

DELANO JOINT UNION HIGH SCHOOL DISTRICT BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: Delano Joint Union High School District
Date of Preparation: February 23, 2023
Date reviewed by Wellness Committee: March 2, 2023
Approved by the Board of Trustees: March 14, 2023

In accordance with the Cal/OSHA Bloodborne Pathogens Standard, the following exposure control plan has been developed:

A. Purpose

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or Other Potentially Infectious Materials (OPIM).
2. Comply with the Cal/OSHA Bloodborne Pathogens Standard, CCR-T8-5193.

B. Exposure Determination

The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency. "Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties. At this facility, the following job classifications are in this category:

Female Campus Security Officer
Health Technician
Male Campus Security Officer
Health Service Aides
District Nurse
Special Education Instructional/Specialized Health Care Aide
Special Education Instructional/Specialized Health Care and Behavioral Aide

In addition, Cal/OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or OPIM, they are required to be listed in order to clearly understand which employees are considered to have a potential for occupational exposure to blood or OPIM. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>Task / Procedure</u>
Athletic Coach	First Aid
Athletic Equipment/Utility Worker	First Aid/Clean-up
Bus Drivers	First Aid/Clean-up
Custodian	First Aid/Clean-up
Female Campus Security Officer	First Aid
Male Campus Security Officer	First Aid
District Athletic Trainer	First Aid
Special Education Instructional Aide	First Aid
Campus Discipline and Safety Liaison	First Aid
Physical Education Teachers	First Aid

C. Implementation Methodology

Cal/OSHA also requires that this plan include the methods of implementation for the various requirements of the standard. The following complies with this requirement.

1. Sharps Injury Log

The Director of Student Services, serving as Wellness Committee Coordinator, shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. Logs will be kept in the Human Resources Office. The information recorded shall include the following information, if known or reasonably available:

- a) Date and time of the exposure incident;
- b) Type and brand of sharp involved in the exposure incident;
- c) The description of the exposure incident shall include:
 - Job classification of the exposed employee.
 - Department or work area where the exposure incident occurred.
 - The procedure that the exposed employee was performing at the time of the incident.
 - How the incident occurred.
 - The body part involved in the exposure incident.

- If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.
- If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
- The employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.

2. Compliance Methods

Universal precautions will be observed at this facility in order to prevent contact with blood or OPIM. All blood will be considered infectious regardless of the perceived status of the source individual.

- Engineering and Work Practice Controls - General Requirements

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized: sharps containers, biosafety containers, hand washing facilities, safety showers.

The above controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The schedule for reviewing the effectiveness of the controls is as follows: every six months, the District Custodial Supervisor and the District Nurses shall review the effectiveness of the controls and shall report on the effectiveness of the controls at a District Employee Safety Committee meeting.

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.

- Engineering and Work Practice Controls - Specific Requirements
 - Needleless Systems: Needleless Systems shall be used for withdrawal of body fluids after initial venous or arterial access is established, administration of medications or fluids, and any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.
 - Needle Devices: If needleless systems are not used, needles with engineered sharps injury protection shall be used for withdrawal of body fluids, accessing a vein or artery, administration of medications or fluids, and any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

- Non-Needle Sharps: If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

- Contaminated Needles/Sharps and Prohibited Practices

Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Cal/OSHA allows recapping, bending, or removal of contaminated needles only when the medical procedure requires it and no alternative is feasible. If such action is required, then it must be done by the use of a mechanical device or a one-handed technique. At this facility bending, recapping, or removal is not permitted.

4. Requirements for Handling Contaminated Sharps

Immediately, or as soon as possible after use, contaminated sharps shall be placed in containers that are rigid, puncture resistant, leak proof on the sides and bottom, a BIOHAZARD label attached, shall be maintained in an upright position, and replaced as necessary to avoid overfilling. When Needle device is used by a licensed health care provider, sharp will be immediately placed in above stated contaminated sharps container. If Sharp Container not immediately available a one-handed technique will be used to cover sharp then placed in Sharps container when available (i.e., such as in a crisis and steroids must be administered in the classroom). "One-Hand Technique" means procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

5. Containers for REUSABLE Sharps (if applicable)

This facility does not utilize reusable sharps.

6. Hygiene

The District shall provide hand washing facilities that are readily accessible to employees. When the provision of hand washing facilities is not feasible, the District shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Additionally, sanitizers and sanitizer stations will be readily available at all districts sites and departments for employee.

Employees will wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.

Employees will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or OPIM.

7. Work Area Restrictions

In work areas where there is a likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or OPIM are present.

Mouth pipetting/suctioning of blood or OPIM is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, spattering, and generation of droplets of blood or OPIM.

8. Cleaning and Decontamination of the Worksite - General

The Director of Student Services, serving as Wellness Committee Coordinator, and/or Director of Maintenance, Operations, and Transportation shall ensure that the worksite is maintained in a clean and sanitary condition and shall implement an appropriate written schedule for cleaning and decontamination of the worksite. The method of cleaning or decontamination used shall be effective and appropriate for the location of the facility, type of surface or equipment to be treated, type of soil or contamination present, and tasks or procedures used.

All equipment and environmental work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than the end of work shift.

9. Cleaning and Decontamination of the Worksite - Specific

Contaminated work surfaces shall be cleaned and decontaminated immediately, or as soon as feasible, when surfaces become overtly contaminated, when there is a spill of blood or OPIM, procedures are completed, and at the end of work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated immediately or as soon as feasible upon visible contamination. Protective coverings, such as plastic wrap, aluminum foil, 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 or if they may become contaminated during the shift.

Decontamination will be accomplished by utilizing bleach solutions and EPA registered germicides.

10. Personal Protective Equipment (PPE)

- PPE Provision

The Director of Student Services, serving as Wellness Committee Coordinator, and/or the Director of Maintenance, Operations, and Transportation are responsible for ensuring the following provisions are met:

All personal protective equipment used at this facility will be provided without cost to employees where occupational exposure remains after institution of engineering and work practice controls. Personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Personal protective equipment shall be distributed by department supervisors.

<u>PPE:</u>	<u>Task:</u>
Mask	First Aid
Gloves	First Aid
Eyewear	First Aid
Utility Gloves	Clean-up
Biohazard prep-kit	Clean-up
Face shield	First-aid/clean up

- PPE Use

The Director of Student Services, serving as Wellness Committee Coordinator, and/or Director of Maintenance, Operations, and Transportation shall ensure that the employee uses appropriate PPE unless the supervisor shows that the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee or supervisor makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

- PPE Accessibility

The Director of Student Services, serving as Wellness Committee Coordinator, and/or Director of Maintenance, Operations, and Transportation shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

- PPE Cleaning and Disposal (laundry moved)

All personal protective equipment will be cleaned or disposed of by the employer at no cost to the employees. All necessary repairs or replacements will be made by the employer at no cost to the employee.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Containers shall be labeled and color-coded as a biohazard.

- Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or OPIM, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided the integrity of the gloves is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

- Masks, Eye, Face Protection, and Respirators

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields are required to be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Where respiratory protection is used, the provisions of CCR, Title 8, Sections 5144 and 5147 are required as applicable.

NOTE: Surgical masks are not respirators.

Situations at this facility that would require such protection are as follows: students requiring tracheal suctioning, spitting blood or where there is reasonable potential for excessive bleeding.

- Additional Protection

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated (such as autopsies and orthopedic surgery). The following situations require that such protective clothing

be utilized: gown/apron, face shields, and gloves when student is spitting blood or when changing diapers.

11. Regulated Waste Disposal

Disposable Sharps

Handling, storage, treatment, and disposal of all regulated waste shall be in accordance with Health and Safety Code 6.1, Section 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

Contaminated sharps shall be discarded immediately, or as soon as feasible, in containers that are closable, puncture resistant, leak proof on sides and bottom, and properly labeled.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries, trays at dental work stations).

The containers shall be maintained upright throughout use, replaced routinely, and not be allowed to overflow.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of the contents during handling, storage, transport, and shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents, and prevent leakage during handling, storage, transport, or shipping. The second container shall be properly labeled to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

Sharp containers are located in the nurse office/health office, to be removed and mailed by District Nurse to disposal site. SQG: §117946: (a) A small quantity medical waste generator or parent organization that employs health care professionals who generate medical waste may transport medical waste generated in limited quantities up to 35.2 pounds to the central location of accumulation, provided that all of the following are met:

- (1) The principal business of the generator is not to transport or treat regulated medical waste.
- (2) The generator shall adhere to the conditions and requirements set forth in the materials of trade exception, as specified in Section 173.6 of Title 49 of the Code of Federal Regulations.

(3) A person transporting medical waste pursuant to this section shall provide a form or log to the receiving facility, and the receiving facility shall maintain the form or log for a period of two years, containing all of the following information:

(A) The name of the person transporting the medical waste.

(B) The number of containers of medical waste transported.

(C) The date the medical waste was transported.

(b) A generator transporting medical waste pursuant to this section shall not be regulated as a hazardous waste hauler pursuant to Section 117660

The storage times for biohazardous and sharps waste: Any amount of sharps waste can be stored for 30 days, once the container is full. Holding times for sharps containers (once locked as "full") may not exceed 30 days unless written approval from the Enforcement Agency is received (Section 118285).

Other Regulated Waste

In the event regulated waste is generated, it shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste bag or container must be labeled, color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

12. Laundry Procedures

Laundry contaminated with blood or OPIM will be handled as little as possible and with a minimum of agitation. Such laundry will be placed and transported in appropriate or color-coded container at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

Please note: If your facility utilized Body Substance Isolation or Universal Precautions in the handling of all soiled laundry (i.e., all laundry is assumed to be contaminated) no labeling or color coding is necessary if all employees recognize the container as required such handling.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.

Employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

Laundry at this facility will be cleaned at the gymnasium athletic facilities (equipment room) and in the Special Education classrooms. Soiled clothing or clothing contaminated with blood or OPIM is bagged for the student to take home.

13. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up

- General

The Delano Joint Union High School District shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure and post exposure follow-up to employees who have had an exposure incident.

The Director of Student Services, serving as Wellness Committee Coordinator, shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- a. Made available at no cost to employees;
- b. Made available to employees at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

- Hepatitis B Vaccination

The Director of Student Services, serving as Wellness Committee Coordinator oversees the Hepatitis B vaccination program. The following employee classifications participate in this program: **Athletic Coach, Athletic Equipment/Utility Worker, Custodians, Female Campus Security Officers, Male Campus Security Officers, Special Education Health Care Aides, Campus Discipline and Security Liaison, Physical Education Teachers, Special Education Teachers (SDC/SH).**

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment to employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date, while still under the standard, decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination shall sign a Cal/OSHA required waiver indicating their refusal (Appendix A).

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

- Post Exposure Evaluation and Follow Up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to The Director of Student Services, serving as Wellness Committee Coordinator.

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

- a. Documentation of the route of exposure and the circumstances under which the exposure incident occurred.
- b. Identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by the State or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine bloodborne pathogens infectivity.
- d. When the source individual is already known to be infected with HBV, HCV, or HIV testing of the source individual's known HBV, HCV, or HIV status need not be repeated.
- e. 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.

Collection and testing of blood for HBV, HCV, and HIV serological status will comply with the following:

- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- b. The employee will be offered the option of having their blood collected for testing for HIV, HCV, or HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the Cal/OSHA standard. All post-exposure follow up will be performed by a qualified medical professional.

Counseling and evaluation of reported illness shall be provided.

- Information Provided to the Healthcare Professional

The Director of Student Services serving as Wellness Committee Coordinator, shall ensure that the healthcare professional responsible for employee's Hepatitis B vaccination and evaluating an employee after an exposure incident is provided the following additional information:

- a. A copy of 5193. (While the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind the individual of these requirements.)
- b. A written description of the exposed employee's duties as they relate to the exposure incident.
- c. Written documentation of the route of exposure and circumstances under which exposure occurred.
- d. Results of the source individuals blood testing, if available.
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

- Healthcare Professional's Written Opinion

The Director of Student Services, serving as Wellness Committee Coordinator, shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination and post-exposure follow up shall be limited to the following information:

- a. Whether vaccination is indicated for employee and if employee has received such vaccination.
- b. A statement that the employee has been informed of the results of the evaluation.
- c. A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

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

14. Labels and Signs

The Director of Student Services, serving as Wellness Committee Coordinator, shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM. However, it is not anticipated that labels and signs will be necessary as those conditions requiring labels and signs are not likely to exist. The label shall include the universal biohazard symbol and the legend **BIOHAZARD**. In case of regulated waste the word **BIOHAZARD WASTE** or **SHARPS WASTE** may be substituted for the **BIOHAZARD** legend. The label shall be fluorescent orange or orange-red.

Regulated waste red bags or containers must also be labeled.

15. Information and Training

The Director of Student Services shall ensure that training is provided to the employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of previous training. Training shall be provided at no cost to the employee and at a reasonable time and place. Training shall be tailored to the education and language level of the employee, offered during a normal work shift. The training will be interactive and cover the following elements:

- a. An accessible copy of the standard and an explanation of its contents.
- b. A discussion of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. Explanation of the Delano Joint Union High School District Bloodborne Pathogen Exposure Control Plan and method of obtaining a copy.
- e. An explanation of appropriate methods for recognition of tasks that may involve exposure to blood or OPIM.
- f. An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, administrative or work practice controls, personal protective equipment (PPE).
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE's.
- h. An explanation of the basis of selection of PPE's
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method for reporting the incident. The medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log.
- l. Information on the evaluation and follow-up required after an employee exposure incident.
- m. An explanation of the signs, labels, color coding systems.
- n. An opportunity for interactive questions and answers.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in the provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

16. Recordkeeping

- Medical Records

The Director of Student Services, serving as Wellness Committee Coordinator is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept at the District Office. (If you contract for post exposure follow up and Hepatitis B vaccination evaluation, make sure that your contract language includes provisions for recordkeeping that are consistent with the requirements of Cal/OSHA Bloodborne Pathogens Standard #5193.)

Medical records shall be maintained in accordance with Title 8, California Code of Regulation, Section 3204. These records shall be kept confidential, not disclosed without employee's written consent, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and social security number of the employee.
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
- c. A copy of all results of examination, medical testing, and follow-up procedures.
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances.
- e. A confidential copy of the healthcare professional opinion.

- Training Records

The Director of Student Services, serving as Wellness Committee Coordinator is responsible for maintaining the following training records. These records will be kept at the District Office.

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

- a. The dates of training sessions.
- b. An outline describing the material presented.
- c. The names and qualifications of persons conducting the training.
- d. The names and job titles of all persons attending the training sessions.

- Sharps Injury Log

The Sharps Injury Log shall be maintained five (5) years from the date of the exposure incident occurred.

- Availability

The employee's records shall be made available to the employee or with the employee's written consent to his designated representative for examination and copying upon request in accordance with CCR-GISO, Section #3204.

All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

The Sharps Injury Log shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief to the Department of Health Services, and to NIOSH.

- Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Chief of DOSH shall be contacted for final disposition in accordance with the Section 3204.

17. Evaluation and Review

The Director of Student Services, serving as Wellness Committee Coordinator is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed. When a review of this program is conducted, those employees who are potentially exposed to injuries from contaminated sharps shall be solicited to obtain their input on the effectiveness of this program to reduce exposure to contaminated sharps.

18. Outside Contractors

While the written exposure control plan does not have to address information obtained from and provided to outside contractors, you may wish to establish standard operating procedures for these situations and append them to this document.

Appendix "A"

RECORD OF HEPATITIS "B" VACCINE DECLINATION

Date: _____

I understand that due to my occupational exposure to blood or Other Potentially Infectious Materials (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 me. 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.

Employee Name: _____

Employee Signature: _____

Social Security No.: _____

Employee Representative: _____

Appendix "B"

LABELING REQUIREMENTS

Item	No Label Needed	Biohazard Label	Red Container
Regulated waste bags		X and	X
Sharps containers (disposable and/or reusable)		X	
Refrigerator/freezer holding blood or other potentially infectious material		X	
Containers used for storage, transport, or shipping of blood or OPIM		X or	X
Blood/blood products for clinical use	No Labels Required		
Individual specimen containers of blood or OPIM remaining in facility	X* or	X or	X
Contaminated equipment needing service (e.g., dialysis equipment, suction apparatus)		X plus a label specifying where contamination exists.	
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal		X	
Contaminated laundry	X* or	X or	X
Contaminated laundry sent to another facility that does not use Universal Precautions		X or	X

* No Label Needed if Universal Precautions are in use and specific use of container or item is known to all employees.