



Cambria Community Services District

Blood Borne Pathogens Exposure Control Program

April 2025

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Policy and Elements of the Plan

We provide a safe and healthy workplace for employees. Our District's policy is to establish, implement, and maintain an effective exposure control plan as required by the blood borne pathogens (BBP) regulation in *California Code of Regulations, Title 8 (8 CCR), 5193*. This written plan is designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials (OPIM).

Our exposure control plan is made available upon request, for examination and copying, to our employees, the Chief of Cal/OSHA, and the National Institute for Occupational Health and Safety (or their respective designees) in accord with *8 CCR 3204*, "Access to Employee Exposure and Medical Records."

Our District's written exposure control plan contains at least the following elements:

- Responsibility
- Exposure Determination
- Methods of Compliance
- Hepatitis B Vaccination
- Post Exposure Evaluation and Follow-up
- Communication of Hazards
- Information and Training
- Record Keeping

Responsibilities

BBP Administrator

The General Manager is the BBP Administrator. Responsibilities include:

- Allocate resources and support to appropriately implement the BBP procedures, including annual employee training;
- Ensure employees comply with BBP procedures;
- Demonstrate knowledge of exposure control principles and practices as they apply to the facilities and operations;
- Ensure BBP procedures are implemented throughout the District;
- Verify department-specific methods for source control and cleaning and disinfection of equipment and emergency vehicles;
- Verify document exposure incidents and implement the post-exposure evaluation process for affected employees;
- Verify employees receive initial and annual training in BBP program and procedures;
- Confirm the offer of hepatitis B vaccinations is being extended;
- Maintain all required records for the BBP procedures, including employee medical records; and
- Conduct an annual review of the BBP program.

Department Heads for Departments with Occupational Exposures

The responsibilities of department heads whose staff are identified as having occupational exposures include:

- Designate a BBP coordinator for their department;
- Allocate resources and support to appropriately implement the BBP procedures, including annual employee training;
- Ensure BBP procedures are implemented in the department; and
- Ensure employees comply with BBP procedures;

Department BBP Coordinators

Each department whose employees are identified as having occupational exposures will designate a BBP Coordinator. Responsibilities include:

- Knowledge in exposure control principles and practices as they apply to their department's facilities and operations;
- Ensure the BBP program and department BBP programs and procedures are implemented in the department;
- Determine department-specific methods for source control and cleaning and disinfection of equipment;
- Document exposure incidents and implement the post-exposure evaluation process for affected employees;
- Ensure employees receive initial and annual training in BBP program and procedures;
- Offer required hepatitis B vaccinations;
- Monitor the post-exposure evaluation process where an exposure incident has occurred;
- Maintain, or forward to the BBP Administrator for maintenance, all required records for the BBP procedures, including employee medical records; and
- Conduct an annual review of the department specific BBP program and provide a summary to the BBP administrator.

Employees with Occupational Exposure

Employees with occupational exposure to BBPs responsibilities include:

- Comply with safe work practices when exposure to a BBP is anticipated;
- Provide input regarding the effectiveness of the procedures to the BBP Administrator or Coordinator, including input during the annual review;
- Attend annual BBP training;
- Receive vaccinations offered by the department or sign a declination letter; and
- Follow post-exposure evaluation procedures if an exposure incident occurs.

Exposure Determination

Employees in our District have occupational exposure to blood borne pathogens. *Occupational exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties. *Parenteral contact* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions.

Our policy is to conduct exposure determinations throughout our facilities without regard to the use of personal protective equipment (PPE). We have committees, workgroups, lead person(s), or other individuals who conduct, evaluate, and periodically review exposure determinations. This process involves identifying all the job classifications, tasks, or procedures in which our employees may have occupational exposure to blood or OPIM.

Job Classifications

When all employees have an occupational exposure

All individuals in each job classification listed below have occupational exposure.

Fire Chief	Wastewater Systems Superintendent
Fire Captain	Wastewater Operator OIT, I, II & III
Fire Engineer	Wastewater Collection System Maintenance Worker
Firefighter	Water Systems Superintendent
Utilities Department Manager	Water Systems Operator T3/D2
	Water Treatment Operator OIT, I & II

When some employees have an occupational exposure

The only individuals who have occupational exposure in the job classifications listed below are those who perform the tasks/procedures noted.

Job Classification	Tasks/Procedures with Occupational Exposure

Methods of Implementation

Our District has developed a schedule and methods of implementation for the applicable subsections (d) through (h) of 8 CCR 5193. We have determined which subsections are applicable to our District and documented the pertinent information as follows:

Areas addressed in order to eliminate or minimize exposure to bloodborne pathogens include:

1. Universal Precautions (Total Body Substance Precautions)
2. Engineering and Work Practice Controls
3. Personal Protective Equipment (PPE)

1. Universal Precautions (Total Body Substance Precautions)

We require the use of universal precautions in order to prevent contact with blood or OPIM. Universal precautions are an infection control practice. It means all human blood and certain body fluids are treated as if they are known to be infected with HBV, HCV, HIV, and other diseases carried and transmitted by blood.

We consider all human blood or OPIM as infectious regardless of the source.

2. Engineering and Work Practice Controls

We utilize engineering and work practice controls to eliminate or minimize blood or OPIM exposure to employees. PPE will be utilized in conjunction with engineering controls. These engineering controls will be examined and updated on a regular schedule. We provide and enforce the use of the engineering and work practice controls, which could include:

- a. Prohibited Practices
 - b. Requirements for Handling Contaminated Sharps
 - c. Hand Washing
 - d. Regulated Waste
 - e. Other Controls
- a. Prohibited Practices
 - In work areas where there is a reasonable likelihood of exposure to a blood borne pathogen or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, or cabinets or on countertops or benchtops where a blood borne pathogen or OPIM is present.
 - All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.
 - Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. If needles or syringes are found, they should be handled with caution and placed in a biohazard sharps container.
 - Needle clippers and other devices that shear, bend, or break contaminated needles are prohibited from use.

- Reusable sharps that are contaminated with blood or OPIM will not be stored or processed in a manner that will require an employee to reach by hand into the container where these sharps have been placed.
- Broken glassware that may be contaminated will not be directly handled with a gloved or bare hand. It will be handled by mechanical means (tongs, dustpan and broom). Contaminated broken glass will be placed in puncture-resistant containers and disposed of as biohazardous waste.

b. Requirements for Handling Contaminated Sharps

- A sharps container should always be within arm's reach of an employee administering an IV or injection. The employee should always call out "Sharp Out" to warn others of the hazard. This is especially important with combative patients.
- All procedures involving the use of sharps in connection with patient care such as withdrawing body fluids; accessing a vein or artery; or administering vaccines, medications, or fluids will be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
- Immediately or as soon as possible after use contaminated sharps are placed in sharps containers.
- Sharps containers are rigid, puncture resistant, leak proof on the sides and bottoms, and portable when portability is necessary to ensure easy access by the user. The sharps containers are closable. When closed, the containers are leak resistant and incapable of being reopened without great difficulty. Such containers are labeled with the universal biohazard symbol and replaced frequently enough to prevent overfilling.
- Sharps containers are readily available in areas where sharps waste may be generated. They must remain upright throughout use and be replaced as necessary to avoid overfilling. Sharps containers are emptied before they are three-quarters full. Disposable sharps containers are not reopened, emptied, or accessed in any way.
- Close the sharps container immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Place the sharps container in a secondary container if leakage of the primary container is possible. The second container must be capable of being sealed and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The second container must be labeled or color-coded to identify its contents.
- To prevent exposures to the risk of percutaneous injuries (breaking skin), employees must not, under any circumstances, open, empty, or manually clean (or clean in any other manner) reusable containers.

- Place other regulated waste in containers that are closeable and constructed to contain all the contents and prevent leakage of fluids during handling, storage, transportation, and shipping. (Once again, try to place all bio-waste materials on the ambulance prior to departure.)

c. Hand Washing

We ensure hand-washing supplies are available to those exposed to blood or OPIM. Cal/OSHA requires these facilities to be readily accessible after incurring exposure. If hand-washing facilities are not feasible, we will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes to remove the blood or OPIM. If these alternatives are used, the hands are to be washed with soap and running water as soon as feasible. We provide the following supplies for emergency hand-washing use until employees can have access to soap and water:

d. Regulated Waste

We dispose of all regulated waste in accordance with applicable federal, state, and local regulations. (It is recommended that all bio waste gets placed on ambulances prior to leaving the scene.)

Regulated waste includes liquid or semi-liquid blood or infectious materials, items saturated with liquid blood or OPIM, items compacted with dried blood or OPIM, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.

We dispose of its regulated waste in the following manner:

- Disposal of sharps and pharmaceuticals by distribution to Medical Waste Pros located in the Cambria Pharmacy.
- Liquid and/or other contaminated infectious materials that are not able to be transported to the receiving hospital are disposed of using a pick up service such as Met-Bio or another disposal service.

e. Other Controls

Cleaning and Decontamination of the Worksite

- Decontaminate all contaminated work surfaces with an approved germicide after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIM.
- Inspect and decontaminate all bins, pails, cans, and similar receptacles after each exposure.
- Advise employees to not pick up contaminated broken glassware directly with their hands or with gloves. Provide brooms and dustpans or other tools to avoid contact.

f. Laundry

Handle laundry contaminated with blood or OPIM as little as possible. Sort and place contaminated laundry in appropriately marked (biohazard labeled or color-coded red) bags at the location where it was used. Do not sort or rinse laundry in the area of use. If the contaminated laundry is wet and likely to soak through the original red bag or container, transport the laundry in a second bag or container that prevents leakage.

We send contaminated laundry for cleaning to Cambria Community Services District.

3. Personal Protective Equipment (PPE)

We ensure the following PPE requirements are met:

- a. PPE and training in the appropriate use of PPE is provided to employees who are at risk of occupational exposure to blood borne pathogens.
- b. PPE is provided at no cost to the employee, in appropriate sizes, and includes but is not limited to:
 - Gloves, including glove liners, and hypoallergenic gloves
 - Gowns
 - Laboratory coats
 - Face shields
 - Masks
 - Eye protection such as goggles
 - Mouthpieces
 - Resuscitation bags or other ventilation devices
- c. Cleaning, disposal, repair, and replacement of PPE are provided at no cost to the employee.
- d. PPE is considered appropriate if it does not permit blood or OPIM to pass through to the employee's work clothes, street clothes, or undergarments; skin; eyes or other mucous membranes under normal working conditions and for the duration of time that PPE will be used. PPE is located in the location(s) designated for its use.
- e. All garments that are penetrated by blood will be removed immediately or as soon as feasible. All PPE is removed prior to leaving the work area. When PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- f. Affected employees are required to wear gloves where it is reasonably anticipated they will have hand contact with blood, OPIM, non-intact skin, and mucous membranes (first aid, CPR, clean up of body fluids visibly contaminated with blood).

Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn or punctured or when their ability to function as a barrier is compromised. Non-latex gloves will be provided to employees with latex allergies.

Leather gloves may be decontaminated for reuse provided the integrity of the glove is not compromised. Leather gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Note: Leather gloves are to be discarded if grossly contaminated. They are not to be used as PPE against blood borne pathogens. Therefore, if exposure is possible, latex or nitrile gloves should be worn under the leather gloves.

- g. Employees who are exposed to splashes of blood or OPIM to the eyes are required to wear eye and face protection. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, will be required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated, and eye, nose, or mouth contamination can reasonably be anticipated.

Hepatitis B Vaccination

A safe and effective vaccine is available to protect employees from HBV. The vaccine is generally well tolerated and has not been associated with serious side effects. Immunization requires three injections of vaccine into the muscle of the upper arm over a six-month period.

We offer the HBV vaccine to all current employees who are at risk of occupational exposure to blood borne pathogens and within ten (10) working days of hire or reassignment to a job or tasks that places the employee at risk. The vaccination is:

1. Provided at no cost to the employee;
2. Made available at reasonable times during normal work hours and at an accessible location;
3. Performed by or under supervision of a licensed physician or by another licensed health care professional; and
4. Provided according to current recommendations of the U.S. Public Health Service.

There is no current recommendation for booster doses. Should booster doses be recommended in the future, they will be offered to the employee based on medical determination of need.

The following exemptions are appropriate for any employee and will be documented in the employee's health record when:

1. The employee has previously received a complete series of HBV vaccinations; or
2. Antibody testing has revealed the employee is immune; or
3. The vaccine is contraindicated for medical reasons; or
4. The employee has declined vaccination and that refusal is documented.

All employee blood drawn for serological testing will be sent to an accredited laboratory for testing at the District's expense.

Pre-screening before receiving the HBV vaccination is not mandatory and is not routinely performed.

If the employee initially declines the HBV vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be provided to the employee at that time and at no cost to the employee.

Any employee who declines the HBV vaccination must sign the declination statement in the forms section of this document.

Communication of Hazards

Labels and Signs

1. We will provide warning labels incorporating the universal biohazard sign and require the words “biohazard,” “biohazard waste,” or “sharps waste” to be printed on or affixed to biohazardous waste items that employees are required to remove.
2. The labels are fluorescent orange or orange red with lettering or symbols in a contrasting color.
3. Labels are affixed as securely as possible to the container, preferably by adhesive or by wire, string, or other method to prevent loss or unintentional removal.
4. Red bags or red containers may be substituted for labels as in sharps containers or regulated waste red bags.

Biohazard Signs

All holding areas have a sign posted at the entrance to each area that:

- a. incorporates the universal biohazard symbol; and
- b. lists any special requirements for entering the area.

Training

We provide training to all employees who are at risk for exposure to blood borne pathogens or OPIM. This training is provided at no cost to the employee and during work hours. With the consent of the employee, training may occur during non-work hours.

Training is given as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place as soon as possible for currently employed workers;
2. At least annually after the initial training;
3. When there is introduction of new engineering, administrative, or work practice controls and whenever modifications of current tasks may affect the potential occupational exposure to blood borne pathogens.

Information and training of individuals who are not our employees (contract worker, registry, student, etc.) will be provided by the affected outside DISTRICT or as specified in the contract. We will monitor the outside DISTRICT for compliance with the information and training requirement.

Training will be appropriate in content and vocabulary to educational level, literacy, and language of employees.

Our training program includes information and explanations of at least the following:

- Epidemiology, symptoms, and modes of transmission of blood borne diseases
- Exposure control plan we have implemented and how to obtain a copy of the written plan
- Appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM
- Use and limitations of methods that will prevent or reduce exposures, including appropriate engineering, administrative or work practice controls, and PPE

The basis for selection of PPE

- Types, proper use, location, removal, handling, decontamination, and disposal of PPE
- HBV vaccination series, including its efficacy, safety, method of administration, benefits, and the fact that the vaccination will be offered to employees free of charge
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- Procedure to follow if an exposure incident occurs, including the:
 - Method of reporting the incident
 - Medical follow-up that will be made available
 - Procedure for recording the incident in the sharps injury log
- Post-exposure evaluation and follow-up that will be made available to employees
- Signs, labels, and/or color codings that are used

In addition to the above-mentioned information, we provide to all employees a copy of 8 CCR 5193, “Bloodborne Pathogens,” and an explanation of its content.

The person conducting the training will be knowledgeable of the standard, our exposure control plan and HBV, HCV, and HIV and be able to relate the requirements to employee exposures and concerns.

Record Keeping

Medical Records

1. We will establish and maintain an accurate record for each employee with occupational exposure. This employee’s record will include:
 - a. The name of employee and number;
 - b. A copy of the employee’s HBV vaccination status including the dates of all HBV vaccinations, declination statements, and medical records relative to the employee’s ability to receive vaccinations;
 - c. A copy of all results of examinations, medical testing, evaluation, and follow up of exposure incidents;
 - d. A copy of the health care professional’s written opinion as required following and exposure incident.

2. We will ensure employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this standard and by law.
3. Employee health records, as required by this section, will be maintained for at least the duration of employment plus 30 years, meaning during the entire employment period and 30 years after the last date of work.

Training Records and Sharps Injury Logs

1. Training records will include the:
 - a. Dates of the training session;
 - b. Contents or a summary of the training session;
 - c. Names and qualifications of persons conducting the training sessions;
 - d. Names and job titles of persons attending the training.
2. Training records will be maintained for three years from the date the training occurred. It is a best practice to maintain them as part of the permanent personnel file.
3. Copy of employee's individual training record will be placed in his/her personnel file at the conclusion of each calendar year and kept for the duration of employment.
4. Sharps injury reports and logs will be maintained five years from the date of the incident (same as Cal/OSHA Form 300 Log).
5. Accessibility
 - a. Employee training records and the sharps injury logs will be made available upon request to employees, employee representatives, and Cal/OSHA.
 - b. Employee medical records will be made accessible to the employee, anyone having the written consent of the employee, and Cal/OSHA.

Provisions for the Initial Reporting of Exposure Incidents

We report all exposure incidents as soon as possible (and in no case later than the end of the work shift during which they occurred) regardless of whether first aid was rendered. An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. All employees (including designated first aid providers who provide first aid regularly and those who render first aid only as a collateral duty) receive training about our policy.

The exposure incident report includes at least the following:

- The names of all employees involved in the exposure incident (including all first aid providers who have rendered assistance regardless of whether PPE was used)
- A description of the exposure or first aid incident, including:
 - The time and date
 - A determination of whether an exposure incident occurred. This determination is necessary to ensure the proper post-exposure evaluation is conducted and prophylaxis and follow-up are made available immediately if an exposure incident has occurred.
 - Person receiving the report
 - Contact number

Hepatitis B Vaccination Series for Unvaccinated Employees

We strongly encourage HBV vaccination and make the vaccination series available to all employees who have occupational exposure to blood or OPIM. Included are collateral first aid providers who have rendered assistance in *any* situation involving the presence of blood or OPIM regardless of whether an actual exposure incident has occurred. The vaccination series is provided to collateral first aid providers as soon as possible but no later than 24 hours after the employee has rendered assistance.

Post-Exposure Evaluation and Follow-up

In the event of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up. All post-exposure follow-up will be performed at the designated occupational health clinic:

Med Stop Urgent Care
 283 Madonna Road, San Luis Obispo, CA 93405
 (805) 549-8880

That evaluation and follow-up will include the following:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred (to include details of the use or non-use of engineering controls, work practice controls, or PPE);
2. When a source is identifiable, that individual's blood will be tested as soon as feasible and after consent is obtained to determine HIV, HBV, and HCV infectivity. If consent is not obtained, we will establish that consent cannot be legally obtained. When the source individual's consent is not required by law, that individual's blood, if available, may be tested and the results documented.
 - a. Consultation and testing of the source individual will be done at the request of the exposed employee through the source's private physician.
 - b. If the source individual is known to be infected with HIV, HBV, or HCV, testing to determine such status need not be repeated.
 - c. Results of the source individual's testing will be made available to the exposed employee and the employee will be informed of laws/regulations regarding the privacy rights of the source

individual. The results of the source individual's blood test and employee's blood test are confidential and will be known only to the health care provider and the exposed employee.

3. The exposed employee's blood will be collected as soon as it is feasible and tested for HIV, HBV, and HCV serological status, only after signed consent has been obtained.

Employee Testing & Treatment

Counseling and other features of post exposure evaluation will be offered whether or not the employee elects to have baseline HIV/HBV/HCV serological testing. If the employee consents to baseline blood collection but does not give consent to HIV serological testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, the employee gives written consent to have serologic testing performed on the baseline sample, testing will be ordered by the health care provider as soon as it is feasible.

Post-exposure prophylaxis (hepatitis B immune globulin for hepatitis B) will be provided when medically indicated according to the recommendations of the U.S. Public Health Service current at the time prophylaxis is administered. The costs of tests, treatment, and prophylaxis of employees will be borne by the District. Additional collection and testing will be made available as recommended by the U. S. Public Health Service.

Information Provided to the Health Care Professional

We will provide the health care professional responsible for the employee's HBV vaccination program and/or post-exposure evaluation with the following information:

1. A copy of *CCR, Title 8, Section 5193*;
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which exposure occurred;
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.

Health Care Professional's Written Opinion

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

The health care professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The health care professional's written opinion for post exposure follow-up will be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation

- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

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

First Aid and Exposure Incident Report

We will investigate and document on a first aid and exposure incident report form incidents involving the presence of blood or OPIM. Investigations will include the following information:

1. Names of all first aid providers who rendered assistance, regardless of the use of PPE;
2. Description of the incident that must include a determination of whether or not, in addition to the presence of blood or OPIM, an occupational exposure incident occurred;
3. Time and date of incident (include location);
4. Offer of HBV to all unvaccinated first aid providers who rendered assistance within 24-hours of the incident.

Work Practice Controls Exception to Prohibited Practices

Our District prohibits the bending, recapping, or removal of contaminated sharps from devices *except when* performed using a mechanical device or a one-handed technique, and it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure.

Injury Reporting

All parenteral contacts (piercing or lacerations) that occur in the workplace are reported on the sharps injury log and recorded within 14 days of the incident. The data recorded includes the following information, if known or reasonably available:

1. Date and time of the exposure incident;
2. Type and brand of the sharp involved;
3. The procedure the exposed employee was performing at the time of the incident;
4. How the incident occurred;
5. The body part involved in the incident;
6. If the sharp had engineered sharps injury protection, whether the mechanism was activated and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism, or after activation of the mechanism, if applicable;
7. If the sharp had no engineered sharps injury protection, the employee's opinion as to whether and how such a mechanism could have prevented the injury and the employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.
8. The employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.

The required information is recorded on the sharps injury log, and all exposure incidents involving sharps are also recorded on the Cal/OSHA 300 Log in accordance with the requirements of the “Employer Records of Occupational Injury or Illness” regulation, known as the California record-keeping standard.

Periodic determinations are made on the frequency of use and the types, models, or brands of sharps involved in the exposure incidents documented on our sharps injury log.

Identification of Engineering Controls

Our policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. Engineering controls means controls (e.g., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the blood borne pathogens hazard from the workplace.

We first evaluate products that eliminate the use of sharps (e.g., needleless systems), if available. If these devices are not selected, we then evaluate devices equipped with engineered sharps injury protection (ESIP). ESIP means either (1) a physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or (2) a physical attribute built into any other type of needle device or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

We have procedures for identifying and selecting appropriate and effective engineering controls when appropriate, which may include:

- Setting up a process
- Defining needs
- Gathering information
- Testing and selecting products
- Using new products
- Conducting follow up

Plan Review and Update

Our exposure control plan is reviewed regularly and updated at least annually (and whenever necessary) to include:

- New or modified tasks or procedures that affect occupational exposure
- Progress in implementing the use of needleless systems and sharps with engineered sharps injury protection
- New or revised job position(s) that involve occupational exposure
- Reviews and evaluations of exposure incidents that have occurred since the previous update
- Reviews and responses to information indicating the existing exposure control plan is deficient in any area

All employees are encouraged to provide suggestions on improving the procedures they perform. Employees contribute to the review and update of the exposure control plan by:

- Participating as members of committees (e.g., safety and health, labor-management, infection control, product evaluation and selection, purchasing of equipment)
- Attending meetings to discuss safety and health issues and improvements
- Reporting issues or potential problems to supervisors
- Providing ideas, recommendations, or suggestions
- Filling out reports, questionnaires, or other documents

**CAMBRIA COMMUNITY SERVICES DISTRICT
HEPATITIS B VACCINE CONSENT/DECLINATION**

Date: _____

CONSENT - RECORD OF CONSENT FOR HEPATITIS "B" VACCINATION

(This Section is OPTIONAL)

I have attended the in-service training on the blood borne pathogens program regarding HIV, hepatitis B, and the hepatitis-B vaccine. I have also read the in-service training literature and have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand I must have at least three doses of vaccine over a six-month period to confer immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. *You must complete the whole series within the six months.*

I request that it be administered to me.

Print Name: _____ Employee #: _____

Employee Signature: _____ Date: ____/____/____

Employer Representative: _____

DECLINATION - RECORD OF HEPATITIS "B" VACCINE DECLINATION

(This Section is MANDATORY)

Date: _____

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 me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or 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.

Print Name: _____ Department: _____

Employee Signature: _____

Employer Representative: _____

RECORD OF HEPATITIS "B" VACCINE

Date: _____

I certify that the information provided below is accurate to the best of my knowledge. I understand that if I decline the vaccine, I may be required to sign a declination form and acknowledge the risks associated with Hepatitis B exposure.

Print Name: _____ Department: _____

Employee Signature: _____

Employer Representative: _____

Hepatitis B Vaccination Status (Please check one and provide documentation as required)

I have completed the full Hepatitis B vaccine series.

- Date of completion: _____
- Documentation attached: Yes No

I have received some doses of the Hepatitis B vaccine but have not completed the series.

- Number of doses received: _____
- Dates of doses: _____
- Documentation attached: Yes No

**CAMBRIA COMMUNITY SERVICES DISTRICT
FIRST AID INCIDENT REPORT FOR BLOODBORNE PATHOGENS**

Date of incident: _____ Time: _____ a.m. p.m.

Date incident reported: _____ Time: _____ a.m. p.m.

Describe the first-aid incident:

Was there blood or other body fluids present? Yes No

Did an exposure incident occur? Yes No

If yes, please describe it.

(Cal/OSHA – “An 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 one’s duties.”)

Did the first aid providers use PPE? Yes No

Print names of persons who provided first aid:

If there was an exposure incident as defined by Cal/OSHA, were they **immediately** referred for post-exposure evaluation and follow-up? Yes No

Was there blood or other body fluids present? Yes No

If unvaccinated, were they offered the hepatitis B vaccination? Yes No

Supervisor’s Signature: _____ Date: _____

**CAMBRIA COMMUNITY SERVICES DISTRICT
SHARPS INJURY LOG**

Supervisors: Complete for each employee exposure incident involving a sharp. This form is to be completed with the employee but not by the employee. Fill in the most appropriate boxes. A sharp includes, but is not limited to, needles, needle devices, scalpels, lancets, Exacto blades, and broken glass.

Injury ID No. _____ Date/Time of Exposure Incident: _____
(Not Employee Name)

Job Classification/Title: _____ Department/Location: _____
Where Exposure Occurred:

Regular Department #: _____ Location (Bldg./Room #): _____

What procedure was being performed when the incident occurred?

Check all body parts that were involved

Finger Hand Arm Face/Head Torso Leg

Other _____

Did the exposure incident occur:

During use of sharp Disassembling After use and before sharps container

While putting sharp into sharps container Sharp left, inappropriate place

Other _____

Identify sharp object involved:

Type: _____ Brand: _____ Model: _____

Was sharp injury protection device attached? Yes No

Was protective mechanism activated? Yes No

Did the exposure occur: Before During After activation

If the sharp had no engineered sharps injury protection, do you feel that such a mechanism could have prevented the injury? Yes No

What other engineering, administrative, or work practice controls could have prevented this injury?

Attach this form to the accident investigation form. Send both forms to administration@cambridgesd.org within 24 hours of the incident.