BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

January, 1999
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Ventura County Community College District: Ventura College, Oxnard College, Moorpark College
I. INTRODUCTION

A. Purpose

The purpose of this document is to serve as the Ventura County Community College District written Exposure Control Plan in compliance with Title 8, California Code of Regulation, General Industry Safety Order 5193, "Bloodborne Pathogens." This plan ensures that affected employees (as defined herein) are:

1. aware of potential hazards from exposure to bloodborne pathogens
2. advised of the appropriate procedures to avoid exposure.

B. Background

Certain pathogenic microorganisms can be found in the blood (and other body substances) of infected individuals. These "bloodborne pathogens" may be transmitted from the infected individual to other individuals by exposure to blood or certain body fluids, for example, when blood-contaminated needles are shared by intravenous drug users. Because it is the exposure to the blood or other body fluids that carries the risk of infection, individuals whose occupational duties place them at risk of exposure to blood and other potentially infectious materials are also at risk of becoming infected with these bloodborne pathogens, developing disease and, in some cases, dying. Infected individuals are also capable of transmitting the pathogens to others. The most significant bloodborne pathogens are hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) (See Addendum A, "The ABC's of Hepatitis"). On December 6, 1991 Fed/OSHA issued standards for occupational exposure to these bloodborne pathogens. The Federal standard became effective March 6, 1992. On October 22, 1992 Cal/OSHA adopted Title 8 California Code of Regulations Section 5193. This regulation became effective January 1, 1993. (See attached regulations)

C. Exposure Determination

This Cal/OSHA Standard applies at different levels of complexity to some employees who may have a potential to be exposed to blood or other potentially infectious materials. At this District, the following job classifications are in the category in which all employees may be expected to incur occupational exposure to blood or other potentially infectious materials. This exposure determination is made without regard to the use of personal protective equipment.

Nurses & Nurse Practitioners, Nurses Aides & Student Nurses
Health Care Instructors Designated First Aid Responders
Student Health Center Assistants Health Care Providers
Paramedic & EMT Students Cert. Nursing & Home Health Aid Students
Dental Program Instructors/Students College Trainer & Coaches
Day Care /Child Care Employees Campus Police Officers
In addition, there are some job classifications, in which some (not all) employees would be expected to possibly incur exposure to blood or other infectious materials as part of their jobs. In a majority of cases the exposure would arise in the event of an accident resulting in an injury involving blood. The following table lists relative exposure for specifically evaluated job classifications. In the future, additional jobs will be added to this list as necessary.

<table>
<thead>
<tr>
<th>PCL</th>
<th>Classification</th>
<th>Moderate</th>
<th>Low</th>
<th>Very low</th>
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<tbody>
<tr>
<td>008</td>
<td>Ceramics Lab Tech.</td>
<td></td>
<td></td>
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<tr>
<td>014</td>
<td>Dental Hygiene Admin. Assistant</td>
<td>X</td>
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<td>031</td>
<td>Maintenance Assistant II</td>
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<tr>
<td>059</td>
<td>Automotive Lab Tech.</td>
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<tr>
<td>067</td>
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<td>X</td>
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<tr>
<td>083</td>
<td>PE/Athletic Equip. Mgr.</td>
<td>X</td>
<td></td>
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<tr>
<td>089</td>
<td>Grounds Maintenance Worker</td>
<td>X</td>
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<td></td>
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<tr>
<td>094</td>
<td>Grounds Equipment Operator/Mechanic</td>
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<td>HVAC &amp;R Tech.</td>
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<td>Agrl. Machine &amp; Welding</td>
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<td>102</td>
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<td>105</td>
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<td>X</td>
<td></td>
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<td>129</td>
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<td>Theater Tech.</td>
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<td>Tool Room attendant</td>
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<td>Warehouse Assistant</td>
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<td>Roofer</td>
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<td>161</td>
<td>EATM Technician</td>
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<td>Welder</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>302</td>
<td>Zoo Operations Assistant</td>
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<td>303</td>
<td>Zoo Enrichment Technician</td>
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<td>Misc.</td>
<td>Instructors, Technical Skills</td>
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**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. (Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.)
Other potentially infectious materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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.

DEFINITIONS

Cerebrospinal fluid: A liquid that is comparable to serum and secreted from the blood that is found in the brain and spinal column.

Synovial fluid: A lubricating fluid secreted by a joint or bursa or tendon sheath.

Pleural fluid: Moistens the lining of the lungs to facilitate movement while breathing.

Pericardial fluid: The fluid that is found in the sac that surrounds the heart.

Amniotic fluid: The fluid surrounding the embryo in the womb.

II. MANAGEMENT COMMITMENT

The development and implementation of an exposure control plan requires the cooperation and commitment of management and full participation of all employees within the District who are determined to be affected by the bloodborne pathogens standard.

A. Policy Statement

It is the policy of the Ventura County Community College District to provide a safe and healthful work environment for all of its employees by minimizing exposure to bloodborne pathogens.

B. Responsibility

The responsibilities described below are intended to encompass and limit involvement for this program, first, to those individuals whose primary job activities could include day-to-day exposure to blood and body fluids; and secondly, to those individuals whose additional job activities include the potential for exposure. Nursing staff and students, as well as other health care providers, are charged with contributing their utmost to establish and maintain the safest and most healthful practices while providing care for the others.

1. The Chancellor of Ventura County Community College District is responsible for the District's Occupational Safety and Health policy, including the Bloodborne Pathogens Exposure Control Plan which is integrated within the District's Injury & Illness Prevention Program (IIPP).
The Chancellor has appointed the Risk Manager, with the responsibility for the implementation and administration of the Bloodborne Pathogens Exposure Control Plan.

2. The Governing Board, the Chancellor and Managers encourage the desired attitude toward this safety and health regulation by insisting that their staff comply with rules and practices, and themselves promote positive attitudes toward Cal/OSHA compliance.

3. Employees who may have occupational exposure as health care professionals and employees whose job duties include potential for exposure to blood and body fluids, shall be knowledgeable about the contents of this document and the appropriate safe work practices necessary to avoid exposure. Questions regarding bloodborne pathogens or the contents of this plan should be directed to the Risk Manager or the Coordinator, Health Sciences or the Student Health Center at the appropriate Campus.

4. It shall be the responsibility of the Risk Manager (through the campus Safety Committees and Student Health Centers at each Campus, as necessary) to:

   a) determine, maintain, and update CPR and First Aid Certification for all designated employees;
   b) review the District's bloodborne pathogen exposure control efforts and the effectiveness of each effort to the Chancellor annually;
   c) coordinate and act as the key representative for outside inspection of District site(s) by insurance representatives, and federal, state, and local agencies.

5. It shall be the responsibility of the Risk Manager to conduct and document Campus audits to assess exposure control compliance.

6. The Risk Manager (through the campus Safety Committees and Student Health Centers at each Campus) shall coordinate, implement and monitor the employee training, medical testing, vaccinations, post-exposure evaluation and follow up, and record keeping required annually to ensure total compliance in accordance with TITLE 8, California Code of Regulations, General Industry Safety Order 5193.

The District's Exposure Control Plan will be reviewed and updated annually and whenever necessary, will reflect new or modified tasks and procedures which affect occupational exposure. The Risk Manager will review this plan annually to include the ongoing revisions of employee job analysis changes with assignments that include newly discovered potential occupational exposure to bloodborne pathogens. The District encourages all employees to communicate any change in their exposure level to Bloodborne Pathogens to their immediate supervisor or to the Risk Manager.
III. METHODS OF COMPLIANCE

A. Universal Precautions

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

Universal Precautions shall be used to prevent contact with blood or other potentially infectious materials. District employees shall consider all body fluids as infectious materials. The person in charge shall post copies of these Universal Precautions, where the potential exposures exist. (See Addendum B).

All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

1. Hand Washing

Hand washing is the single most effective means of preventing the spread of infections.

a) Hand washing facilities shall be available.

b) Hands and other skin surfaces shall be washed with liquid soap and clean, running water.

c) Mucous membranes shall be flushed copiously with clean water or saline solution immediately after contact.

d) When hand-washing facilities are not immediately available, appropriate antiseptic hand cleanser, in conjunction with clean cloth/paper towels or antiseptic towelettes, shall be used. Hands shall be washed with soap and running water as soon as possible.

2. Barrier Precautions

Appropriate barrier precautions shall be routinely used to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any person is anticipated.

a) Latex gloves shall be worn when:

1. Touching blood and body fluids, mucous membranes, or non-intact skin
2. Handling items or surfaces soiled with blood or infectious body fluids

3. Performing venipuncture and other vascular access procedures.

Disposable gloves must be of approved barrier materials using intact latex or intact vinyl of appropriate quality for the procedure performed and of the appropriate size for each employee rendering cares.

b) Gloves shall be changed (and hands washed) after treatment of each person or incident.

c) Disposable (single use) gloves shall be replaced as soon as practicable if they are torn, punctured, or when their ability to function as a barrier is compromised.

d) Disposable (single use) gloves shall not be washed or decontaminated for re-use and must be properly discarded.

e) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must 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.

f) Masks, in combination with eye protection devices, such as goggles or glasses with side shields or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other body fluids may be generated, and eye, nose or mouth contamination can be reasonably anticipated.

3. Personal Protective Equipment

Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, 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.

Required personal protective equipment (PPE):

a) must be readily accessible to employees in the appropriate sizes and provided at no cost to the employee;
b) hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

c) shall be cleaned and laundered at no cost to the employee;

d) shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. If a garment is penetrated by blood or other body fluids, the garment shall be removed and properly discarded as soon as possible.

e) standard PPE for Nursing Staff and Designated First Aid Providers shall be stored at the first aid supply storage area for daily use.

f) shall be removed and properly discarded or cleaned by the employee prior to leaving the work area.

4. Sharps Precautions (for qualified staff only)

Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. First Aid practices for all others shall not involve the use of needles or other sharp instruments. Precautions are as listed below.

a. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. If recapping or needle removal is an absolute necessity due to a specific medical procedure, it shall be accomplished through the use of a mechanical device or a one-handed technique.

b. Shearing or breaking of contaminated needles is prohibited.

c. After use, disposable syringes and other sharp items shall immediately be placed (point down) in puncture-resistant containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, replaced at least every six months, and not be allowed to overfill.

d. Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed (point down) in appropriate containers until properly reprocessed. These containers shall be:
   - Puncture resistant;
   - labeled;
   - leak proof on the sides and bottom;
so constructed to not allow employees to reach by hand into them.

e. 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 contents during handling, storage, transport, or shipping.
   - placed in a secondary container if leakage is possible.
   - The secondary container shall be:
     1. Closable;
     2. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
     3. Appropriately labeled and color-coded.

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

5. CPR Precautions

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices shall be used. Such devices shall be stored at the first aid storage supply cabinets and first aid kits located throughout each campus.

6. Qualified Staff/First Aid Providers Precautions

Qualified Staff/First Aid providers who have exudative lesions or weeping dermatitis shall report these conditions to their supervisor and submit to an examination as soon as possible. These employees shall refrain from all direct care of ill or injured persons and from handling care equipment until such examination occurs.

7. Work Area Precautions (Nurses & Medical/Lab Technicians)

a) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.

b) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other body fluids are present.

c) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
B. Cleaning and Decontamination of Spilled Blood or other Body Fluids

Blood and other body fluids, which are spilled, will be cleaned up as follows.

1. Initiate universal (standard) precautions wearing personal protective equipment.

2. Cover the contaminated area with an appropriate absorption powder for the spilled fluids. Clean-up kits shall be maintained at each SHC and First responder’s kit.

3. Clean the area according to procedures and double bag the contaminates and properly discard into an approved plastic biohazard waste bag.

4. Decontaminate the area with appropriate disinfectant and place danger or warning signs if decontamination results in a wet area.

C. Housekeeping

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated at the end of each work shift.

Cleaning and decontamination shall be done immediately or as soon as feasible upon visible contamination, but no later than the end of the work shift.

Broken glassware, which may be contaminated, shall not be picked up directly with the hands. Mechanical means shall be used, such as a brush and dustpan, tongs, or forceps.

Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to patients or health care workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary, unless directly contaminated with blood or body fluids.

General housekeeping, clean up and maintenance of environmental surfaces, including cabinets and shelves, and non-infectious trash containers within nursing and first aid areas shall continue to be provided by District custodial staff.
D. Waste Control and Disposal

Contaminated items should be separated into regulated and non-regulated waste containers and handled at each campus, as follows.

Moorpark College Procedures

Sharps Containers and Disposal

The hard plastic sharps containers are supplied by Labcorp, 5601 Oberlin Dr., San Diego, CA 92121, as part of a service provided with the purchase of needle/syringe supplies. The containers are properly labeled and distinctively colored red. The opening (left open) has plastic, inward-facing strips designed to prevent the contents from coming out if the container is tipped over. The level of contents is clearly visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is put over the opening that seals the container and cannot be opened without destroying the container. The sharps container is then put into a properly labeled plastic biohazard waste bag.

As necessary, the open end of the plastic bag is sealed and given to the aware custodian. The custodian hand carries the waste materials to the locked lab preparation room (S136 of the Science/Mathematics Building) and left at the autoclave. The lab technician later places the bags into an autoclave (operating at 250 °F at 15 psi) for 30 minutes. The biohazard waste bag has a special imprint color strip which turns brown indicating that the material has been autoclaved. The biowaste is now sterilized and treated as normal trash. Sharps are not removed from the bag or sharps container, which is never opened.

Biohazard (Medical) Waste

Biohazard waste that consists of materials used to clean wounds and conduct miscellaneous internal examinations are disposed of into a one of several red colored and labeled plastic bags inside a metal container with a foot-operated metal lid. The most significant waste occurs twice weekly after the gynecological clinics, requiring special attention. These and other bio-hazardous materials produced and used in the biology laboratories are similarly treated as above.

Non-Regulated Waste Disposal

If the contaminated item contains dried blood or has been rinsed into a drain connected to a sanitary sewer and followed with a small amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a secured area until it is collected and transported for disposal in a sanitary landfill.

Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer followed with a small amount (1 to 2 cups) of bleach.
Ventura County Community College District   Bloodborne Pathogens Exposure Control Program

Ventura College

Sharps Containers and Disposal

The hard plastic sharps containers are supplied by Labcorp, 5601 Oberlin Dr., San Diego, CA 92121, as part of a service provided with the purchase of needle/syringe supplies. The containers are properly labeled and distinctively colored red. The opening (left open) has plastic, inward-facing strips designed to prevent the contents from coming out if the container is tipped over. The level of contents is clearly visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is put over the opening that seals the container and cannot be opened without destroying the container.

The hard plastic sharps container, when filled, is placed in the SHC's autoclave (operating at 250 °F at 15 psi) for 30 minutes. The biohazard waste bag has a special imprint color strip which turns brown indicating that the material has been autoclaved. The sharps are now sterilized and treated as normal trash but are disposed of in the sealed container only. In all cases disposable needle/syringe units are used at this facility.

Biohazard (Medical) Waste

Biohazard waste that consists of materials used to clean wounds and conduct miscellaneous internal examinations are disposed of into one of several red colored and labeled plastic bags inside a metal container with a foot-operated metal lid. There is a minimal amount of such waste.

Non-Regulated Waste Disposal

If the contaminated item contains dried blood or has been rinsed into a drain connected to a sanitary sewer and followed with a small amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a locked area until it is collected and transported for disposal in a sanitary landfill.

Bulk blood, suctioned fluids, excrections, and secretions may be carefully poured down a drain connected to a sanitary sewer followed with a small amount (1 to 2 cups) of bleach.
Oxnard College

Sharps Containers & Disposal

A. Student Health Center

The hard plastic sharps containers are supplied by Labcorp, 5601 Oberlin Dr., San Diego, CA 92121, as part of a service provided with the purchase of needle/syringe supplies. The containers are properly labeled and distinctively colored red and kept in closed cabinets. The opening (kept open) has a narrow neck designed to prevent the contents from coming out if the container is tipped over. The level of contents is clearly visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is screwed on over the opening and placed in a biohazard labeled bag. The bagged sharps container is then put in a cardboard box especially designed for mailing to the BMI Waste facility for disposal. BMI supplies the carton and the preprinted labels.

Dental Hygiene Facility

The hard plastic sharps containers are supplied by CLIA (Clinical Laboratories Improvements Amendments), a Public Health Services licensed supplier, as part of a service provided with the purchase of supplies. The containers are properly labeled and distinctively colored red and kept readily available throughout the work area. The opening (left open) has a narrow neck designed to prevent the contents from coming out if the container is tipped over. Containers are secured on a stable shelf, accessible to the students. The level of contents is visible and containers are reordered when the marked level (well below the top) is reached. Once filled, the cap is screwed on over the opening and placed in a biohazard labeled bag. The bagged sharps container is regularly picked up by CLIA, who dispose of the waste through Ventura Waste Management, 245 Quail Court, Santa Paula, CA.

Instruments used by the dental students are assigned to and maintained by each student. The stainless steel dental instruments are sterilized after each use on a patient. The instruments are placed into a stainless steel cassette and initially put through "ultrasonic" cleaning in a liquid cleaner. They are then put into a commercial dishwasher for a full cycle on hot, using only a drying agent. The cassettes of instruments are then placed in an autoclave (MedMark Ultraclave) sealed with special paper and marker tape indicating that the materials have been autoclaved. The autoclave process is conducted at 270 °F at 31 psi for 115 minutes for sterilization.

Biohazard (Medical) Waste Handling and Disposal

A. Student Health Center

Biohazard waste that consists of materials used to clean wounds and conduct miscellaneous internal examinations are disposed of into a one of several ordinary plastic bag inside a metal container with a foot-operated metal lid. There is a minimal amount of regulated waste at this facility.
Dental Hygiene Facility

A biohazard labeled plastic bag is located at each dental chair to contain materials that may have blood, etc. used in treating patients. These are disposed daily in regular trash.

Non-Regulated Waste

If the contaminated item contains dried blood or has been rinsed into a drain connected to a sanitary sewer and followed with a small amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a locked area until it is collected and transported for disposal in a sanitary landfill.

Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer followed with a small amount (1 to 2 Cups) of bleach.

E. Laundry

1. Universal (standard) precautions shall be observed with all contaminated laundry. Each laundry hamper shall be labeled with a red "Biohazard" sticker or a laundry bag labeled as "Biohazard." Used laundry shall be stored in a "leak resistant" container such as a plastic bag, and the bag shall be labeled with a red "Biohazard" sticker. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall not be sorted or rinsed in the use location.

2. Laundry support shall be provided by outside vendors utilizing bloodborne pathogen exposure control guidelines as outlined by Title 18, California Code of Regulations, General Industry Safety Order 5193.

F. Designated Emergency First Aid Responders

Universal (also known as Standard) precautions shall be followed as discussed (section III. A). Latex gloves shall be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids. Designated employees shall wear gloves on all emergencies. Masks in combination with eye protection devices, such as goggles or glasses with side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other body fluids may be reasonable anticipated.

During the cleanup of an accident site, personal protective equipment must be used. All blood and body fluids/materials shall be disposed of as "medical waste."
IV. VACCINATION AGAINST BLOODBORNE PATHOGENS

- After receiving the training outlined in Section VI and within 10 working days of initial assignment, all employees and students covered in this plan shall be offered at no cost to themselves, vaccination against the Hepatitis B virus (HBV) in accordance with current recommendations of the U.S. Public Health Service.

- Employees or specified students accepting or declining the vaccine must complete the Hepatitis B Vaccination Form (Addendum C).

- If vaccines against other bloodborne pathogens (e.g., Human Immunodeficiency Virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization will be offered to all covered persons in accordance with those recommendations.

V. POST EXPOSURE EVALUATION AND FOLLOW-UP FOR UNVACCINATED EMPLOYEES GIVING FIRST AID

*Note: Employee means anyone covered by the District’s Workers’ Compensation policy.*

REPORTS

The "Biohazard Incident Report" (Addendum D) in addition to the regular "Supervisor’s Accident Report", must be prepared by the exposed individual's supervisor when an employee's primary job is not first aid and there was specific contact exposure to blood or other potentially infectious material.

This report must include all the names of the employees exposed (i.e., all persons who rendered first aid assistance). Individuals exposed to the mishandling of sharps and other similar incidents should also follow the procedure. The report must describe the incident, including time, date and whether personal protective equipment was used. This report will be submitted to the Campus Health Center immediately or when next open.

The original of the "Biohazard Incident Report" must be kept on file at the site where the incident occurred, and a copy forwarded to the Risk Manager. Employees, who are sent by their manager or supervisor for medical evaluation as a result of the incident, must be placed on the district OSHA 100 Log. The "Report" shall be readily available to the affected employee.

A "Biohazard Incident Log" will be maintained at the Risk Management Office and placed in a file that includes copies of all district biohazard incident reports.
PROCEDURE

If an unvaccinated employee has rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether or not a specific exposure incident occurred, provisions for the full hepatitis B vaccination series must be made available as soon as possible, but in no event later than 24 hours after the incident.

A Medical Evaluation

If an employee is determined to have had an exposure to blood or other potentially infectious material, arrangements for a confidential medical evaluation shall be made, within 24 hours of the incident, for the exposed employee. The confidential medical evaluation concerning the exposed employee shall, at least, contain the following information.

1. Documentation of the route(s) and circumstances of exposure.
2. Identification of the source individual, unless impossible.
3. Prompt testing by a qualified lab of the source individual's blood for HBV and HIV as soon as consent is obtained. If consent cannot be obtained, this shall be documented. (See Addendum F.)
   a) If the source individual's HBV or HIV status is known to be positive, repeat testing need not be done.
   b) Results of the source individual's testing shall be made available to the exposed employee, along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of the source individual.
4. Prompt testing of the exposed employee's blood for HBV and HIV shall be done as soon as the Medical Evaluation Consent Form (Appendix C) is signed and received.
   a) If the employee does not consent to the serological testing, consent to a baseline blood collection may be given. The sample shall be preserved untested for at least 90 days at the campus Student Health Center.
   b) If within 90 days of the exposure incident the employee chooses to have the sample tested, this shall be done promptly using the stored sample as baseline and a current sample to document seroconversion. Without a preserved sample, baseline seroconversion to a specific incident cannot be proven.
5. The District shall provide the following to the health care professional responsible for the employee's hepatitis B vaccination:
   a) a copy of this regulation (refer to Appendix A);
   b) a description of the exposed employee's duties as they related to the exposure incident;
   c) documentation of the route(s) of exposure and circumstances under which exposure occurred;
   d) results of the source individual's blood testing, if available; and
   e) all medical records relevant to the appropriate treatment of the employee including vaccination status, which are the District's responsibility to maintain.

B. Exposed Employees

Exposed employees shall be counseled by a knowledgeable health care professional regarding their exposure and any medical and/or legal implications. The exposed employee is urged and expected to take responsibility for following the health care professional's advice regarding further testing and follow up care.

C. Post-Exposure Prophylaxis

If medically indicated and requested by the employee, after appropriate counseling by the health care professional, any prophylactic procedures recommended by the U. S. Public Health Service shall be made available.

D. Employees Contracting Illness

Employees contracting illness as a result of occupational exposure shall be evaluated and followed with appropriate medical care. Appropriate reports of occupational illness shall be made.

E. Written Opinion

Within 15 days of an exposure evaluation the employee shall be provided with a copy of the physician's written opinion, which shall be limited to the following:

1. whether HBV vaccination is indicated and if the employee has received it;

2. that the employee has been informed of the results of the evaluation;

3. that the employee has been informed about any medical condition resulting from exposure which requires further evaluation or treatment.

All other findings of diagnoses shall remain confidential and shall not be included in the written report.
VI. COMMUNICATION OF HAZARDS TO EMPLOYEES (TRAINING)

All employees covered under this standard shall be trained. All reassigned or new employees covered under this plan shall attend a training class within the first 10 days of their new job duties. Training shall be repeated at least once per year.

The basic “Right to Know” hazard communication, in accordance with Cal/OSHA requirements, will be given at the time of new employee orientation at the District Office Human Resources Department. Responsibility for specific training in the Bloodborne Pathogens Exposure Control Program shall be the responsibility of the employee’s Department or Program manager at each campus. Arrangements can be made with the Nurses at the Student Health Center or other health care professionals for accomplishing this training. Records verifying this training shall be maintained at the employee’s department or campus personnel department.

Training shall include the following items:

A. a general explanation of the epidemiology and symptoms of bloodborne diseases;

B. an explanation of the modes of transmission of bloodborne pathogens;

C. an explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;

D. an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;

E. an explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;

F. an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

G. information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

H. an explanation of the basis for selection of personal protective equipment;

I. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

J. information on the appropriate actions to take, and persons to contact in an emergency involving exposure;
K. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available; and

L. information on the post-exposure evaluation and follow up;

The majority of the items listed above will be covered on a training videotape. Each training session shall allow an opportunity for interactive questions and answers. Attendance shall be recorded.

VI. RECORDKEEPING

Medical Records

The medical records for each employee covered under this plan will be maintained at the Human Resources Department at the District Office and will include the following items:

A. the employee's name and social security number;

B. a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine;

C. a copy of all results of examinations, medical testing, counseling and follow-up procedures regarding this plan;

D. copies of any healthcare professional's written opinion; and

E. a copy of the information provided to the healthcare professional.

These medical records shall be retained for at least the duration of employment plus 30 years, in accordance with Cal/OSHA GISO 3204 "Access to Employee Exposure and Medical Records."

Employee medical records shall be provided upon formal written request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

The district shall ensure that employee medical records are:

1. kept confidential; and

2. not disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by this section, or as may be required by law.
Training Records

Training records shall include the following information:

1. the dates of the training sessions;
2. the contents or a summary of the training sessions;
3. the names and qualifications of persons conducting the training; and
4. the names and job titles of all persons attending the training sessions.

Training records shall be maintained in the employee’s campus personnel file for a minimum of 3 years from the date on which the training occurred. (See Addendum E)

The District shall ensure that all records required to be maintained by this section should be made available upon request to the Chief of Cal/OSHA and/or NIOSH for examination and copying.

Employee training records shall be provided upon formal written request for examination and copying to employees and employee representatives.

An incident log (See Addendum G) will be maintained at the Risk Management Office on all biohazard incidents and shall include:

A. Name of the first-aide responder or exposed employee;
B. Description of the incident;
C. Date and time of the incident;
D. Determination of whether or not an exposure occurred.

QUESTIONS?

Questions regarding the design or implementation of this CAL/OSHA Bloodborne Pathogens Exposure Control Program should be directed to the District Risk Management Office.
ADDENDUM A

The ABC’s of Hepatitis
<table>
<thead>
<tr>
<th>Hepatitis A (HAV)</th>
<th>Hepatitis B (HBV)</th>
<th>Hepatitis C (HCV)</th>
<th>Hepatitis D (HDV)</th>
<th>Hepatitis E (HEV)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease.</td>
<td>HBV is a virus that causes inflammation of the liver. The virus can cause liver cell damage, leading to cirrhosis and cancer.</td>
<td>HCV is a virus that causes inflammation of the liver. This infection can lead to cirrhosis and cancer.</td>
<td>HDV is a virus that causes inflammation of the liver. It only infects those persons with HBV.</td>
</tr>
<tr>
<td><strong>Incubation Period</strong></td>
<td>15 to 50 days. Average 30 days.</td>
<td>4 to 25 weeks. Average 8 to 12 weeks.</td>
<td>2 to 25 weeks. Average 7 to 9 weeks.</td>
<td>4 to 26 weeks. Average 40 days.</td>
</tr>
<tr>
<td><strong>How is it Spread?</strong></td>
<td>Transmitted by fecal/oral route, through close person to person contact or ingestion of contaminated food and water.</td>
<td>Contact with infected blood, seminal fluid, and vaginal secretions. Sex contact, contaminated needles, tattoo/body piercing and other sharp instruments. Infected mother to newborn. Human bite.</td>
<td>Contact with infected blood, contaminated IV needles, razors, tattoo/body piercing and other sharp instruments. Infected mother to newborn. It is not easily transmitted through sex.</td>
<td>Contact with infected blood, contaminated needles. Sexual contact with HDV infected person.</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>May have no symptoms. Adults may have light stools, dark urine, fatigue, fever and jaundice.</td>
<td>May have no symptoms. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.</td>
<td>Same as HBV</td>
<td>Same as HBV</td>
</tr>
<tr>
<td><strong>Treatment of Chronic Disease</strong></td>
<td>Not applicable.</td>
<td>Interferon is effective in up to 35-45% of those treated.</td>
<td>Interferon is effective in 10-20% of those treated.</td>
<td>Interferon with varying success.</td>
</tr>
<tr>
<td><strong>Vaccine</strong></td>
<td>Two doses of vaccine to anyone over the age of two.</td>
<td>Three doses may be given to persons of any age.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Who is at Risk?</strong></td>
<td>Household or sex contact with an infected person or living in an area with HAV outbreak. Travelers to developing countries, homosexual men, and IV drug users.</td>
<td>Infant born to infected mother, having sex with infected person or multiple partners, IV drug users, emergency responders and healthcare workers, homosexual men, and hemodialysis patients.</td>
<td>Anyone who had a blood transfusion before 1950; healthcare workers, IV drug users, hemodialysis patients, infants born to infected mother, and multiple sex partners.</td>
<td>IV drug users, homosexual men, and those having sex with a HDV infected person.</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td>Immune Globulin or vaccination. Wash hands after going to the toilet. Clean surfaces contaminated with feces, such as changing tables.</td>
<td>Vaccination and safe sex. Clean up any infected blood with bleach and wear protected gloves. Do not share razors or toothbrushes.</td>
<td>Safe sex. Clean up spilled blood with bleach. Wear gloves when touching blood. Do not share razors or toothbrushes.</td>
<td>Hepatitis B vaccine to prevent HBV infection. Safe sex.</td>
</tr>
</tbody>
</table>
ADDENDUM B

Universal Precautions
UNIVERSAL PRECAUTIONS

Since medical history and/or examinations cannot reliably identify persons who are infected with HIV or other bloodborne pathogens, blood and body fluid precautions should be consistently used for all injured persons. This approach is recommended by the Centers for Disease Control/AHA and is known as Universal Precautions.

1. Hands should be washed before and after contact with ALL patients, paying particular attention around and under fingernails and between fingers. If hands or skin surfaces accidentally come in contact with blood or body fluids they should be immediately washed with soap.

2. Gloves should be worn for contact with blood and body fluids (i.e. urine, stool, oral secretions, wound or other drainage) mucous membranes or other non-intact skin of ALL patients.

3. Gloves should be worn for performing veni-puncture and other vascular access procedures.

4. Gloves should be changed after contact with each patient. Hands should be washed immediately after gloves are removed.

5. Gowns should be worn when the soiling of clothes with blood or body fluids is likely.

6. Masks and/or goggles should be worn when it is likely that eyes and/or mucus membranes could be splashed with blood or body fluids (i.e. when suctioning a patient with copious secretions).

7. Discard uncapped needles, syringes and sharps in puncture resistant containers designed and labeled for this purpose. Containers should be in all patient care areas.
ADDENDUM C

Hepatitis B Vaccination Form
Refusal of Vaccination

1. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name: ___________________________ Date: ________________
Signed: __________________________

2. I have been previously immunized for hepatitis B (HBV) and do not require additional vaccination.

Name: ___________________________ Date: ________________
Signed: __________________________

3. I have been tested for hepatitis B (HBV) and have been shown to be immune.

Name: ___________________________ Date: ________________
Signed: __________________________

4. I decline hepatitis B (HBV) vaccine due to medical reasons.

Name: ___________________________ Date: ________________
Signed: __________________________

Acceptance of Vaccination

I accept my employer's, (Ventura County Community College District) offer for the hepatitis B (HBV) vaccination.

Name: ___________________________ Date: ________________
Signed: __________________________
ADDENDUM D

Biohazard Incident Report
BIOHAZARD INCIDENT REPORT

A biohazard incident occurs when an individual is exposed to human blood or other potentially infectious materials. Specifically eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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. (Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.)

Name: ___________________________ Date: ______________

Job: ______________________________ Time: _____________

Incident Description:

Source Known?  ☐ Yes  ☐ No  ☐ N/A
Source agreeable to testing?  ☐ Yes  ☐ No  ☐ N/A

Individual's Signature: ___________________________ Date: ____________

Supervisor's Signature: ___________________________ Date: ____________
ADDENDUM E

Bloodborne Pathogens Training
Date training began: 

Department: __________________ Classification: ____________

Trainee: __________________

Trainee Signature: __________________

Supervisor: ___________________

<table>
<thead>
<tr>
<th>Topics of Training</th>
<th>Date</th>
<th>Employee Initials</th>
<th>Trainer Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Explanation</td>
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<tr>
<td>Modes of Transmission</td>
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<tr>
<td>Exposure Control Plan</td>
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<td>Recognizing Exposure Tasks</td>
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<td>Waste Disposal/Required signs/labels</td>
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<td>Reducing Exposures</td>
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<tr>
<td>Personal Protective Equipment - Use</td>
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<tr>
<td>Personal Protective Equipment – selection</td>
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<tr>
<td>Understanding Hepatitis B</td>
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<td>Exposures from an Emergency Situation</td>
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<td>Post Exposure Evaluation</td>
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<tr>
<td>Recordkeeping</td>
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</table>

Trainer: ____________________________

Title: ________________________________

Trainer's Signature: __________________

Date Training Completed: __________________
ADDENDUM F

Medical Evaluation Consent Form
Ventura County Community College District

Medical Evaluation Consent

A. [ ] I consent to allowing both a baseline blood sample collection and serological testing of the sample:

B. [ ] I consent to allowing a baseline blood sample collection, but NOT to serological testing of the sample at this time. I understand the blood sample will be preserved for at least 90 days. I can request a serological test of the sample at any time within the 90 day period, but understand I must give an additional blood sample to document seroconversion.

C. [ ] I do not consent to allowing either a baseline blood sample collection or serological testing.

Employee Name: _______________________________________

Signature: ___________________________ Date: ____________

Source Individual Testing

Check one of the following

A. [ ] Source has agreed to be tested.

B. [ ] Source has refused to be tested.

C. [ ] Source cannot be found or identified.

Employee Name: _______________________________________

Signature: ___________________________ Date: ____________
ADDENDUM G

Biohazard Incident Report Log
# BIOHAZARD INCIDENT REPORT LOG

<table>
<thead>
<tr>
<th>Incident Number</th>
<th>Date</th>
<th>Time</th>
<th>Employee Name(s)</th>
<th>Location of Incident</th>
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<tbody>
<tr>
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</table>

Use a separate line for each employee name.
APPENDIX A

California Code of Regulations
Subchapter 7 General Industry Safety Orders
Group 16 Control of Hazardous Substances
Article 109 Hazardous Substances and Processes
Par 5193 Bloodborne Pathogens
Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes

§5193. Bloodborne Pathogens.

Bloodborne Pathogens Resource Package

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.

EXCEPTION: This regulation does not apply to the construction industry.

(b) Definitions. For purposes of this section, the following shall apply:

"Biological Cabinet" means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

(1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

(2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.

(3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means pathogenic microorganisms 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).

"Chief" means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

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

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 25090.

"Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels...
or hot air drying machines.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by subsection (f), Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"NIOSH" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"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.

"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.

"Other Potentially Infectious Materials" means:

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

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

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

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Regulated Waste includes "medical waste" regulated by Health and Safety Code Chapter 6.1.

"Research Laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores. Sterilization includes procedures regulated by Health and Safety Code Section 25090.

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

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

(c) Exposure Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall
establish a written Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall contain at least the following elements:

1. The exposure determination required by subsection (c)(2);

2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard; and

3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, to reflect new or revised employee positions with occupational exposure and to review the exposure incidents which occurred since the previous update.

(E) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Exposure Determination.

(A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;

2. A list of job classifications in which some employees have occupational exposure; and

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(2)(A)2. of this standard.

(B) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) General. 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.

(2) Engineering and Work Practice Controls.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(C) Employers shall provide handwashing facilities which are readily accessible to employees.

(D) When provision of handwashing facilities is not feasible, the employer 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.

(E) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(F) Employers shall ensure that employees wash 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 other potentially infectious materials.

(G) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in subsections (d)(2)(G)1. and (d)(2)(G)2. below. Shearing or breaking of contaminated needles is prohibited.

1. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
2. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(H) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

1. Puncture resistant;

2. Labeled in accordance with this section;

3. Leakproof on the sides and bottom; and


(I) 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.

(J) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(K) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(L) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

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

1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with subsection (g)(1)(A) is required when such specimens/containers leave the facility.

2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

3. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(N) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1. A readily observable label in accordance with subsection (g)(1)(A) shall be attached to the equipment stating which portions remain contaminated.

2. The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal Protective Equipment.

(A) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, 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.

NOTE: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment 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 health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee 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. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

(C) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued 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.

(D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.

(E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(F) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(G) All personal protective equipment shall be removed prior to leaving the work area.

(H) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(I) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(3)(f); and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must 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.

4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
   a. Periodically reevaluate this policy;
   b. Make gloves available to all employees who wish to use them for phlebotomy;
   c. Not discourage the use of gloves for phlebotomy; and
   d. Require that gloves be used for phlebotomy in the following circumstances:
      i. When the employee has cuts, scratches, or other breaks in his or her skin;
      ii. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
      iii. When the employee is receiving training in phlebotomy.

(J) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382. Where respiratory protection is used, the provisions of Section 5144 apply.

NOTE: Surgical masks are not respirators.

(K) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.

(L) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.
(4) Housekeeping.

(A) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(B) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

1. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

2. 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 workshift if they may have become contaminated during the shift.

3. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

4. 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.

5. Reusable sharps that are contaminated with blood or other potentially infectious materials 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.

(C) Regulated Waste.

   a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
      i. Closable;
      ii. Puncture resistant;
      iii. Leakproof on sides and bottom; and
      iv. Labeled in accordance with subsection (g)(1)(A) of this section.
   b. During use, containers for contaminated sharps shall be:
      i. 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);
      ii. Maintained upright throughout use; and
      iii. Replaced routinely and not be allowed to overfill.
   c. When moving containers of contaminated sharps from the area of use, the containers shall be:
      i. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
      ii. Placed in a secondary container if leakage is possible. The second container shall be:
         A. Closable;
         B. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
         C. Labeled according to subsection (g)(1)(A) of this section.
   d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

2. Other Regulated Waste Containment.
a. Regulated waste shall be placed in containers which are:

i. Closable;

ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

iii. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

b. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

i. Closable;

ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

iii. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

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

(D) Laundry.

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

a. 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.

b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or 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.

2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. 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 or color-coded in accordance with subsection (g)(1)(A).

(e) HIV and HBV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV.

EXCEPTION: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Chapter 6.1.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.
3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

4. When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.

5. All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

6. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

7. Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

8. Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

11. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(A) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(B) An autoclave for decontamination of regulated waste shall be available.

NOTE: Autoclaves should meet the requirements of Health and Safety Code Section 25090.

(4) HIV and HBV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.
(B) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(C) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(D) Access doors to the work area or containment module shall be self-closing.

(E) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

NOTE: Autoclaves should meet the requirements of Health and Safety Code Section 25090.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

EXCEPTION: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

   a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

   b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious material (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

   a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or other potentially infectious material shall be reported to the employer before the end of work shift during which the first aid incident occurred.
i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or other potentially infectious material, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.

b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious material regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;

2. Made available to the employee at a reasonable time and place;

3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G), and within 10 working days of initial assignment to all 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.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.

Following a report of an exposure incident, the employer shall make immediately 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 infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV
and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

3. 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 and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. 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 done as soon as feasible.

3. 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; and

(F) Evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;

2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);

4. Results of the source individual's blood testing, if available; and

5. 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 (b)(1)(B).


The employer 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.

(A) The healthcare 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.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (b)(1) of this section.
(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in subsection (g)(1)(A)5., 6. and 7.

NOTE: Other labeling provisions such as Health and Safety Code Sections 25080-25082 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

![BIOHAZARD]

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE
as described in Health and Safety Code Sections 25080-25082.

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

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g).

7. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

![BIOHAZARD]
(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;

2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

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

1. An accessible copy of the regulatory text of this standard and an explanation of its contents;

2. A general explanation of the epidemiology and symptoms of bloodborne diseases;

3. An explanation of the modes of transmission of bloodborne pathogens;

4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. An explanation of the basis for selection of personal protective equipment;

9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. An opportunity for interactive questions and answers with the person conducting the training session.

NOTE: Additional training is required for employees of HIV and HBV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall include:

1. The name and social security number of the employee;

2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (f)(2);

3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);

4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and

5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4.

(C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;

2. The contents or a summary of the training sessions;

3. The names and qualifications of persons conducting the training; and

4. The names and job titles of all persons attending the training sessions.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the
subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(4) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Dates.

(1) The Exposure Control Plan required by subsection (c)(1) of this section shall be completed within 60 days of the effective date of this standard.

(2) Subsection (g)(2) Information and Training and (h) Recordkeeping shall take effect within 90 days of the effective date of this standard.

(3) Subsections (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect 120 days after the effective date of this standard.

(j) Appendix.

to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A

http://www.dir.ca.gov/title8/5193.html
GLOSSARY

Blood Means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens Means pathogenic microorganisms 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).

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

Contaminated Laundry Laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.

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

Decontamination The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 25090.

Designated: Employees who are appointed by their employer as emergency response personnel.

Epidemiology: A branch of medical science that deals with the incidence, distribution, and control of disease in a population.

Exposure: When there is contact with blood or other potentially infectious material on intact skin, clothing, or personal protective equipment.

Exposure Incident: When there is contact with blood or other potentially infectious material involving mucous membranes or abraded skin. (or) A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

Exudative lesions: An oozing wound.

Fluids:

- Amniotic: The fluid surrounding an embryo in the womb.
- Cerebrospinal: A liquid that is comparable to serum and secreted from the blood that is found in the brain and spinal column.
- Pericardial: The fluid that is found in the sac that surrounds the heart.
Ventura County Community College District

Fluids:
- Pleural: Moisten the lining of the lungs to facilitate movement while breathing.
- Synovial: A lubricating fluid secreted by a joint or bursa or tendon sheath.

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

HBV: Hepatitis B virus.

Healthcare Professional: A person whose legally permitted scope of practice allows him or her to independently perform the activities required by subsection (f), Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

Hypoallergenic: Diminished potential for causing an allergic reaction.

Mucous membrane: A membrane that lines body passages and cavities, which communicate directly or indirectly with the exterior.

One-Hand Technique: 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.

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

Pathogens: Viruses and bacteria that cause disease.

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

Percutaneous: Effected or performed through the skin.

Prophylaxis: Measures designed to preserve health and prevent the spread of disease.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Regulated Waste includes "medical waste" regulated by Health and Safety Code Chapter 6.1.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Seroconversion</td>
<td>Development of evidence of antibody response to a disease or vaccine.</td>
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<tr>
<td>Serological</td>
<td>The scientific study of blood.</td>
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<tr>
<td>Sharp</td>
<td>Any sharp instrument that can lacerate, puncture or invade tissue.</td>
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<tr>
<td>Source Individual</td>
<td>Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employees. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains, and individuals who donate or sell blood or blood components.</td>
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<tr>
<td>Sterilize</td>
<td>The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores. Sterilization includes procedures regulated by Health and Safety Code Section 25090.</td>
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<tr>
<td>Universal Precautions</td>
<td>An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.</td>
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<tr>
<td>Vascular</td>
<td>Relating to a channel for the conveyance of body fluids such as blood.</td>
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<tr>
<td>Venipuncture</td>
<td>A surgical puncture of a vein for the withdrawal of blood or to give intravenous injections.</td>
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