects Covered Include: Sexual Harassment, Child Abuse Reporting, Confidentiality, Blood Borne Pathogens, Universal Precautions, Hepatitis B Vaccine, Unprotected Blood Exposure Procedure

Name	Signature	Job Title	Date

# SHARPS INJURY LOG

# SHARPS INJURY LOG

1. Date and time of the exposure incident: \_\_\_\_\_

2. Type and brand of sharp involved in the exposure incident:  
\_\_\_\_\_  
\_\_\_\_\_

3. Description of the exposure incident:  
Job Classification of the exposed employee: \_\_\_\_\_  
Department or work area where the exposure incident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the procedure that the exposed employee was performing at the time of the incident:  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the incident occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the body part(s) involved in the exposure incident: \_\_\_\_\_  
\_\_\_\_\_

Did the sharp have engineered sharps injury protection and was it activated or not?  
\_\_\_\_\_

If there were no ESIP, what is the injured employee's opinion as to whether and how such a mechanism could have prevented the injury?  
\_\_\_\_\_  
\_\_\_\_\_

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

**EXPOSURE DETERMINATION  
WORKSHEET**

**EXPOSURE DETERMINATION WORKSHEET**

Please complete one form for each job classification, which lists duties that may cause an employee to be exposed.

**DISTRICT:**

Employee Position Classification: \_\_\_\_\_

**Locations where this position is assigned:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Additional comments regarding potential risks:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**We have discussed the potential risks of exposure pertaining to the above job duties and believe this represents the exposure determination to the best of our knowledge.**

# APPENDIX

## APPENDIX A

### DEFINITIONS

1. **Affected Employee** – An employee who meets the occupational exposure definition based on their job duties. These employees must be included in the District’s Bloodborne Pathogens Program.
2. **Bloodborne Pathogens (BBP):** Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
3. **Contaminated:** The presence or the reasonable anticipated presence of blood or other potentially infectious substances/materials on an item or surface.
4. **Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious substances/materials or may contain sharps.
5. **Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and ends of dental wires.
6. **Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples: Sharps disposal containers, self-sheathing needles, etc.
7. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious substances/materials that result from the performance of an employee’s duties.
8. **Occupational Exposure:** Reasonable anticipated skin, eye, mucous membrane or other parenteral contact with blood or other potentially infectious substances/materials that may result from the performance of an employee’s duties.
9. **Other Potentially Infectious Substances/Materials (OPIM):**
  - A. The following human body fluids: Semen, vaginal secretions, cerebro-spinal fluids, synovial fluids, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any 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 (such as in emergency response).
  - B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
  - C. HIV-containing cell or tissue cultures, organ cultures and HIV or HBV contaminating culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.



10. **Parenteral:** Piercing mucous membranes or the skin barrier through such events such as needle sticks, human bites, cuts and abrasions.
11. **Personal Protective Equipment (PPE):** Specialized equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment.
12. **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious substances/materials, contaminated items that would release blood or other potentially infectious substances/materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious substances/materials and are capable of releasing these substances/materials during handling, contaminated sharps and pathological and other micro-biological waste containing blood or other potentially infectious substances/materials. Includes “medical waste” as regulated by California Health and Safety Code, Chapter 6.1.
13. **Universal Precautions:** Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.
14. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (Example: Prohibiting recapping of needles by two-handed technique.)

## APPENDIX B

### EMPLOYEE CATEGORIES COVERED

The following job titles/classifications have been determined to meet the occupational exposure definition herein and are therefore included in the LCOE's Bloodborne Pathogens Program.

**Category I Employees** are those in which all employees in that job classification have potential occupational exposure.

<b>CATEGORY I</b>		
<b>DEPARTMENT/PROGRAM</b>	<b>POSITION/EMPLOYEES</b>	<b>ACTIVITY WITH POTENTIAL EXPOSURE</b>
Special Education	Teacher	Instruction and supervision of students. Possible exposure to wounds, blood/body fluids.
	Teacher Assistant Resource Aide Student Employment Program Coordinator/Assistant	Supervision of students. Possible exposure to wounds, blood/body fluids.
	Occupational Therapist Early Start Team Specialist Physical Therapist	Provision of hands on therapy Possible exposure to wounds, blood/body fluids.
	Licensed Vocational Nurse	Provision of health services to students. Possible exposure to wounds, blood/body fluids.
	Pupil Transportation Supervisor Teacher Assistant/Bus driver Teacher Assistant/Driver	Transportation and supervision of students. Possible exposure to wounds, blood/body fluids.
Alternative Education/ Vocational Education	Teacher Teacher Assistant	Supervision of students. Possible exposure to wounds, blood/body fluids.
Maintenance Department	Supervisor of Maintenance, Operations, & Transportation Custodian-Maintenance Custodian-Maintenance-Bulk Purchase	Cleaning up blood/body fluid spills. Handling soiled feminine hygiene products.
Health Services Department	Director of Health Services	Provision of health services to students. Possible exposure to wounds, blood/body fluids.

<b>CATEGORY I (Continued)</b>		
<b>DEPARTMENT/PROGRAM</b>	<b>POSITION/EMPLOYEES</b>	<b>ACTIVITY WITH POTENTIAL EXPOSURE</b>
	School Nurse/R.N./L.V.N. School Nurse Assistants	Provision of health services to students. Possible exposure to wounds, blood/body fluids.
Curriculum and Instruction	Outdoor School Director Outdoor School Asst. Director	Instruction and supervision of students. Possible exposure to wounds, blood/body fluids.
After School	Program Managers After School Staff	Instruction and supervision of students. Possible exposure to wounds, blood/body fluids.
	Foster Youth Service Liaison	Intervention services to youth. Possible exposure to wounds, blood/body fluids.
Early Head Start Preschools	Teacher Teacher Assistant Home Visitor	Instruction and supervision of students. Possible exposure to wounds, blood/body fluids.

**Category II Employees** are those in which some of the employees in that job classification have potential occupational exposure.

<b>CATEGORY II</b>		
<b>DEPARTMENT/PROGRAM</b>	<b>POSITION/EMPLOYEES</b>	<b>ACTIVITY WITH POTENTIAL EXPOSURE</b>
Special Education	Program Managers	More adult than student contact
	School Psychologists Behavior Counselors Speech Therapist Vision Specialist Hard of Hearing Specialist Workability Specialist	Student contact only in academic setting.
	Associate Superintendent/ SELPA Director Executive Assistant	More adult than student contact
SAFE	Director Area Coordinator	More adult than student contact.

<b>CATEGORY II (Continued)</b>		
<b>DEPARTMENT/PROGRAM</b>	<b>POSITION/EMPLOYEES</b>	<b>ACTIVITY WITH POTENTIAL EXPOSURE</b>
Early Head Start Preschool/State Preschool	Director/Program Coordinator Family and Community Specialist/Resource Spec. Health and Nutrition Educator Administrative Secretary Secretary Cook Education and Disability Specialist	Children are present, slight chance of possible exposure to wounds, blood/body fluids.
Health Services Department	HIV Coordinator	Student contact only in academic setting.

**Category III Employees** are those in which there is little or no risk for potential occupational exposure.

<b>CATEGORY III</b>		
<b>DEPARTMENT/PROGRAM</b>	<b>POSITION/EMPLOYEES</b>	<b>ACTIVITY WITH POTENTIAL EXPOSURE</b>
Curriculum and Instruction	Assistant Superintendent Executive Assistant Administrative Secretary Secretary, SAFE Student Services Director Technology Analyst Technology Support Director of Categorical Programs Instructional Media Center Director Media Technician	None in job description
Business Department	Associate Superintendent Executive Assistant Budget Technician Accounting Technician External Fiscal Services Officer Internal Fiscal Services Officer	None in job description
Human Resources Department	Human Resources Manager Executive Assistant	None in job description

<b>CATEGORY III (Continued)</b>		
<b>DEPARTMENT/PROGRAM</b>	<b>POSITION/EMPLOYEES</b>	<b>ACTIVITY WITH POTENTIAL EXPOSURE</b>
Administration	Lassen County Superintendent of Schools Executive Assistant Coordinator, Local Planning Council	None in job description
Health Services Department	Administrative Secretary	None in job description

## APPENDIX C

### CURRENT MEDICAL CONTRACTOR

<i>Insert Medical Provider Info Here</i>
Tell the receptionist you have had an exposure to blood or other potentially infectious materials and need an appointment immediately.

<i>Insert Medical Provider Info Here</i>
Tell the receptionist you have had an exposure to blood or other potentially infectious materials and need an appointment immediately.

#### Work-Related Injury Treatment Authorization

For treatment authorization and worker's compensation referrals, contact:

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## APPENDIX D

### AUTHORIZED LABELING



### **BIOHAZARD**

Or in the case of Regulated Waste the Legend:

### **BIOHAZARD WASTE**

As described in Health & Safety Code Sections 25080-25082.

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

## APPENDIX E

### Lassen County Office of Education Hepatitis B Vaccine Procedure Series of three shots

Employee attends the school nurse's Mandated Topics presentation that includes Bloodborne Pathogen Training.

The school nurse reviews the Hepatitis B Vaccine Information Form with the employee. Employee and school nurse fill out and sign Vaccine Consent/Waiver Form. The nurse makes a copy of the form for the LCOE Human Resources Dept. (HRD). Employee keeps original consent form, the Hepatitis B Vaccine (HBV) Information Flyer, these instructions, and a copy of the schedule of the Public Health Department Immunization Clinics. *Should the employee decide not to have the vaccine, the waiver will be signed with the understanding that the employee may decide to have the vaccine in the future. If the employee has received the HBV series at an earlier time, he/she will sign the Form in the correct area. A copy of the record if available will be given to the LCOE, and it will be entered into the employees personnel file.*

The school nurse will give a copy of the consent to the Health Services Department Director who will forward the request to the Human Resources Department. The HRD will have a check made out to the Lassen County Public Health Department.

The employee will be notified by the HRD when the check is ready, and where to pick it up. The employee picks up check and takes the Vaccine Consent Form and check to the Public Health Department Immunization Clinic.

PHD administers the vaccine and documents it on the Consent Form. **The employee must obtain a receipt that the shot has been given.** A copy of the record and the receipt will be given to the Health Services Department secretary by the employee.

Employee keeps the Consent Form until all three shots are received. At least one week before the next shot is due (2<sup>nd</sup> shot is due at least 4 weeks after first, third shot 4-6 months after second), employee should contact the Health Services department secretary to process the check and pick up check when it is ready. The HSD secretary will maintain a flow sheet of who is in the process of receiving the HBV series and when shots are due.

After all three shots are received, the employee should save a copy of the completed Vaccine Form and must give the original to the department to be placed in the employee's personnel file at the LCOE Human Resources Department.

Questions regarding this procedure should be directed to the Lassen County Office of Education Health Services Director at (530) 257-2196.



## APPENDIX F

### Lassen County Office of Education Bloodborne Pathogen Exposure Procedure

If an employee experiences an unprotected blood exposure (a specific eye, mouth, mucous membrane, or non-intact skin with blood or other potentially infectious material; or a contaminated sharps injury) while at work, the following steps shall be taken:

Wash area thoroughly with soap and water. For an eye, nose or mouth exposure, rinse area with large amounts of water.

Report exposure immediately to:

Human Resources Department (HRD), (530) 257-7214  
Health Services Director (HSD), (530) 257-2196, or the school nurse (see nursing assignments)

The HSD or school nurse will help employee to:

- Complete *Exposure to Bloodborne Pathogens and Evaluation of Circumstances Form (BBP1)*
- Determine degree of risk and where medical evaluation and possible treatment/tests will be conducted
- Complete *Record of Bloodborne Pathogens Exposure and Treatment (BBP2)*
- Obtain same day medical evaluation or have employee sign declination of services on *BBP2* form

The HSD or school nurse will:

- Contact source individual (or parent) to request for consent to be tested *BBP4*) and authorization for disclosure of results (*BBP5*) be signed. If consent is given, information will go directly from source Individual's Health Care Professional (HCP) to employee's HCP.
- If consent and release are signed, assist source individual (or parent) to obtain same day testing by his/ her HCP, walk-in clinic, or emergency room.

Should employee consent to Medical evaluation:

- Primary source of care will be employee's private medical doctor (PMD)
- Secondary source of care will be walk in clinic or local emergency room
- The employee will bring to the appointment:
  - Bloodborne pathogen regulations
  - Completed *BBP1 and 2* forms
  - Health Care Professional's (HCP) Written Opinion Form (BBP3)*
- After evaluation, employee should verify that the HCP will complete *BBP3* Form and return it to the HRD

Employee is responsible to follow-up with the HCP or Public Health Department for any recommended vaccines, treatments, or tests with assistance from the HRD or his/her department.

A confidential file of the exposure incident will be kept by the HRD for 30 years. *BBP 6, Post Exposure Follow-Up Report* will be completed and in the file.

## Bloodborne Pathogen Regulations

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

#### (1) General.

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

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

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.
  - a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
  - b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.
2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:
  - a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.
    - i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.
      - A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.
      - B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).
    - ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.
  - b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.
  - c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.
3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

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

1. Made available at no cost to the employee;
2. Made available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

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

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

(2) Hepatitis B Vaccination.

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

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

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

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Information Provided to the Healthcare Professional.

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

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

1. A copy of this regulation;

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

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);
4. Results of the source individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

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

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

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

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

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

(6) Medical Recordkeeping.

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