EXPOSURE CONTROL PLAN
FOR
BLOODBORNE PATHOGENS

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BACKGROUND

The Federal Occupational Safety and Health Administration published the Occupational Exposure to Bloodborne Pathogens regulations (29 CFR 1910.1030) on December 6, 1991, culminating approximately 4 years of rule making. The standard went into effect on March 6, 1992, and all the provisions, including hepatitis B vaccination became effective by July 6, 1992. The standard applies to federal employees and to private sector employees in states without state OSHA programs.

The Division of Occupational Safety and Health, or Cal/OSHA, has jurisdiction in California for private sector employees and public sector employees other than federal employees. State programs are required to have standards at least as effective as federal standards. The Cal-OSHA bloodborne pathogens standard (8 CCR 5193) went into effect on January 8, 1993.

The standard covers all employees who could be reasonably anticipated as the result of performing their job duties to have occupational exposure (skin, eye, mucous membrane, or parenteral contact) to blood or other potentially infectious materials. The purpose is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

A list of the key provisions of the standard and the dates by which they must be implemented follows:
March 9, 1993

- Exposure Control Plan

April 8, 1993

- Information and Training

- RECORD KEEPING

May 8, 1993
- Engineering and Work Practice Controls
- Personal Protective Equipment
- Housekeeping
- Hepatitis B Vaccination and Post-Exposure
- Evaluation and Follow-up
- Labels and Signs

EXPOSURE CONTROL PLAN

I. INTRODUCTION

A. Purpose

The purpose of *Kern CCD* 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, Cal. Code Regs., tit. 8 sec. 5193.

B. Background

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

1. Hepatitis B virus (HBV), and Hepatitis C virus (HCV which causes hepatitis, a potentially fatal liver disease.

2. Human Immunodeficiency Virus (HIV), the cause of Acquired Immunodeficiency Syndrome (AIDS).

HBV, HCV 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 can occur is when an employee has an open sore or injury and is in contact with blood or other infectious material, or when an employee is not wearing the proper personal protective equipment to protect against contact with infectious material such as blood, human tissue or other body fluids that contain blood.

C. Management Commitment/Responsibility

The development and implementation of an exposure control plan requires the commitment of management and participation of all employees at every level within the district.

1. Policy Statement

It is the policy of *Kern CCD* to provide a safe and healthy work environment for all of its employees by minimizing expo-sure to bloodborne pathogens.

2. Responsibility
   a. It shall be the responsibility of Kern CCD Risk Management Department to review the district's bloodborne pathogen exposure control program annually. Whenever necessary, the Exposure Control Plan will be amended to reflect new or modified tasks and procedures, which affect occupational exposure.

   b. It shall be the responsibility of Kern CCD Risk Management Department to conduct facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.

   c. Kern CCD Risk Management Department shall coordinate, implement and monitor the training, vaccinations, post-exposure evaluation and follow-up, post-exposure prophylaxis, and RECORD KEEPING required annually to ensure compliance in accordance with bloodborne pathogens exposure control standards.

   d. The Kern CCD Risk Management Department is responsible for overseeing the implementation of the work practice controls at that site, which are discussed in Section IIIB.

   e. The Kern CCD Risk Management Department is responsible for assessing and selecting appropriate personal protective equipment.

   f. The Kern CCD Risk Management Department is 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.

   g. Kern CCD Risk Management Department is responsible for maintaining the training records outlined in Section VIII B.

II. EXPOSURE DETERMINATION

A. 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, 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 con-tact with blood or other potentially infectious materials that may result from the performance of an employee's du-ties." (Parenteral means piercing mucous membranes or the skin barrier 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.

B. Determination of Occupational Exposure

The Cal/OSHA regulations provide for the Hepatitis B vaccination of certain employees who may reasonably anticipate occupational exposure. Accordingly, it is the responsibility of the District 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.

In identifying the job classification, the District must specify the job tasks and procedures in which occupational exposure is reasonably anticipated to occur. These job classifications and related job tasks and procedures are identified in the list that follows, entitled "Job Classifications in Which Employees Have Occupational Exposure to Bloodborne Pathogens."

Consequently, Hepatitis B vaccinations shall be provided to those employees determined by the District to have occupational exposure to blood and other potentially infectious materials, and to be eligible for vaccination.

JOB CLASSIFICATIONS IN WHICH EMPLOYEES HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Below are listed the job classifications in Kern Community College District 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
BC Nurse/Dr/ Office Asst	BC Student Health Center
College Safety Officer I, II	Campus Patrol
_____	_____
_____	_____
_____	_____

III. HEPATITIS B VACCINATION PROGRAM

The school district recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, the district has implemented a Hepatitis B vaccination program, as well as set up 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 Section II Exposure Determination to identify those employees who will be offered the vaccination. The vaccination is a series of either two or three injections. Field trials of the vaccines have shown 80-90 percent efficacy in preventing infections.

Vaccination for employees with occupational exposure will be made available following the required Bloodborne Pathogens training and within 10 working days of initial assignment.

Vaccinations are performed under the supervision of a health care professional. Employees taking part in the vaccination program are listed on the "Employees Eligible for Hepatitis B Vaccination" form (see Appendix A). Employees who are eligible, but have declined to take part in the program are listed as well and have signed the "Vaccination Declination Form". (See Appendix A). The completed "Vaccination Declination Forms" [shall be maintained by the employer.] If any employee signs the "Vaccination Declination Form" but at a later date chooses to receive the vaccination, the district 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 material. 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 the performance of a "collateral" duty, and is not performed on a regular basis.

IV. METHODS OF COMPLIANCE

There are a number of areas that must be addressed in order to effectively minimize exposure to bloodborne pathogens in our district. These include:

A. Universal precautions

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

In the school setting, precautions shall include: hand washing, using gloves and other appropriate protective equipment, careful trash disposal and using an Environmental Protection Agency (EPA) approved disinfectant known to kill HBV, HCV and HIV. If injectables are given, use of safety syringes are recommended.

Universal precautions shall be used within the school setting 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.

B. Engineering and Work Practice Controls

Engineering controls means controls that isolate or re-move the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers). See Section III D on Contaminated Needles and Sharps.

Work practice controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

1. **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 school personnel and taught to students as routine hygienic practices.

   All employees shall wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately, or as soon as practicable, 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 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 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 in appropriate container. Apply hand cream after frequent hand washing. Use lotion to prevent skin irritation, breakdown and subsequent infection. In some situations running water is not available. Liquid disinfectant and/or towelettes should be substituted temporarily. (Employees with frequent exposure to body fluids should `not wear hand jewelry in the workplace.)

2. **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. Hand washing facility means a facility providing an adequate supply of running potable water, soap and single-use towels or hot air drying machines.

C. 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.).

All personal protective equipment used in Kern CCD 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 repaired or replaced as needed to maintain its effectiveness. Employees shall be responsible for notifying *Kern CCD Risk Management Department* 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 in accordance with biohazard rules and regulations. See Section G. Waste Disposal. Any garments penetrated by blood or other infectious materials will be removed immediately, or as soon as practicable. All potentially contaminated personal protective equipment will be re-moved prior to leaving a work area. Glasses, reusable gloves and barrier masks shall be decontaminated by the user by soaking in an EPA registered germicide or a fresh solution of one (1) part bleach to ten (10) parts water for at least five (5) minutes (if bleach is used, it must be mixed fresh daily).

Disposable (single-use) latex 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 in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms. Gloves shall also be used during decontamination procedures. In some instances, use of latex free gloves may be appropriate. (See Section IV.G Housekeeping for more information on decontamination.)

- Disposable (single-use) 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 com-promised.

D. 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 by 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 (e.g., health room, science classroom, etc.), replaced immediately when full and shall not be allowed to overfill. Full sharps containers may not be stored more than 7 days.

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 primary container must be placed in a secondary container if leakage is possible. The secondary container must be a container, which is closable, leak-proof, red and appropriately labeled (e.g., a red, labeled plastic bag).

The disposable sharps container shall be disposed of by hazardous waste disposal company. A backup sharps container shall be available at all times.

E. Waste Disposal

Disposal of contaminated sharps and other "regulated waste" must be in accordance with the Medical Waste Management Act ("Act"). (Health & Saf. Code, sec. 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 (see Appendix F for summary of the Act):

1. Biohazardous waste and
2. Sharps waste

Biohazardous waste is not normally found in the school setting. Biohazardous waste 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 (see Appendix A for sample biohazard labels), color coded red, plastic bags tied and trans-ported 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, and 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 containing non-fluid blood (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 wastes.

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.

F. 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.

G. 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 last cleaning. Contaminated furniture, toys, educational materials/equipment shall be decontaminated with an EPA registered germicide or a solution of one (1) part bleach to ten (10) parts water.

Equipment/tools which have become contaminated with blood or other potentially infectious materials shall be decontaminated by using an EPA registered germicide or a 1/10 bleach/water solution prepared daily. Equipment which becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

The school district shall assure that the work site is maintained in a clean and sanitary condition and shall determine and implement an appropriate cleaning schedule for rooms 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.

Custodial and maintenance 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 who are 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 use of an appropriate disinfectant.

H. **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 a minimum of agitation. Contaminated laundry should be bagged at the location of use in a biohazard labeled or color coded red, 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 where laundry is done. Universal precautions will be used at all times.

Each of these areas will be reviewed with employees during bloodborne pathogens related training (see Section VII Information and Training in this plan for additional information).

I. Labels and Signs

One of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, the district will implement a bio-hazard warning labeling program using labels of the type shown in Appendix A or when appropriate, using red "color-coded" containers.

The following items shall be properly labeled:

- Containers of regulated waste. (see Section III G on Waste Disposal).
- Sharps disposal containers.
- Contaminated laundry bags and containers
- Contaminated equipment. (e.g., athletic equipment, shop equipment)

V. FIRST AID INCIDENTS INVOLVING THE PRESENCE OF BLOOD OR INFECTIOUS MATERIAL.

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 an incident before the end of the work shift during which the first aid incident occurred. 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 infectious material, the Hepatitis B vaccination will be made available to the first aid providers who rendered assistance during the incident within 24 hours, regardless of whether an exposure incident occurred. See section regarding Hepatitis B Vaccination Program.

In the event that it is determined that the first aid incident also constituted an exposure incident, the procedures for post-exposure evaluation and follow-up, discussed below, shall be followed.

VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP.

It is the employee's responsibility to report the occurrence of an occupational exposure incident, before the end of the work day during which the incident occurred. 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. A description of the first aid incident, including:

    a. Whether potentially infectious materials were involved;
    b. Source of the blood or infectious material;
    c. Circumstances under which the incident occurred, i.e., accidental, 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.
5. The Hepatitis B vaccine was offered to the employee within 24 hours of the incident, whether an exposure occurred or not.

    The employee may use the Occupational Exposure Incident Form for preparing such a report, available in Appendix A.

    In response to a report of an occupational exposure incident, the district will:

    a. Investigate the circumstances surrounding the expo-sure incident; and
    b. 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:

        i. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

ii. Identification and documentation of the source individual, if feasible and not prohibited by state or local law.

Following such action, the *Kern CCD Risk Management Department* will seek to obtain the consent of the identified source individual to test that individual's blood to determine the presence of antibodies to the Human Immunodeficiency Virus, Hepatitis B or Hepatitis C Virus. Once consent is obtained, the testing shall be done as soon as is feasible.

The *Kern CCD Risk Management Department* will also seek to obtain the consent of the source individual for subsequent disclosure of the results of the above test by the health care provider and the employer, unless the source individual is already known to be infected. See the Source Individual Consent Form, the Authorization for Disclosure by Health Care Provider form, and the Authorization for Disclosure by School District form in Appendix A. If such consent is obtained, the results of the test will be made available to the exposed employee, accordingly. Districts must document the refusal of the source individual to provide such consent, in order to establish that consent cannot legally be obtained.

If the employee with occupational exposure consents, the district will also arrange to collect and test his or her blood for HBV, HCV and HIV status. In addition, an appointment will be arranged for the exposed employee with a qualified health care professional to discuss the employee's medical status.

Finally, the employee will be provided with an evaluation of any subsequent reported illnesses, which are related to the occupational exposure incident. The employee will also be provided with appropriate post-exposure prophylaxis and counseling.

District *Kern CCD Risk Management Department* will use the "Post-Exposure Report/Checklist" (see Appendix A) to verify that all the steps in the post-exposure process has been taken correctly.

VII. INFORMATION AND TRAINING

All employees who have the potential for exposure to bloodborne pathogens will be trained and furnished with as much information as possible on this issue. Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given initial or additional training which their new position requires at the time of their new job assignment.

A. TOPICS

The topics covered in our training program will include but not be limited to:

- An explanation of the symptoms and modes of transmission of bloodborne pathogens.
- An explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment.

- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, including its efficacy, safety and the benefits of being vaccinated.
- An explanation of the procedure to follow if a first aid incident involving the presence of blood, or an exposure incident occurs, method of reporting the incident, and the medical follow-up that will be made available.
- An explanation of the signs, labels, tags and/or color coding used to denote biohazards (e.g., contaminated sharps containers).
- An accessible copy of the Cal-OSHA standard and an explanation of its contents. (Cal-OSHA GISO 5193).
- An explanation of the district's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

(See Section VIII RECORD KEEPING for required records).

VIII. RECORD KEEPING

A. MEDICAL RECORDS

The district will establish and maintain a medical record on each employee identified in Section II Exposure Determination as having occupational exposure to bloodborne pathogens. These records will include the following information:

1. Name of the employee.
2. Social Security number of employees.
3. A copy of the employee's Hepatitis B Vaccination status or declination form.
   - Dates of any vaccinations
   - Medical Records relative to the employee's ability to receive vaccination.
4. Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens.
5. A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.
6. The employer's copy of the evaluating healthcare professional's written opinion following an exposure to bloodborne pathogens.

All medical records will be maintained in a confidential manner and retained for at least the duration of employment plus 30 years.

B. TRAINING RECORDS

Training records shall be maintained for **three years** from the date of training. The following information shall be documented:

1. The dates of the training sessions.
2. An outline describing the material presented.

3. The names and qualifications of persons conducting the training;
4. The names and job titles of all persons attending the training sessions.

These records will be kept *In the Kern CCD Risk management Office.*

EMPLOYEES ELIGIBLE FOR HEPATITIS B VACCINATION

EMPLOYEE	DEPARTMENT	ACCEPTED/ DECLINED	DATES SCHEDULED	INCULATION RECEIVED			ADMINISTERING HEALTH CARE PROFESSIONAL
				#1	#2	#3	

VACCINATION DECLINATION FORM

DATE:

EMPLOYEE NAME:

EMPLOYEE ID #

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

_____ _____

EMPLOYEE SIGNATURE DATE

_____ _____

DISTRICT REPRESENTATIVE SIGNATURE DATE

OCCUPATIONAL EXPOSURE INCIDENT REPORT FORM

[This form must be completed by each employee involved in an incident]

Name of Employee Exposed: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Potentially Infectious Materials Involved:

Type: _____ Source: _____

Circumstances (what was employee doing at time of incident): _____

_____

_____

How Did Incident Occur? (Accident, equipment malfunction, etc.): _____

_____

Personal Protective Equipment Being 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:

_____

_____

Date Form Completed: _____ Employee Signature: _____

Telephone No.: _____ Social Security No.: _____

Employee Address: _____

I was offered the HBV vaccine: _____

(Signature)

POST-EXPOSURE REPORT/CHECKLIST

Use this report as a checklist of POST-EXPOSURE EVALUATION and FOLLOW-UP PROCEDURES.

ACTIVITY	COMPLETION DATE
Employee furnished with documentation regarding exposure incident.	
Source individual identified. Name of source individual:	
Source individual's blood tested and results given to exposed employee. □ Check here if consent has not been able to be obtained.	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with health care professional. Professional's name:	
Documentation forwarded to health care professional: □ Bloodborne Pathogens Standard □ Description of exposed employee's duties □ Description of exposure incident, including routes of exposure □ Result of source individual's blood testing □ Employee's medical records	

HEPATITIS B VACCINATION STATUS FORM

IS THERE A MEDICAL REASON FOR EMPLOYEE NOT RECEIVING VACCINE: Yes _____ No _____

Explanation if YES:

_____

_____

_____

_____

HEPATITIS B VACCINATION RECORD

#1: _____ #2: _____
Date Date

#3: _____ #4: _____
Date Date

#5: _____
Date

ANTIBODY TEST RESULTS: _____ Date: _____

RISK OF EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS EXPOSURE DETERMINATION WORKSHEET

Work Site: _____

Employee Position Classification: _____

Tasks and Procedures: _____

_____

_____

_____

_____

Exposure Risk (Indicate if risk is routine or occasional): _____

_____

_____

_____

_____

Additional Comments regarding potential risks: _____

_____

_____

_____

_____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
RECORD OF BLOODBORNE PATHOGENS EXPOSURE AND TREATMENT

Exposed Employee's Name: _____

Employee's Social Security Number: _____ Date Exposed: _____

(Attach Supervisor's Investigation Report Form)

Name of Exposure Source: _____

Department: _____

Description of Exposure: _____

_____

_____

_____

_____

I (do) (do not) request to be evaluated and tested for HIV/HBV/HCV by a physician designated by *Kern CCD Risk Management Department* I understand that the testing is not mandatory and that all expenses for the testing will be paid by *Kern CCD* Following the initial HIV/HBV/HCV test, additional testing will be scheduled at 6 weeks, 12 weeks and 6 months to determine if a Bloodborne Pathogen has been transmitted. I understand that I will be provided the test results, counseled by a physician designated by *Kern CCD Risk Management Department* and that all information regarding the exposure, HIV/HBV/HCV testing and test results will remain confidential.

Employee Signature: _____ Date: _____

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
BLOODBORNE PATHOGENS TRAINING DOCUMENTATION

Name: _____

Job Title: _____ Social Security Number: _____

Trainer: _____

I have received training on the *Kern CCD* Exposure Control Plan for Bloodborne Pathogens. The contents on this training included:

- An accessible copy of the standard and an explanation of its contents
- Explanation of the epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- Explanation of exposure control plan and how to obtain a copy
- Recognition of tasks and activities that may involve risk of exposure
- Use and limitation of methods that will reduce or prevent exposure
- Universal precautions
- Engineering controls
- Explanation of signs, warning labels and/or color coded containers or bags
- 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 if an exposure occurs - reporting and medical follow-up
- Post exposure evaluation and follow-up

Trainer Signature: _____ Date: _____

Employee Signature: _____ Date: _____

SOURCE INDIVIDUAL CONSENT FORM

I, _____, have been identified as the source of blood or bodily fluid involved in an occupational exposure incident at _____, on _____, 20___.

Pursuant to Cal/OSHA regulations governing bloodborne pathogens, and the Exposure Control Plan enacted by _____ (Name of School District.), I have been requested to consent to the testing of my blood to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and the Hepatitis C Virus (HCV).

Accordingly,

_____ I refuse to grant my consent for such testing.

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

Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian's Signature if Minor: _____ Date: _____

Parent/Guardian's Printed Name if Minor: _____

AUTHORIZATION FOR DISCLOSURE BY HEALTH CARE PROVIDER OF THE RESULTS OF THE SOURCE INDIVIDUAL BLOOD TEST

1. This authorization for use or disclosure of the results of a blood test to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and the Hepatitis C Virus (HCV) is being requested of you to comply with the provisions of the Confidentiality of Medical Information Act, Civil Code section 56 et seq., and the Health and Safety Code section 199.21(g).

2. I, _____, hereby authorize _____ to furnish
(Name of Health Care Provider)
to: _____ and/ or _____
(Name or Title of Designated Representative of School District) (Name of Employee Involved in Occupational Exposure Incident)
the results of the blood test to detect the presence of HIV, HBV and HCV antibodies.

3. The requestor may use this information for any purpose, subject only to the following limitations:

   _____

   _____

4. This authorization shall become effective immediately and shall remain in effect indefinitely, or until _____, 20__.

5. I understand that the person(s) identified above, receiving the information identified above, may not further use or disclose the medical information unless another authorization is obtained from me, or unless such use or disclosure is specifically required or permitted by law.

6. I understand that I am entitled to a copy of this authorization upon my request.

Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian's Signature if Minor: _____ Date: _____

Parent/Guardian's Printed Name if Minor: _____

AUTHORIZATION FOR DISCLOSURE BY SCHOOL DISTRICT OF THE RESULTS OF THE SOURCE INDIVIDUAL BLOOD TEST

1. This authorization and consent for use or disclosure of the results of a blood test to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) is being requested of you to comply with the terms of the Confidentiality of Medical Information Act, Civil Code section 56 et seq., the Information Practices Act, Civil Code section 1798 et seq., Health and Safety Code section 199.21(g), Education Code section 49076, where applicable, and Article I, section 1 of the California Constitution.

2. I, _____, hereby authorize _____
(Title or Name of Designated Representative of School District to Which Disclosure of Medical Information was made.)

   to furnish to: _____
(Name or Title of Person to Receive Information)

   the results of my blood test to determine the presence of HIV antibodies or the Hepatitis B Virus.

3. The person(s) receiving this information may use the information for any purpose, subject only to the following limitations: _____

   _____

   _____

4. This authorization and consent shall become effective immediately, and shall remain in effect indefinitely, or until _____, 20__.

5. I understand the person(s) identified above, receiving the information identified above, may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

6. I further understand that I have a right to receive a copy of this authorization upon my request.

Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian's Signature if Minor: _____ Date: _____

Parent/Guardian's Printed Name if Minor: _____

COUNTY HEALTH OFFICERS*

Kern County
Kristopher Lyon, MD, FACEP
1800 Mt. Vernon Avenue, 3rd Floor
Bakersfield, CA 93306
Kern County Email
Office (661) 321-3000
Fax (661) 868-0261

*From the California Health Officers Directory, May 2025

EXAMPLE LETTER FROM DISTRICT ADMINISTRATION TO EMPLOYEES

MEMORANDUM

DATE:

TO:

FROM:

RE: PRECAUTIONS TO PREVENT THE SPREAD OF INFECTIOUS DISEASES IN THE SCHOOL SETTING

Health and Safety Code Section 199.82 requires school districts to provide annual information to all employees about general precautions school staff members can take to prevent the spread of ALL infectious diseases, with specific suggestions about HIV/AIDS and Hepatitis B infections.

Spread of Hepatitis B may occasionally occur in special education settings and classrooms attended by students who become Hepatitis B carriers while in the hospital or residential facilities. The risk of Hepatitis transmission in all classroom settings can be almost eliminated by good environmental and personal hygiene (Universal Precautions). A vaccine to prevent contraction of Hepatitis B is available through_____. Such vaccination of susceptible personnel and students can substantially reduce the risk of contraction of Hepatitis B.

Attached to this memorandum are guidelines for you to read. Because your continued good health is a concern to the district, it is recommended you incorporate the attached Universal Precautions into your daily routine.

Questions relating to Infectious Diseases should be directed to your personal physician or the County Health Department.

ATTACHMENT TO THE EXAMPLE LETTER FROM

DISTRICT ADMINISTRATION TO EMPLOYEES

PRECAUTIONS TO PREVENT SPREAD OF INFECTIOUS DISEASES
IN THE SCHOOL SETTING

*The California Department of Education and the National Center for Disease Control (CDC) recommend that schools implement procedures regarding the handling of body fluids. THE BODY FLUIDS OF ALL PERSONS SHOULD BE REGARDED AS POTENTIALLY INFECTIOUS. The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (*such as nasal drainage) and saliva.*

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. In the school setting, those precautions should include: hand washing, using gloves, careful trash disposal, using disinfectants, and modification of cardiopulmonary resuscitation (CPR).

HAND WASHING

1. Thorough hand washing 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 hygienic 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.
   - 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 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 the paper towel. Discard the towel.

5. Classroom instruction about proper hand washing 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, use 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 with a bloody nose, diapering). 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 bag, sealed and placed in a plastic bag labeled with the student's name. Send the bag home with the student.

TRASH DISPOSAL

1. Place soiled tissues, pads with gauze bandages, towels, etc., into a plastic bag and tie or seal the bag. Place it in a second plastic bag and leave unsealed.

2. If needles, syringes, or lancets are used in the school setting, arrange for a puncture-proof container. **Please discourage using lancets in the classroom.** 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 a 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 30 minutes and rinsed thoroughly before reusing.

2. After clean-up, remove gloves and wash hands.

3. If carpet is soiled, clean up immediately and disinfect with approved disinfectant.

WHAT IS HIV/AIDS INFECTION?

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

HOW IS HIV INFECTION SPREAD?

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 though 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.

Everyone infected with HIV, even a person without apparent symptoms, is capable of transmitting the infection. HIV infection is transmitted by:

1. Any sexual activity involving director contact with semen, blood or vaginal secretion of someone who is infected;

2. Sharing intravenous (IV) needles and/or syringes with someone who is infected;

3. Penetrating the skin with needles that have been used to inject an infected person;

4. Direct contact on broken skin with infected blood;

5. Receiving blood transfusion or blood products from someone who is infected (a screening test has been used since 1985 that has reduced the risk to 1 in 68,000 in California [AIDS Update, December 1988]; and

6. Being born to an infected mother.

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 percent of persons who become infected show symptoms of illness. The symptoms are like those of Hepatitis A and include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite and abdominal pain. In some patients the urine turns dark and the skin becomes yellow. The onset of symptoms may appear 6 weeks to 6 months after becoming infected with the virus. Death is un-common in Hepatitis B, but 5 to 10 percent of those infected become long term virus carriers. Up to 25 percent of carriers may develop serious, chronic liver disease.

Hepatitis B may occasionally occur in special education settings and classrooms attended by developmentally delayed students who became Hepatitis B carriers while in the hospital or residential facilities. The risk of Hepatitis transmission in these special education classroom settings can be almost eliminated by good environmental and personal hygiene (Universal Precautions). Hepatitis B vaccination of susceptible personnel and students can reduce the risk to virtually zero.

HOW IS HEPATITIS B SPREAD?

An infected person can transmit Hepatitis B as long as the virus remains in the blood. Transmission may occur as early as 4 weeks before any symptoms occur. A small number of people will carry the virus in their blood for years and are known as chronic carriers. Hepatitis B is transmitted by:

1. Sexual activity involving semen, blood, or vaginal secretions;

2. Sharing with someone who is infected, unsterile instruments used to penetrate the skin such as those used for tattooing, ear piercing, and razors.

3. Sharing intravenous (IV) needles and/or syringes with someone who is infected;

4. Direct contact of infected blood with mucous membranes of the eye or mouth;

5. Direct contact of infected blood with broken skin (e.g. cuts);

6. Accidental needle sticks with needles containing blood from a virus carrier;

7. Being born to an infected mother.

Bloodborne Pathogens
New Employee In-Service

Date: _____

Location: _____

Sign In

PLEASE PRINT

Name	Job Classification	Site

Bloodborne Pathogens In-Service Evaluation Form

Name (optional) :_____ Date: _____

1. What part of the presentation was most helpful to you?

2. What part was the least helpful to you?

3. What suggestions do you have for the presenter to make this an even better in-service in the future?

4. Was there time for your questions to be answered? Yes No

Comments:

Bloodborne Pathogens
HIV/AIDS and Hepatitis B (HBV)
Self Test

1. True False AIDS is a disease of gay and bisexual men only.
2. True False The Hepatitis B Virus is easily treated and cured.
3. True False HIV and HBV may be present in body fluids other than blood.
4. True False Anyone infected with HIV and HBV can transmit these viruses to others.
5. True False There is currently little chance of a person being infected with HIV or HBV through a blood transfusion in the United States.
6. True False Latex gloves and other personal protective equipment only needs to be worn to clean up bloody fluid if the person who is bleeding is known to be HIV or HBV infected.
7. True False Tests are currently available to determine if a person has been infected with HIV or HBV.
8. True False People infected with HIV or HBV always show some signs of illness.
9. True False HIV attacks the immune system.
10. True False Every time latex or utility gloves are removed, hands must be washed.
11. True False Broken glass and the exposed ends of dental wires are considered sharps.
12. True False Contaminated environmental surfaces are a major mode of HIV spread certain settings.
13. True False A 27 year- old person diagnosed with AIDS could have been infected with HIV while in high school.
14. True False HIV can cause many long lasting symptoms such as unexplained weight loss, swollen glands, and constant fatigue.
15. True False You can get HIV or HBV by donating (giving) blood.
16. True False The proper way to dispose of blood soaked bandages is put them into the regular trash.
17. True False Universal Precautions means treating the blood and body fluids of anyone aged 18 to 65 as if they were known to be infected with HIV, HBV, or other bloodborne pathogens.

Bloodborne Pathogens
HIV/AIDS and Hepatitis B (HBV)
Self Test - Answer Key

1. True **False** AIDS is a disease of gay and bisexual men only.
2. True **False** The Hepatitis B Virus is easily treated and cured.
3. **True** False HIV and HBV may be present in body fluids other than blood.
4. **True** False Anyone infected with HIV and HBV can transmit these viruses to others.
5. **True** False There is currently little chance of a person being infected with HIV or HBV through a blood transfusion in the United States.
6. True **False** Latex gloves and other personal protective equipment only needs to be worn to clean up bloody fluid if the person who is bleeding is known to be HIV or HBV infected.
7. **True** False Tests are currently available to determine if a person has been infected with HIV or HBV.
8. True **False** People infected with HIV or HBV always show some signs of illness.
9. **True** False HIV attacks the immune system.
10. **True** False Every time latex or utility gloves are removed, hands must be washed.
11. **True** False Broken glass and the exposed ends of dental wires are considered sharps.
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