

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



California State University, Chico

The Department of Environmental Health and Safety

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Exposure Control Plan Record of Revisions

Revision	By	Date	Description of Revision
1	HS	7/15/18	<ul style="list-style-type: none">• Added Sections: Responsibilities, Communication of Hazards, Sharps Injury Log, and Program Evaluation, FMS-Grounds workers to Exposure Determination. Added HCV and removed HAV. Language changes. Reorganized and consolidated sections.• Removed Glossary.

Legend:

HS: Holly Swan, Industrial Hygienist/Environmental Programs Manager

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), Hepatitis C Virus (HCV) 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 Hepatitis B and Hepatitis C, both of which cause serious liver disease, and HIV, which causes Acquired Immunodeficiency Syndrome (AIDS). The agency further concluded this hazard can be minimized or eliminated by 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 (California Code of Regulations, Title 8, Section 5193) 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.

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 B

An estimated 21,000 people in the United States are infected with the Hepatitis B virus (HBV) annually. An estimated 850,000 - 2.2 million persons in the U.S. have chronic HBV infection. The average period from exposure to symptom onset is 60-150 days. HBV can survive outside the body for 7 days. Symptoms and signs include anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice.

HBV is commonly transmitted through the use or prick of a contaminated needle, birth from an HBV-infected mother and 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 CDC lists those at highest risk as medical and dental employees, and staff in institutions and classrooms for the mentally disabled. Vaccines are available for prevention and post-exposure situations as discussed in Section 4.2.

2.2 Hepatitis C

Approximately 40,000 people are infected with the Hepatitis C virus (HCV) each year in the United States. 75-85% of those infected become chronic cases with the potential of developing liver disease and liver cancer. Approximately 3.5 million people in the United States have chronic HCV. The period from exposure to symptom onset is 2-26 weeks. HCV can live outside the body for up to 3 weeks. Symptoms include fever, fatigue, abdominal pain, loss of appetite, nausea, vomiting, joint pain and jaundice of skin, although some people may be asymptomatic.

HCV is usually transmitted through the use or prick of a contaminated needle and birth from an HCV-infected mother. Transmission through blood transfusion is rare. Transmission through sharing of personal items contaminated with infectious blood, such as razors and toothbrushes is rare, but possible.

According to the CDC, the risk for HCV infection from a needle stick exposure to HCV-contaminated blood is 0.1%. Although considered to be low risk of transmission, exposure to blood by splashes to the eye is possible. There currently in no vaccine available for HCV.

2.3 HIV

HIV is transmitted through sexual contact or exposure to infected blood, typically through a needle prick. According to the CDC Health care workers who are exposed to a needle stick involving HIV-infected blood at work have a 0.23% risk of becoming infected. There is currently no vaccine for HIV.

3.0

RESPONSIBILITIES

3.1 Environmental Health and Safety

- Develop, implement, and update, as necessary, a written Exposure Control Plan.
- Provide initial and annual exposure control training.
- Coordinate and maintain paperwork for employee for Hepatitis B vaccination or declination and Post Exposure Evaluations and Follow-up or declination.
- Maintain copies of Sharps Injury Log.

3.2 Supervisors

- Identify those employees that may need bloodborne pathogen training and Hepatitis B vaccination.
- Notify EHS if there are any changes to work environments that may present new exposure to bloodborne pathogens.
- Provide the resources necessary to ensure that personal protective equipment is available to all affected employees.
- Ensure that proper administrative and engineering controls are provided in workplace areas.
- Perform inspections of workplace area.
- Ensure that all exposure incidents are documented and reported to EHS.

3.3 Employees

- Complete annual training.
- Understand the applicable components of the Exposure Control Plan.
- Adhere to the practice and procedures of Universal Precautions.
- Report any exposure, accident, or injury to their supervisor.
- Obtain a Hepatitis B vaccination if elected or return declination to EHS.

4.0

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.

4.1 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
- Nurses
- Nurse Practitioners
- Employees in clinical and diagnostics labs
- Custodial staff
- Facilities Management and Service Groundswokers
- Employees handling medical (biohazardous) waste
- Medical or dental equipment service personnel
- 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.

4.2 Hepatitis B Vaccination

The University will make the Hepatitis B vaccine available to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. The vaccine will be made available at no cost to the employees, be performed by a licensed physician or healthcare provider, be made available to the employee at a reasonable time and place, and in accordance with the U.S. Public Health Service.

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 series at Enloe Occupational Health Center, 888 Lakeside Village Commons, located off of Bruce Road. Vaccinations are given Monday through Friday 8:00 a.m. to noon and 1:00 pm to 5:00 pm. No appointment is necessary.

If an employee chooses to decline the vaccination, a Declination must be signed and returned to EHS. If an employee initially declines the vaccination but at a later date decides to accept the vaccination, the University will make available the vaccination.

4.3 Universal Precautions

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, HCV 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 (OPIM). OPIM include the following:

- Bodily fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other 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).
- Any of the following if know or reasonably likely to contain or be infected with HBV, HVC, or HIV: cell, tissue, or organ cultures from humans or experimental animals; blood, organs, or other tissues from experimental animals; or culture medium or other solutions.

4.4 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. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Technology is not currently available for needleless systems. Until such time needleless systems are utilized, needles with engineered sharps injury protection shall be used for withdrawal of bodily fluids, accessing a vein or artery, administrative of medications or fluids, and any other procedure involving the potential for an exposure incident for which a need device with engineered sharps injury protection is available.

Exception: The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented.

4.4.1 Inspections of Workplace Area

Inspections of the workplace area 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.

4.4.2 Prohibited Practices

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Contaminated sharps shall not be bent, recapped, or removed from devices unless the procedure is performed using a mechanical device or a one-hand technique.
- Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps shall not be reused.
- Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
- The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
- Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

4.4.3 Handling Specimens of Blood or OPIM

Specimens of potentially infectious materials shall be placed in a container which prevents leakage during the collection, handling, processing, storage, transport, or shipping.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage.

4.4.4 Sharps Precautions

Along with the prohibited practices listed above, the following requirements regarding the handling and disposal of sharps must be met:

- Sharps must be placed in a sharps container as soon as possible after use.
- Sharps containers must be easily accessible and as close as feasibly possible to the area where sharps may be used.
- The containers must be inspected regularly, maintain an upright position, be rigid, puncture resistant, closeable and leak-proof.
- Containers must be replaced as necessary to avoid overfilling.
- Containers must be labeled correctly.

4.4.5 Cleaning and Decontamination of Waste

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.
- All equipment and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift unless surfaces become overtly contaminated, then equipment and work surfaces must be cleaned and decontaminated immediately or as soon as feasible.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they have become contaminated during the shift.

4.4.6 Hygiene

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.

4.4.7 Laundry Procedures

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 contaminations and proper labeling.
- Contaminated laundry shall be handle as little as possible with minimum 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.
- Laundry shall be transported to a commercial launderer 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.

4.4.8 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. 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. The following personal protective equipment procedures will be implemented:

- Gloves
 - 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.
- 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 unless the patient presents with a novel virus.
- 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.
 - All items of personal protective equipment must be removed prior to leaving the work area.

4.4.9 Regulated Wastes

Regulated (biohazardous) waste shall be disposed of according to the guidelines set forth in the Medical Waste Manual. Regulated waste includes the following categories:

- Liquid or semi-liquid blood or OPIM;
- Contaminated items that contain liquid or semi-liquid blood, or are caked with dried blood or OPIM and are capable of releasing these material when handled or compressed;
- Contaminated sharps; and
- Pathological and microbiological wastes containing blood or OPIM.

4.4.10 Resuscitation Equipment

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

5.0

COMMUNICATION OF HAZARDS

Warning labels shall be affixed to containers or regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM. Labels required shall have the universal biohazard symbol and shall be fluorescent orange or orange-red with symbol and letter in a contrasting color. For more information regarding substitutions or exceptions to this rule please reference California Code of Regulation Title 8, Section 5193.

6.0

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of the employee's duties.

6.1 Post Exposure Evaluation

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. Form 301 (Work Related Injury and Illness Incident Report) can be found at the Human Resources department.
- 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, HCV, 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, HCV, or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 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, HCV, 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 and evaluation of reported illnesses.

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. 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.

6.2 Information Provided to Healthcare Professional

The employer shall ensure the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of the regulation. 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.

6.3 Healthcare Professional's Written Opinion

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.

7.0

SHARPS INJURY LOG

A log must be kept each time an injury involving a sharp occurs while performing job duties. Each exposure incident with a sharp shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer. A Sharps Injury Log can be acquired by contacting the EHS at Ext. 5126. Sharps Injury Logs will be periodically reviewed by EHS to determine which types and brands of sharps were involved in exposure incidents. Sharps Injury Logs will be maintained by the Department of Environmental Health and Safety.

8.0

TRAINING AND EDUCATION

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

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. At a minimum employees will be trained at the time of employment and annually thereafter.

The training program shall contain at a minimum the following elements:

- Copy and explanation of the standard;
- Epidemiology and symptoms;
- Modes of transmission;
- Copy and explanation of Exposure Control Plan;
- Risk identification;
- Methods of compliance (exposure control);
- Decontamination and disposal;
- Personal protective equipment;
- Hepatitis B vaccination information;
- Emergency response;
- Exposure incident;
- Post-exposure evaluation and follow-up; and
- Signs and labels.

9.0

RECORDKEEPING

9.1 Medical

Post-Exposure Medical Evaluations are maintained by the licensed physician or health care provider. Post-exposure written opinion from the physician or health care provider shall be maintained by the Human Resources department. Hepatitis B declinations are maintained by EHS. All medical forms shall be held for the duration of employment plus 30-years after separation.

9.2 Training

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.

9.3 Sharps Injury Log and Form 301

Both the Sharps Injury Log, maintained by EHS, and Form 301, maintained by Human Resources, shall be maintained for five (5) years from the date the exposure incident occurred.

10.0

PROGRAM EVALUATION

With the input of supervisors, the Exposure Control Plan will be reviewed and updated annually and whenever necessary as follows:

- To reflect new or modified tasks and procedures which affect occupational exposure.
- To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and to document consideration and implementation of appropriate commercially available needless systems and needle devices and sharps with engineered sharps injury protection.
- To include new or revised employee positions with occupational exposure.
- To review and evaluate the exposure incidents which have occurred since the previous update.
- To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

11.0

ATTACHMENTS

Attachment 11.1 Hepatitis B Vaccination Authorization Form

Attachment 11.2 Checklist for Compliance

Attachment 11.3 Hepatitis B Vaccination Declination (Mandatory)

ATTACHMENT 1

Department of Environmental Health and Safety



AUTHORIZATION FOR HEPATITIS B VACCINATION

Section I: Employee Instructions

You have been authorized to receive the Hepatitis-B Vaccination series. Take the Enloe Client Services form and this form with you to: Enloe Outpatient Center, Client Services, Main Floor, 888 Lakeside Village Commons (California Park)

Please contact Enloe at (530) 332-6856 to schedule an appointment. 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

Richard Perrelli, Industrial Hygienist

Date: _____

Section III: Enloe Outpatient Center, Client Services – Vaccination Administrator

Vaccination Dates: (1) _____ (2) _____ (3) _____

Vaccination Complete Yes No Date: _____

If "NO" please explain: _____

Name and Title

Signature

ATTACHMENT 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? | _____ | _____ |

