Colton Redlands Yucaipa Regional Occupational Exposure Control Plan

COLTON REDLANDS YUCAIPA
REGIONAL OCCUPATIONAL PROGRAM
Inspiring Possibilities

SM/LK 3.1.2017

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Exposure Control Plan

Introduction

Purpose

The purpose of the Colton Redlands Yucaipa Regional Occupational (CRY-ROP) Exposure Control Plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids; and
2. Comply with the Cal-OSHA Bloodborne Pathogens Standard, 8 California Code of Regulations 5193.

Background

Blood and body fluids may contain pathogens which are small organisms which can cause serious disease.
Two of the most common bloodborne diseases are:

1. Hepatitis B Virus (HBV) which causes Hepatitis, a potentially fatal liver disease.
2. Human Immunodeficiency Virus (HIV), the cause of Acquired Immunodeficiency Syndrome (AIDS).
   HBV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin.

In the school setting the most common way exposure may occur is when an employee who has an open sore or injury is in contact with blood or other infectious materials, or when an employee is not wearing the proper personal protective equipment to protect against contact with infectious materials such as blood, human tissue or other body fluids that contain blood.

Management Commitment/Responsibility

The development and implementation of an exposure control plan requires the commitment and participation of the governing board, management, staff, teachers and students.

Policy Statement

It is the policy of CRY-ROP to provide a safe and healthy work environment for all employees and students by minimizing the exposure to bloodborne pathogens.

Responsibility

It shall be the responsibility of CRY-ROP's Safety Committee to review the Bloodborne Pathogen Exposure Control Plan annually. Whenever necessary, the Exposure Control Plan will be amended to reflect new or modified tasks and procedures which affect occupational exposure. It shall be the responsibility of the Management Team, Teachers, and Safety Committee to conduct facility audits to assess exposure control compliance on a regular basis to ensure their effectiveness.

The Human Resources Department will maintain all recordkeeping required annually to ensure compliance in accordance with bloodborne pathogens exposure control standards. The Superintendent and designees are responsible for overseeing the implementation of the work place practice controls at each site where there is a CRY-ROP program or service. The sites, which are discussed in the Methods of Compliance – Engineering Controls and Work Practice Controls section of this handbook.

It is the responsibility of each department to assess and select appropriate personal protective equipment for their staff. The Superintendent or designees are responsible for ensuring that appropriate personal protective equipment is available to employees at that site. Employees are responsible for wearing the designated personal protective equipment.
The Human Resources Department is responsible for maintaining the training records outlined in Recordkeeping – Training Records section of this handbook.

Exposure Determination Definition of Occupational Exposure:

"Any employee with occupational exposure to blood or other potentially infectious materials is covered by the Exposure Control Plan. Potentially infectious materials include the following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids"

Occupational exposure is defined by Cal-OSHA as *"reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties."* (Parenteral is the piercing of membranes or skin barriers through such events as needle-sticks, human bites, cuts and abrasions.) Further, to be considered "occupational exposure," the contact must result from the performance of an employee's duties.

Determination of Occupational Exposure

The Cal-OSHA regulations provide for the Hepatitis B vaccination of certain employees who may reasonably anticipate occupational exposure. It is CRY-ROP's responsibility to identify and list the following:

1. Each job classification in which all the employees have reasonably anticipated occupational exposure.
2. Each job classification in which some of the employees have occupational exposure.

These job classifications along with their related job tasks and procedures are identified in the list that follows, entitled "Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens." Hepatitis B vaccinations shall be provided to those employees determined by CRY-ROP to have occupational exposure to blood and other potentially infectious materials, and to be eligible for vaccination *(see Hepatitis B Vaccination Program section)*. Upon request, employees who are not considered to have occupational exposure to blood and other potentially infectious materials may be eligible for vaccination as well.

Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens

Below are listed the job classifications where some or all employees may handle human blood or other potentially infectious materials, and the tasks/procedures which may result in possible exposure to bloodborne pathogens.

Job Classification	Tasks/Procedures
Employees <u>with Occupational Exposure</u>:	
Medical Program Instructors & their students	Provision of physical care in which blood or blood-tinged body fluids could be present at clinical sites and during lab activities involving blood drawls. Proviso needs to be made when in contact with bio-hazardous materials.
Employees <u>with Potential Occupational Exposure:</u>	
Industrial Arts Teachers and Educational Assistants	Use of heavy equipment, welders, tools, jacks and machines in a lab setting
Facility Coordinator, facility worker, and classified substitutes assigned by facilities.	OSHA does not generally consider maintenance personnel in a non-health facility to have occupational exposure. However if the facility worker is cleaning a medical program lab caution and protection needs to be practiced.
Office Staff, Program Managers, Educational Assistants, Aides, CRSs, Teachers, ICT Staff, testing staff, Employment Placement Specialists and members of the Management Team	Provisions of first aid.

Hepatitis B Vaccination Program

CRY-ROP recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, CRY-ROP has implemented a Hepatitis B Vaccination Program, as well as procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur. This program is available, at no cost, to all eligible employees who have occupational exposure to bloodborne pathogens. See the Exposure Determination section to identify those employees who will be offered the vaccine. The vaccination is a series of 3 injections at zero, one, and six months. Field trials of the vaccines have shown 80-90 percent efficacy in preventing infections. For information regarding how employees may receive these vaccinations, please contact the Human Resources Department. Vaccinations are performed by a health care professional. Employees taking part in the vaccination program are listed under the section Determination of Occupational Exposure. The completed "Vaccination Declination Form" shall be maintained by Human Resources. If any employee signs the "Vaccination Declination Form" but at a later date chooses to receive the vaccination, CRY-ROP will make it available at that time.

Employees who are designated first-aid providers are not mandatorily eligible for pre-exposure vaccination, but may be eligible for vaccination in the event the employee renders assistance during a first-aid incident involving the presence of blood or infectious materials. See discussion regarding such vaccination under the section regarding Post Exposure Evaluation and Follow-up.

Designated first-aid providers are defined as employees who may run a risk of occupational exposure; however, this risk arises in the context of performance of a 'collateral' duty, and is not performed on a regular basis.

Methods of Compliance

There are a number of areas that must be addressed in order to effectively minimize exposure to bloodborne pathogens in and will be reviewed with employees during bloodborne pathogens related training and/or through the dissemination of literature on Universal Precautions and the Spread of Infectious Diseases.

Universal Precautions

Universal precautions are an approach to infection control. According to the concept of universal precautions, all human blood and body fluids are treated as if known to be infectious.

In the school and office settings, precautions shall include:

- Hand-washing
- Using gloves and other appropriate protective equipment when necessary
- Careful trash disposal, and
- Using disinfectants.

Universal precautions shall be used within the school and office settings at all times to prevent contact with blood or other potentially infectious materials. All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Engineering and Work Practice Controls

Engineering controls refers to controls which isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers). Work practice controls are controls designed to reduce the likelihood of exposure by altering the manner in which a task is performed. Hand-washing: Thorough hand washing is the single most effective means in preventing the spread of infectious diseases and should be practiced routinely by all personnel and taught to students as routine hygienic practices. All employees shall wash hands and any other skin with soap and water, and flush mucous membranes with water immediately, or as soon as possible, following contact of such body areas with blood or other potentially infectious materials. Employees shall wash their hands immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.

How to wash hands:

- Wet hands with running water and apply soap from a dispenser. Lather well. You may wish to remove all jewelry from hands and place in a safe location at this time.
  - Wash vigorously for 15-20 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 paper towel. Use the paper towel to turn off faucet and discard in appropriately marked closable container.
  - Apply hand cream after frequent hand-washing. Use lotion to prevent skin irritation, breakdown and subsequent infection.
  - Liquid disinfectant and/or towelettes could be substituted temporarily. (Employees with frequent exposure to body fluids should not wear hand jewelry in the workplace.)

Hand-washing facilities:

Hand-washing facilities or antiseptic solutions and/or towelettes (to be used as an immediate but temporary measure in places where hand-washing facilities are not available) will be readily accessible. Handwashing facility refers to facilities where there is an adequate supply of running potable water, soap, and single-use towels or hot air drying machines. *(8 CCR 5193(d)*)

Personal Protective Equipment

Personal protective equipment is specialized clothing or equipment, worn or used by an employee for protection against a hazard (e.g., gloves, eye protection, etc.). (8 CCR §193(d)). All personal protective equipment used to provide a barrier against bloodborne pathogens will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes. All personal protective equipment will be inspected periodically and be repaired or replaced as needed to maintain its effectiveness. Employees shall be responsible for notifying their immediate supervisor of the need for repair or replacement of such materials. Reusable personal protective equipment will be cleaned, laundered and decontaminated, as needed, at no cost to the employees. Personal protective equipment that cannot, for whatever reason, be decontaminated will be disposed of. Any garment penetrated by blood or other infectious materials will be removed immediately, or as soon as possible. All potentially contaminated personal protective equipment will be removed prior to leaving a work area. Glasses/goggles, reusable gloves and barrier masks shall be decontaminated by the user by soaking these articles in an EPA (Environmental Protective Agency) registered germicide or a fresh solution of 1 part bleach to 10 parts water for at least 5 minutes. Disposable (single-use) latex like gloves should be used when contact with blood or body fluids is anticipated (such as a bloody nose). Gloves will be standard components of first-aid supplies and will be readily accessible for use in emergencies and when providing regular care. Gloves shall also be used during decontamination procedures.

- Disposable (single-use) latex like gloves shall be replaced as soon as practical when contaminated, torn, punctured or unable to function as a barrier. They shall not be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, deteriorated or when their ability to function as a barrier is compromised.

Contaminated Needles and Sharps

Broken glassware or other sharps, which may be contaminated, shall not be picked up directly with the hands, but shall be picked up utilizing any mechanical means – such as a broom, dustpan or tongs. Gloves should be worn during this procedure. Contaminated sharps shall NOT be recapped, broken or bent, and should be discarded immediately into easily accessible containers that are closable, puncture resistant, leak-proof on sides and bottom, and properly labeled. Containers should be located as close as possible to the immediate area where sharps are used replaced immediately when full and shall not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spilling or protrusion of contents. The disposable sharps container shall be disposed of by a registered waste-hauler. A backup sharps container shall be available at all times. An extra supply of sharp boxes will to be located at the school site.

Waste Disposal

Disposal of contaminated sharps and other 'regulated waste' must be in accordance with the Medical Waste Management Act. *Health and Safety Code, §25015 and following.)* Cal-OSHA defines "regulated waste" as:

> *"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."*

Medical waste under the Act consists of biohazardous and sharps waste. Biohazardous waste is not normally found in the school, lab and clinical setting includes waste which contains recognizable fluid blood. In the event of unusual circumstances, the regulated waste must be double-bagged in leak-proof, appropriately labeled, red color coded plastic bags tied and transported in accordance with all applicable state and local regulations. Sharps waste includes any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including:

- Hypodermic needles
- Syringes
- Blades
- Needles with attached tubing
- Broken glass items contaminated with medical waste

Non-regulated waste may be disposed of as regular trash and includes the following:
Waste such as disposables which contain non-fluid blood (e.g., dressing, gauze, cotton rolls, towels, rags, etc., with small amounts of dried blood or other body fluids). Please note that feminine hygiene products, band aids or dressings with small amounts of dried blood are NOT considered to be medical waste. All waste baskets should be lined with disposable plastic bags. It is important to note that if a contaminated item, such as a band aid or a small dressing, contains dried blood it may be disposed of as regular trash.

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

Housekeeping Practices

Decontamination: Gloves shall be worn during decontamination procedures. All contaminated work surfaces will be decontaminated after completion of associated tasks/procedures immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the previous cleaning. Contaminated furniture, educational materials and equipment shall be decontaminated with an EPA registered germicide or a solution of 1 part bleach to 10 parts water. Equipment and tools which have become contaminated with blood or other potentially infectious materials shall be decontaminated by using an EPA registered germicide or a solution of 1 part bleach to 10 parts water prepared daily. Equipment which becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary. CRY-ROP shall assure that work sites, clinical sites, classrooms/labs are maintained in a clean and sanitary condition, and shall determine and implement an appropriate facility cleaning schedule where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the school, the type of surface to be cleaned, and the amount and type of soil present. Facilities staff shall wear appropriate personal protective equipment, including general purpose utility gloves during cleanup of blood or other potentially infectious materials. All blood and body fluid spills shall be immediately contained and, as soon as practicable, cleaned up by appropriately-trained staff equipped to work with potentially infectious materials. Initial clean-up of blood or other potentially infectious materials from all surfaces including sinks, work areas, equipment, floors, car/bus seats, etc., should be followed

with the application of an appropriate disinfectant. All waste baskets should be lined with a disposable plastic bag. In areas where blood is likely to be present, physical care is provided, or personal care occurs disposable plastic bags should be replaced daily.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials (e.g., athletic uniforms and towels) should be handled as little as possible and with minimum agitation. Contaminated laundry should be bagged at the location of use in a biohazard labeled or red color coded, leak-proof bag. Contaminated laundry should not be sorted or rinsed in the location of use. If laundry facilities are available and the contaminated laundry is to be laundered at school, the bag will be transported to the site. The use of universal precautions will be maintained at all times.

Labels and Signs

The following items shall be properly labeled:

- Containers of regulated waste
- Sharps disposal containers
- Contaminated laundry bags and containers
- Contaminated equipment (e.g. linens and shop equipment)

First Aid 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 and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids are present.

First Aid Incidents Involving the Presence of Blood or Infectious Materials

Designated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether an actual exposure incident has occurred, have a duty to report such incidents before the end of that day's work shift. The report must contain the information required of employees involved in occupational exposure incidents, as provided below. The report is used in determining whether the employee has been involved in an occupational exposure incident, and the types of prophylaxis and follow-up treatment required in light of the incident. The report shall be recorded on a list of such first aid incidents, which shall be made available to all employees upon request. Following a first aid incident involving the presence of blood or other potentially infectious material, the Hepatitis B vaccination will be made available to all first aid providers who rendered assistance during the incident, and the procedures for post-exposure evaluation and follow-up, discussed below, shall be followed.

Post-Exposure Evaluation and Follow-Up

It is the employee's responsibility to immediately report (that same day) the occurrence of an occupational exposure incident. Please call the Company Nurse at 1-888-375-0280, Employer Name-CRYROP, Search Code-CRYRO. An occupational exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or infectious material, resulting from the performance of an employee's duties. The employee's report must contain the following information:

1. Name of the first aid provider who rendered assistance or employee who suffered an occupational exposure incident.
2. Date and time of the incident.
3. Description of the first aid incident, including:
    a. Whether blood or other potentially infectious materials were involved
    b. Source of the blood or infectious material
    c. Circumstances under which the incident occurred, i.e. accidental or unusual circumstances

d. Description of where the incident occurred
e. Description of the personal protective equipment used

4. Explanation as to whether, in the opinion of the employee, an 'occupational exposure' incident occurred. The employee may use the Occupational Exposure Incident Form for preparing such a report (available in Appendix D).

In response to a report of an occupational exposure incident, CRY-ROP will:

1. Investigate the circumstances surrounding the exposure incident; and
2. Make immediately available to the employee involved in the occupational exposure incident a confidential medical evaluation and follow-up, including at least the following elements:
    a. Documentation of the route(s) of exposure, and
    b. The circumstances under which the exposure incident occurred.

Employee Information

The Superintendent, or designee, shall distribute to employees information provided by the California Department of Education (CDE) regarding acquired immune deficiency syndrome (AIDS), AIDS-related conditions, and Hepatitis B. This information shall include, but not be limited to, any appropriate methods employees may use to prevent exposure to AIDS and Hepatitis B, including information concerning the availability of a vaccine to prevent contraction of Hepatitis B, and that the cost of this vaccination may be covered by the health plan benefits of the employee. Information shall be distributed at least annually or more frequently if there is new information supplied by the CDE. *(Health and Safety Code 120875, 120880)*

Information and Training

The Superintendent, or designee, shall ensure that all employees with occupational exposure participate in a training program containing the elements required by state regulations, during working hours and at no cost to the employee. This program shall be offered during the first year of assignments to tasks where occupational exposure may take place, at least annually thereafter, and whenever a change of tasks or procedures affects the employee's exposure. *(8 CCR 8193(g))* Designated first aid providers shall receive training that includes the specifics of reporting first-aid incidents which involve blood or other body fluids which are potentially infectious. *(8 CCR 5193(g))*

Records

Upon an employee's initial employment and at least annually thereafter, the Superintendent, or designee, shall inform employees with occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records. *(8 CCR 3204)* Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law. *(8 CCR 5193(h))*

Upon request by an employee, or a designated representative with the employee's written consent, the Superintendent, or designee, shall provide access to a record in a reasonable time, place and manner, no later than 15 days after the request is made. *(8 CCR 3204(e))* Records shall be maintained as follows: *(8 CCR 3204(d), 5193(h))*

1. Medical records shall be maintained for the duration of employment plus 30 years.
2. Training records shall be maintained for 6 years from the date of training.
3. The sharps injury log shall be maintained 5 years from the date the exposure-incent occurred.
4. Exposure records shall be maintained for at least 30 years.
5. Each analysis using medical or exposure records shall be maintained for at least 30 years.

Appendix A

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Some Facts about Infectious Diseases

Universal Precautions can prevent the spread of Infectious diseases.

UNIVERSAL PRECATIONS

Protect yourself from infectious diseases by taking these simple precautions! WASH your hands with liquid soap – not bar soap – and running water:

- Before preparing food, before and after eating
- After using the restroom
- Before and after administering first aid
- After contact with any body fluids (blood, saliva, vomitus, feces, urine, semen, menstrual flow, wound drainage, nasal discharge, etc.)
- After removing disposable gloves.

WEAR disposable gloves whenever you will be:

- Touching any body fluids, particularly blood
- Examining the mouth or assisting with dental care
- Coming in physical contact with anyone who has open cuts, lesions, or etc. Do not reuse gloves; throw them away after each use

USE care when disposing of trash.

- Use trash containers lined with plastic bags when disposing refuse that contains blood/body fluids
- Put needles, syringes, or other sharp objects in special puncture-proof needle
- Tie plastic bags and discard each day

USE disinfectants.

- Clean all areas soiled with blood and body fluids (table tops, sinks, toilets, desks, etc.) with a fresh solution of one part chlorine bleach to 10 parts water, or with a disinfectant approved by the Environmental Protection Agency

What is AIDS/HIV Infection?

AIDS (Acquired Immune Deficiency Syndrome) is the advanced stage of HIV (Human Immunodeficiency Virus) infection. The virus attacks the body's immune systems, leaving it open to life-threatening infections and malignancies. The virus may also directly attack the central nervous system. Persons infected with HIV often have no apparent symptoms and usually appear to be in good health. More than half of the persons in the United States of America who have been diagnosed with AIDS (the advanced stage of HIV) have died.

What is Hepatitis B?

Hepatitis B is an infection of the liver caused by a virus present in blood and other body fluids of infected persons. Less than 50% of the people who become infected show symptoms of illness. The symptoms – like those of Hepatitis A – include fatigue, mild fever, muscle/joint aches, nausea, vomiting, loss of appetite, and abdominal pain. In some patients, the urine turns dark and the skin becomes yellow. Symptoms may begin to appear up to six months after exposure to the virus. Death is not common in Hepatitis B, but 5-10% of those infected become long-term carriers. Up to 25% of the carriers may develop serous chronic liver disease.

How Are They Spread?

Both HIV and Hepatitis B can be spread in the following ways:

- Any sexual activity involving direct contact with semen, blood or vaginal secretions of an infected person
- Sharing intravenous (IV) needles and/or syringes with someone who is infected
- Penetrating the skin with unsterile objects, such as those used for tattooing, ear-piercing, etc.
- Direct contact of infected blood with cuts, broken skin or mucous membranes of the eye or mouth
- Receiving blood transfusions or blood products from someone who is infected (an HIV screening test has been used since 1985 that has reduced the risk of AIDS to 1 in 68,000 in California.)
- Being born to an infected mother

How Can HIV & Hepatitis B Be Prevented?

In the Classroom

The way you are most likely to be exposed to AIDS/HIV infection and Hepatitis B in the school setting is when your broken skin comes directly in contact with the blood of an infected person. The risk of transmitting Hepatitis B in educational classroom settings can be almost eliminated by good environmental and personal hygiene.

Other Settings

Sexual intercourse and sharing intravenous equipment are the behaviors that most often transmit the viruses that cause Hepatitis B and HIV infections. The major risk of exposure to Hepatitis B, HIV/AIDS, and sexually transmitted diseases in general, can be virtually eliminated if: Your sexual relationship is mutually monogamous and neither you nor your partner is infected; and you refrain from sharing intravenous equipment. Proper use of condoms combined with water based lubricants containing spermicide during sexual intercourse greatly reduces the risk of transmission of these diseases. Intravenous equipment and any equipment used to penetrate the skin should not be shared.

The most common infectious diseases found in schools are:

- Common colds
- Flu
- Impetigo
- Pink eye
- Strep throat
- Chicken pox

You will be less likely to come in contact with:

- Hepatitis B
- HIV (the AIDS virus)
- Sexually Transmitted Diseases

Universal Precautions Can Protect You

- Taking universal precautions will result in fewer illnesses, in general, for you and the people around you.

MEDICAL CONFIDENTIALITY

It is important that the confidentiality of all medical information concerning students and coworkers be maintained, especially for those who have HIV/AIDS infection. Sharing information about someone who has HIV/AIDS infection is prohibited by law and is punishable by fine in California. At school and in other public settings it is unlikely that you will know who is infected with the viruses that cause HIV/AIDS, Hepatitis B, or many other diseases. Taking universal precautions can protect you and prevent the spread of disease. You will not need to know who is infected or which diseases they may be carrying if you always use Universal Precautions.

Appendix B

Training Verification
Bloodborne Pathogens Exposure Control Plan

I, _____, received training in the following subject(s) and was given the following printed material:

- ☐ Explanation of the epidemiology and symptoms of bloodborne diseases
- ☐ Modes of transmission of bloodborne pathogens
- ☐ Explanation of the CRY-ROP Exposure Control Plan and how to obtain a copy
- ☐ Recognition of tasks and activities that may involve risk of exposure
- ☐ Methods use and limitations which will reduce or prevent exposure
- ☐ Universal precautions
- ☐ Engineering controls
- ☐ Explanation of signs and warning labels
- ☐ Work practices
- ☐ Housekeeping practices
- ☐ Personal protective equipment – types, selection, use, location, removal, handling, decontamination and disposal
- ☐ HBV vaccine – efficiency, safety, method of administration, benefits and cost
- ☐ Procedures to follow when exposure occurs – reporting and medical follow-up
- ☐ Post exposure evaluation and follow-up

Name: _____ Signature: _____

Job Title: _____ Date: _____

I received training and printed copies of the information listed above:

Appendix C

Hepatitis B Declination Form

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

Name: _____ Signature: _____

Job Title: _____ Date: _____

Appendix D

Occupational Exposure Incident Report Form

This form must be completed by each individual employee involved in an incident. Please send completed forms to your Program Manager and/or Human Resources.:

Exposed Employee: _____ Date Reported: _____

Job Title: _____ Date of Exposure: _____

Location of Incident: _____ Time of Exposure: _____:_____ am / pm

Potentially Infectious Materials Involved:

Type: _____ Source: _____

Type: _____ Source: _____

Type: _____ Source: _____

Circumstances of Exposure *(What were you doing at the time of the incident?)*

_____

_____

_____

_____

Was the Schools Insurance Authority's Early Intervention Nurse notified? ☐ *Yes* ☐*No*

How did the incident occur? *(Accident, equipment malfunction, etc.?)*

_____

Please list the Personal Protective Equipment used:

_____

In your opinion, did an Exposure Incident Occur? *(i.e., a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other infectious material.)*

☐ *Yes* ☐*No*
Please explain: _____

Signature of Exposed Employee: _____

Home Address: _____ Telephone #: _____

Appendix E

Exposure Determination Worksheet
Bloodborne Pathogens Exposure Control Plan

The completion of this form is optional. Please send completed form to your Program Manager and/or Human Resources:

Work Site: _____ *Date:* _____

Job Classification: _____

Tasks and Procedures:

_____
_____
_____
_____
_____
_____

Exposure Risk (indicate if risk is routine or occasional):

_____
_____

Additional Comments:

_____
_____

Supervisor Signature: *Employee Signature:*

_____ _____

Received by: _____ *Date:* _____