

Town of Tiburon

**Blood Borne Pathogen & Hepatitis A
Exposure Control Program**

September 2020

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Purpose

The Town of Tiburon provides a safe and healthful workplace for employees. This policy is to establish, implement, and maintain an effective exposure control program (Program) as required by the blood borne pathogens (BBP) regulation in California Code of Regulations, Title 8 (8 CCR), Section 5193. This Program is designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials (OPIM) and is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (8 CCR 3203).

The Program also includes protocols to protect or minimize employees' occupational exposure to hepatitis A virus (HAV). HAV is found in the feces of an infected person and is not a blood borne pathogen. However, the protocols to prevent or minimize occupational exposure to hepatitis A are similar to blood borne pathogen protocols and therefore, have been included in this Program. In addition, employees should be aware they have a responsibility for their own health and safety.

This Program 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."

Responsibilities

Exposure Control Program Administrator

The Town Manager, or their designee, is the Exposure Control Program Administrator. Responsibilities include, but not limited to:

- Ensuring departments comply with the Program;
- Maintaining all required records for the Program; and
- Reviewing/updating the Program on an annual basis or whenever there are changes in employee exposures, job tasks, technology; whenever an employee has a blood borne pathogen exposure; when the Program is found to be deficient in any area; or when there are changes in the regulation.

Department Heads for Departments with Occupational Exposures

Responsibilities include, but are not limited to:

- Acting as the Program coordinator for the department;

- Providing resources and support to implement the Program;
- Ensuring the Program is properly implemented;
- Ensuring employees receive initial and annual training;
- Ensuring the Program is implemented within the department;
- Offering the hepatitis A and hepatitis B vaccinations to affected employees;
- Verifying department-specific methods for source control and cleaning and disinfection of equipment and vehicles (if applicable);
- Demonstrating knowledge in exposure control principles and practices as they apply to the department's facilities and operations;
- Determining department-specific methods for source control, cleaning and disinfection of equipment, and cleaning and disinfection of vehicles, if applicable;
- Documenting exposure incidents and implementing the post-exposure evaluation process for affected employees;
- Monitoring the post-exposure evaluation process where an exposure incident has occurred;
- Forwarding required records to the Exposure Control Program Administrator; and
- Assisting the Exposure Control Program Administrator with the Program review/update.

Employees with Occupational Exposure

Responsibilities include, but are not limited to:

- Complying with safe work practices as outline in the Program;
- Attending required training;
- Accepting the hepatitis A and/or B vaccinations or sign the declination forms;
- Reporting a blood or fecal borne pathogen exposure to their supervisor immediately;
- Following post-exposure evaluation procedures if an exposure incident occurs;
- Providing suggestions on improving the procedures they perform; and
- Taking personal responsibility for their health and safety.

Exposure Determination and Job Classifications

Each department will maintain a current list of employees who have an occupational exposure to blood or fecal borne pathogens based on their job classification – See Appendix A for a sample worksheet.

Occupational Exposure to Blood Borne Pathogens

Occupational exposure to blood borne pathogens 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.

Exposure determinations will be conducted throughout the facilities without regard to the use of personal protective equipment (PPE). Department Heads, or their designees, who conduct, evaluate, and periodically review exposure determinations will be used for this purpose.

This process involves identifying the job classifications, tasks, or procedures where employees may have occupational exposure to blood, OPIM, or fecal matter.

Other Potentially Infectious Materials (OPIM)

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 and include:

- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and 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 Contact

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

Occupational Exposure to Fecal Borne Pathogens

Occupational exposure to fecal borne pathogens (hepatitis A [HAV]) means reasonably anticipated contact with fecal matter due to close person-to-person contact or from cleaning human waste.

Methods of Compliance

Universal and Standard Precautions (Total Body Substance Precautions)

The use of universal precautions is required in order to prevent contact with blood and OPIM. Universal precautions are an infection control practice that 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 regardless of the source.

In addition, all human feces will be treated as if infected with HAV regardless of the source.

Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids and human feces shall be considered potentially infectious materials and treated with appropriate precautions.

The use of specified engineering and work practice controls will be used to limit exposure.

Use hand washing, gloving (and other personal protective equipment), clean-up and housekeeping techniques whenever there is a potential exposure for blood or fecal borne pathogens.

Engineering and Work Practice Controls

Engineering and work practice controls are utilized to eliminate or minimize blood, OPIM, or fecal matter exposure to employees. PPE will be utilized in conjunction with engineering controls. These engineering controls will be examined and updated on a regular basis.

Engineering Controls

Appropriate and effective engineering controls to prevent or minimize exposure incidents will be selected whenever possible. Engineering controls means controls (e.g., sharps disposal containers, sharps handling tools, and sharps with engineered sharps injury protection) that isolate or remove the blood borne pathogens hazard from the workplace.

Products that eliminate the use of sharps (e.g., needleless systems) will be evaluated, if available. If these devices are not selected, then devices equipped with engineered sharps injury protection (ESIP) will be evaluated.

An ESIP is either:

- A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, that effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or
- A physical attribute built into any other type of needle device or into a non-needle sharp, that effectively reduces the risk of an exposure incident.

The procedures for identifying and selecting appropriate and effective engineering controls may include:

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

Work Practice Controls

The following practices are expected to be followed and will be enforced:

- In work areas where there is a reasonable likelihood of exposure to a blood borne pathogen, OPIM, or fecal matter, 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 counter tops or bench tops 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, OPIM, or fecal matter;
- Any material or object that may be contaminated with blood, OPIM, or fecal matter will not be directly handled with a bare hand;
- Mechanical means (e.g. tongs, dustpan and broom) will be used when appropriate to prevent direct hand contact;
- Contaminated materials or objects will be placed in puncture-resistant containers and disposed of as biohazardous waste; and
- Needle clippers and other devices that shear, bend, or break contaminated needles are prohibited from use.

Exception to Prohibited Practices

The bending, recapping, or removal of contaminated sharps from devices is prohibited 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.

Requirements for Handling Contaminated Sharps

The following requirements for handling contaminated sharps are expected to be followed and will be enforced:

- If needles or syringes are found, they will be handled with caution and by mechanical means (e.g. tongs or pliers) whenever practical and placed directly into a biohazard sharps container, sharp end first;
- Needles and other sharps will not be bent, recapped, removed, sheared, or purposely broken;
- 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;
- Sharps containers will be readily available in areas where sharps waste may be generated;
- Sharps containers will be labeled with the universal biohazard symbol;
- Sharps containers will be rigid, puncture resistant, leak proof on the sides and bottom, portable when portability is necessary to ensure easy access by the user and closable;
- When closed, the containers are leak resistant and incapable of being reopened without great difficulty;
- Sharps containers should remain upright throughout use and emptied before they are three-quarters full;
- Disposable sharps containers are not to be re-opened, emptied, or accessed in any way;
- Ensuring 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 safe practices and other methods designed to minimize the risk of a sharps injury;
- Immediately, or as soon as possible, placing contaminated sharps in sharps containers;
- Closing the sharps container immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- Sharps container must be placed 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 also be labeled or color-coded to identify its contents;

- 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; and
- To prevent exposures to the risk of percutaneous injuries (breaking skin), employees will never open, empty, or clean reusable containers.

Regulated Waste

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

Containers for regulated waste will:

- Be leak proof, closable, and puncture resistant;
- Not contain loose sharps;
- Be stored upright;
- Be handled exclusively by personnel trained and authorized under this Program; and
- Be **RED** and labeled with a fluorescent orange biohazard symbol.

Regulated waste will be disposed of in accordance with applicable federal, state, and local regulations.

Cleaning and Decontamination Equipment and Surfaces

All equipment and surfaces are to be cleaned and decontaminated as soon as possible after contact with blood, OPIM, or human feces.

The following clean-up procedures are recommended by the Center for Disease Control (CDC):

1. Block off the area of the contamination until clean-up and disinfection is complete.
2. Use appropriate PPE.
3. Wipe up the spill using paper towels or absorbent material and place in a plastic garbage bag.
4. Gently pour a freshly prepared bleach solution (1 part regular household bleach and 9 parts cool water) or an approved EPA-registered germicide onto all contaminated areas.

5. Let the bleach solution remain on the contaminated area for 20 minutes. Follow the manufacturer's recommendations for appropriate contact time for approved germicides.
6. Wipe up the remaining bleach solution or germicide.
7. All non-disposable cleaning materials used such as mops and scrub brushes should be disinfected by saturating with bleach solution or germicide and air dried.
8. Remove gloves and place in plastic garbage bag with all soiled cleaning materials.
9. Double-bag and securely tie-up plastic garbage bags and discard.
10. Thoroughly wash hands with soap and water.

Hygiene

Handwashing facilities will be readily accessible to employees who are exposed to blood, OPIM, or fecal whenever feasible.

If handwashing facilities are not feasible, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes to remove the blood, OPIM, or fecal matter will be provided. If these alternatives are used, the employee is required to wash their hands with soap and running water as soon as practical.

Flush mucous membranes (eyes, nose, and mouth) with water immediately, or as soon as feasible, for at least 10 minutes following contact of such body areas with blood, OPIM, or fecal matter.

First Aid

If you pierce or puncture your skin with a sharp, follow this first aid advice immediately:

- Encourage the wound to bleed, ideally by holding it under running water;
- Wash the wound using running water and plenty of soap;
- Do not scrub the wound while you're washing it;
- Do not suck the wound;
- Dry the wound and cover it with a bandage or dressing; and
- Seek medical treatment.

Personal Protective Equipment (PPE)

PPE and training in the appropriate use of PPE will be provided to employees who are at risk of occupational exposure to blood, OPIM, and fecal borne pathogens.

PPE will be provided at no cost to the employee, in appropriate sizes, and includes but is not limited to:

- Gloves (impermeable and permeable), including glove liners and hypoallergenic gloves
- Gowns/outerwear
- Face shields/masks
- Eye protection

PPE is considered appropriate if it does not permit blood, OPIM, or fecal matter to pass through to the employee's clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal working conditions and for the duration of time PPE will be used.

All PPE is to be removed prior to leaving the work area. When PPE is removed, it should be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Employees are required to wear impermeable gloves, such as nitrile or latex-free where it is reasonably anticipated they will have hand contact with blood, OPIM, fecal matter, non-intact skin, or mucous membranes (first aid, CPR, clean up of body fluids visibly contaminated with blood or fecal matter).

Disposable (single-use) 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.

Utility gloves, such as leather or fabric, are not to be used as PPE against pathogens. Therefore, if an exposure is possible, impermeable gloves must be worn under these types of gloves.

Utility gloves may be decontaminated for reuse provided the integrity of the glove is not compromised. They must be discarded if grossly contaminated, cracked, peeled, torn, punctured, or exhibit signs of deterioration when their ability to function as a barrier is compromised.

Employees who may be exposed to splashes of blood, OPIM or fecal matter 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 shield or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood, OPIM, or fecal matter may be generated, and eye, nose, or mouth contamination can reasonably be anticipated.

Laundry

If garments become penetrated by blood, OPIM, or fecal matter they will be removed immediately, or as soon as practical.

Contaminated laundry will be handled with a minimum of agitation.

Contaminated laundry will be sorted and placed 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.

If employees have contact with contaminated laundry, they are required to wear appropriate PPE.

Employees should avoid washing contaminated garments at home. Contact your supervisor for the location for the nearest laundry cleaning location.

Hepatitis A & B Vaccinations

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

- Provided at no cost to the employee;
- Made available at a reasonable time and place;
- Performed by, or under supervision of, a licensed physician or by another licensed health care professional; and
- Provided according to current recommendations of the U.S. Public Health Service.

HBV booster doses are not recommended for persons with normal immune status who have been vaccinated. Should booster doses be recommended, they will be offered to the employee based on a medical determination of need at no cost to the employee.

The following vaccination exemptions are appropriate for any employee who declines the offer for HAV or HAB vaccination.

- The employee has previously received a complete series of HAV and/or HBV vaccinations; or

- Antibody testing has revealed the employee is immune to HAV and/or HBV; or
- The vaccines are inadvisable for medical reasons; or
- Personal or religious reasons.

Employees are not required to disclose the reason why they declined the HAV or HAB vaccination.

Any employee who declines the HAV and/or HBV vaccination is required to sign a declination form. Employees who accept the HAV and/or HBV are encouraged to sign an acceptance form. See Appendices B and C.

All blood drawn for serological testing will be sent to a laboratory for testing at no cost to the employee.

Participating in a pre-screening program is not a prerequisite for receiving the hepatitis B vaccination.

If an employee initially declines the HAV and/or 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.

Post Exposure Evaluation and Follow-up

All employee exposure incidents involving human blood, OPIM, or fecal matter must be reported to supervisors/designee 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, OPIM, or fecal matter that resulted from the performance of an employee's duties.

Supervisors/designee will complete the Incident Report for Blood and Fecal Borne Pathogen for each employee exposure event. See Appendix D.

In the event of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up.

The evaluation and follow-up will include the following:

- 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);
- When a source is identifiable and after consent is obtained, that individual's blood will be tested as soon as feasible to determine HIV, HAV, HBV, and HCV infectivity. If consent is not obtained, it will be documented 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;
- Consultation and testing of the source individual will be done at the request of the exposed employee through the source's private physician;
- If the source individual is known to be infected with HIV, HAV, HBV, or HCV, testing to determine such status need not be repeated; and
- 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.

Employee Testing & Treatment

Counseling and other features of post-exposure evaluation will be offered whether or not the employee elects to have baseline HIV/HAV/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 ninety (90) days. If within ninety (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 (immune globulin or vaccination for HAV or HBV) will be provided to any employee 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 Town of Tiburon. Cost of tests, treatment, and prophylaxis of individuals who are not our employees (contract workers, registry students, volunteers, prisoner work crews, etc.) will be borne by the affected outside agency or as specified in the contract between Town of Tiburon and the outside agency. The outside agency/individual will be responsible for compliance with the post-exposure evaluation and follow-up treatment.

Additional collection and testing will be made available as recommended by the U. S. Public Health Service.

Information Provided to the Health Care Professional

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

- A copy of CCR, Title 8, Section 5193;
- A written description of the exposed employee's duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

Health Care Professional's Written Opinion

A copy of the evaluating health care professional's written opinion will be obtained and provided the employee within fifteen (15) days of the completion of the evaluation.

The health care professional's written opinion for HAV and/or HBV vaccination will be limited to whether HAV and/or 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, feces, 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 Reporting

Incidents involving the presence of blood, OPIM, or fecal matter will be investigated and documented. Investigations will include the following information:

- Description of the incident that must include a determination of whether or not, in addition to the presence of blood, feces, or OPIM, an occupational exposure incident occurred;
- Names of all first aid providers who rendered assistance, regardless of the use of PPE (if applicable);
- Location, time, and date of incident; and
- Offer of HAV or HBV to all employees who rendered first aid assistance within 24-hours of the incident (if applicable).

Counseling

Post-exposure counseling may be provided to employees after an exposure incident, if appropriate. Counseling by a qualified counselor will be made available to the employee regardless of his or her decision to accept serological testing. A qualified counselor may include the employee's supervisor, a physician administering treatment to the exposed employee, or any other individual with appropriate training. A component of the counseling includes the *MMWR* recommendations from the Centers for Disease Control and Prevention (CDC). (A subscription to *MMWR* is available at www.cdc.gov/subscribe.html.) Those recommendations cover the prevention and transmission of bloodborne infections (including HIV, HBV, and HCV) and other relevant topics.

Communication of Hazards

Labels and Signs

Warning labels will be incorporated into the universal biohazard sign and require the words "biohazard," "biohazard waste," or "sharps waste" to be printed on or affixed to biohazardous waste items.

The labels will be fluorescent orange or orange-red with lettering or symbols in a contrasting color.

Labels will be affixed as securely as possible to the container, preferably by adhesive or by wire, string, or other method to prevent loss or unintentional removal.

Red bags or red containers may be substituted for labels except for sharps containers or regulated waste red bags.

All containers of biohazard regulated waste and sharps disposal containers, such as refrigerators/freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or other infectious materials, such as contaminated equipment, PPE or other laundry must be labeled.

Training

Training will be provided to all employees who are at risk for exposure to blood or fecal borne pathogens or OPIM. This training is provided at no cost to the employee and during normal work hours.

Training is given as follows:

- At the time of initial assignment to tasks where occupational exposure may take place;
- At least annually after the initial training; and
- 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 or fecal borne pathogens or OPIM.

Information and training of individuals who are not entity employees will be provided by the affected outside agency.

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

The training program will include information and explanation of at least the following:

- An accessible copy of the regulatory text of the standard and an explanation of its contents;
- Epidemiology and symptoms of bloodborne diseases;
- Modes of transmission of bloodborne and fecal borne pathogens;
- BBP Program and the means by which the employee can obtain a copy of the written Program;

- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood, OPIM, or fecal contamination;
- Use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and PPE;
- Types, proper use, location, removal, handling, decontamination and disposal of PPE;
- Basis for selection of PPE;
- HAV and HAB 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;
- Appropriate actions to take and persons to contact in an emergency involving blood, OPIM, or fecal contamination;
- Procedures to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and the procedure for recording the incident on the Sharps Injury Log (see Appendix E);
- Post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- Signs and labels and/or color coding; and
- An opportunity for interactive questions and answers with the person conducting the training session.

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

Program Review and Update

The Program will be reviewed annually and updated as needed. Updates may take place when:

- New or modified tasks or procedures that affect occupational exposure;
- 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 Program is deficient in any area; or
- Changes in the regulation.

Employees contribute to the review and update of the exposure control Program 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; or
- Filling out reports, questionnaires, or other documents.

Record Keeping

Employee Medical Records

Records for each employee with occupational exposure will be established and maintained. The employee's record will include:

- The name and birth date of employee
- A copy of the employee's HAV and/or HBV vaccination status, including the dates of all HAV and HBV vaccinations, declination/acceptance statements, and medical records relative to the employee's ability to receive vaccinations;
- A copy of all results of examinations, medical testing, evaluation, and follow up of exposure incidents; and
- A copy of the health care professional's written opinion as required following an exposure incident.

Employee medical records are confidential and are kept in the employee's personnel file.

Employee medical records will not be 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.

Employee health records 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.

Employee medical records will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to Cal/OSHA, and to NIOSH in accordance with Section 3204.

Training Records

Training records will be maintained for at least three years from the date the training occurred.

Training records will include the:

- Dates of the training session;
- Contents or a summary of the training session;
- Names and qualifications of persons conducting the training sessions; and
- Names and job titles of persons attending the training.

Employee training records will be provided upon request for examination and copying to employees, to employee representatives, to Cal/OSHA, and to NIOSH.

Sharps Injury Log

All parenteral contacts (piercing or lacerations) that occur in the workplace will be reported on the Sharps Injury Log and recorded within 14 days of the incident. See Appendix E.

Sharps Injury Log will be maintained for at least five years from the date of the incident.

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

Appendix A - Exposure Determination Worksheet (EXAMPLE)

Town of Tiburon		
Please complete one form for each job classification and list duties that may cause an employee to be exposed to blood, OPIM or fecal matter.		
Employee Position Classification: <i>Registered Nurse</i>		
Locations Where this Position is Assigned: Behavioral Health Services		
TASKS & PROCEDURES	EXPOSURE RISK: Indicate if risk is <i>Routine</i> or <i>Occasional</i>	✓ if <u>all</u> employees in this classification are at risk
<i>Supervises the development & implementation of specialized health care services</i>	<i>Routine</i>	✓
<i>Supervises the administration of medication</i>	<i>Routine</i>	✓
<i>Provides emergency nursing care</i>	<i>Routine</i>	✓
<i>Conducts a program directed toward control of communicable disease</i>	<i>Routine</i>	✓
Additional Comments Regarding Potential Risks		
<i>A primary provider of health care.</i>		
Department Head/Supervisor Signature	Date	
The potential risks of exposure pertaining to the above job duties represent the exposure determination to the best of our knowledge.		

Appendix A - Exposure Determination Worksheet (EXAMPLE)

Town of Tiburon		
Please complete one form for each job classification and list duties that may cause an employee to be exposed to blood, OPIM or fecal matter.		
Employee Position Classification: <i>Custodian</i>		
Locations Where this Position is Assigned:		
<i>All Facilities</i>		
TASKS & PROCEDURES	EXPOSURE RISK: Indicate if risk is <i>Routine</i> or <i>Occasional</i>	✓ if <u>all</u> employees in this classification are at risk
<i>Clean restrooms</i>	<i>Routine</i>	✓
<i>Empties and cleans trash cans</i>	<i>Occasional</i>	✓
<i>Picks up trash on grounds</i>	<i>Occasional</i>	✓
Additional Comments Regarding Potential Risks		
<i>Will require personal protective equipment, training and must use universal precautions with blood and OPIM or bio-labeled articles and bags.</i>		
Department Head/Supervisor Signature	Date	
The potential risks of exposure pertaining to the above job duties represent the exposure determination to the best of our knowledge.		

Appendix B

**Town of Tiburon
Hepatitis A Vaccine Consent/Declination**

CONSENT - RECORD OF CONSENT FOR HEPATITIS A VACCINATION

(This Section is OPTIONAL)

I have read the CDC vaccine information statement, Hepatitis A Vaccination: *What You Need to Know*. I have had an opportunity to ask questions and understand the benefits and risks of the hepatitis A vaccination. I understand I must complete the series of the selected vaccine to have effective immunity. However, as with all medical treatment, there is no guarantee I will become immune or I will not experience an adverse side effect from the vaccine.

I request it be administered to me.

Print Name: _____

Employee Signature: _____

Date: _____

Employer Representative: _____

DECLINATION - RECORD OF HEPATITIS A VACCINE DECLINATION

(This Section is REQUIRED if employee declines)

I have read the CDC vaccine information statement: Hepatitis A Vaccination: *What You Need to Know*. I understand that due to my occupational exposure to people who are homeless and/or use illicit drugs and/or have close contact with environments near or are serving people who are homeless and/or use illicit drugs, I may be at risk of acquiring hepatitis A virus (HAV) infection. I have been given the opportunity to be vaccinated with hepatitis A vaccine, at no charge to myself. However, I decline hepatitis A vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis A, a serious disease. If in the future, I continue to have occupational exposure to fecal contamination and I want to be vaccinated with hepatitis A vaccine, I can receive the vaccination series at no charge to me.

Print Name: _____

Employee Signature: _____

Date: _____

Employer Representative: _____

Hepatitis A Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.imzmmize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.imzmmize.org/vis

1 Why get vaccinated?

Hepatitis A is a serious liver disease. It is caused by the hepatitis A virus (HAV). HAV is spread from person to person through contact with the feces (stool) of people who are infected, which can easily happen if someone does not wash his or her hands properly. You can also get hepatitis A from food, water, or objects contaminated with HAV.

Symptoms of hepatitis A can include:

- fever, fatigue, loss of appetite, nausea, vomiting, and/or joint pain
- severe stomach pains and diarrhea (mainly in children), or
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements).

These symptoms usually appear 2 to 6 weeks after exposure and usually last less than 2 months, although some people can be ill for as long as 6 months. If you have hepatitis A you may be too ill to work.

Children often do not have symptoms, but most adults do. You can spread HAV without having symptoms.

Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in persons 50 years of age or older and persons with other liver diseases, such as hepatitis B or C.

Hepatitis A vaccine can prevent hepatitis A. Hepatitis A vaccines were recommended in the United States beginning in 1996. Since then, the number of cases reported each year in the U.S. has dropped from around 31,000 cases to fewer than 1,500 cases.

2 Hepatitis A vaccine

Hepatitis A vaccine is an inactivated (killed) vaccine. You will need **2 doses** for long-lasting protection. These doses should be given at least 6 months apart.

Children are routinely vaccinated between their first and second birthdays (12 through 23 months of age). Older children and adolescents can get the vaccine after 23 months. Adults who have not been vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

You should get hepatitis A vaccine if you:

- are traveling to countries where hepatitis A is common,
- are a man who has sex with other men,
- use illegal drugs,
- have a chronic liver disease such as hepatitis B or hepatitis C,
- are being treated with clotting-factor concentrates,
- work with hepatitis A-infected animals or in a hepatitis A research laboratory, or
- expect to have close personal contact with an international adoptee from a country where hepatitis A is common

Ask your healthcare provider if you want more information about any of these groups.

There are no known risks to getting hepatitis A vaccine at the same time as other vaccines.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of hepatitis A vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- **If you are not feeling well.** If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis A vaccine do not have any problems with it.

Minor problems following hepatitis A vaccine include:

- soreness or redness where the shot was given
- low-grade fever
- headache
- tiredness

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Hepatitis A Vaccine

7/20/2016

42 U.S.C. § 300aa-26



Appendix C

Town of Tiburon
Hepatitis B Vaccine Consent/Declination
CONSENT - RECORD OF CONSENT FOR HEPATITIS B VACCINATION
(This Section is OPTIONAL)

I have read the CDC vaccine information statement: Hepatitis B Vaccination: General Information. 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 I will become immune, or I will not experience an adverse side effect from the vaccine. *You must complete the whole series within the six months.*

I request it be administered to me.

Print Name: _____

Employee Signature: _____

Date: _____

Employer Representative: _____

DECLINATION - RECORD OF HEPATITIS B VACCINE DECLINATION
(This Section is MANDATORY)

I have read the CDC vaccine information statement: Hepatitis B Vaccination: General Information. 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 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: _____

Employee Signature: _____

Department: _____

Date: _____

Employer Representative: _____

HEPATITIS B

General Information

What Is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C.



The only way to know if you have Hepatitis B is to get tested.

What Is Hepatitis B?

Hepatitis B can be a serious liver disease that results from infection with the Hepatitis B virus. **Acute Hepatitis B** refers to a short-term infection that occurs within the first 6 months after someone is infected with the virus. The infection can range in severity from a mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people, especially adults, are able to clear, or get rid of, the virus without treatment. People who clear the virus become immune and cannot get infected with the Hepatitis B virus again.

Chronic Hepatitis B refers to a lifelong infection with the Hepatitis B virus. The likelihood that a person develops a chronic infection depends on the age at which someone becomes infected. Up to 90% of infants infected with the Hepatitis B virus will develop a chronic infection. In contrast, about 5% of adults will develop chronic Hepatitis B. Over time, chronic Hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death.

How Is Hepatitis B spread?

The Hepatitis B virus is spread when blood, semen, or other body fluids from an infected person enters the body of someone who is not infected. The virus can be spread through:

- **Sex with an infected person.** Among adults, Hepatitis B is often spread through sexual contact.
- **Injection drug use.** Sharing needles, syringes, and any other equipment to inject drugs with someone infected with Hepatitis B can spread the virus.
- **Outbreaks.** While uncommon, poor infection control has resulted in outbreaks of Hepatitis B in healthcare settings.
- **Birth.** Hepatitis B can be passed from an infected mother to her baby at birth. Worldwide, most people with Hepatitis B were infected with the virus as an infant.

Hepatitis B is **not** spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.

What are the symptoms of Hepatitis B?

Many people with Hepatitis B do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.

When do symptoms occur?

If symptoms occur with an acute infection, they usually appear within 3 months of exposure and can last up to 6 months. If symptoms occur with chronic Hepatitis B, they can take years to develop and can be a sign of advanced liver disease.

Continued on next page



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Control and Prevention

How would you know if you have Hepatitis B?

The only way to know if you have Hepatitis B is to get tested. Blood tests can determine if a person has been infected and cleared the virus, is currently infected, or has never been infected.

Who should get tested for Hepatitis B and why?

CDC develops recommendations for testing based upon a variety of different factors. Here is a list of people who should get tested. The results will help determine the next best steps for vaccination or medical care.

All pregnant women are routinely tested for Hepatitis B. If a woman has Hepatitis B, timely vaccination can help prevent the spread of the virus to her baby.

Household and sexual contacts of people with Hepatitis B are at risk for getting Hepatitis B. Those who have never had Hepatitis B can benefit from vaccination.

People born in certain parts of the world that have increased rates of Hepatitis B. Testing helps identify those who are infected so that they can receive timely medical care.

People with certain medical conditions should be tested, and get vaccinated if needed. This includes people with HIV infection, people who receive chemotherapy and people on hemodialysis.

People who inject drugs are at increased risk for Hepatitis B but testing can tell if someone is infected or could benefit from vaccination to prevent getting infected with the virus.

Men who have sex with men have higher rates of Hepatitis B. Testing can identify unknown infections or let a person know that they can benefit from vaccination.

How is Hepatitis B treated?

For those with acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. People living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Treatments are available that can slow down or prevent the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. The Hepatitis B vaccine is typically given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection.

Who should get vaccinated against Hepatitis B?

All infants are routinely vaccinated for Hepatitis B at birth, which has led to dramatic declines of new Hepatitis B cases in the US and many parts of the world. The vaccine is also recommended for people living with someone infected with Hepatitis B, travelers to certain countries, and healthcare and public safety workers exposed to blood. People with high-risk sexual behaviors, men who have sex with men, people who inject drugs, and people who have certain medical conditions, including diabetes, should talk to their doctor about getting vaccinated.

For more information

Talk to your doctor, call your health department, or visit www.cdc.gov/hepatitis.

Appendix D

**Town of Tiburon
INCIDENT REPORT FOR BLOOD OR FECAL BORNE PATHOGENS**

Date of Incident: _____ Time: _____

Date Incident Reported: _____ Time: _____

Describe the first-aid or exposure incident:

Was there human blood, feces, or other body fluids present? Yes No

Did an exposure incident occur? Yes No

Cal/OSHA definition – 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 result from the performance of one’s duties.

If yes, please describe it.

Was PPE used? Yes No What PPE was used?

Print name(s) of persons who provided first aid or were also exposed:

If there was an exposure incident as defined by Cal/OSHA, was the person(s) **immediately** referred for post-exposure evaluation and follow-up? Yes No

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

Report taken by: _____ Date: _____

Signature: _____

Appendix E

**Town of Tiburon
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 #: _____ Date/time of Exposure _____
(Not the employee name) _____ Incident: _____

Job Classification/Title: _____ Department: _____

Where exposure occurred (be specific): _____

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 in an 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 engineering, administrative, or work practice controls could have prevented this injury?

Attach this form to the IIPP Supervisors' Report of Injury and Illness investigation form.