

**EXPOSURE CONTROL PLAN
FOR
BLOODBORNE PATHOGENS**

COLUSA COUNTY OFFICE OF EDUCATION

Plan Review: February 1, 2021

TABLE OF CONTENTS

BACKGROUND	1
INTRODUCTION	2
ELEMENTS OF THE EXPOSURE CONTROL PLAN (ECP)	3
RESPONSIBILITIES.....	4
EXPOSURE DETERMINATION	6
METHODS OF COMPLIANCE AND SCHEDULE IMPLEMENTATION.....	6
PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING	10
PERSONAL PROTECTIVE CLOTHING POLICIES.....	11
HOUSEKEEPING	12
LAUNDRY.....	13
WASTE DISPOSAL.....	14
HEPATITIS B VACCINATION.....	15
POST-EXPOSURE EVALUATION AND FOLLOW-UP	17
COMMUNICATION OF HAZARDS TO EMPLOYEES.....	20
INFORMATION AND TRAINING	21
RECORD KEEPING	22
SAMPLE FORMS	23
<i>Post-Exposure Follow-up Report</i>	25
<i>Evaluation of Circumstances Surrounding Exposure</i>	28
APPENDIX	29
<i>A. Definitions</i>	30
<i>B. Current Medical Contractor</i>	32
<i>C. Authorized Labeling</i>	33

BACKGROUND

On December 6, 1991, OSHA issued its final regulation on occupational exposure to bloodborne pathogens (29 CFR 1919.1030). Based on a review of the information, OSHA has determined that employees face a significant health risk as a result of occupational exposure to blood and other potentially infectious materials (OPIM) because they contain bloodborne pathogens. These pathogens include: HBV, which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immuno-Deficiency Syndrome (AIDS). The agency has concluded that 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 vaccination, signs, labels and other provisions.

The California version of this legislation became effective on January 8, 1993. The text of the law can be found in Section 5193 of Title 8 of the California Code of Regulations (8CCR5193).

INTRODUCTION

Colusa County Office of Education (County Office) is continuing the implementation of an Exposure Control Plan (ECP) to ensure the well-being and to protect the safety and health of our employees. This plan has been developed to meet compliance with State and Federal Regulations pertaining to Bloodborne Pathogens.

Employees are encouraged to read and are required to follow the guidelines and procedures set forth in this plan. Questions regarding the contents of this plan should be brought to the attention of their immediate supervisor.

A copy of this Plan can be found on the County Office website (www.ccoe.net).

This Plan will be reviewed annually by the Associate Superintendent and Director of Human Resources.

ELEMENTS OF THE EXPOSURE CONTROL PLAN (ECP)

- The required exposure determination.
- The schedule and method of implementation for:
 - ❖ Methods of compliance
 - ❖ Communication of hazards to employees
 - ❖ HBV vaccination and post-exposure evaluation and follow-up
 - ❖ Recordkeeping
- A procedure for the evaluation of circumstances surrounding exposure incidents.
- A procedure for identifying currently available engineering controls and selecting such controls for the appropriate work areas.
- A procedure for obtaining information from employees as part of the plan review process.
- Ensure that a copy of the ECP is accessible to employees.
- Ensure that the ECP is reviewed and updated at least annually.

RESPONSIBILITIES

Individual Affected Employees shall be responsible for:

1. Reading and following the guidelines put forth in this plan.
2. Completing training as required.
3. Addressing any concerns or questions to their supervisors.

Supervisors/Managers shall be responsible for:

1. Ensuring affected employees' comply with the Exposure Control Plan, including the offering of the Hepatitis B vaccination series within ten days of employment if the employee has not been vaccinated before.
2. Ensuring affected employees have initiated training on program specific safe work practices relative to exposure to blood or other potentially infectious substances/materials.
3. Monitoring their programs to ensure compliance with the Exposure Control Plan, including always having an adequate supply of protective equipment to comply with the Bloodborne Pathogen Standard (see Appendix E).
4. Ensuring that affected employees complete training sessions to comply with the Bloodborne Pathogen Standard.
5. Ensuring that affected employees who are appointed to an affected job classification are referred for training and, if necessary, are offered the Hepatitis B vaccination series within ten days.
6. Report compliance failures to the Associate Superintendent of Administrative Services.

Human Resources shall be responsible for:

1. Coordinating the initial and annual training for all affected employees covered by this plan.
2. Maintaining employee training records.
3. Arranging for payment of vaccination series and expenses for post-exposure follow-up deemed necessary by the medical contractor.
4. Assisting program administrators and managers/supervisors to monitor individual programs for compliance with the provisions of this plan.

5. Reviewing the Exposure Control Plan annually in consultation with the Associate Superintendent.

Human Resources shall be responsible for:

1. Serving as an advisor in the development and implementation of the training program.
2. Ensuring that each affected employee has started the Hepatitis B vaccination series or has signed the declination form.
3. Providing Hepatitis B vaccination series voucher to affected employees.
4. Coordinating post-exposure follow-ups with medical contractor.
5. Ensuring that the health care professional's written opinion is provided to employees receiving post-exposure follow-up.
6. Maintaining records relative to post-exposure follow-up to bloodborne pathogens, including first aid providers.
7. Providing supplemental health education on risk management of exposure (e.g., sexual behaviors, organ donation, refraining from breast feeding, psychosocial support, seropositive reaction, etc.).
8. Ensuring that the individual(s) responsible for decontaminating equipment or working surfaces with infectious materials/substances is knowledgeable about Universal Precautions and EPA registered Tuberculocidal Disinfectants.
9. Reviewing the Exposure Control Plan annually in consultation with the Associate Superintendent and the appropriate relevant areas impacted by the Exposure Control Plan.

AFFECTED EMPLOYEES/EXPOSURE DETERMINATION

The purpose of the exposure determination is to identify individuals who meet the definition of occupational exposure as defined by Cal/OSHA and who shall receive training, protective equipment and vaccination as described in this program. These employees are considered affected employees. "Occupational Exposure" means 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 County Office has determined all employees potentially meet the occupational exposure definition.

METHODS OF COMPLIANCE AND SCHEDULE OF IMPLEMENTATION

Universal Precautions 5193 (d)(1)

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Workplace Controls 5193 (d)(2)

The following engineering and workplace controls shall be used to eliminate or minimize employee exposure. The County Office shall continually evaluate these controls compared with new or more advanced equipment and substitute new methods as determined by the Plan Administrator.

Engineering Controls

These shall be maintained on a regular schedule. A regular system shall include documentation of maintenance inspections which include date of inspection, name of employee making the inspection, findings, repair verification if needed and the signature of the employee conducting the inspection. See Figure 1 for an example of an Engineering Controls and Inspection Schedule Guideline.

**Engineering Controls and Inspection Schedule Example
(Figure 1)**

ENGINEERING CONTROL	INSPECTION PERIOD	COMMENT
Fume Hoods	Monthly	The inspection periods listed here are provided as examples. Additional information can be provided on other maintenance practices.
Biological Safety Cabinets Class I Class II, Type A Class II, Type B Class III	Monthly	Monthly Cleaning
Glove Boxes	Monthly	Monthly Cleaning
Self Sheathing Needles	Once before use	Order from Stockroom
Hand Washing Facilities	Once every 6 months	Daily Cleaning
Other:		

Hand Washing Facilities

These shall be readily available.

Hand Washing

This shall be done immediately before and after glove removal. Hand washing shall also be done as soon after hand contamination as possible. If water is not available, antiseptic hand cleaners must be used with clean cloth, paper towels or antiseptic towelettes.

Prohibited Practices

- 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 dustpan, tongs, or forceps.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
- Mouth pipetting/suctioning of blood or other potentially infectious substances/materials is prohibited.

Other Precautions

- All procedures involving blood or other potentially infectious substances/materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
- Specimens of blood or other potentially infectious substances/materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage or transportation.
- Contaminated clothing and equipment must be removed before entering a food consumption area.
- Splattering or the generation of droplets or aerosols of contaminated material must be avoided. If potential for this exists, face protection shall be required.
- Contaminated reusable equipment must be decontaminated to the extent possible. Employees shall wear appropriate personal protective equipment.
- Personal protective clothing must be worn to prevent body contamination and shall be provided by the County Office.
- Personal protective equipment (splash shields, clothes, gloves, etc.) must not be taken home by the employee and shall remain at work.
- If splashing occurs onto protective clothing, inspect clothing to ensure that blood or OPIM is not soaked through the material.

- Biohazard labels will be affixed to containers, refrigerators and freezers containing blood or other potentially infectious substances/materials and any other containers used to store or transport blood or other potentially infectious substances/materials.

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND CLOTHING 5193 (b)

The County Office shall analyze employee tasks and the type of exposure expected in order to select personal protective clothing and equipment, which shall provide adequate protection. This shall 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 County Office shall provide, at no cost to the employee, appropriate personal protective equipment. The County Office must clean, repair and replace the equipment when necessary. The type and amount of PPE shall be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of a task or procedure.

PERSONAL PROTECTIVE CLOTHING POLICIES

ITEM	HOW TO OBTAIN	COMMENT
Single-Use Gloves	Request from supervisor	Wear latex gloves whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, other potentially infectious materials or contaminated items and surfaces. Check for leaks, tears, punctures before each use. Use gloves only one time. Dispose in an appropriate waste container.
Other Gloves	Request from supervisor	Check for leaks, tears, punctures before each use. Dispose in an appropriate waste container.
Lab Coats or Uniforms, if applicable	Request from supervisor	Check the condition of lab coats before each use. Do not wear lab coats which are obviously soiled. Follow standard laundering or disposal procedures for lab coats, as appropriate.
Masks	Request from supervisor	Wear masks whenever there is a likelihood of splash, sprays, mists or the production of respirable droplets. Ensure that the masks fit properly. Dispose of masks in appropriate containers.
Safety Goggles/ Safety Glasses	Request from supervisor	Wear eye protection whenever there is an opportunity for exposure to blood, blood products or other potentially infectious materials. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Face Shields	Request from supervisor	Wear face shields whenever there is an opportunity for exposure to large quantities of blood, blood products or other potentially infectious materials. Wear face shields whenever there is a likelihood of splash, sprays, mists or the production of respirable droplets. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Hoods, Hair Nets	Request from supervisor	Check for leaks, tears and punctures before each use. Dispose in appropriate waste containers.

HOUSEKEEPING

1. The County Office shall develop a Schedule of Disinfection for any work surface, which may become contaminated by the HIV, HCV or HBV virus. The type of chemical utilized shall be approved for the highest antimicrobial activity in order to kill the viruses.
2. Protective coverings shall be replaced as soon as it is feasible.
3. 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.
4. Regulated waste shall be disposed of in accordance with local, State and Federal regulations.
5. Other waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups.
6. All containers shall be inspected for leakage potential. Secondary containers shall be available if leakage is possible.
7. All containers holding contaminated material shall comply with CCR, Title 8, Chapter 4.

LAUNDRY 5193 (d)(3)(J)

1. Contaminated laundry shall be bagged at the location where it was used by employees utilizing proper personal protective equipment. Contaminated laundry shall be bagged with consideration for outside contamination and proper labeling.
2. Contaminated laundry shall be properly cleaned or disposed of.
 - a) Contaminated laundry shall be placed and transported in bags or containers labeled and color-coded in accordance with Subsection (g)(a)(A) of this standard.
 - b) Whenever contaminated laundry is wet and presents a 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.
3. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment (e.g., use universal precautions).

WASTE DISPOSAL 5193 (d)(3)(E)(1)

It is not anticipated that the County Office would generate any biowaste. In the event that biowaste is present, the Facilities Supervisor, or designee, shall be contacted for proper disposal.

Regulated biowaste shall be placed in containers, which are closeable and are of the appropriate size to contain all contents. The containers will be strong enough to prevent leakage of fluids during handling, storage and transport. Red bags and red containers will be used by all departments to hold items that are soaked with blood or other potentially infectious substances/materials.

All waste containers must be closed and properly labeled prior to pick-up. If outside contamination of the waste container occurs, it shall be placed in a second clean container before pickup.

Disposal of all regulated waste shall be in accordance with applicable state and local regulations. All regulated waste shall be taken to the appropriate disposable facility.

LABELS and SIGNS 5193(g)(1)(A)

Biohazard Waste labels will be affixed to all containers used to dispose of blood or other potentially infectious substances/materials. See Appendix C.

HEPATITIS B VACCINATION

1. The County Office shall make the Hepatitis B vaccination series available to all affected employees. In addition, a post-exposure evaluation and follow-up shall be made available to all employees who are exposed to the HBV.
2. Affected employees will be provided with an authorization memo or voucher for any of these services.
3. The County Office shall follow the regulations as stated in CCR, Title 8, Section 5193 concerning the management of the vaccination and follow-up programs.
4. The vaccination and post-exposure evaluation and follow-up including prophylaxis will be:
 - Available at no cost to the employee.
 - Available at a reasonable time and place.
 - Under the supervision of a licensed physician or another licensed health care worker;
 - Provided according to the recommendations of the USPHS (* please see below) and
 - An accredited laboratory shall conduct all lab tests.

* The medical treatment for bloodborne pathogens may change over time. Cal/OSHA shall accept the CDC/USPHS guidelines current at the time of the evaluation or procedure.

Vaccine will be made available after an employee has received required training, within 10 working days of initial assignment. Employees must sign a declination form if they choose not to be vaccinated but may opt later to receive the vaccine at no cost to the employee.

Pre-vaccination screening for antibody status is not required as a condition of receiving the vaccine. The County Office can make it available at no cost to employees. An employee may decline the pre-screening, and the County Office must still make the vaccination series available to the employee. If the series is not completed, the vaccine must continue to be available, even if the series must be repeated. Should routine booster doses later be recommended by the USPHS, employees must be offered them. At the time of this plan, the possible need for routine booster doses is still being assessed by the USPHS. There is no current requirement to provide boosters, except for post-exposure prophylaxis.

Designated, or other first aid providers, whose primary job assignments are not first aid but render first aid for workplace injuries as collateral duty (such as a teacher/instructor helping a student) need not be offered pre-exposure vaccine if certain conditions exist, including availability of the full vaccination series as soon as possible, but no later than, 24 hours of the provision of assistance in any situation involving the presence of blood or other potentially infectious material.

First aid incidents and exposure incidents occurring during normal work hours shall be reported to their supervisor before the end of the shift.

After hours reporting of a situation including first aid where blood or other potentially infectious materials were present. Such an event on weekends or during field trips shall be reported immediately to:

Company Nurse (Keenan & Associates) 1-877-518-6702

The verbal report shall be followed up with the Post Exposure Follow-Up Report and submitted to Human Resources.

- Designated first aid providers (collateral duty) requirements:
 - ❖ First aid is not a primary job duty.
 - ❖ Not employed at a clinic, first aid station or other health care facility where people go to receive first aid.
 - ❖ The designated employees have been trained.
 - ❖ Are designated and included in this Plan.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The County Office realizes the importance of the follow-up and evaluation of HBV, HCV and HIV exposure incidents. The County Office shall, therefore, follow the regulation as stated below:

1. Following a report of an exposure incident, the employer shall immediately make available to the exposed employee 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, unless the employer can establish that identification is not feasible 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, 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.
 - c) Collection and testing of blood for HBV, HCV and HIV serological status.
 - ❖ 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 U.S. Public Health Service.
 - d) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
 - e) Counseling.

- f) Evaluation of reported illnesses.

Counseling and evaluation of reported illnesses is not dependent on the employee's electing to have baseline HBV, HCV and HIV serological testing.

2. Information Provided to the Health Care Professional:

- a) The employer shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided a copy of the regulation(s).

- b) The employer shall ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:

- ❖ A copy of this regulation.
- ❖ 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, as required by Subsection (f)(3)(A).
- ❖ Results of the source individual's blood testing, if available.
- ❖ All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by Subsection (h)(1)(B)2.

- c) Health care professional's written opinion:

The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

- ❖ The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- ❖ The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - The employee has been informed of the results of the evaluation.
 - The employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

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

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels and Signs

1. Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials.
2. Labels shall comply with Title 8, Section 6004, and Health and Safety Code Sections 25080-25082.
3. Labels concerning bio-hazardous waste are covered in Health and Safety Code, Sections 25080-25082. Color coding is described in Title 8, Section 6003.
4. The County Office shall post signs at the entrance to work areas as described in the regulation.

INFORMATION AND TRAINING 5193 (g)(2)

1. The County Office shall provide training as described below to all affected employees meeting the occupational exposure definition.
 - ❖ Training shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
 - ❖ Retraining shall occur as operations change affecting exposure.
 - ❖ The programs shall be provided at no cost and shall be delivered during work hours.
 - ❖ The content of the training shall be appropriate for the educational level of the employee.

2. The content of the training shall include the following topics:
 - ❖ An explanation of the Bloodborne Pathogens Standard.
 - ❖ An explanation of the Bloodborne Pathogens Exposure Control Plan and how to obtain a written copy.
 - ❖ Bloodborne disease epidemiology and symptoms.
 - ❖ Modes of transmission.
 - ❖ Recognition of tasks and activities that expose employees to the viruses.
 - ❖ The use and limitations of engineering controls, personal protective equipment, work practices.
 - ❖ Types, use, location, removal, handling and decontamination of personal protective equipment.
 - ❖ The basis for selection of personal protective equipment.
 - ❖ Information on the Hepatitis B vaccine.
 - ❖ Handling emergencies involving blood or other potentially infectious materials.
 - ❖ Exposure incident procedures and reporting.
 - ❖ Information on post-exposure follow-up and evaluation.
 - ❖ Signs, labels and other warnings.
 - ❖ Questions and other interaction.

RECORD KEEPING

The County Office shall maintain accurate records on occupational exposure of each employee pursuant to CCR 8, Section 3204(d). These records shall be confidential and released only by the employee's written permission or as required by law or regulation. The records shall be maintained for thirty (30) years beyond the end of employment of the employee.

Content of Records

- Name and social security number of employee.
- Copies of HBV vaccination status and other relevant records.
- Copies of results of medical exams, testing and follow-up.
- Employer's copy of health care professional's written opinion as required in the regulation.
- Copy of the information provided to the health care professional as required in the regulation.

Training Records

- The dates of training sessions.
- Content summary of training.
- Names and qualifications of trainers.
- Names and job titles of all employees attending.

SAMPLE FORMS

- A. Post-Exposure Follow-up Report
- B. Evaluation of Circumstances Surrounding Exposure

POST-EXPOSURE FOLLOW-UP REPORT

POST EXPOSURE FOLLOW-UP REPORT FORM

Service performed by (name/address of health care provider):

Phone: _____

Exposure Incident ID #: _____

1A. Route of Exposure: _____

1B. Exposure Circumstances: _____

2. Source Individual

Identity: Unknown Prohibited Infeasible

If known:

A. Consent for blood test obtained

Date: _____

AA blood collected; Date: _____

B. Consent not obtained: _____

Verified by: (name) _____

Position: _____

C. Know HIV positive: Yes ; No

D. Results of source individual's blood made available to exposed employee:

Date: _____

3. Exposed Employee

- A. Blood test consent obtained:
Date: _____
AA blood collected; Date: _____
- B. Serological testing declined:
Date: _____
- C. HBV vaccine:
Date administered: _____

4. Information Provided to Health Care Professional

Date Provided

- A. _____ Copy of Bloodborne Pathogen Standard
- B. _____ Written description of exposed employee's duties
- C. _____ Written documentation of route of exposure and circumstances
- D. _____ Results of source individuals blood test
- E. _____ Medical records relevant to the appropriate treatment of the employee including vaccination status-

5. Health Care Provider's Written Opinion

Provided to exposed employee
Date: _____

Person providing written opinion
Name: _____
Position: _____

**EVALUATION OF CIRCUMSTANCES SURROUNDING
EXPOSURE**

FIRST AID INCIDENTS AND/OR EXPOSURE TO BLOODBORNE PATHOGENS
EVALUATION OF CIRCUMSTANCES

Exposure Incident

First Aid Incident

1. Date of Incident: _____

Time: _____

2. Location of Incident: _____

3. Witnesses: _____

4. Route of exposure: _____

5. Exposure Circumstances: _____

a) Employee's activity at time of exposure: _____

b) Cause of exposure: _____

c) Part of body contaminated: _____

d) Other employees exposed: _____

e) Blood or OPIM present – describe: _____

6. Source individual; or accident victim(s) name; or source subject:

Position: _____

Individual #2: _____

Position: _____

7. Exposed individual (name): _____

Position: _____

8. Exposure incident ID #: _____

Prepared _____ by _____ (name):

Position: _____

9. Individuals rendering first aid:

1. _____ Phone _____ PPE: _____

2. _____ Phone _____ PPE: _____

3. _____ Phone _____ PPE: _____

****IMMEDIATELY TAKE COMPLETED FORM TO PROGRAM ADMINISTRATOR****

APPENDIX

APPENDIX A

DEFINITIONS

1. **Affected Employee** – An employee who meets the occupational exposure definition based on their job duties. These employees must be included in The County Office’s Bloodborne Pathogens Program.
2. **Bloodborne Pathogens:** Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
3. **Contaminated:** The presence or the reasonable anticipated presence of blood or other potentially infectious substances/materials on an item or surface.
4. **Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious substances/materials or may contain sharps.
5. **Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples: Self-sheathing needles, etc.
6. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious substances/materials that result from the performance of an employee’s duties.
7. **Occupational Exposure:** Reasonable anticipated skin, eye, mucous membrane or other parenteral contact with blood or other potentially infectious substances/materials that may result from the performance of an employee’s duties.
8. **Other Potentially Infectious Substances/Materials:**
 - A. The following human body fluids: Semen, vaginal secretions, cerebro-spinal fluids, synovial fluids, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids (such as in emergency response).
 - B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - C. HIV-containing cell or tissue cultures, organ cultures and HIV or HBV contaminating culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.
9. **Parenteral:** Piercing mucous membranes or the skin barrier through such events such as needle sticks, human bites, cuts and abrasions.

10. **Personal Protective Equipment:** Specialized equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment.
11. **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious substances/materials, contaminated items that would release blood or other potentially infectious substances/materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious substances/materials and are capable of releasing these substances/materials during handling pathological and other micro-biological waste containing blood or other potentially infectious substances/materials. Includes “medical waste” as regulated by California Health and Safety Code, Chapter 6.1.
12. **Universal Precautions:** Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.
13. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (Example: Prohibiting recapping of needles by two-handed technique.)

APPENDIX B

CURRENT MEDICAL CONTRACTOR

Work-Related Injury Treatment Authorization

For treatment authorization and worker's compensation referrals, contact:

Company Nurse (Keenan & Associates) 1-877-518-6702; or

Colusa County Office of Education Human Resources 530-458-0350

APPENDIX C
AUTHORIZED LABELING



BIOHAZARD

Or in the case of Regulated Waste the Legend:

BIOHAZARD WASTE

As described in Health & Safety Code Sections 25080-25082.

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.