

Exposure Control Plan **(Bloodborne Pathogen Manual)**



California State University, Chico

**The Department of Environmental Health and Safety
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TABLE OF CONTENTS

<u>Section</u>		<u>Page</u>
1.0	Introduction	1-1
2.0	Overview of Bloodborne Pathogens	2-1
2.1	Hepatitis A	2-1
2.2	Hepatitis B	2-1
2.3	HIV	2-1
3.0	Exposure Control.....	3-1
3.1	Exposure Determination	3-1
3.2	Hepatitis B Vaccination Procedures	3-1
3.3	Engineering and Workplace Controls.....	3-2
3.4	Universal Precautions	3-3
3.5	Laundry Procedures.....	3-6
4.0	Training and Education.....	4-1
4.1	Personnel Trained	4-1
4.2	Conditions of Training	4-1
4.3	Training Program Content.....	4-1
5.0	Recordkeeping	5-1
6.0	Post-Exposure Evaluation and Follow-up	6-1
7.0	Information Provided to the Healthcare Professional.....	7-1
8.0	The Healthcare Professional's Written Opinion	8-1
9.0	Glossary	9-1
10.0	Attachments	10-1
	Attachment 1 Hepatitis B Vaccination Authorization Form	10-2
	Attachment 2 Checklist for Compliance	10-3
	Attachment 3 Hepatitis B Vaccination Declination (Mandatory).....	10-6

1.0

INTRODUCTION

In September, 1986, California Division of Occupational Safety and Health Administration, Department of Industrial Relations (Cal/OSHA) were petitioned by various unions representing healthcare employees to develop an emergency temporary standard to protect employees from occupational exposure to bloodborne diseases. The agency decided to pursue the development of Section 6 (b) to the Act Standard and published a proposed rule on May 30, 1989.

The agency also concluded that the risk of contracting the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) among members of various occupations within the healthcare sector required an immediate response and, therefore, issued Cal/OSHA Instruction CPL 2-2.44 on January 19, 1988. That instruction was canceled by CPL 2-2.44A on August 15, 1988 and, subsequently, CPL 2-2.44B was issued on February 27, 1990.

On December 6, 1991, the agency issued its final regulation in occupational exposure to bloodborne pathogens (29 CFR 1910.1030). Based on a review of the information in the rule-making record, Cal/OSHA has determined that employee's face a significant health risk as the result of occupational exposure to blood and Other Potential Infectious Materials (OPIM) because they may contain bloodborne pathogens. These pathogens include HBV which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immunodeficiency Syndrome (AIDS). The agency further concluded this hazard can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccinations, signs and labels, and other provisions.

This manual was developed to comply with State and Federal Regulations and to inform CSU, Chico, employees about the University's bloodborne pathogen Exposure Control Plan. The primary purpose of the Plan is to assure the well-being and to protect the safety and health of CSU, Chico, employees. The intent of Bloodborne Pathogen policies is to reduce the risk of on-the-job exposure to bloodborne diseases.

This manual includes the following information:

- An overview of bloodborne pathogens;
- Exposure control, including Universal Precautions, engineering and workplace controls, personal protective equipment, hand washing, sharps precautions, resuscitation equipment, housekeeping, and laundry;
- Training and education;
- Recordkeeping;
- Post-exposure evaluation and follow-up.

Employees are required to follow the guidelines and procedures set-forth in this plan. Employees should read this manual carefully, and any questions regarding the contents of this plan should be brought to the attention of their immediate supervisors.

2.0 OVERVIEW OF BLOODBORNE PATHOGENS

2.1 Hepatitis A

Hepatitis is categorized into several distinct forms. Hepatitis A accounted for approximately 28,500 cases in 1988. There were 23,200 cases of Hepatitis B reported in 1988, as well as 2,620 cases of Non-A/Non-B, and 2,470 cases of unspecified diagnoses. The United States Public Health Services (USPHS) believes that the actual number of infections is many times the reported number.

Hepatitis A is a viral infection caused by a picornavirus and is commonly transmitted by fecal-oral contact. Therefore, Hepatitis A will not be considered in this plan as a bloodborne pathogen.

2.2 Hepatitis B

Hepatitis B (HBV) is caused by a specific virus known as a DNA virus. The incubation period can be as long as 160 days, with an average of 120 days. Symptoms and signs include anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice. Chronic carriers of the disease are common, mostly in younger individuals. Carriers are capable of passing the disease to others through blood and body fluids. An estimated 300,000 people in the United States are infected with the virus annually, and as many as 100,000 may be carriers.

HBV is commonly transmitted through the use of contaminated needles or sexual contact. Transmission through blood transfusion is rare because of donor and blood supply screening. Transmission through close personal contact is also possible.

Workers exposed to infected blood are the most at risk. The USPHS lists those at highest risk as medical and dental employees, and staff in institutions and classrooms for the mentally retarded. Vaccines are available for prevention and post-exposure situations as discussed in Section 3.2.

2.3 HIV

HIV is transmitted through sexual contact or exposure to infected blood. Although the virus has been found in many body fluids, it is most commonly transmitted by contact with contaminated blood, semen, and vaginal secretions. The reservoir of infection in the United States is increasing annually. The potential risk for a healthcare worker contracting HIV is also increasing. There is currently no vaccine for HIV.

3.0

EXPOSURE CONTROL

The standard involving bloodborne pathogens requires employers establish a written plan for the control of exposure to these pathogens. This includes a determination of campus personnel who could potentially be exposed. Also, vaccination procedures, Universal Precautions, and workplace controls are outlined in the written plan and should be followed by all campus personnel.

3.1 Exposure Determination

The standard defines occupational exposure to bloodborne pathogens as "any 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."

The University has determined that the following job classifications and responsibilities include employees with potential occupational exposure:

- Physicians
- Registered Nurses
- Nurse Practitioners
- Employees in clinical and diagnostics labs
- Custodial staff
- Personnel in laundries that serve healthcare personnel
- Employees handling medical (biohazardous) waste
- Medical or dental equipment service personnel
- Emergency response personnel (e.g., EMT, Paramedics)
- Campus Police
- Coaches
- Trainers
- Lab technicians and faculty who handle blood or infectious materials
- Employees trained in first aid and who are exposed or authorized to render first aid in an emergency situation as a part of their job duties.

Note: Exposure determination must be made without regard to the use of personal protective equipment.

3.2 Hepatitis B Vaccination Procedures

3.2.1 The University shall follow the regulations concerning the management of the vaccination and follow-up programs.

3.2.2 The requirements for vaccination and post-exposure evaluation and follow-up, including prophylaxis, are as follows:

- Available at no cost to the employee;
- Available at a reasonable time and place;
- Provided under the supervision of a licensed physician or other licensed healthcare worker;

- Provided according to the recommendation of the USPHS, and all lab tests conducted by an accredited laboratory.

3.2.3 Employees shall contact the Department of Environmental Health and Safety (EHS) at ext. 5126 for approval to receive these services. Upon receiving authorization, employees can receive the immunization from the Student Health Center. Upon your request, you will be provided with a completed copy of the Hepatitis B Vaccination Authorization Form after your vaccination. A copy will also be provided to EHS.

3.3 Engineering and Workplace Controls

Whenever practical and feasible, engineering controls shall be used as a first line of defense against occupational exposure to bloodborne pathogens. Work practice controls reduce employee exposure in the workplace by either removing or isolating the employee from exposure.

Technology is not currently available for needleless systems. Until such time needleless systems are utilized, needles with Engineered Sharps Injury Protection shall be used.

The following engineering and workplace controls shall be used to eliminate or minimize employee exposure:

- Inspections of the workplace shall be conducted in accordance with the University's Injury Illness and Prevention Plan (IIPP). The inspection shall include the date, employee making the inspection, findings, repair verification (if needed) and signature of employee conducting the inspection. The supervisor is responsible for conducting the inspection. An inspection form may be found in Attachment 2.
- Hand washing facilities shall be readily available. Hand washing will be done as soon after hand contamination as possible. If water is not available, an antiseptic hand cleaner must be used with clean cloths, paper towels, or antiseptic towelettes.
- Shearing and breaking of contaminated needles is prohibited.
- Bending, recapping, or removal of contaminated needles by hand is prohibited.
- Reusable sharps should not be reused unless it is required by a specific procedure. If the reusable sharp is a needle, then recapping the needle cannot employ a two-handed technique. (A one-handed technique may be used.)
- Contaminated clothing and equipment must be removed before entering a food consumption area.
- Contaminated surfaces and work areas where employees eat and drink must be separated from contaminated work areas by a partition.

- Splattering or the generation of droplets or aerosols, or the generation of droplets or aerosols of contaminated material must be avoided. Where such a potential exists, face and eye protection is required.
- Contaminated reusable equipment must be decontaminated to the extent possible by employees with appropriate personal protective equipment. This shall be done by following the disinfection procedures contained in the Medical Waste Manual.
- Personal protective clothing must be worn to prevent body contamination and shall be provided by the employer.
- Personal protective equipment (splash shields, clothing, gloves, etc.) must not be taken home by the employees and shall remain at work.
- Splashes on protective clothing should be inspected for liquid that has soaked through the clothing.

3.4 Universal Precautions

3.4.1 The term "Universal Precautions" refers to a system of infection control that assumes that every direct contact with body fluids is potentially infectious. This concept requires that all employees who may incur direct contact with body fluids be protected as though such body fluids were HBV or HIV infected. In this context, occupational exposure can be defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, blood-tinged body fluids, or other potentially infectious materials. Potentially infectious materials include the following:

- Blood;
- Body fluids: semen, vaginal secretions, pleural fluid, cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Tissues and organs (prior to fixation);
- HIV and HBV cultures;
- Other body substances, including feces, urine, and vomitus are not included, unless they contain visible blood. Under the regulations, employees in any occupation where they are directly exposed to body fluids are considered to be at risk of occupational exposure to HBV and/or HIV. As such, they are required to comply with Universal Precautions and their employers must comply with all aspects of the regulations as well.

Universal Precautions include the use of personal protective equipment, hand washing, sharps precautions, resuscitation equipment, housekeeping procedures and laundry procedures.

3.4.2 Personal Protective Equipment

In those areas where there is occupational exposure, personal protective equipment (PPE) will be provided at no extra cost to the employees. Personal Protective Equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and duration of time the personal protective equipment will be used. The following personal protective equipment procedures will be implemented:

- * Gloves
 - Personal protective gloves shall be available to employees;
 - Because not all gloves are completely impermeable, hand washing after glove removal is required;
 - Gloves shall be inspected for wear and discarded if the integrity of the glove barrier is compromised;
 - Disposable gloves shall never be reused;
 - Each department is responsible for analyzing employee tasks and the type of exposure expected in order to select personal protective clothing and equipment which will provide adequate protection. These items may include gowns, aprons/laboratory coats, clinic jackets, surgical caps, and shoe covers. This will be accomplished in view of the fact that there is no standardized method of testing and classification of the resistance of clothing to biological hazards.
- Masks/Protective Eye Wear
 - The use of masks and protective eye wear to cover the nose, eyes and mouth is intended to reduce the risk of contaminated body fluids from coming into direct contact with the mucous membranes of either the oral cavity, the eyes, or the respiratory tract. In general, the use of masks and eye wear is necessary in any patient care setting in which the possibility of aerosolization or spattering of blood or body fluids is considered likely. Such attire **is not** required for routine patient care.
- Surgical Caps/Shoe Covers/Gowns
 - Reusable surgical caps and shoe covers must be washed as soon as feasible if contaminated with blood or body fluids;
 - Gowns and aprons must be appropriate for the procedure involved. The type and characteristics depend upon the task and degree of exposure anticipated;
 - Gowns and other protective clothing must not permit blood or body fluids to pass through and reach undergarments, skin, mouth, eyes, etc. under normal conditions of use;
 - All items of personal protective equipment must be removed prior to leaving the work area.

3.4.3 Hand Washing

Hands and other skin surfaces must be washed as soon as feasible if contaminated with blood or body fluids. The use of gloves **does not** preclude the necessity for hand washing. When hand washing facilities are not available, antiseptic hand cleaners or towelettes must be provided. Hands shall be washed with soap and running water as soon as feasible.

3.4.4 Sharps Precautions

Needles shall not be purposely bent or broken by hand. Contaminated sharps shall not be recapped unless required by a specific medical procedure. Such recapping should not employ a two-handed manual technique. Sharps containers must meet the following requirements:

- Must be located so that employees will not have to walk long distances with used syringes;
- Must be inspected regularly;
- Must be readily and easily accessible, closable, puncture resistant, and leak proof on the sides and bottom;
- Must not be overfilled;
- Must be labeled and color-coded;
- Must be closed immediately prior to removal or replacement;
- Must be placed in a biohazard bag for disposal.

3.4.5 Resuscitation Equipment

Pocket masks and resuscitation bags must be provided in strategic locations and to key personnel.

3.4.6 Housekeeping Procedures

The following general housekeeping steps shall be taken in the event of potential contamination of the work environment:

- The University shall follow the disinfection procedures contained in the Medical Waste Manual. These disinfectants shall be used whenever work surfaces or other items have become contaminated;
- Temporary protective coverings that have been contaminated shall be replaced as soon as it is feasible;
- Broken glassware, which may be contaminated, shall not be picked up with bare hands, nor shall any employee reach into a container of broken glassware;
- Medical (biohazardous) waste shall be disposed of according to the guidelines set forth in the Medical Waste Manual.

Medical waste includes the following categories and shall be referred to as biohazardous waste throughout this plan:

- Liquid blood or Other Potentially Infected Material (OPIM);

- Items contaminated with blood or OPIM that would release the blood if squeezed or shaken;
- Items caked with dried blood or OPIM that could be released if handled;
- Contaminated sharps;
- Pathological and microbiological wastes.

3.5 Laundry Procedures

3.5.1 Handling Contaminated Laundry

Laundry shall be handled as follows when garments are being sent off-site to a commercial launderer:

- Contaminated laundry shall be bagged by employees utilizing proper personal protective equipment, and bagged with consideration for outside contamination and proper labeling;
- Contaminated laundry shall be handled as little as possible with a minimum of agitation;
- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use;
- The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3.5.2 Transporting Laundry to a Commercial Launderer

Laundry shall be transported as follows:

- When contaminated laundry is transported off-site, it should be noted that the receiving facility may not practice Universal Precautions. Proper labeling should reflect this according to applicable regulations.
- Contaminated laundry shall be placed and transported in bags or containers labeled and color-coded in accordance with the Bloodborne Pathogen Standard. When a facility utilizes Universal Precautions in the handling of soiled laundry, alternative labeling and color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions;
- Whenever contaminated laundry is wet and presents reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior;
- When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled and color-coded in accordance with the Bloodborne Pathogen Standard.

4.0

TRAINING AND EDUCATION

4.1 Training

Training and education programs are provided by EHS to all employees who may be exposed to blood or other body fluids potentially contaminated with HIV or HBV.

Supervisors are required to notify EHS when an employee's job classification changes to include potential exposure to bloodborne pathogens. Such determination needs to be made without regard to the use of personal protective equipment.

4.2 Conditions of Training

Training is provided under the following conditions:

- Upon initial employment, and annually thereafter; and when new tasks are introduced that affect exposure to bloodborne pathogens;
- During working hours and at no cost to the employee;
- In person by an individual knowledgeable in the subject matter being presented;
- Material must be appropriate in content and vocabulary to the educational level, literacy and language of employees.

4.3 Training Program Content

Program content of these educational offerings assures that all such employees:

- Receive training on precautionary measures, epidemiology, modes of transmission, symptoms, and prevention of HIV and HBV;
- Are informed of their right to receive an HBV vaccination;
- Are informed regarding the location and proper use of personal protective equipment (e.g., gloves, gowns, etc.);
- Understand and employ "Universal Precautions;"
- Are trained about the meaning of labeling and color-coding;
- Understand procedures to be followed pending occupational exposure to blood or body fluids;
- Are trained to properly and safely use a blood/fluid spill kit, if available;
- Understand engineering and work practice controls for bloodborne pathogens;
- Understand proper disposal of biohazardous waste;
- Have access to a copy of the regulatory text of the standard and the Exposure Control Plan;
- Have an opportunity to review the training material with their supervisor or other knowledgeable individuals.

5.0

RECORDKEEPING

Recordkeeping and documentation must assure the following:

- Records are kept by the department on Hepatitis B vaccinations and post-exposure follow-up;
- Records are confidential and maintained for the duration of employment plus 30 years. They shall include employee name, social security number, Hepatitis B vaccination status (including date), results of examinations, testing, and follow-up;
- Training records will be maintained by EHS for three (3) years. Such records must include dates, content, identification and job titles of attendees, and identification and qualifications of facilitators.

POST-EXPOSURE EVALUATION AND FOLLOW UP

6.0

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

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by State or local law;
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented;
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated;
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- Employees who refuse to receive a post-exposure medical evaluation must sign the "Post-exposure Medical Evaluation for Human Immunodeficiency and Hepatitis B Declination" form (see Attachment 3). Further, exposed employees who refuse to receive a Hepatitis B vaccine must sign the "Hepatitis B Vaccination Declination" form unless they have previously received the Hepatitis B vaccination (see Attachment 3);
- Medical evaluations and procedures (including the Hepatitis B vaccine and post-exposure prophylaxis and follow-ups) must be performed by or under the supervision of a licensed physician or by or under the supervision of another appropriately trained and licensed healthcare professional;
- Collection and testing of blood for HBV and HIV serological status shall be performed in the following manner:
 - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
 - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be performed as soon as feasible;
 - Additional collection and testing shall be made available as recommended by the Public Health Service.

- Post-exposure prophylaxis, when medically indicated, as recommended by the U. S. Public Health Service;
- Counseling;
- Evaluation of reported illnesses.

7.0

INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

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

- A copy of the Exposure Control Plan;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, are the employer's responsibility to maintain.

THE HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

8.0

The healthcare professional's written opinion to the employer for a Hepatitis B vaccination shall be limited to whether the Hepatitis B vaccination is indicated for an employee, and if the employee has received such a vaccination. The healthcare professional's written opinion to the employer for post-exposure evaluation and follow-up shall be limited to the following information:

- The results of the evaluation;
- Any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

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

Upon request, employees may receive a complete, confidential copy of their medical findings from the healthcare professional within 15 days of the completion of the evaluation. Records also may be made available to State and Federal Cal/OSHA, NIOSH, and anyone with the employee's written consent, but not the employer.

9.0

GLOSSARY

Biohazard Bag

A disposable red bag which is impervious to moisture and has a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling of the waste-filled bag. A biohazard bag shall be constructed of material of sufficient single thickness strength to pass the testing procedures prescribed by the American Society for Testing and Materials and certified by the bag manufacturer.

Biohazardous Waste

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or semi-liquid blood 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.

Blood

Meaning human blood, human blood components, and products made from human blood.

Bloodborne Pathogens

Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HBV and HIV.

Contaminated

The presence or the reasonably anticipated presence, of blood or other potentially infectious materials on a surface, on an item, or in an item.

Contaminated Laundry

Soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.

Emergency Response

The response by employees who are designated by their employer as emergency response personnel to fire, accident, earthquake, explosion, or other incidents.

Engineering Controls

Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogen's hazard from the workplace.

Exposure Incident

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand Washing Facilities

A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

NIOSH

The National Institute for Occupational Safety and Health, United States. Department of Health and Human Services or designated representative.

Occupational Exposure

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.

One-Hand Technique

Procedure wherein the needle of a reusable syringe is capped in a sterile manner after use. The technique employed shall require the use of only the hand holding the syringe, so the free hand is not exposed to the uncapped needle.

Other Potentially Infectious Materials

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as during an emergency response;

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral

Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE)

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

Source Individual

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma

victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions

An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique.)

10.0

ATTACHMENTS

Attachment 1	Hepatitis B Vaccination Authorization Form	10-2
Attachment 2	Checklist for Compliance	10-3
Attachment 3	Hepatitis B Vaccination Declination (Mandatory).....	10-6

ATTACHMENT 1

SECTION 10.1



Department of Environmental Health & Safety

AUTHORIZATION FOR HEPATITIS B VACCINATION

Section I: Employee Instructions

Upon receipt of the Authorization for Hepatitis B Vaccination, take the form with you to the Student Health Center located across the street from Whitney Hall. Vaccinations are given Monday through Friday before 11:00 a.m. (except Wednesday when the office opens at 9:30 a.m.) No appointment is necessary. If you have any questions, please call extension 5241. Be sure to identify yourself either as a CSU, Chico employee or student. Upon your request, you will be provided with a completed copy of the Authorization for Hepatitis B Vaccination form after your vaccination. A copy will also be provided to EHS.

Employee Name: _____
 Department: _____ Position: _____
 Supervisor: _____
 Employee Signature: _____ Date: _____

Section II: Environmental Health and Safety Authorization

_____ Date _____
 Director

Section III: Student Health Services – Vaccination Administrator

Vaccination Dates: (1) _____ (2) _____ (3) _____
 Vaccination Complete? Yes ___ No ___ Date: _____
 If "NO" please explain: _____

 Name and Title: _____
 Signature: _____

Section IV: Employee Hepatitis B Vaccination Declination

"I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline 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."

NAME: _____ (PRINT) _____ (SIGNATURE)
 DATE: _____

ATTACHMENT 2

SECTION 10.2



Department of Environmental Health & Safety

CHECKLIST FOR COMPLIANCE

The following generic checklist has been developed to help employers and employees comply with the Cal/OSHA enforcement procedures for Occupational Exposure to Bloodborne Pathogens. The questions that make up this list are based upon 9 CFR Part 1910.1030, December 6, 1991. This checklist is, however, only a guide and compliance with it does not necessarily assure full compliance with all Cal/OSHA standards pertinent to this area.

EXPOSURE DETERMINATION

YES NO

- | | | |
|--|-------|-------|
| 1. Is there a written list of job classifications in which all employees have occupational exposure? | _____ | _____ |
| 2. Is there a written list of job classifications in which some employees have occasional occupational exposure? | _____ | _____ |
| 3. Does this list specify such tasks and procedures? | _____ | _____ |

UNIVERSAL PRECAUTIONS

YES NO

- | | | |
|---|-------|-------|
| 1. Are gloves worn when | | |
| * direct invasive procedures are used? | _____ | _____ |
| * examining non-intact skin? | _____ | _____ |
| * examining the oral cavity, GI or GU tracts? | _____ | _____ |
| * the HCW has cuts, lesions, or dermatitis? | _____ | _____ |
| * working directly with contaminated instruments? | _____ | _____ |
| * performing phlebotomy? | _____ | _____ |
| 2. Are gloves of appropriate size, material, and quality? | _____ | _____ |
| 3. Are patient-care gloves used only once? | _____ | _____ |
| 4. Are masks and protective eye wear (with solid side shields) worn when spraying or spattering is anticipated? | _____ | _____ |
| 5. Are protective gowns/aprons used when spraying or spattering is anticipated? | _____ | _____ |

- | | | | |
|-----|--|-------|-------|
| 6. | Do protective gowns prevent strike-through for the procedure being used? | _____ | _____ |
| 7. | Is proper hand washing employed following exposure to blood or body fluids? | _____ | _____ |
| 8. | Are facilities available to conduct proper hand washing practices? | _____ | _____ |
| 9. | Are sharps containers puncture resistant? | _____ | _____ |
| 10. | Are sharps containers easily accessible in all patient care areas? | _____ | _____ |
| 11. | Do all sharps undergo proper disposal? | _____ | _____ |
| 12. | Are pocket masks and other resuscitation equipment strategically located and available to key personnel? | _____ | _____ |
| 13. | Are all items of personal protective equipment removed prior to leaving the work area? | _____ | _____ |

ENGINEERING AND WORK PRACTICE CONTROLS

YES NO

- | | | | |
|----|---|-------|-------|
| 1. | Are all areas maintained in a clean and sanitary condition? | _____ | _____ |
| 2. | Does the cleanup of spills involving blood or body fluids employ an appropriate disinfectant? | _____ | _____ |
| 3. | Is soiled linen | | |
| | * sorted or rinsed only in appropriate care areas (not in patient care areas)? | _____ | _____ |
| | * contained at the site of use? | _____ | _____ |
| | * placed in leak-resistant bags | _____ | _____ |
| 4. | Do biohazardous waste containers prevent leakage? | _____ | _____ |
| 5. | Is biohazardous waste tagged or color-coded? | _____ | _____ |
| 6. | Are employees aware of the meaning of color-codes (if used)? | _____ | _____ |
| 7. | Is there a written schedule for cleaning and appropriate disinfection of equipment and work surfaces? | _____ | _____ |

HEPATITIS B VACCINATION

YES NO

- | | | |
|--|-------|-------|
| 1. Is there an HBV vaccination and post-exposure follow-up program? | _____ | _____ |
| 2. Is a pre-exposure vaccine offered free of charge to all employees at risk of occupational exposure? | _____ | _____ |
| 3. Is there complete and detailed documentation maintained on all exposure events? | _____ | _____ |
| 4. Are all employees aware of the HBV vaccination program? | _____ | _____ |
| 5. Is prescreening required before HBV vaccination is afforded? | _____ | _____ |
| 6. Is the declination statement signed by all employees who choose to decline HBV vaccine? | _____ | _____ |

EDUCATION AND TRAINING

YES NO

- | | | |
|---|-------|-------|
| 1. Do all employees subject to occupational exposure | | |
| * receive annual training on the epidemiology, transmission and prevention of HIV and HBV? | _____ | _____ |
| * receive annual information on the location and proper use of personal protective equipment? | _____ | _____ |
| * understand and employ "Universal Precautions"? | _____ | _____ |
| * have access to a copy of the regulatory text of the Cal/OSHA standard? | _____ | _____ |
| 2. Does new employee orientation cover all aspects of the Exposure Control Plan? | _____ | _____ |
| 3. Do training records include date, content, identification/ title of employee and identification/qualifications of the facilitator? | _____ | _____ |

ATTACHMENT 3

SECTION 10.3



Department of Environmental Health & Safety

HEPATITIS B VACCINATION DECLINATION

This form is to be used in the event that an employee wishes to decline the Hepatitis B vaccination that has been offered to them, for any reason or due to an exposure event.

“I understand that due to my occupational exposure to blood or OPIM 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 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 OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.”

Name: _____

Signature: _____

Date: _____

.....



Department of Environmental Health & Safety

POST-EXPOSURE MEDICAL EVALUATION FOR HIV/HBV DECLINATION

This form is to be used in the event that an employee wishes to decline a post-exposure medical evaluation for HIV/HBV exposure that has been offered to them due to an exposure event.

Name: _____

Signature: _____

Date: _____