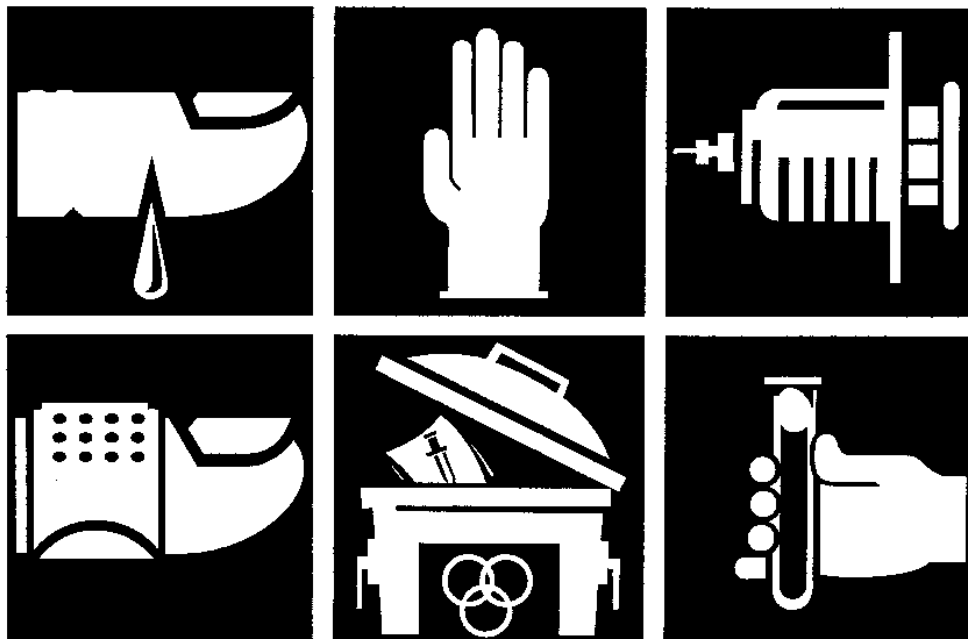


BLOODBORNE PATHOGENS

General Industry Safety Order
CCR Title 8 - Section 5193



MODEL

Exposure Control Plan

NAME OF DISTRICT
DATE OF ADOPTION

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1. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the Cal/OSHA Bloodborne Pathogens Standard, the INSERT NAME OF DISTRICT has adopted the following exposure control plan.

A. PURPOSE

The purpose of this exposure control plan is to:

- (1) Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- (2) Comply with the Cal/OSHA Bloodborne Pathogens Standard, CCR – Title 8 Section 5193.

B. DEFINITIONS

Employee

An employee is a person who is directed or controlled by the employer. The criterion for "employment" relationship is receipt by the worker of consideration for tasks performed. The Occupation Safety and Health Act of 1973 does not apply to non-employees, such as volunteers or student workers. If a worker is covered by workers' compensation insurance and unemployment insurance benefits, the worker cannot be considered a true "volunteer."

Significant Exposure Incident

A Significant Exposure Incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, tissue or body fluids that may involve risk of transmission of bloodborne pathogens, including any body fluid containing visible blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid via:

- ◆ Percutaneous injury (e.g., a needlestick or cut with a sharp object).
- ◆ Contact of mucous membrane or non-intact skin (e.g., fresh open cut less than 24 hours old or exposed skin which is chapped, abraded, or afflicted with dermatitis).
- ◆ Contact with intact skin when the duration of contact is prolonged (i.e., blood saturated clothing rubbing against skin for several minutes or more).

Examples of a Significant Exposure Incident are:

- ◆ Splash in the eye with blood, saliva containing blood, or other body fluid.
- ◆ Bites that break the skin - if source has obvious blood, i.e., blood in mouth from cuts, cold sores, bleeding gums, etc.
- ◆ Blood, saliva containing blood, or other body fluid, as described above, contact with non-intact skin.

Hepatitis A

Hepatitis A is a viral infection caused by a picornavirus and is commonly transmitted by the fecal-oral route. Therefore, it is not considered in this plan. (For more information, see Appendix B.)

Hepatitis B

The Hepatitis B infection is a viral infection caused by Hepatitis B virus (HBV), known as a DNA virus, that infects the cells of the liver. The incubation period can be as long as 160 days with an average of 120 days. The signs and symptoms of infection include: anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Many people have no symptoms (30%) but can continue to transmit the disease to others. The chronic stage of the disease occurs more commonly in children under 6 years. The carrier is capable of passing the disease to others. Death occurs from chronic liver disease in 15-25% of chronically infected persons.

The body fluids containing the highest concentrations of the virus are blood and blood fluids. The potential risk for workers handling these fluids is obvious. Workers exposed to infected blood are the most at risk. The US Public Health Service (USPHS) lists those at highest risk as medical and dental employees and staff in institutions and classrooms for the mentally retarded. Vaccines are available for prevention and post-exposure situations.

The virus is highly contagious through exposure to blood, contaminated needles, and by the sexual route. Thus, immunization against Hepatitis B can prevent acute hepatitis and reduce sickness and death from chronic liver disease. Transmission through blood transfusion is rare only because of donor and blood supply screening. Transmission through close personal contact can also occur. Hepatitis B causes death in 1% to 2% of infected persons (totals from chronic and acute cases).

Before 1982, an estimated 200,000-300,000 persons in the U.S. were infected annually with HBV, including 20,000 children. Since 1982, when the Hepatitis B vaccine became available, an estimated 40 million infants and children, and 30 million adults received the Hepatitis B vaccine. Because of vaccinations and changes in risk-reduction behaviors among at-risk populations in response to the HIV/AIDS epidemic, the number of persons infected with HBV in the U.S. declined to an estimated 78,000 in 2001. The highest rate of disease occurs in 20-49 year olds. There are an estimated 1.25 million chronically infected Americans, of whom 20-30% acquired their infection in childhood.

(Information from CDC - 8/6/2003; for more information, see Appendix B.)

Hepatitis C

The Hepatitis C infection is caused by the Hepatitis C virus (HCV), a virus that infects cells in the liver. HCV is the most common chronic bloodborne infection in the U.S. Approximately 4 million Americans have been infected with HCV.

HCV is transmitted primarily through direct exposure to infected blood and is associated with injection drug use with contaminated needles (60%). HCV can be transmitted through cuts in the skin, contact with mucous membranes, sexual contact and from receiving a blood transfusion (very rare now but prior to 1992, blood was not routinely screened for HCV). Chronic Hepatitis C can cause cirrhosis, liver failure and liver cancer. Persons developing HCV disease have a 75-85% chance of becoming

chronically infected and most of these develop chronic liver disease. 20% of these persons may develop cirrhosis of the liver within 2 decades after infection. A small percentage of patients with chronic disease develop liver cancer. Liver failure with chronic hepatitis C is one of the most common reasons for liver transplants in the U.S. The number of new infections per year has declined from an average of 240,000 in the 1980s to about 25,000 in 2001.

Most people who are infected with HCV *do not have symptoms and are leading normal lives*. The incubation period ranges from 2 to 26 weeks. If symptoms are present they may be very mild and flu-like: nausea, fatigue, loss of appetite, fever, headaches, and abdominal pain. Most people do not have jaundice (yellowing of the skin and eyes), however, it can sometimes occur along with dark urine. Infection by the Hepatitis C virus can be determined by a simple *blood test* that detects antibodies against HCV. Currently there is no known post-exposure prophylaxis or vaccination to prevent Hepatitis C infection. (*Information from CDC-12/17/04; NIH Publication-2/2003: for more information, see Appendix B.*)

Human Immunodeficiency Virus (HIV)

HIV- the human Immunodeficiency virus- is a virus that kills your body's "CD4" cells. CD4 cells (T-helper cells) help your body fight off infection and diseases. HIV can be transmitted through sexual contact or through parenteral, broken skin, or mucous membrane contact with infected blood or body fluids. Healthcare workers appear to have a slightly higher risk of contracting the virus than the general population. The risk of transmission of HIV from a single needlestick contaminated with HIV is 0.3% to 10% and the risk for mucous membrane exposure is 0.09%. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breastfeeds her baby.

Symptoms of HIV infection can vary, but often include:

- ◆ weakness
- ◆ headaches
- ◆ diarrhea
- ◆ fever
- ◆ nausea
- ◆ sore throat
- ◆ other "flu-like" symptoms

However, many people with HIV virus can show no apparent symptoms for years after their infection. An estimated 850,000 persons in the U.S. are living with HIV, including 180,000-280,000 who do not know they are infected. Currently, no vaccination exists to prevent infection of HIV, and there is no known cure.

AIDS-the acquired immunodeficiency syndrome-is a disease resulting from HIV destroying the body's immune system, so the body does not have the ability to fight off other diseases.

In 2003, the estimated number of diagnoses with AIDS in the U.S. was 43, 171 (59 cases were children under age 13). The cumulative estimated number of diagnoses of AIDS through 2003 in the U.S. was 929,985 (9,419 cases were children under the age of 13). In 2003 the estimated number of deaths in persons with AIDS in the U.S. was 18,017 (83 children under the age of 13). The cumulative estimated number of deaths of persons with AIDS in the U.S. through 2003 was 524,060 (5,492 children under the age of 13 years).

(Information from CDC –12/20/2004; for more information, see Appendix C.)

C. EMPLOYEE EXPOSURE CATEGORY DETERMINATION

(Note: The district must determine which job classifications have the potential for occupational exposure. The following job classifications are examples of those employees with possible occupational exposure risk.)

CATEGORY 1

The State of California (Cal/OSHA) requires employers to determine employees who may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency. The following are examples of the job classifications and/or assignments that are in this category:

- ◆ School nurses
 - ◆ Health Technicians
- ◆ School Secretaries
 - ◆ Custodial and maintenance personnel
 - ◆ Campus Supervisors
 - ◆ Playground Supervisors
- ◆ Members of the following Emergency Teams:
 - ◆ First Aid
 - ◆ Safety, Search and Rescue

Note: Individuals employed as substitutes for any of the positions listed, are included in this classification.

All employees in Category 1 are required to receive the Hepatitis B vaccination series or sign the Hepatitis B Vaccination Declination (Appendix F). (See section 3 for additional information.)

CATEGORY 2

In addition, Cal/OSHA requires a listing of job classifications in which some employees may have occupational exposure. Not all the employees in this category would be expected to incur exposure to blood or other potentially infectious materials, or procedures that would cause these employees to have occupational exposure. Examples of the job classifications and associated tasks for these categories are as follows:

- ◆ Teachers
- ◆ Bus Drivers

All employees in Category 2 who want to receive the Hepatitis B vaccination series may do so by Bloodborne Pathogens Exposure Control Plan

contacting the Personnel Office. (See Section 3(B), "Current Employees", for more information.)

D. EXPOSURE RISK

Determination Job Classification	Associated Tasks/Procedures*
Education and Program Specialists, School Clerical Staff, School Psychologists, Site Administrators, Campus Supervisors; Yard Duty Supervisors	Interaction that results in a student spitting at, biting, or bleeding on an employee; rendering first aid; inspection of students for possession of drugs or weapons.
School Nurses, Special Education Teachers, Instructional and Health Aides, Speech Therapists	Specialized Health Care Procedures; feeding students; rendering first aid; interaction that results in students spitting at, biting, or bleeding on an employee; toileting or diaper-changing students where blood may be mixed with other body fluids; clean up of blood, saliva, vomit or semen; inspection of students for possession of drugs or weapons.
School Secretary	Rendering first aid; interaction that results in students spitting at, biting, or bleeding on an employee; inspection of students for possession of drugs or weapons.
Instructional Aides, and all other staff who perform any of the associated tasks/procedures	Interaction with students that may result in a student biting, spitting at, or bleeding on an employee; inspection of students for possession of drugs or weapons.
Youth Development, Support, and Leadership Teachers, Instructional Aides, and all other staff who perform any of the associated tasks/procedures	Interaction with students that may result in a student biting, spitting at, or bleeding on an employee; inspection of students for possession of drugs or weapons.
Members of Disaster Preparedness Emergency Teams	Administration of first aid; physical contact with injured employees.
Custodians	Clean up of blood, saliva, vomit or semen; handling, repair, or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomit.
Maintenance Staff	Clean up of blood, saliva, vomit or semen; handling, repair, or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomit.

*In order for an exposure to occur, saliva and vomit must contain visible blood or have the potential to contain blood.

E. IMPLEMENTATION METHODOLOGY

Cal/OSHA also requires that this plan include the methods of implementation for the various requirement standards. The following complies with this requirement.

2. INFORMATION AND TRAINING

- (1) The **FILL IN WITH THE NAME OF APPROPRIATE DEPARTMENT OR PERSON** shall ensure that training is provided to all employees at the time of initial assignment.
- (2) The Superintendent's designee shall ensure that the refresher training be repeated annually.
- (3) Training shall be:
 - provided at no cost to the employee;
 - conducted at a reasonable time and place;
 - tailored to the education and language level of the employee; and
 - offered during the employee's normal work hours.
- (4) The training shall be interactive and cover the following elements:
 - Copy and Explanation of Standard** - Information regarding an accessible copy of the Cal/OSHA Bloodborne Pathogens Standard, CCR – Title 8 Section 5193; and an explanation of its contents.
 - Epidemiology and Symptoms** - A general discussion of the causes and transmission; and the symptoms of bloodborne diseases.
 - Modes of Transmission** - An explanation of the modes of transmission of bloodborne pathogens.
 - Employer's Exposure Control Plan** - An explanation of **INSERT NAME OF DISTRICT** Bloodborne Pathogens Exposure Control Plan and a method for obtaining a copy.
 - Risk Identification** - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure.
 - Methods of Compliance** - An explanation of the use and limitations of methods to reduce exposure, i.e. safe work practices and personal protective equipment.
 - Decontamination and Disposal** - Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 - Personal Protective Equipment** - An explanation of the basis for selection of personal protective equipment.
 - Hepatitis B Vaccination** - Information on the Hepatitis B vaccine, including effectiveness, safety, method of administration, benefits, and that it will be offered free of charge.

- Emergency** - Information on the appropriate actions to take and personnel to contact in an emergency involving blood or OPIM.
 - Exposure Incident** - Information on the evaluation and follow-up required after an employee exposure incident.
 - Post-Exposure Evaluation and Follow-Up** - An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
 - Signs and Labels** - An explanation of the signs, labels, and color-coding systems.
 - Interactive Questions and Answers** - An opportunity for interactive questions and answers with the person conducting the training session.
- (5) The designated BBP Trainer for each department or division conducting the training shall be knowledgeable in the subject matter.
 - (6) Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.
 - (7) Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

3. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

The **INSERT NAME OF DISTRICT** shall ensure that the Hepatitis B vaccination series; any post-exposure evaluations and follow-up; and protective and preventative supplies, i.e., gloves, CPR masks, disinfectants, soaps, etc., are:

- (1) Available at no cost to the employee;
- (2) Available to the employee at a reasonable time and place (when an exposure occurs the employee and his/her immediate supervisor will discuss steps for release from work for the purpose of obtaining medical evaluations and, if necessary, the employee shall complete an Absence Report Form for any lost time from work);
- (3) Performed by, or under the supervision of, a licensed healthcare professional; and
- (4) Provided according to the recommendations of the U.S. Public Health Service.

A. NEW EMPLOYEES (FOR CURRENT EMPLOYEES SEE SECTION 3(B))

The **INSERT NAME OF DEPARTMENT**, as part of the new employee orientation, shall:

- (1) Provide employee with:
 - ◆ A copy of **INSERT NAME OF DISTRICT** Bloodborne Pathogens Exposure Control Plan;
 - ◆ **[If Available]** A viewing of a video that describes the Bloodborne Pathogens Standard;

and

- ◆ The opportunity to obtain additional information upon request.
- (2) Inform the employee, using the employment categories listed in Section 1(D) of the Plan whether his/her position is in the category where he/she may be expected to incur an occupational exposure, and, if exposure may be expected that:
- Within ten (10) working days of his/her hire date, the series of three (3) vaccinations over a six (6) month period must begin; or
 - If he/she does not want the vaccinations, the Hepatitis B Vaccination Declination form, (Appendix F) must be completed.

The new employee shall be advised that his/her decision concerning whether to have the vaccination and/or to decline should be made after reviewing the Bloodborne Pathogens Exposure Control Plan and viewing the brief video **[If Available]** which provides an overview of the Plan. After viewing the video, the employee shall:

- (1) Sign the "New Employee Checklist" which indicates that he/she has viewed the video and received a copy of the District's Exposure Control Plan; and
- (2) If in a category where an exposure may occur, indicate whether he/she will be vaccinated or decline and, if declining, complete the Hepatitis B Vaccination Declination form, (Appendix F).

HEPATITIS B VACCINATION FOR NEW EMPLOYEES

The new employee, who begins the series of three (3) vaccinations prior to the effective date of his/her health benefits, shall follow the procedures outlined below for their respective insurance carrier.

PacifiCare Members

The Hepatitis B vaccination series is not a covered benefit under PacifiCare; please follow procedures for "Employees Covered by a Medical Plan NOT Provided by **INSERT NAME OF DISTRICT**" or "Employees NOT Covered by a Medical Plan".

Kaiser Health Plan Members

- (1) Obtain an Immunization Record Card, #PRS 0443.03C, and 1 Hepatitis B Vaccination Billing Authorization, form #PRS 0443.03B (Appendix E), from the **INSERT NAME OF DEPARTMENT**.
- (2) Obtain the first vaccination at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization and the Immunization Record Card to the Public Health Clinic at the time of the first vaccination;
- (4) Obtain an appointment with Kaiser Occupational Health to receive the second and third vaccinations.
- (5) Submit Immunization Record Card to Kaiser at time of each vaccination; and

- (6) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT.**

County of Sonoma Health Plan Members

New employees categorized as 'high risk'

- (1) Obtain an Immunization Record Card, #PRS 0443.03C, and 1 Hepatitis B Vaccination Billing Authorization, form #PRS 0443.03B (Appendix E), from the **INSERT NAME OF DEPARTMENT**.
- (2) Obtain the first vaccination at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization and the Immunization Record Card to the Public Health Clinic at the time of the first vaccination;
- (4) Obtain pre-authorization using the standard claim form, which is available from the **INSERT NAME OF DEPARTMENT**. (The County Health Plan will determine if the employee's job description meets their criteria for "high risk".);
- (5) When authorization is granted, obtain second and third vaccinations from employee chosen medical provider. (Non-contracted provider is 70% covered, contracted provider is 90% covered.);
- (6) Submit Immunization Record Card to medical provider at time of each vaccination; and
- (7) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT** along with a written request and documentation for any expense of the vaccinations not covered by the medical plan.

New employees not categorized as "high risk"

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization and the Immunization Record Card to the Public Health Clinic at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT**.

Blue Cross Members

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization and the Immunization Record Card to the Public Health Clinic at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT**.

New Employees Covered by a Medical Plan NOT Provided by INSERT NAME OF DISTRICT:

New employee has the option of going to the Public Health Clinic (follow procedure for "Employees NOT Covered by a Medical Plan") or his/her employee-chosen medical provider (follow procedure below).

- (1) Obtain an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (2) Obtain three (3) vaccinations from employee-chosen medical provider;
- (3) Submit Immunization Record Card to medical provider at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT** along with a written request for reimbursement and documentation for any expenses for the vaccinations not covered by the medical plan. (Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided by the Public Health Clinic.)

New Employees NOT Covered by a Medical Plan

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization and the Immunization Record Card to the Public Health Clinic at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT**.

Category 1 New Substitutes

New Substitutes Covered by a Medical Plan NOT Provided by INSERT NAME OF DISTRICT

New substitute employee has the option of going to the Public Health Clinic (follow procedure for "Substitutes NOT Covered by a Medical Plan") or his/her employee-chosen medical provider (follow procedure below).

- (1) Obtain an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (2) Obtain three (3) vaccinations from employee-chosen medical provider;
- (3) Submit Immunization Record Card to medical provider at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT** along with a written request for reimbursement and documentation for any expenses for the vaccinations not covered by the medical plan. (Reimbursement for these expenses shall not exceed the amount normally charged for

vaccinations provided by the Public Health Clinic.)

New Substitutes NOT Covered by a Medical Plan

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT;**
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization and the Immunization Record Card to the Public Health Clinic at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT.**

*The Public Health Clinic is located at 3420 Chanate Road, Santa Rosa, (707) 565-4820. Employees should contact the Public Health Clinic for their vaccination schedule. No appointments are necessary. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

New employees receiving the Hepatitis B vaccination series shall provide written verification, i.e., Immunization Record Card, to the **INSERT NAME OF DEPARTMENT.** Verification is required for both precautionary and post-exposure vaccinations.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

B. CURRENT EMPLOYEES

All current employees in a designated exposure risk category, who request the Hepatitis B vaccination series, shall contact the **INSERT NAME OF DEPARTMENT** and do the following:

- (1) Provide his/her name, job classification and assignment;
- (2) Obtain and complete forms as instructed; and
- (3) Obtain and complete the Hepatitis B vaccination series as instructed.

HEPATITIS B VACCINATION FOR CURRENT EMPLOYEES

Current employees receiving the series of three (3) vaccinations shall follow the procedure outlined below for his/her respective insurance carrier:

PacifiCare Members

The Hepatitis B vaccination series is not a covered benefit under PacifiCare; please follow procedures for "Employees Covered by a Medical Plan NOT Provided by **INSERT NAME OF DISTRICT**" or "Employees NOT Covered by a Medical Plan".

Kaiser Health Plan Members

- (1) Obtain Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT;**
- (2) Obtain an appointment with Kaiser Occupational Health to receive the three (3) vaccinations.
- (3) Submit Immunization Record Card to Kaiser at time of each vaccination; and

- (4) When series has been completed submit a copy of Immunization Record Card to the **INSERT NAME OF DEPARTMENT**.

County of Sonoma Health Plan Members

Current employees categorized as 'high risk'

- (1) Obtain pre-authorization using the standard claim form, available from the **INSERT NAME OF DEPARTMENT**. (The County Health Plan will determine if the employee's job description meets their criteria for "high risk".);
- (2) When authorization is granted, obtain Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (3) Obtain three (3) vaccinations from employee chosen medical provider (Non-contracted provider is 70% covered, contracted provider is 90% covered);
- (4) Submit Immunization Record Card to medical provider at time of each vaccination; and
- (5) When series has been completed submit a copy of Immunization Record Card to the **INSERT NAME OF DEPARTMENT** along with a written request and documentation for any expense of the vaccinations not covered by the medical plan.

Current employees not categorized as "high risk"

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization to the Public Health Clinic at the time of each vaccination;
- (4) Submit Immunization Record Card to the Public Health at the time of each vaccination; and
- (5) When series has been completed submit a copy of Immunization Record Card to the **INSERT NAME OF DEPARTMENT**.

Blue Cross Members

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT**;
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization to the Public Health Clinic at the time of each vaccination;
- (4) Submit Immunization Record Card to the Public Health at the time of each vaccination; and
- (5) When series has been completed submit a copy of Immunization Record Card to the

INSERT NAME OF DEPARTMENT.

Current Employees Covered by a Medical Plan NOT Provided by INSERT NAME OF DISTRICT

Current employee has the option of going to the Public Health Clinic (follow procedure for "Employees NOT Covered by a Medical Plan") or his/her employee-chosen medical provider (follow procedure below).

- (1) Obtain Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT;**
- (2) Obtain three (3) vaccinations from employee-chosen medical provider;
- (3) Submit Immunization Record Card to medical provider at the time of each vaccination; and
- (4) When series has been completed submit a copy of Immunization Record Card to the **INSERT NAME OF DEPARTMENT** along with a written request for reimbursement and documentation for any expenses for the vaccinations not covered by the medical plan. (Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided by the Public Health Clinic.)

Current Employees NOT Covered by a Medical Plan

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT;**
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization to the Public Health Clinic at the time of each vaccination;
- (4) Submit Immunization Record Card to the Public Health at the time of each vaccination; and
- (5) When series has been completed submit a copy of Immunization Record Card to the **INSERT NAME OF DEPARTMENT.**

Category 1 Current Substitutes

Current Substitutes Covered by a Medical Plan NOT Provided by INSERT NAME OF DISTRICT

Current substitute employee has the option of going to the Public Health Clinic (follow procedure for "Substitutes NOT Covered by a Medical Plan") or his/her employee-chosen medical provider (follow procedure below).

- (1) Obtain an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT;**
- (2) Obtain three (3) vaccinations from employee-chosen medical provider;

- (3) Submit Immunization Record Card to medical provider at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT** along with a written request for reimbursement and documentation for any expenses for the vaccinations not covered by the medical plan. (Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided by the Public Health Clinic.)

Current Substitutes NOT Covered by a Medical Plan

- (1) Obtain three (3) Hepatitis B Vaccination Billing Authorizations, form #PRS 0443.03B, and an Immunization Record Card, #PRS 0443.03C (Appendix E), from the **INSERT NAME OF DEPARTMENT;**
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit 1 Hepatitis B Vaccination Billing Authorization and the Immunization Record Card to the Public Health Clinic at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card to the **INSERT NAME OF DEPARTMENT.**

*The Public Health Clinic is located at 3420 Chanate Road, Santa Rosa, (707) 565-4820. Employees should contact the Public Health Clinic for their vaccination schedule. No appointments are necessary. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

Current employees receiving the Hepatitis B vaccination series shall provide written verification, i.e., Immunization Record Card, to the SCOE Personnel Office. Verification is required for both precautionary and post-exposure vaccinations.

If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

C. SCOE'S CENTRAL CERTIFICATED TEACHER SUBSTITUTE SYSTEM

BLOODBORNE PATHOGENS AND THE SCOE CENTRAL SUBSTITUTE SYSTEM

SCOE has entered into a Joint Powers Agreement (JPA) with local school districts in Sonoma County to provide the following services concerning certificated substitute teachers:

- (1) SCOE will verify that the individual meets the criteria for a credential or permit to be issued which authorizes the individual to serve local district(s) in the capacity of certificated teacher, including a recent physical and TB clearance.
- (2) SCOE keeps a list of individuals who have indicated they wish to work as a substitute teacher and who have been cleared by the Department of Justice (DOJ) to work in a public school. SCOE also has a contract with DOJ to receive subsequent arrest records on such individuals. A valid Substitute Card is issued by SCOE only if there is a valid DOJ clearance on file.
- (3) SCOE processes the payroll for districts in Sonoma County, which includes the payment of substitute teachers enrolled in the Central Substitute System.

In the capacity of assisting individuals to prepare to work as a substitute teacher in local district(s), effective July 1, 2005, SCOE has agreed to provide substitutes who enroll in the Central Substitute System with information on Bloodborne Pathogens. Such information will be provided as part of the Substitute Orientation System.

To encourage individuals enrolling in the Central Substitute System to carefully consider their option to complete the Hepatitis B vaccination series, SCOE has agreed to reimburse the cost of the third Hepatitis B vaccination to individuals who provide proof they have completed the Hepatitis B vaccination series. In order to receive reimbursement for the third vaccination, such individuals must provide the following to the Credentialing Office:

- The vaccination record showing all vaccinations have been completed; and
- A receipt for the cost of the vaccinations.

Substitute Employee Exposure Category Determination

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

The following substitute job classifications and/or assignments are typically in this category:

- (1) Education and program specialists, instructional assistants, clerical staff assigned to a school site, school psychologists, site administrators, speech therapists, school nurses, and teachers (classroom and itinerant).

Therefore individuals employed as substitutes for any of the positions listed above would be included in
Bloodborne Pathogens
Exposure Control Plan
DATE

this classification. Therefore, for purposes of administering the Central Substitute System for local districts all certificated teachers will be considered Category 1.

All certificated substitute teachers who enroll in the SCOE Central Substitute System are required to either receive the Hepatitis B vaccination series or sign the Hepatitis B Vaccination Declination.

Proof of Vaccination and Reimbursement for Third Vaccination in the Hepatitis B Series

- (1) Obtain an Immunization Record Card, #PRS 0443.03C (Appendix E), from the SCOE Credential Clerk;
- (2) Obtain three (3) vaccinations at the Public Health Clinic*;
- (3) Submit the Immunization Record Card to the Public Health Clinic at time of each vaccination; and
- (4) When series has been completed submit a copy of the Immunization Record Card, along with a receipt for the cost of the third vaccination for reimbursement, to the SCOE Credential Clerk.

*The Public Health Clinic is located at 3420 Chanate Road, Santa Rosa, (707) 565-4820. Employees should contact the Public Health Clinic for their vaccination schedule. No appointments are necessary. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

Substitutes receiving the Hepatitis B vaccination series shall provide written verification, i.e., Immunization Record Card, to the Credential's Office. Verification to Credentials is only required for precautionary vaccinations. Verification for post-exposure should be provided to the employing district where the exposure occurred.

For further information you may contact the SCOE Credentials Office at (707) 524-2824 or the Sonoma County Public Health Office at (707) 565-4820.

Work Area Restrictions for Substitutes

For your protection it is highly recommended that you refrain from eating, drinking, applying cosmetics or lip balm, and handling contact lenses in areas where occupational exposure may be expected.

Please be advised that food preparation cannot be performed in an area or on a surface where contamination has occurred. In the event an employee sustains an injury in which blood or potentially infectious materials is present, he/she shall remove himself/herself from food preparation.

Food and drink cannot be kept in refrigerators, freezers, or cabinets or on shelves, countertops, or bench tops where blood products or other body fluids are present.

Note: Substitutes who are medically required to monitor their blood and/or self-administer injections, shall dispose of contaminated needles, sharps, and other materials only in containers designated for contaminated needles and sharps.

Substitute Teacher's Responsibility to Obtain Additional Information from Employing District

It is the responsibility of the substitute teacher to be familiar with the following information from the district for which they are working:

- (1) The District's Bloodborne Pathogens policies and procedures;
- (2) The District's procedures for reporting a possible exposure and follow-up procedures, including, the District's injury report form, if any;
- (3) Bloodborne Pathogens training opportunities;
- (4) The District's explanation of signs, labels, and color-coding system for hazardous materials, including body fluids; and
- (5) Information on how to obtain protective supplies such as gloves, cleaning solutions, etc.

D. TERMINATED EMPLOYEES

HEPATITIS B VACCINATION CONTINUATION FOR TERMINATED EMPLOYEES

Employees who have terminated their employment with **INSERT NAME OF DISTRICT**, and were in the process of completing the Hepatitis B vaccination series prior to termination, shall be entitled to complete the series following the procedures outlined below:

Terminated Employees With Continued Medical Coverage Through INSERT NAME OF DISTRICT

- (1) Continue to follow the procedures for his/her respective insurance carrier as listed under CURRENT EMPLOYEES, Section 3(B), until series is completed.
- (2) Retain the completed Immunization Record Card for personal records.

Terminated Employees NOT Covered by a Medical Plan

- (1) Follow the procedures for "Employees NOT Covered by a Medical Plan" as listed under CURRENT EMPLOYEES, Section 3(B), until series is completed.
- (2) Obtain only the required number of forms and vaccinations to complete the series.
- (3) Retain the completed Immunization Record Card for personal records.

E. INSERT NAME OF DEPARTMENT RESPONSIBILITIES

The **INSERT NAME OF DEPARTMENT** shall do the following:

- (1) Verify that new, current, and terminated employees' job classifications fall within a designated exposure risk category;
- (2) Instruct the new, current, and terminated employees in the procedures for initiating and/or completing the Hepatitis B series;
- (3) Provide new, current, and terminated employees with necessary forms;
- (4) Maintain copies of records documenting completion of the Hepatitis B series, i.e., Immunization Record Cards, etc.; and
- (5) Process bills for payment.

F. POST-EXPOSURE EVALUATION AND FOLLOW-UP

When an employee incurs an exposure incident, he/she must do the following:

- (1) Immediately report the incident to his/her department supervisor or site secretary for their completion of the *Employee Injury Report*.
- (2) After reporting the exposure incident to his/her department, the employee must immediately call the RESIG Early Intervention Nurse at 707-836-0779 Ext. 0.

The RESIG nurse will take the employee's information and, if needed, assist the employee in obtaining:

- A post-exposure medical evaluation and medical follow-up; and
- The Hepatitis B vaccination series in accordance with the Cal/OSHA standard - only if indicated by the medical evaluator*.

IMPORTANT: Both should occur within 8 hours of the exposure, or within 1 hour if transmission of HIV is a concern. IF AN EMPLOYEE BELIEVES HE/SHE MAY HAVE BEEN EXPOSED TO A BLOODBORNE PATHOGEN BUT DID NOT REPORT THE INCIDENT WITHIN THE REQUIRED 8 HOURS – A REPORT SHOULD BE MADE AT THAT TIME.

*If the source individual is not communicable for Hepatitis B, the designated healthcare professional will not administer the Hepatitis B vaccination series. But, if the results of the post-exposure medical evaluation and follow-up indicate the employee does not have immunity to Hepatitis B, the employee may begin the vaccination series, if desired; following the procedures for his/her respective insurance carrier as listed under CURRENT EMPLOYEES, Section 3(B).

All post-exposure evaluations, follow-up and/or Hepatitis B vaccinations shall be administered by one of the following medical facilities:

- Kaiser Permanente Occupational Medicine located at 401 Bicentennial Way, East Bldg., 2nd Floor, Suite 270, Santa Rosa, (707) 571-3000; or
- North Bay Corporate Health Services, Inc. located at 95 Montgomery Drive, Santa Rosa, (707) 576-7300; or
- Sonoma Valley Hospital Industrial Health Clinic located at 347 Andrieux St., Sonoma, (707) 935-5000; or
- Sutter Medical Occupational Health Clinic located at 1221 No. Dutton, Santa Rosa, (707) 543-8360; or
- the employee's pre-designated personal physician, and
- shall be at no cost to the employee.

The exposed employee should be prepared to provide his/her supervisor with the following information regarding the exposure in completing the *Employee Injury Report*:

- (1) Date and time of exposure;
- (2) Exact location where, and description as to how, exposure occurred;
- (3) Description of the injury (e.g., bite, scratch, blood exposure, etc.), and part of body affected;
- (4) Route of exposure, (e.g., splash in eye, non-intact skin, mouth, other mucous membrane, etc.);
- (5) Personal protective equipment he/she was using at the time of exposure;
- (6) His/her Hepatitis B vaccination status, i.e., in process (1st or 2nd dose) or completed (when and where); and
- (7) Identification of the source individual, if known.

All exposure incidents shall be reported, investigated, and documented (Appendix H) following the procedures for Reporting a Job-Related Injury, Illness, or Exposure (OP 3531.01).

MEDICAL FOLLOW-UP

The exposed employee shall receive a confidential medical evaluation and follow-up, including at least the following elements:

- (1) Documentation of the route of exposure and the circumstances under which the exposure incident occurred (refers to a copy of the Employee Injury Report).
- 2) Identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by State or local law.
 - The source individual's blood shall be tested after consent is obtained and the results documented as soon as feasible in order to determine Bloodborne Pathogens infectivity. If consent is not obtained, the supervisor shall establish that legally required consent cannot be obtained.
 - 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.
 - 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.

INSERT NAME OF RESPONSIBLE INDIVIDUAL OR DEPARTMENT, shall ensure that the healthcare professional responsible for the employee's evaluation and/or Hepatitis B vaccination be provided with:

- (1) Written documentation of the route of exposure and circumstances under which exposure occurred;
- (2) Results of the source individual's blood testing, if available (if this is a student, information can be obtained from the classroom teacher); and
- (3) The employee's vaccination status and all medical information relevant to the appropriate treatment of the employee (these records are maintained by personnel).

- (4) A copy of the Cal/OSHA Bloodborne Pathogens Standard, CCR – Title 8 – Section 5193; and
- (5) Written description of employee job duties.

INSERT NAME OF RESPONSIBLE INDIVIDUAL OR DEPARTMENT shall provide the Personnel Office with a copy of all pertinent information.

Healthcare Professional's Written Opinion

INSERT NAME OF RESPONSIBLE INDIVIDUAL OR DEPARTMENT shall provide the employee with a copy of the healthcare provider's written opinion within 15 days of the completion of the evaluation.

The healthcare professional shall provide the **INSERT NAME OF DEPARTMENT** with a written opinion for HBV vaccination and post exposure follow-up that shall be limited to the following information:

- (1) Whether vaccination is indicated for employee and if employee has received such vaccination;
- (2) A statement that the employee has been informed of the results of the evaluation; and
- (3) A statement that the employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

Note: The above information shall be placed in the employee's medical file and shall not be placed in the employee's personnel file.

4. COMPLIANCE METHODS

Universal Precautions (see Appendix A) will be observed in order to prevent contact with blood or other potentially infectious materials. All blood will be considered infectious regardless of the perceived status of the source individual.

Safe Work Practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be available and utilized.

Hand washing facilities or antiseptic cleanser with clean paper towels or antiseptic towelettes shall be made available to the employees who incur exposure to blood or other potentially infectious materials. If antiseptic cleanser or towelettes are used, employees shall wash their hands with soap and running water as soon thereafter as feasible. Antiseptic cleanser or towelettes shall be made accessible at all times.

Supervisors shall ensure that after removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon thereafter as feasible with soap and water.

5. WORK AREA RESTRICTIONS

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.

Food preparation shall not be performed in an area or on a surface where contamination has occurred. In the event an employee sustains an injury in which blood or other potentially infectious materials are present, he/she shall remove himself/herself from food preparation.

Food and drink shall not be kept in refrigerators, freezers, or cabinets or on shelves, countertops, or benchtops where blood, blood products or other body fluids are present.

6. PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used by employees to provide a barrier against bloodborne pathogens will be provided without cost by the employer. Personal protective equipment will be chosen by **INSERT NAME OF RESPONSIBLE INDIVIDUAL** based on the anticipated exposure to blood or other potentially infectious materials.

Personal protective equipment is specialized clothing or equipment worn or used by an employee for protection against a hazard (e.g. gloves, eye protection).

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time, which the protective equipment will be used.

INSERT NAME OF RESPONSIBLE INDIVIDUAL shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Reusable personal protective equipment will be cleaned and or decontaminated by the user. Gloves shall be worn to wash the equipment with soap and water and decontaminated with bleach solution (9 parts water/1 part bleach = 10% solution*), or District approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB. Any garments penetrated by blood or other potentially infectious material shall be removed immediately or as soon as practicable and decontaminated as described for equipment. Any additional costs for cleaning will be paid by the employer. All potentially contaminated personal protective equipment will be removed prior to leaving a work site. Glasses, reusable gloves, and barrier masks shall be decontaminated by soaking in bleach solution (10 parts water/1 part bleach = 10% solution*), or District approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB for five (5) minutes.

Disposable, single-use gloves shall be used when contact with blood or body fluids is anticipated. Gloves shall also be worn during decontamination procedures.

All garments that are penetrated by blood shall be removed immediately or as soon thereafter as feasible. All personal protective equipment will be removed prior to leaving the work area.

When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage or disposal.

Gloves

Gloves shall be worn when it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or other potentially infectious materials, when performing specialized healthcare procedures, diapering, and/or when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for re-use and are to be discarded in a lined waste receptacle after each use or immediately after they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised.

Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Additional Protection

Additional protective clothing (such as lab coats, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated.

7. ROUTINE HOUSEKEEPING

General precautions to be followed by all employees are:

- (1) If contamination of a surface, furniture, or object occurs, gloves shall be worn during any decontamination procedure. A bleach solution (10 parts water/1 part bleach - 10% solution*), or SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB shall be used. Bleach solutions must be mixed daily. All antibacterial agents shall be appropriately labeled and stored in a locked storage area.
- (2) All contaminated work surfaces or objects will be decontaminated after completion of procedures and immediately after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. Gloves shall be worn, removed to prevent contamination, and disposed in a double-lined receptacle.
- (3) Equipment/tools that have become contaminated with blood or other potentially infectious materials shall be cleaned with soap and water and decontaminated by using SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB, or a bleach

solution (10 parts water/1 part bleach - 10% solution*) prepared daily. Equipment that becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

- (4) All receptacles that may be contaminated shall be inspected and decontaminated on a regularly scheduled basis. Custodial staff shall follow Universal Precautions (see Appendix A) procedures for routine cleaning as well as for the management of blood or other potentially infectious materials contamination. This shall include the use of appropriate personal protective equipment, and general-purpose utility gloves during cleanup of blood and other potentially infectious materials.
- (5) Decontamination will be accomplished by utilizing bleach solutions (10 parts water/1 part bleach - 10% solution*), or by using SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB.
- (6) All waste receptacles that may be contaminated shall be inspected and decontaminated on a regularly scheduled basis by the custodial staff.
- (7) Any broken glassware will not be picked up directly with the hands. A mechanical means (brush, dustpan, tongs or forceps) shall be used.
- (8) Reusable sharps such as scissors, sewing needles, or shop tools, etc., that are contaminated with blood or other potentially infectious materials shall be decontaminated prior to use.
- (9) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or discarded in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

*See Appendix D for recommended solution strength and mixing procedures.

8. REGULATED WASTE DISPOSAL

Having regulated waste is rare in the school setting. Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Regulated waste includes "medical waste" regulated by Health and Safety Code Chapter 6.1, Sections 117600 through 118360.

INSERT NAME OF RESPONSIBLE INDIVIDUAL designates a receptacle for regulated waste at each school site.

When regulated waste is generated, it is put in a designated container and **INSERT NAME OF RESPONSIBLE INDIVIDUAL** is notified of need for disposal.

Contaminated Needles and Sharps

All sharps, which include broken glass, medication vials, hypodermic needles, and scissors, shall be discarded in a designated sharps container. The sharps container shall be closeable, puncture resistant, leak proof, and labeled with a biohazard label. Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Recapping, bending, or removal of contaminated needles is strictly prohibited.

Containers shall be located as close as possible to the immediate area where sharps are used; and replaced immediately when 2/3 full to prevent overfilling. Full sharps containers ready for disposal shall not be stored more than seven (7) days prior to transportation to a designated disposal site.

When removing container(s) of contaminated sharps from the area of use, the container(s) shall be closed immediately prior to removal to prevent spilling. A backup sharps container shall be available at all times.

Note: Employees who are medically required to monitor their blood and/or self-administer injections, shall dispose of contaminated needles, sharps and other materials only in containers designated for contaminated needles and sharps.

Blood Soaked Material

In the event of a serious injury or nosebleed in which dressings are applied to control the bleeding, such dressings shall be placed in a leak-proof bag; disposed in a receptacle lined with a leak-proof red bag; and labeled with a biohazard designation. Transportation and disposal of contaminated waste shall be in accordance with the Medical Waste Management Act (Health and Safety Code Chapter 6.1, Sections 117600 through 118360.)

Other Regulated Waste

Other regulated waste shall be placed in a plastic bag and then into a plastic-lined container which is closeable, constructed to contain all contents, and that prevents leakage of fluids during handling, storage, or transportation.

The waste bag or container must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, or transport.

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

NON-REGULATED WASTE

Non-regulated waste is waste such as disposable dressings, gauze, cotton balls, towels, and rags, with non-fluid or small amounts of dried blood or other body fluids. Feminine hygiene products or bandaids are NOT considered regulated waste and shall be disposed of as regular trash.

ALL WASTE RECEPTACLES SHALL BE LINED WITH DISPOSAL PLASTIC BAGS. ABOVE ITEMS MAY BE REQUIRED TO BE DOUBLE-BAGGED.

9. LABELS AND SIGNS

INSERT NAME OF RESPONSIBLE INDIVIDUAL shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store or transport blood or other potentially infectious materials.

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

Regulated waste red bags or containers must also be labeled.

Item	Biohazard Label		Red Bag or Red Container
Regulated waste (when regulated waste is red-bagged, the bag must be labeled)	yes	and	yes
Non-regulated waste such as disposable dressings, gauze, cotton balls, towels, rags, with non-fluid or small amounts of dried blood or other body fluids (e.g. feminine hygiene products, bandaids)	no	and	no
Sharps containers	yes		
Reusable contaminated sharps container with soaking solution (e.g. scissors, tweezers)	yes	and	yes
Contaminated laundry	yes	or	yes
Contaminated laundry sent to another facility that does not use Universal Precautions	yes	or	yes
Refrigerators and freezers that are used to store blood or other potentially infectious materials (OPIM)	yes		
Bags and other containers used to store, dispose of, transport, or ship blood or OPIM	yes		
Contaminated equipment which is to be serviced or shipped	yes		

10. RECORD KEEPING

MEDICAL RECORDS

The **INSERT NAME OF DEPARTMENT** shall maintain medical records that are kept in an employee medical file that is separate from the employee's personnel file.

Medical records pertaining to occupational exposure shall be maintained in accordance with Title 8 California Code of Regulations Section 3204. These records shall be kept confidential, and not disclosed to any other agency without employee's written consent and must be maintained for at least the duration of employment plus thirty (30) years.

The records shall include the following:

- (1) The name and social security number of the employee;
- (2) A copy of the employee's HBV vaccination status provided by the employee, including the dates of vaccination and/or the signed "Hepatitis B Vaccination Declination" form, #PRS 0443.03A (Appendix E);
- (3) A copy of all available results of examinations, medical testing, and follow-up procedures;
- (4) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure; and
- (5) A confidential copy of the healthcare professional's written opinion.

TRAINING RECORDS

The **INSERT NAME OF DEPARTMENT** is responsible for maintaining a training records checklist. These records will be kept in the Personnel Office.

The individual conducting required training shall provide the **INSERT NAME OF DEPARTMENT** with documentation of employee's attendance. Documentation forms and sign-in sheets will be utilized (Appendix I).

The **INSERT NAME OF DEPARTMENT** will monitor attendance records for required trainings and advise the employee, the employee's supervisor and training coordinator(s) of all employees who have not received required training.

Training records shall be maintained for at least three (3) years from the date of training. The following information shall be documented:

- (1) The date of the training sessions;
- (2) An outline describing the material presented;
- (3) The names and qualifications of persons conducting the training; and

- (4) The names and job titles of all persons attending the training sessions.

AVAILABILITY

The employee's records shall be made available to the employee or to his designated representative for examination and copying upon request in accordance with *GISO Title 8 CCR - Section #3204, Access to Employee Exposure and Medical Records, Appendix A*.

All employee records shall, upon request, be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

11. EVALUATION AND REVIEW

INSERT NAME OF RESPONSIBLE INDIVIDUAL OR COMMITTEE shall be responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed and subject to final approval by the Superintendent or designee.

UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS

Universal Precautions are precautions used in all situations and not limited to use with individuals known to be carrying a specific virus such as HIV or the virus causing Hepatitis B or C. In the school setting, those precautions should include: handwashing, using gloves, careful trash disposal, using disinfectants, barrier devices, and modification of cardiopulmonary resuscitation (CPR).

HANDWASHING

1. Thorough handwashing is the single most important factor in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as routine hygiene practice.
2. All staff should wash their hands in the following circumstances:
 - Before handling food, drinking, eating or smoking;
 - After toileting;
 - After contact with body fluids or items soiled with body fluids; and
 - After touching or caring for students, especially those with nose, mouth, or other discharge.
3. Scheduling time for students to wash hands before eating is suggested to encourage the practice.
4. How to wash hands: Wet hands with running water and apply soap from a dispenser. Lather well and wash vigorously for 15 to 20 seconds. Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse well under running water with water draining from wrist to fingertips. Leave water running. Dry hands well with a paper towel and then turn off the faucet with paper towel. Discard the towel.
5. Classroom instruction about proper handwashing can be integrated into health instruction at all grade levels.



FIRST AID INVOLVING BODY FLUIDS AND CPR

1. Avoid direct skin contact with body fluids. If direct skin contact occurs, hands and other affected skin areas should be washed with soap and water immediately after contact has ended, to the extent practicable, using running water, liquid soap and disposable gauze, towels or tissues.
2. Disposable single-use gloves should be used when contact with body fluids is anticipated (such as a bloody nose, diapering, etc.). Gloves should be standard components of first-aid supplies in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms.
3. Any soiled clothing should be placed in a separate plastic bag, sealed and placed in a plastic bag labeled with the student's name; and sent home with the student.


APPENDIX B


TRASH DISPOSAL











1. Place soiled tissues, pads, gauze bandages, towels, etc., into a plastic bag and tie or seal the bag. Place it in a second plastic bag and seal when full.
2. If needles, syringes, or lancets are used in the school setting, arrange for a puncture-proof container. Place intact needles and syringes in the designated container. Do not bend or break needles. Do not recap needles. Contact your local Health Department for directions about disposal of contaminated materials.

USING DISINFECTANTS

1. Environmental surfaces contaminated with body fluids should be cleaned promptly with disposable towels and approved disinfectant. Disposable gloves should be worn. Disposable items should be discarded in plastic-lined wastebasket. Mop solution used to clean up body fluid spills should consist of the approved disinfectant. Used mops should be soaked in this solution for 30 minutes and rinsed thoroughly before reusing.
2. After clean up, remove and dispose of gloves, and wash hands.
3. If carpet is soiled, clean up immediately and sanitize with the district-approved disinfectant following the manufacturer's directions.

THE  METHOD OF HANDWASHING



-  **Use SOAP and RUNNING WATER**
-  **RUB your hands vigorously**
-  **WASH ALL SURFACES, including:**
 -  **backs of hands**
 -  **wrists**
 -  **between fingers**
 -  **under fingernails**
-  **RINSE well**
-  **DRY hands with a paper towel**
-  **Turn off the water using a PAPER TOWEL instead of bare hands**

APPENDIX B

HEPATITIS A, B, AND C: LEARN THE DIFFERENCES

How is it spread?	Hepatitis A caused by the hepatitis A virus (HAV)	Hepatitis B caused by the Hepatitis B virus (HBV)	Hepatitis C caused by the hepatitis C virus (HCV)
How is it at risk?	Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the feces of people with hepatitis A and is usually spread by close personal contact (including sex or sharing a household). It can also be spread by eating food or drinking water contaminated with HAV.	HBV is found in blood and certain body fluids. It is spread when blood or body fluid from an infected person enters the body of a person who is not immune. HBV is spread through having unprotected sex with an infected person, sharing needles or "works" when "shooting" drugs, needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth. Exposure to infected blood in ANY situation can be a risk for transmission.	HCV is found in blood and certain body fluids. It is spread when blood or body fluids from an infected person enters another person's body. HCV is spread through sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or sometimes from an infected mother to her baby during birth. It is possible to transmit HCV from sex, but it is uncommon.
Who is at risk?	<ul style="list-style-type: none"> Household contacts of chronically infected persons Sex partners of infected persons Children living in regions of the U.S. with consistently elevated rates of hepatitis A during 1987-1997* Persons traveling to countries where hepatitis A is common (everywhere except Canada, Western Europe, Japan, Australia, and New Zealand) Men who have sex with men Injecting and non-injecting drug users Persons with chronic liver disease should be vaccinated against hepatitis A.	<ul style="list-style-type: none"> Persons with more than one sex partner in a 6-month period Persons diagnosed with a sexually transmitted disease Men who have sex with men Sex partners of infected persons Injecting drug users Household contacts of chronically infected persons Infants born to infected mothers Immigrants and children of immigrants from areas with elevated HBV rates, including Asia, Africa, the Pacific Islands, Eastern Europe, the Middle East, and the Amazon Basin. Healthcare and public safety workers who might be exposed to blood Chronic hemodialysis patients 	<ul style="list-style-type: none"> Injecting drug users Recipients of clotting factors made before 1987 Hemodialysis patients Recipients of blood or solid organ transplants before 1992 Infants born to HCV-infected mothers Although HCV is not commonly spread through sex, persons having sex with multiple partners or with an infected steady partner may be at increased risk of HCV infection. People with undiagnosed liver disease should be tested for HCV infection.
What if you are infected?	The only way to know if you have already been infected is to have your blood tested for HAV, HBV, or HCV infection. If you are in one of the risk groups listed above, talk to your healthcare provider about your need for blood testing. Viral hepatitis symptoms are similar no matter which type of hepatitis a person has. If symptoms occur, the individual may experience any or all of the following: jaundice, fever, loss of appetite, fatigue, dark urine, joint pain, abdominal pain, diarrhea, nausea, and vomiting. Very rarely, a new case (acute) of viral hepatitis can cause liver failure and death. Sometimes in these instances a liver transplant (if a liver is available) can save a life. Note: Symptoms are less common in children than adults, and people who have HCV infection are less likely to experience symptoms.		
Incubation period?	Incubation period: 15 to 50 days, average 28 days There is no chronic (long-term) infection. Once you have had hepatitis A you cannot get it, again. About 15% of people infected with HAV will have prolonged illness or relapsing symptoms over a 6-9 month period.	Incubation period: 45 to 160 days, average 120 days Chronic infection occurs in up to 90% of infants infected at birth; 30% of children infected at age 1-5 years; 2-6% of persons infected after age 5 years. In the U.S., 5000 people die each year from HBV. Death from chronic liver disease occurs in 15-25% of chronically infected persons. People who have chronic HBV infection have a much higher risk of liver failure (cirrhosis) and liver cancer.	Incubation period: 14 to 180 days, average 45 days Chronic infection: 75-85% of infected persons Chronic liver disease: 70% of chronically infected persons. In the U.S., 8-10,000 people die each year from HCV. People who have chronic HCV infection have a much higher risk of liver failure (cirrhosis) and liver cancer. Chronic HCV-related liver disease is the leading indication for liver transplant.
What treatment is available?	<ul style="list-style-type: none"> There is no treatment for hepatitis A. Avoid alcohol. It can worsen liver disease. 	<ul style="list-style-type: none"> Persons with chronic HBV infection should have a medical evaluation for liver disease every 6-12 months. Alpha-interferon, adefovir dipivoxil, entecavir, and lamivudine are the four drugs currently licensed for the treatment of persons with chronic Hepatitis B. These drugs are effective in up to 40% of patients. Liver transplant is the last resort, but livers are not always available. Avoid alcohol. It can worsen liver disease. 	<ul style="list-style-type: none"> Persons with chronic HCV infection should have a medical evaluation for liver disease every 6-12 months. Interferon, pegylated interferon, and ribavirin are the only drugs licensed for the treatment of persons with chronic hepatitis C. Combination therapy is currently the treatment of choice and can eliminate the virus in approximately 50% of patients (genotype 1). Get vaccinated against hepatitis A, and ask your healthcare provider if you need Hepatitis B vaccine as well. Avoid alcohol. It can worsen liver disease.
How is it prevented?	<ul style="list-style-type: none"> Hepatitis A vaccine is the best protection. It is recommended for people >2 yrs of age who are in risk groups for HAV infection or for severe outcomes from infection. It is recommended as a routine vaccination for children living in regions of the U.S. with consistently elevated rates of hepatitis A during 1987-1997*. For a recent exposure to someone with HAV or if travel is imminent (leaving in less than 4 weeks) to an area of the world where hepatitis A is common, see your healthcare provider about your need for a dose of immune globulin (IG). Always wash your hands with soap and water after using the toilet, changing a diaper, and before preparing and eating food. There is no medical reason that hepatitis A vaccine cannot be given to anyone ≥2 yrs of age who wants it. However, the cost of the vaccine might not be covered by health insurance. 	<ul style="list-style-type: none"> Hepatitis B vaccine is the best protection. Routine vaccination is recommended for all persons 0-18 years of age, and for persons of all ages who are in risk groups for HBV infection. For optimal protection, all babies should be given their first dose of Hepatitis B vaccine at birth before leaving the hospital. Whenever a woman is pregnant, she should be tested for Hepatitis B; infants born to HBV-infected mothers should be given HBIG (Hepatitis B immune globulin) and vaccine within 12 hours of birth. Persons who are not in mutually monogamous relationships should use latex condoms correctly and for every sexual encounter. (The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission.) <p>More information to help you prevent Hepatitis B and hepatitis C:</p> <ul style="list-style-type: none"> Don't share personal care items that might have blood on them, such as razors, toothbrushes, and washcloths. Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools or dye have someone else's blood on them or if the artist or piercer does not follow good sterilization practices. Health care or public safety workers should always follow routine barrier precautions and safely handle needles and other sharps. In addition, they should be vaccinated against Hepatitis B. If you have or have had HBV or HCV infection, do not donate blood, organs, or tissue. Don't shoot drugs. If you do, try to stop by getting into a treatment program. If you can't stop, never share needles, syringes, water, or "works." Get vaccinated against hepatitis A and B. 	<ul style="list-style-type: none"> There is no vaccine to prevent hepatitis C. HCV can be spread by sex, but this is rare. If you are not in a mutually monogamous relationship, use condoms correctly and every time to prevent the spread of sexually transmitted diseases. (The efficacy of latex condoms in preventing infection with HCV is unknown, but their proper use may reduce transmission.) You should also get vaccinated against Hepatitis B.

*Disease rates are available from your state or local health department.

APPENDIX B

Information obtained from Immunization Action Coalition

1573 Selby Ave., St. Paul, MN 55104 (651) 647-9009

www.immunize.org www.vaccineinformation.org

APPENDIX C

HIV/AIDS INFECTION

The possibility that HIV/AIDS will be transmitted in schools, the workplace and other public gatherings is remote. HIV/AIDS infection is not transmitted from one person to another through everyday activities. You will not get AIDS by being around or working with a person who is infected or by having ordinary daily contact with an HIV infected person.

	HIV Human Immunodeficiency Virus	AIDS Acquired Immunodeficiency Syndrome
What is it?	HIV is the virus that causes AIDS. This virus is passed from one person to another through blood-to-blood and/or sexual contact. The HIV infection is also called the AIDS virus. HIV infects the cells of the immune system, which the body uses to fight against germs. In most cases, contracting the HIV virus leads to the development of AIDS. HIV causes AIDS by the gradual breakdown of immune system. Immune cells are disabled and killed during the typical course of infection. The loss of these cells in people with HIV is a powerful predictor of the development of AIDS.	AIDS is the advanced stage of HIV infections. The virus attacks the body's natural defense (immune) system, leaving it vulnerable to life-threatening infections from other diseases and allowing rare cancers to develop. The virus may also attack the brain and nervous system. Persons infected with HIV frequently have no apparent symptoms and usually appear in good health. More than half the people in the United States who have been diagnosed to have AIDS have died.
How is it spread?	<p>HIV is most commonly spread by coming into direct contact with blood, semen or vaginal fluids during unprotected sex with an infected partner. HIV is also frequently spread among injection drug users who share contaminated needles or syringes.</p> <p>You can get the virus by:</p> <ul style="list-style-type: none"> • Sharing intravenous (IV) needles and/or syringes with someone who is infected; • Penetrating the skin with needles that have been used to inject an infected person; • Sharing unsterile instruments used to penetrate the skin with someone who is infected, such as those used for tattooing, acupuncture, and ear piercing; • Any sexual activity involving direct genital contact with semen, blood or vaginal secretions with someone who is infected; • Direct contact on infected blood on broken skin (for example cuts and scratches); • Direct contact of mucous membrane of the eye with the blood of an infected person; • Receiving a blood transfusion or blood product from someone who is infected (since 1985 this risk is extremely low - approximately 1 chance in 68,000); and • Being born to an infected mother. 	
Symptoms	<p>Many people do not have any symptoms when they first become infected with HIV. Some people, however, have a flu-like illness within a month or two after exposure to the virus. Early symptoms may include:</p> <ul style="list-style-type: none"> • Recurring fever or profuse night sweats • Headaches • Profound and unexplained tiredness or fatigue • Enlarged/swollen lymph nodes (glands of the immune system) - armpits, neck, and groin <p>These symptoms usually disappear within 7 to 30 days and are often mistaken for symptoms of other viral infections. During this period, the person with HIV is very infectious, and the virus is present in large quantities in genital fluids.</p> <p>Persistent and severe symptoms may not appear form many months or years after being infected with HIV, or within two years in children born with the HIV infection. As the immune system worsens, symptoms experienced before the onset of AIDS include:</p> <ul style="list-style-type: none"> • Lack of energy • Frequent fevers and sweats • Dry cough • Pneumonia • Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids • White spots or unusual blemishes on the tongue, in the mouth, or in the throat • Persistent skin rashes or flaky skin • Persistent or frequent yeast infections (oral or vaginal) • Diarrheas that lasts for more than a week • Pelvic inflammatory disease in women that does not respond to treatment • Short-term memory loss, depression, and other neurological disorders • Severe herpes infections • Shingles 	<p>During HIV infection, the number of cells in a person's blood progressively decline, making the person vulnerable to the opportunistic infections and cancers that typify AIDS, the end stage of HIV.</p> <p>Symptoms of those infections include:</p> <ul style="list-style-type: none"> • Coughing and shortness of breath • Seizures and lack of coordination • Difficult or painful swallowing • Confusion and forgetfulness • Severe and persistent diarrhea • Fever • Vision loss • Nausea, abdominal cramps, and vomiting • Weight loss and extreme fatigue • Severe headaches • Coma • Various cancers - Kaposi's sarcoma, cervical cancer, lymphomas • In children with AIDS, severe forms of bacterial infections, i.e., pink eye, ear infections, and tonsillitis
What treatment helps?	<p>Currently, no vaccination exists to prevent infection of HIV, and there is no known cure. HIV infection is treated with:</p> <ul style="list-style-type: none"> • Nucleoside reverse transcriptase (RT) inhibitors, interrupts an early stage of the virus, making copies of itself. • Nucleoside analogs (AZT) slow the spread of HIV in the body and delay the start of opportunistic infections. • Non-nucleoside reverse transcriptase inhibitors (NNRTIs) • Protease inhibitors, interrupt virus replication at a later step in its life cycle. <p>HIV can become resistant to any of these drugs; so health care providers must use a combination treatment to effectively suppress the virus. When RT inhibitors and protease inhibitors are combined, they become a highly active antiretroviral therapy, or HAART. HAART can be used by people who are newly infected with HIV, as well as by people with AIDS.</p>	<p>AIDS virus is treated with:</p> <ul style="list-style-type: none"> • A combination of RT inhibitors and protease inhibitors, referred to as HAART, a highly active antiretroviral therapy. HAART has been credited as being a major factor in significantly reducing the number of deaths from AIDS in the USA. While it is not a cure, HAART has greatly improved the health of many people with AIDS and it reduces the amount of virus circulating in the blood to nearly undetectable levels. Although, researchers have shown HIV remains present in hiding places - lymph nodes, brain, testes, and retina of the eye, even in patients who have been treated. • A number of different drugs are available to help treat opportunistic infections. • Radiation, chemotherapy, or injections of alpha interferon to treat cancers.
How is it prevented?	<ul style="list-style-type: none"> • Abstinence from sex • If you choose to have sex, be responsible and protect yourself and your partner by using condoms. • Abstinence from drug use • If you choose to use drugs, DO NOT SHARE NEEDLES 	

APPENDIX C

www.vaccineinformation.org

APPENDIX D

BLEACH SOLUTIONS FOR CLASSROOM DISINFECTION

SURFACE	CLEAN WITH		DISINFECT WITH	CONTACT TIME	DRY
Any surface contaminated with blood or body fluids. To be done after any spill.	<i>STEP 1</i> Approved dish soap and water		<i>STEP 2</i> 1 tablespoon bleach to 1 cup water	2 minutes	<i>STEP 3</i> Air dry
For diapering areas, countertops, tables, toys, doorknobs, cabinet handles, phone receivers, handwashing sinks, floors. To be performed daily after class.	<i>STEP 1</i> Approved dish soap and water		<i>STEP 2</i> 1/4 cup bleach to 1 gallon cold water OR 1 tablespoon bleach to 1 quart cool water	2 minutes	<i>STEP 3</i> Air dry whenever possible
Dishes & eating utensils California Health & Safety Code Section 114060	<i>STEP 1</i> Approved dish soap and water (use hot water if possible)	<i>STEP 2</i> Rinse with clear water	<i>STEP 3</i> 1 tablespoon bleach to 1 gallon cool water	At least 30 seconds	<i>STEP 4</i> Air dry

- ALL BLEACH SOLUTIONS MUST BE MIXED DAILY!
A solution of bleach and water loses its strength and is weakened by heat and sunlight. Therefore, mix a fresh bleach solution every day for maximum effectiveness. Discard any left over bleach solution at the end of the day.
- ALWAYS WEAR PROTECTIVE GEAR WHEN MIXING AND USING ALL BLEACH SOLUTIONS (GOGGLES, GLOVES, AND PLASTIC APRONS).

References:

1. Caring for Our Children: National Health and Safety Performance Standards, U.S. Centers for Disease Control and Prevention, The ABCs of Safe and Healthy Child Care, 1996
2. Canadian Pediatric Society: Well Being: A Guide to Promote Health, Safety and Emotional Well-Being of Children in Child Care Centers and Family Day Care Homes, 2nd edition, Toronto, Ontario, 1996

APPENDIX E

IMMUNIZATION RECORD CARD AND VACCINATION BILLING AUTHORIZATION

INSERT NAME OF DISTRICT ADDRESS AND PHONE NUMBER					
IMMUNIZATION RECORD CARD Present this card each time you have a skin test or immunization					
EMPLOYEE NAME _____					
TUBERCULIN SKIN TEST					
Type	Date	Results	Type	Date	Results
RECOMBIVAX B VACCINE					
#	Date	Provider	Initials		
1					
2					
3					

2005

INSERT NAME OF DISTRICT	
Hepatitis B Vaccination Billing Authorization	
Name _____	SocialSecurity# _____
Position _____	School Site _____
The INSERT NAME OF DISTRICT authorizes the Sonoma County Public Health Department Immunization Clinic to administer one Hepatitis B Vaccination in the 3-part series to the above-named individual. The INSERT NAME OF DISTRICT is the responsible party for payment of service fees.	
Attention Public Health billing department: Attach a copy of this form to the billing statement and submit to:	
INSERT NAME OF DISTRICT ADDRESS AND PHONE NUMBER SEND TO ATTENTION OF:	
Hepatitis B Vaccination Series (circle one): 1 2 3	
Approval: _____	Date _____
Distribution: WHITE – Public Health YELLOW – Public Health (Billing Copy) PINK - Personnel	2005

APPENDIX F

VACCINATION DECLINATION FORM

INSERT NAME OF DISTRICT

Hepatitis B Vaccination Declination

Name _____ Social Security# _____

Position _____ Department _____

I understand that my position at the **INSERT NAME OF DISTRICT** includes responsibilities that may involve a risk of occupational exposure to bloodborne pathogens or other potentially infectious materials and that I have been given the opportunity to receive the Hepatitis B vaccination series at no charge to me.

Check one:

I have already received the Hepatitis B vaccination. Date vaccination series completed*

* *Please provide Personnel Department with written verification of vaccination status.*

I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of exposure to Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____

Date

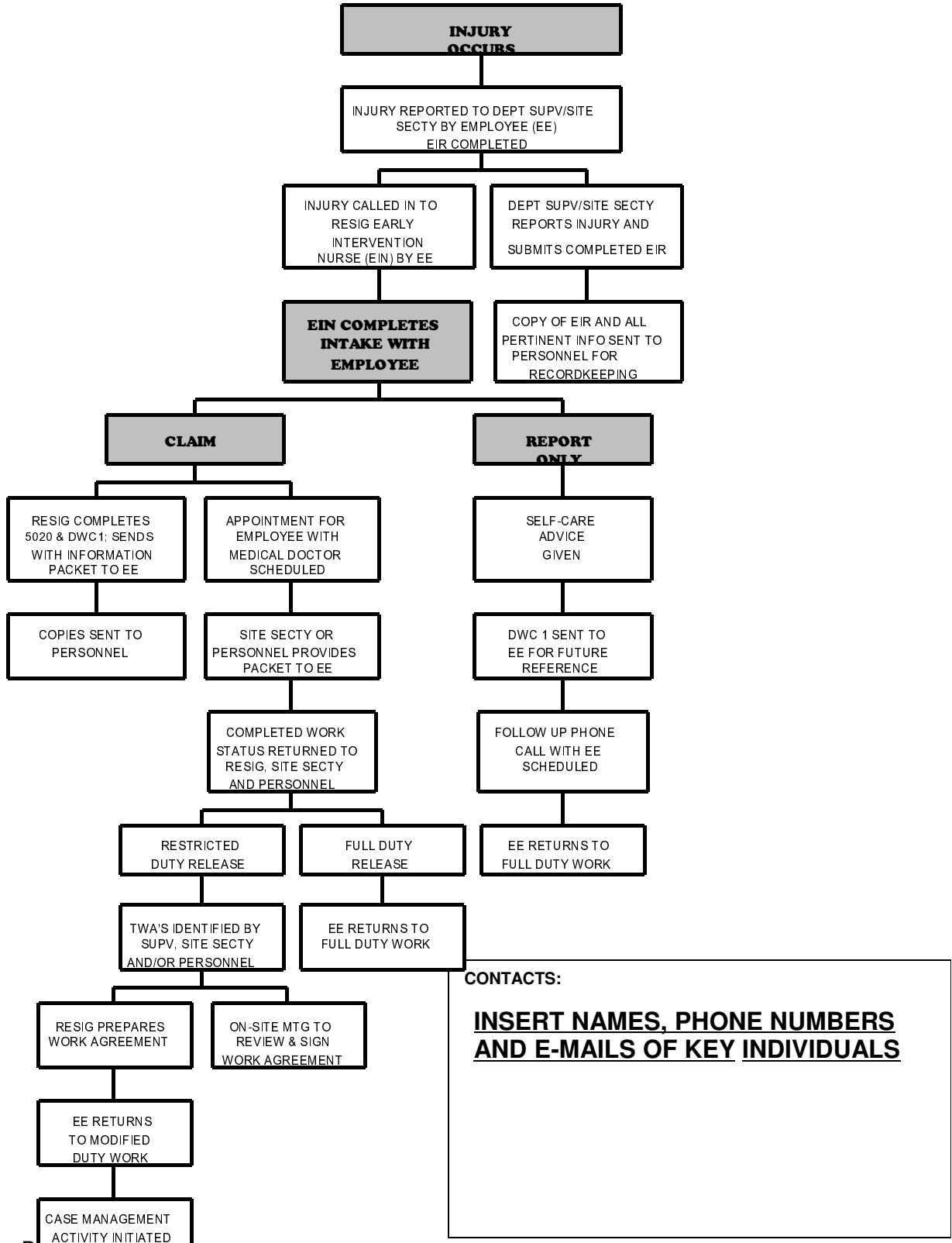
Distribution:

WHITE – Personnel

YELLOW – Employee

2005

APPENDIX G BBP POST-EXPOSURE AND MEDICAL FOLLOW-UP FLOW CHART



APPENDIX H EMPLOYEE INJURY REPORT

INSERT NAME OF DISTRICT

EMPLOYEE'S NAME: _____ Date of Birth: _____
 HOME ADDRESS: _____ Home Phone: _____ Cell Phone: _____
 CITY/STATE/ZIP: _____ Soc Sec No: _____ Sex: M F
 Department/Program: _____ Occupation/Title: _____
 Worksite/Address: _____ Work phone: _____
 DATE INJURY/ILLNESS/EXPOSURE OCCURRED: _____ Hour: _____ a.m. p.m.
 DATE INJURY/ILLNESS/EXPOSURE REPORTED: _____ Hour: _____ a.m. p.m.
 Specific injury/illness/exposure and part of body affected: _____
 Equipment, materials, or chemicals employee was using when injured: _____
 Specific activity the employee was performing when injury/illness/exposure occurred: _____
 How injury/illness/exposure occurred: _____
 NAMES OF WITNESSES: _____
 REFERRED TO RESIG EARLY INTERVENTION NURSE: YES NO DATE: _____ REASON: _____

SUPERVISOR'S INVESTIGATION OF OCCUPATIONAL INJURY/ILLNESS/EXPOSURE

***** IMPORTANT- IN ACCORDANCE WITH SB198 THE SUPERVISOR'S INVESTIGATION MUST BE COMPLETED**

(1) Were Safe Work Practices followed? YES NO
 If no, explain _____

(2) Was an unsafe condition the cause of the incident? YES NO
 If yes, describe unsafe condition _____
 Was unsafe condition corrected? YES NO If not, what interim actions have been taken to prevent similar occurrence? _____

(3) Will an additional Safe Work Practice be needed to avoid future incidents? YES NO
 If yes, describe _____

(4) If a Bloodborne Pathogens exposure, please answer the following questions.

(a) Has employee completed the Hepatitis B vaccination series? YES IN PROGRESS NO
 If yes, date vaccination series completed: _____ Vaccination administered by: _____
 If in progress, indicate most recent dosage and date received: 1ST Date: _____ 2ND Date: _____
 If no, has employee been notified that the vaccination series should be initiated within 24 hours of the exposure incident? YES NO

(b) Has employee's blood been tested? YES NO
 If yes, date of testing: _____ Testing performed by: _____
 If no, explain _____

(c) What personal protective equipment was being used at time of exposure? _____

(d) Has the source individual been identified? YES NO If yes, individual's name _____

(e) Has consent been obtained for blood testing of the source individual? YES NO
 If no, explain _____

(f) Has the source individual's blood testing been completed? YES NO
 If yes, date of testing: _____ Testing performed by: _____
 If no, explain _____

(g) Name of SCOE department/region nurse to contact for information regarding exposure _____

Certification: To the best of my knowledge and belief, this information is true and reflects the facts.

SUPERVISOR'S SIGNATURE _____ DATE: _____

TO BE COMPLETED BY PERSONNEL

W/C Claim Report Only Date of Hire _____ Annual Salary _____ Months/Checks per Year _____ / _____
 Employee's Regular Hours: Hours per Day _____ Days per Week _____ Hours per Week _____ Days per Year _____
 Distribution: WHITE - Personnel YELLOW - RESIG PINK - Department GOLD - Employee

**Bloodborne Pathogens
Exposure Control Plan
DATE**

