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EXPOSURE CONTROL PLAN

FOR

BLOODBORNE PATHOGENS

Prepared For:

Santa Barbara Community College District

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TABLE OF CONTENTS

<u>Topic</u>	<u>Page</u>
BACKGROUND.....	1
EXPOSURE CONTROL PLAN	
I. INTRODUCTION.....	3
A. Purpose	3
B. Background	3
C. Management Commitment/Responsibility	4
II. EXPOSURE DETERMINATION	6
III. HEPATITIS B VACCINATION PROGRAM	7
IV. METHODS OF COMPLIANCE.....	8
A. Universal precautions	8
B. Engineering Controls and Work Practice Controls	9
C. Personal Protective Equipment.....	11
D. Contaminated Needles and Sharps	12
E. Waste Disposal.....	13
F. Work Area Restrictions	14
G. Housekeeping Practices	15
H. Laundry Procedures	16
I. Labels and Signs	16
V. FIRST AID INCIDENTS INVOLVING THE PRESENCE OF BLOOD OR INFECTIOUS MATERIAL.....	17
VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP	18
VII. INFORMATION AND TRAINING	20
VIII. RECORD-KEEPING	21
A. Medical Records	21
B. Training Records.....	21
IX. Appendix	23

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 rulemaking. 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

July 1,1999

- Needleless systems, needle devices with engineered sharps injury protection
- Sharps Injury Log
- Addition of Hepatitis C, or (HCV) as a specifically identified bloodborne pathogen

December 2002

- Revised

July 2005

- Reviewed

March 2008

- Program Operations transferred to Risk Management
- Forms updated

July 2008

- Spanish Language Translation

October 2009

- Forms updated

November 2009

- Reviewed and Amended protocol on waste handling.

EXPOSURE CONTROL PLAN

I. INTRODUCTION

A. Purpose

The purpose of the **Santa Barbara Community College District** 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, Calif. Code Regs., Title. 8, § 5193.

B. Background

Blood and body fluids may contain pathogens which are small organisms that can cause serious disease. Three 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).
3. Hepatitis C virus (HCV), chronic liver disease, potentially fatal.

HBV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin. HCV is carried in the blood, usually caused by injection-drug use. **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. In addition, there is potential exposure from needles and sharps to employees in the Health and Wellness office, Associate Degree Nursing and Vocational Nursing programs, and biology laboratories.

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 the **Santa Barbara Community College District** to provide a safe and healthy work environment for all of its employees by minimizing exposure to bloodborne pathogens.

2. Responsibility

a. It shall be the responsibility of the **Risk Manager**, the **Facilities/Safety/Security Committee**, and **Director of Student Health Services (or designee)** to review the District's Bloodborne Pathogen Exposure control program on an annual basis. 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 the **Risk Manager or designee** to conduct facility audits to assess exposure control compliance, including examination of engineering controls on an annual basis to ensure their effectiveness.

- c. The **Director of Risk Management or designee** 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. Records stored in Administrative Services office.
- d. The **department chair or department head of each affected department** is responsible for overseeing the implementation of the work practice controls at that site, and to follow up with staff regarding compliance of Exposure Control Plan, which are discussed in Section IV.
- e. The **Safety and Security Committee** and the **Director of Risk Management or designee** are responsible for assessing and selecting appropriate personal protective equipment.
- f. The **department chair or department head of each affected 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. The **Director of Risk Management or designee** 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 contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." (Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, 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 Appendix B.

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.

III. HEPATITIS B VACCINATION PROGRAM

The 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 in **Level I** who have potential occupational exposure to bloodborne pathogens.

Refer to Appendix B to identify those employees referenced in **Level I** who will be offered the vaccination. The vaccination is a series of three injections at zero, one, and six months.

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

Vaccinations are to be performed under the supervision of a health care professional. Employees/Positions who are eligible for 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 shall sign a "Vaccination Declination" form (see Appendix A). The District shall maintain for all those who have received or declined vaccination. 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 secondary 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 secondary 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

A universal precaution is 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 setting, precautions shall include: hand washing, using gloves and other appropriate protective equipment, careful trash disposal, and using disinfectants.

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 remove the bloodborne pathogens hazard from the workplace, (e.g., sharps disposal containers) (see Section IV, 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. Sharps Injury Protection: To increase protection from sharps injuries, which can transmit bloodborne pathogens in the workplace use needleless systems; needle devices with engineered sharps injury protection; retractable, disposal lancets; and non-needle sharps with engineered sharps injury protection.
2. 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 appropriately. 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, and regular hand washing should be done as soon as possible. (Employees with frequent exposure to body fluids should not wear hand jewelry in the workplace.)

3. 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 the **Santa Barbara Community College District** 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 **their immediate supervisor/administrator** 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 Appendix D, Handling of Waste) 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 removed 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.

Disposable (single-use) latex gloves (non-latex gloves are available to those with allergies) 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. (See Section IV-H, 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 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 by utilizing any mechanical means, such as a broom, dustpan or tongs. Gloves should be worn during this procedure.

All sharps and needles shall comply with engineered sharps injury protection regulations.

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.

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 in an approved container for

subsequent disposal by the Facilities and Operations Department. A back-up 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 & 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. (see Appendix D, Handling of Waste)

Medical waste under the Act consists of (see Appendix F for summary of the Act):

1. Biohazardous waste
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 C for sample biohazard labels), color-coded red, 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, 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 wastebaskets 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 potential 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 or autoclaving. Equipment which becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

The 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.

All wastebaskets should be lined with a disposable plastic bag. In areas where blood is present, physical care is provided or personal care occurs (e.g., health office, restrooms, locker rooms, science classrooms, etc.), disposable plastic bags should be replaced daily.

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 is biohazard labels. Because of this, the **District** will implement a biohazard warning labeling program using labels of the type shown in Appendix C or when appropriate, using red "color-coded" containers.

The following items shall be properly labeled:

- Containers of regulated waste (see Section IV-E, 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 a significant amount of blood or other potentially infectious material, regardless of whether an actual exposure incident has occurred, have a duty to report such an incident as soon as possible but no later than 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. (see Appendix A, sample forms) 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 III, 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 as soon as possible but no later than the end of the workday 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
 - f. Description of the sharp which was involved in the incident (if applicable)This shall be recorded in the Sharps Injury Log. (see Appendix A)

The employee may use the Bloodborne Pathogen Exposure Investigation form for preparing such a report, available in Appendix A.

In response to a report of an occupational exposure incident, the **District** 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 the circumstances under which the exposure incident occurred;
 - b. Identification and documentation of the source individual, if feasible and not prohibited by state or local law.

Following such action, the **College Nurse, Risk Manager or Security Supervisor** 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 or Hepatitis B Virus. Once consent is obtained, the testing shall be done as soon as is feasible.

The **College Nurse, Risk Manager or Security Supervisor** 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 Appendix A, Source Individual Consent form, the Authorization for Disclosure by Health Care Provider form/Authorization for Disclosure by SBCC District). If such consent is obtained, the results of the test will be made available to the exposed employee, accordingly. The **District** 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 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.

The **District** shall offer repeat HIV testing to the exposed employee at designated intervals post-exposure and periodically as recommended by the assessing medical professional. (i.e., 12 weeks and 6 months after exposure.)

Follow-up of the exposed employee shall include counseling, medical evaluation of any acute febrile illness that occurs within 12 weeks post-exposure, and use of safe and effective post-exposure measures according to the recommendations for standard medical practice.

District **Director of Student Health Services or Risk Manger** will use the "Post-Exposure Report/ Checklist" (see Appendix A) to verify that all the steps in the post-exposure process have 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 information 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). (see Appendix F)
- 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)

Note: The training must provide an opportunity for interactive questions and answers with the person conducting the training sessions.

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.

- Name of the employee.
- Social Security number of the employee.
- 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.
- 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.
- A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.
- 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; and
4. The names and job titles of all persons attending the training sessions.

These records will be kept at the **Administrative Services**.

APPENDICES

- A. Sample Forms
- B. Job Classification
- C. Biohazard Warning Label
- D. Handling of Waste-Policy & Procedure
- E. Post-Exposure Protocol
- F. California Code of Regulations: Bloodborne Pathogens Standard, Title 8, Section 5193