

# Santa Clarita Community College District



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## **BLOODBORNE PATHOGENS**

# **Exposure Control Program**

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Revised

March 2018

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## I. Purpose

The Bloodborne Pathogens Exposure Control Program (BBPP) has been developed by Santa Clarita Community College District to promote safe work practices for employees in an effort to reduce occupational exposure, including but not limited to Hepatitis Viruses B and C (HBV and HCV) and Human Immunodeficiency Virus (HIV) via potentially contaminated blood and other bodily fluids (*bloodborne pathogens*) as outlined in the California Code of Regulations (CCR) Title 8, Section 5193.

The objectives of this Program are to protect District employees from the health hazards associated with *bloodborne pathogens*, and to provide the appropriate treatment and counseling should an employee be exposed to *bloodborne pathogens*. The District acknowledges that there are safe work practices that should be followed when working with, or if exposed to, *bloodborne pathogens*. These include but are not limited to the following:

- Instituting appropriate safe work practice controls to minimize or eliminate employee exposure to *bloodborne pathogens*.
- Being responsible in following safe work practices to minimize exposure to *bloodborne pathogens*.
- Never underestimating the risk of exposure to *bloodborne pathogens*.

To ensure that the Program is kept current, it will be reviewed and updated as follows:

- At least annually.
- Whenever new or modified work tasks or procedures are implemented which may affect occupational exposure to employees.
- Whenever an employee is exposed to a *bloodborne pathogen*.

The Program is available for review by employees at any time. A copy of the Program is located on the District website.

## II. Program Responsibilities

The **Bloodborne Pathogens Exposure Control Program Coordinator** for the Santa Clarita Community College District is the Director, Human Resources Operations. The Program Coordinator is responsible for ensuring that District policies and practices are implemented, employees are provided a safe and healthful work place and that operations are in compliance with the Bloodborne Pathogens Exposure Control Program and applicable federal, state, and local regulations and standards. See Appendix I for list of Program Managers.

### **BBP PROGRAM COORDINATORS**

The overall responsibility for the management and support of this Program lies with the **BBP Program Coordinator**. These responsibilities include, but are not limited to:

- Working with Administrators, Division Deans, Department Directors, Department Chairs when serving as night/Saturday Dean, and Managers administer the policies or practices required to support the effective implementation of this Program.
- Working with the District Risk Manager, the BBP Program Coordinator is responsible for providing guidance, resources, and assistance with the development of department-specific guidelines.
- Following requirements in accordance with Cal OSHA for implementing an effective program.
- Working with other members of the District staff to ensure that adequate training, review, and implementation of the Program are being completed.
- Implementing suitable education/training programs for employees.
- Maintaining an up-to-date list of District personnel requiring this training as well as maintaining the appropriate documentation showing the training was completed (i.e., sign-in sheets, tests, etc.).
- Periodically reviewing the training programs with District Management to ensure that the Program includes the appropriate new information and that it is being effectively presented to the employees.

## **EMPLOYEES**

It is the responsibility of employees to review and acknowledge receipt of the Bloodborne Pathogens Exposure Control Program and implement its elements including:

- Understanding what tasks they perform that may have occupational exposure to *bloodborne pathogens*.
- Receiving and reading this BBP Program.
- Completing and signing all required documents, including immunization forms, if needed.
- Reviewing and acknowledging receipt of information regarding the Hepatitis B vaccination series.
- Actively participating in *bloodborne pathogens* training sessions when presented by the District as required by Cal OSHA.
- Following all work practices in accordance with established District safety policies and post-exposure protocol.
- Following good personal hygiene habits.

## **CONTRACTORS**

Contractors must have their own BBPP and their program must complement the District's BBP Program. Contractors must meet all regulatory requirements and actively participate in site health and safety activities as required in contracts and purchase orders.

## **OTHERS UNDER THE PURVIEW OF THE BBP Program**

(e.g., Board approved volunteers, associated student officers, student aides and hourly employees.) All others under the purview of this BBPP must comply with the provisions of the Program and health and safety regulations, promptly report unsafe activities and conditions to management, and actively participate in safety and health training and other related activities.

## **VISITORS AND GUESTS**

Visitors and guests must comply with site health and safety requirements and participate in BBP Program activities as required.

### III. Determination of Potential Areas of Exposure

#### 3.1 Infectious Materials Definition

Infectious materials are defined as follows:

- (a) human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as in an emergency response;
- (b) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (c) any of the following:
  - (1) cell, tissue, or organ cultures from humans or experimental animals;
  - (2) blood, organs, or other tissues from experimental animals; or
  - (3) culture mediums or other solutions when it is difficult or impossible to determine content or contamination.

#### 3.2 Exposure Risk Determination

Job titles and job descriptions of employees were analyzed to determine the potential for occupational exposure to blood, infectious materials as defined above, or regulated wastes. The exposure risk was further identified as regular exposure, occasional exposure or not exposed. Employees were determined to have a potential for exposure in accordance with the Risk Level Determination Listing of job descriptions in the attached Appendix I. All employees are listed in one of the following categories, which identifies their potential exposure:

Category I: Employees regularly exposed to blood or other potentially infectious material.

Category II: Employees occasionally exposed to blood or other potentially infectious material.

Category III: Employees not exposed to blood or other potentially infectious material.

#### 3.3 Exposure Modes

Tasks and procedures in which exposure to *bloodborne pathogens* can potentially occur were identified as: blood drawing and injections, sterilizing and disinfecting instruments, clinical laboratory procedures, biology laboratory procedures, wound care, law enforcement, emergency response, and direct patient/child care (including

diapers, handling sharps, and handling contaminated clothing).

## IV. **Methods of Compliance**

To effectively eliminate or minimize exposure to *bloodborne pathogens* at District sites, the method for implementation will follow the guidelines set forth in this Program and in Cal OSHA Bloodborne Pathogens Standard (CCR, Title 8, Section 5193).

### 4.1 **Universal Precautions**

Universal precautions are an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other *bloodborne pathogens*. Our District sites observe the practice of “universal precautions” to prevent contact with blood and other potentially infectious materials. As a result, all body fluids as well as instruments, environmental surfaces, materials, laboratory waste and other articles with potential to be contaminated with blood or other body fluids, shall be treated as if they are infectious for HIV, HBV, HCV and other *bloodborne pathogens*. Universal precautions include hand washing, gloving (and other personal protective equipment), and clean-up techniques used by the District.

### 4.2 **Engineering and Work Practice Controls**

When necessary, the District shall use available engineering controls to eliminate or minimize employee exposure to *bloodborne pathogens*.

Engineering controls serve to isolate or remove the *bloodborne pathogen* hazard from the workplace. Examples include: hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes); needle recapping devices; sharps containers; self-sheathing needles; disposable platforms for lancet devices; and infectious waste bags.

Work practice controls are those which have been implemented to prevent the spread of infectious diseases. They reduce the likelihood of exposure by altering the manner in which tasks are performed. Examples include: not allowing needle recapping; hand washing; not eating, drinking or applying make-up in areas where there may be infectious materials present; wearing appropriate personal protective equipment; proper disinfecting of equipment and work areas; and use of sharps engineered to prevent injury.

Below are examples of engineering and work practices that will be followed District-wide:

- a) Hand washing and washing of skin and eyes — All employees must wash their hands as soon as possible after removing gloves or any other personal protective equipment (PPE) such as gowns, protective eyewear, and masks. An

antimicrobial cleanser packet will be made available. Additionally, Employees shall immediately wash any skin that comes in contact with blood or other potentially infectious materials. Antimicrobial packets will be provided and used in situations where hand-washing facilities are not readily available. Employees in these situations shall wash contaminated skin as soon as practical. Eyes shall be flushed for 15 minutes using nearest eyewash station.

- b) Sharps – Procedures for proper use of sharps will be followed.
- c) Eating and drinking in the workplace — No eating, drinking, smoking, or application of cosmetics is allowed in work areas where there is a potential for contamination with infectious materials.
- d) Storage of food and drink — No food or drink may be kept in refrigerators, freezers, shelves, cabinets, countertops or benchtops where infectious materials may be present.
- e) Handling specimens of blood, tissue and other potentially infectious material — the following rules will be observed when handling these types of materials:
  - All potentially infectious materials will be placed in containers designed to prevent leakage.
  - Universal precautions will be observed at all times.
  - Containers that contain such materials will be properly labeled.
  - When the potential exists for the specimen to puncture the primary container, the primary container will be placed inside a secondary container that is puncture resistant.
- h) Decontamination — Contaminated or potentially contaminated equipment and surfaces (e.g., carpets, desktops, clothing) will be decontaminated as prescribed in the Handling Infectious Waste Section of this document.

#### 4.3 Personal Protective Equipment (PPE)

Appropriate Personal Protective Equipment (PPE) will be available to Category I employees regularly exposed to blood or other potentially infectious materials. See Appendix II for PPE list, **Site Managers' (Supervisor)** PPE responsibilities, and Guidelines for PPE usage. PPE may include gloves, gowns, face shield, safety goggles, chemical goggles, as well as CPR shields. It is the District's responsibility to provide proper PPE training and every designated employee who is issued PPE is expected to follow procedures as outlined in this document or prescribed by departmental procedures.

- When potential for exposure has been identified, the **Site Manager (Supervisor)** will determine which type of PPE will be used.



#### **4.4 Clean-Up of Regulated Waste**

Universal Precautions outlined in Section 4.1 of this document and the use of biohazard kits should be employed in the clean up of regulated waste. Biohazard kits are located throughout the District sites in the areas defined in Appendix III.

#### **4.5 Handling Infectious Waste**

It is important that surface areas and equipment be kept clean and sanitary. The following practices should be followed to aid in the elimination of potential exposure hazards:

- a) If equipment or its protective covering becomes contaminated, isolate, tag, and follow departmental procedures.
- b) All equipment and environmental surfaces must be cleaned and decontaminated or removed after contact with blood or other potentially infectious material.
- c) Regulated waste other than sharps is required to be placed in a red biohazard container labeled with the appropriate biohazard warning label.
- d) When containers are not located within the immediate area, a red waste disposal bag from the biohazard kit may be used.
- e) Inspect and decontaminate any bins, pails or other similar receptacles that may become contaminated.
- f) Discard contaminated sharps immediately in containers provided for such. Containers shall be located as close as possible to the work area where the sharps are used, maintained in an upright position and replaced routinely so as to not become overfilled.
- g) When containers are not located within the immediate area, biohazard kits should be used. Notify appropriate personnel for disposal.
- h) The Director of Facilities is responsible for the collection and handling of the District sites' regulated waste and for keeping written records of regulated offsite waste disposal.

## V. Labels and Signs

To effectively minimize exposure to *bloodborne pathogens* at District sites, the biohazard warning labeling system is in use (see example at Appendix VIII). These labels, which are red, orange-red or fluorescent orange with lettering and symbols in a contrasting color, shall be used in conjunction with the approved red color-coded containers to warn employees of possible exposures.

The following items at District sites shall be labeled:

- 1) Refrigerators or freezers containing potentially infectious materials.
- 2) Containers of regulated waste.
- 3) Other containers used to store, transport, or ship potentially infectious materials.
- 4) Contaminated equipment, PPE or other laundry (Equipment sent for repair/maintenance should state on the label which portions of the equipment are contaminated).
- 5) Sharps disposal containers.

Situations where labels would not have to be used include:

- 1) Individual containers of blood placed in a labeled container.
- 2) Infectious waste that has been decontaminated.

## VI. Employee Training

Employees who have a potential for exposure (Categories I and II) will be provided with an approved comprehensive training program.

- a) All employees will receive training and instruction when the BBPP is first established, when modifications and revisions are completed, and annually.
- b) All affected or potentially affected employees will receive appropriate safety training prior to assignments, when potentially exposed to new hazards and when assigned new work tasks.
- c) Employees attending or receiving training mandated by this Program will sign attendance sheets and actively participate in training.
- d) Specific employee training will be determined/identified by Management. This training will be designed to address department and task specific compliance and BBP Program prevention needs.

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

- Copy and Explanation of the Standard.
- Epidemiology and Symptoms.
- Modes of Transmission.
- Employer's Exposure Control Plan.
- Risk Identification.
- Methods of Compliance.
- Decontamination and Disposal.
- Personal Protective Equipment.
- Hepatitis B Vaccination Protocol.
- Emergency Response.
- Exposure Incident.
- Post-Exposure Evaluation and Follow-up.
- Signs and Labels.
- Interactive Questions and Answers.

## VII. Recordkeeping

- a) Records of BBP Program employee training, exposure assessments, and BBP Program safety and exposure inspections will be maintained for at least 5 years.
- b) BBP Program employee training records shall include the name of the employees trained, date and type of training provided, and the provider of the training.
- c) Administrators, Division Deans, Department Directors, and Managers are responsible for ensuring: (1) employee training records are generated; (2) the original is sent to Human Resources; and (3) a copy is sent to the appropriate management to be maintained for their respective area of responsibility for five years.
- d) *Bloodborne pathogen* hazard assessments and annual Program review records will be maintained for at least 5 years.
- e) Administrators, Division Deans, Department Directors, and Managers are responsible for generating records of Sharps injuries in their respective areas and for ensuring these records are sent to Human Resources where a *Sharps Injury Log* (Appendix VI) will be maintained for at least 5 years.
- f) *Bloodborne pathogen* occupational exposure and investigation records are to be retained by Human Resources for a period of duration of employment plus 30 years.
- g) All medical information and records, verbal and written, concerning the

occupational exposure of a District employee will not be disclosed or released to anyone without the employee's written consent except as required by law. These records will be kept by the Human Resources Department.

## VIII. Hepatitis B Vaccinations, Post Exposure & Follow-Up

### 1) Vaccination Program

The vaccination program has been implemented for those employees who may be exposed to *bloodborne pathogens* during their routine work tasks. (These jobs are identified in Appendix I under Category I.) In addition, any employee who has an exposure incident (i.e., needlestick) shall receive the appropriate medical care, including post-exposure inoculation. There is no cost to employees for the vaccinations. The vaccination program consists of a series of three inoculations over a six-month period. As part of their *bloodborne pathogens* training, employees receive information concerning the vaccination, including its safety and effectiveness.

The department responsible for the vaccination program is Human Resources. Vaccinations will be administered either by Student Health Services under the supervision of a licensed physician or by another healthcare professional that the employee chooses.

The following steps shall be taken when an employee has been identified as having potential exposure to blood or other potentially infectious materials:

- a) Unless an employee has already received the vaccine, declines the vaccine, or cannot receive the vaccine because of health problems, he/she will receive it within ten (10) working days of the first day of employment.
- b) Employees requiring vaccination will be given the Hepatitis B Vaccination Letter and Acknowledgment/Declination form (See Appendix IV for Vaccination Forms) to read, sign and return to the Human Resources Department.
- c) All employees who refuse to be vaccinated, for whatever reason, must indicate the declination on the Acknowledgement/Declination form. If the employee, at a later date, decides to have the vaccine, it will be provided at no cost.
- d) A copy of the District Bloodborne Pathogens Exposure Control Program will be provided to healthcare professionals responsible for administering the vaccine and to the physician providing vaccination post-exposure.
- e) In the event of an exposure incident, the evaluating healthcare professional will send a written opinion stating whether or not they feel a post-exposure inoculation was indicated based on employee lab results and if it was

administered.

## 2) Post Exposure & Follow-Up

If an employee is accidentally exposed to *bloodborne pathogens* during the performance of their work, the following shall be immediately conducted:

- a) Employee must report any exposure incident (i.e., needle stick, scalpel blade cut, blood in the eyes, etc.) immediately to their supervisor, at which time the employee should be given a *Bloodborne Pathogen Exposure Incident Report* form (see Appendix V) and other Workers' Compensation forms packet. All forms need to be completed and returned to the District Human Resources Department immediately, with copy to the Risk Management Department.
- b) Employee shall be referred to a District-approved medical facility (unless they have pre-designated a personal physician prior to an incident) to receive medical consultation and, if necessary, treatment. (Request for pre-designation of personal physician is available through the District Human Resources Department.)
- c) The supervisor shall complete a *Sharps Injury Log* and a *Supervisor's Accident Investigation Report* (Appendix VI and VII) when applicable, with information provided by the employee, and forward them to the District Human Resources Department, with copy to the Risk Management Department.
- d) The Risk Manager will review the incident reports with the Human Resources Department to assist with providing recommendations to avoid similar incidents in the future. Recommendations from those reviews, if any, will be submitted in writing to the supervisor and the responsible **Dean**.
- e) If possible, the source individual's blood shall be tested to determine HIV, HBV and HCV infection.

It is important for all persons involved in this process to recognize that much of the information involved in this process must remain confidential to protect the privacy of the employee(s) involved in any exposure incident.

The healthcare professional treating the employee shall be sent all necessary documents describing the exposure incident, any relevant employee medical records and any other pertinent information. The healthcare professional shall provide the District Human Resources Department with a written opinion evaluating the exposed employee's situation as soon as possible. A copy of this opinion shall be forwarded to the employee within 15 days of completion of the evaluation. After completion of these procedures, the exposed employee should meet with the qualified healthcare professional to discuss the employee's medical status. This includes the evaluation of any reported illnesses, as well as any recommended treatment.

To continue the emphasis on confidentiality, the written opinion shall contain only the following information:

- Whether Hepatitis B inoculations are indicated for the employee.
- Whether the employee has received the Hepatitis B inoculations.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

Other findings and diagnoses shall remain confidential and will not be included in the written report.

It is important for all persons involved in the process to recognize that **all** information, written *and* verbal, shall be kept strictly confidential.

# Appendix

## APPENDIX CONTENTS

### Appendix I

EXPOSURE RISK ASSESSMENT

Category I

Category II

Category II

### Appendix II

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# APPENDIX I

## Exposure Risk Assessment

### Category I

Job Classifications Where Employees Have  
Routine Occupational Exposure to Blood or Other Potentially Infectious Material

\*Requires Hepatitis B Vaccine, Universal Precautions Training,  
and Personal Protective Equipment

#### General Job Category

- Athletic Trainer
- Health Sciences (Clinical) Instructor
- Emergency Medical Technician (Clinical) Instructor
- Medical Assisting (Clinical) Instructor
- Nursing (Clinical) Instructor
- Clinical Specialist
- Child Development Center Manager
- Senior Child Care Instructor Specialist
- Child Care Instructor Specialist
- PE Instructor
- Custodian
- Lead Custodian
- Maintenance Worker (Plumber)
- Campus Safety

# Exposure Risk Assessment

## Category II

Job Classifications Where Employees Occasionally Have Occupational Exposure to Blood or Other Potentially Infectious Material

\*Requires Universal Precautions Training and Personal Protective Equipment

### General Job Category

- Laboratory Instructor
  - Biology
  - Chemistry
- Applied Sciences Senior Laboratory Technician
- Applied Sciences Laboratory Technician
- Biology Senior Laboratory Technician
- Biology Laboratory Technician
- Biology Specialist Aide
- Field Study Faculty and Staff\*
  - Environmental Studies Instructor
  - Geology Instructor
  - Astronomy Instructor
  - Anthropology Instructor
- Automotive Technology Faculty
- Fitness Leader
- Athletic Instructor
- Physical Education Instructor
- Instruction Assistant, P.E. and Athletics
- Dance Instructor
- Physical Education Coach
- Coaching Aide
- Athletic Equipment Attendant/Driver
- Aquatics Aide
- Recreational Leader
- Recreation Aide
- Health Sciences (Non-clinical) Instructors
- DSPS Faculty and,
  - Student Help/Student Driver
  - Recreation Aide
  - Specialist Aide
- Lead Groundskeeper
- Groundskeeper
- Utility Custodian
- Specialist Aide
- Project Specialist
- Student Help
- Student Help/College Work Study

In the following Departments:

Biology	Athletics	Health Science
DSPS	Children's Ctr.	Physical Education
Environmental Studies		

\* "Instructor" includes area-specific Associate Faculty

## **Exposure Risk Assessment**

### **Category III**

Job Classifications In Which Employees Have  
No Occupational Exposure to Blood or Other Potentially Infectious Material

\*Requires familiarity with locations and use of Biohazard Kits in cases of emergency.

All Classes of Employees not listed in Categories I and II.

# APPENDIX II

## PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is designed to provide employees with protection against bloodborne pathogens and other diseases. Types of PPE include, but are not limited to: gloves, facemasks, eye shields, head covers, shoe covers, protective clothing and, pocket CPR masks. PPE is appropriate only if blood or other potentially infectious material cannot pass through it and contaminate an employee's skin, eyes, mouth or, other mucous membranes under normal manufacturer's recommended use.

There is a risk for occupational exposure in many departments of the District (see Exposure Risk Assessment List, Appendix II). When potential for exposure has been identified, the **Site Managers (Supervisor)** will:

- Determine which type(s) of PPE will be used for each identified departmental task with risk potential;
- Ensure that the appropriate PPE is readily available at the worksite;
- Ensure that employees use the PPE as instructed;
- Ensure PPE is removed and deposited in a designated container for decontamination or disposal prior to leaving the worksite;
- Clean, launder and dispose of contaminated PPE;
- Repair or replace PPE as necessary to maintain effectiveness;
- Develop a written plan for PPE use in the format provided by the District (see Form A);
- Submit a written plan to the Risk Management Coordinator for inclusion in the District's Bloodborne Pathogen Exposure Control Plan (Appendix B);
- Keep a copy of the written plan in the **Site Manager's (Supervisor)** District Bloodborne Pathogens Exposure Control Program for employee access; and
- Review and update, as needed, departmental tasks with risk potential and PPE use.

## **GUIDELINES FOR MANDATORY USE OF PPE**

### **❖ GLOVES:**

- Will be worn when it can be reasonably anticipated that hand contact with blood, other potentially infectious material, mucous membranes, and non-intact skin may occur; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
- Disposal (single use) gloves will be replaced as soon as possible after exposure, if they are torn or punctured, or their ability to function as a barrier is compromised in any manner. Disposable gloves will not be washed or decontaminated for reuse.
- Utility gloves may be reused after decontamination if the integrity of the glove is not compromised. Utility gloves that are damaged in any manner or exhibit any signs of deterioration will be discarded and replaced.
- Hypoallergenic gloves, glove liners, or similar alternatives will be made readily available to those employees who are allergic to the gloves normally provided.

### **❖ MASKS and EYE SHIELDS:**

- Masks in combination with eye-protective devices, such as goggles, glasses with solid side shields or, chin-length face shields shall be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious material may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.

### **❖ PROTECTIVE CLOTHING:**

- Protective clothing such as, but not limited to, gowns, aprons, lab coats/clinic jackets or similar outer garments will be worn in occupational exposure situations. The type and characteristics of the protective clothing will depend upon the task and the degree of exposure anticipated.

### **❖ HEAD COVERS and SHOE COVERS/BOOTS:**

- Hoods or caps and/or shoe covers/boots will be worn when gross contamination can be reasonably anticipated.

### **❖ POCKET CPR MASKS:**

- Pocket masks will be made available to employees required to provide First Aid.

## **NOTE**

- ✓ Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- ✓ Food and drinks will not be kept in refrigerators, freezers, shelves, cabinets, on countertops, or on benches where blood or other potentially infectious materials are present.

## **APPENDIX III**

### **BLOODBORNE PATHOGEN & SPILL KIT LOCATIONS**

#### **Valencia Campus**

- Custodial closets
  - Custodial Office
  - Institute for Culinary Education
  - Maintenance Office
  - Pool supply shed
- 

#### **Canyon Country Campus**

- Custodial closets
  - Custodial Office
- 

\*Kits for custodial use and available for emergency use.

## APPENDIX IV

### SANTA CLARITA COMMUNITY COLLEGE DISTRICT

#### HBV VACCINATION AUTHORIZATION FORM

Pursuant to the California Code of Regulations, Title 8, Section 5193, you have been selected to receive the Hepatitis B Virus Vaccination to help protect you from occupational exposure to the Hepatitis B Virus (HBV). The vaccination consists of three (3) injections administered over a six (6) month period and is at no cost to the employee.

You must complete the enclosed Hepatitis B Acceptance/Declination Form and return it to Human Resources. If you have any questions, please call Human Resources at (661) 362-3426.

**Employees** who choose to take the vaccination series, should call Rian Medlin, Human Resources Manager at (661) 362-3426 to set up an appointment. The Student Health Center should provide you with an Immunization Record to keep track of your shots.

If you are under the age of 18, your parent or guardian must accompany you to your first appointment in order to give treatment authorization.

Please complete the following information and present this form to the Student Health Center.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus: \_\_\_\_\_ Dept: \_\_\_\_\_

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ATTENTION STUDENT HEALTH CENTER:

The above named employee has received authorization by the SANTA CLARITA COMMUNITY COLLEGE DISTRICT'S Human Resources Department to receive the *Hepatitis B Virus Vaccination Series*.

Please forward:

- 1) **A Treatment Summary Form (on file at your office),**
- 2) **And Invoices to:**

Santa Clarita Community College District  
Human Resources Department  
28000 Marguerite Parkway  
Mission Viejo, CA 92692



**SANTA CLARITA COMMUNITY COLLEGE DISTRICT**

**HEPATITIS B VACCINATION ACCEPTANCE/DECLINATION FORM**

Please check one of the following:

- I wish to accept the Hepatitis B Vaccination series.
- I decline the Hepatitis B Vaccination series because I have already completed the series.
- I do not wish to receive the Hepatitis B Vaccination. If this box is checked, please read the following paragraph.

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 the Hepatitis B Vaccine, at no charge to me. However, I decline the 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.

Please complete the following information.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature (Required if employee is under the age of 18.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Campus

**PLEASE FORWARD THIS FORM TO:**

**Santa Clarita Community College District  
Human Resources Department**

**Santa Clarita Community College District**

TO: Director, Human Resources

FROM: Clinic

DATE: \_\_\_\_\_

**SUBJECT: TREATMENT SUMMARY FORM**

The following individual has received the Hepatitis B vaccination:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Shot number in the series: (1,2, or 3): \_\_\_\_\_ Date of vaccination: \_\_\_\_\_

**APPENDIX V**  
**Bloodborne Pathogen Exposure Incident Report**

1. Date of exposure incident: \_\_\_\_\_ Time: \_\_\_\_\_

2. Employee exposed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was this employee vaccinated for HBV? \_\_\_\_\_

If so, attach a copy of Hepatitis B vaccination status (date of vaccination and pertinent records).

Other people involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Potentially Infectious Materials Involved: \_\_\_\_\_

Type: \_\_\_\_\_

Source: \_\_\_\_\_

3. Circumstances of exposures:

a) Activity at the time (including work practices and engineering controls):
b) Route of exposure (including failure of controls):
c) Personal Protective Equipment and clothing being used:
d) Action Taken (decontamination, first aid, clean up, reporting, etc.)

4. Supervisor reporting (Print Name): \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

**Take this form to Site Manager (Supervisor) immediately.**

**Thank you for taking the time to fill out this important information.**

# APPENDIX VI

## SHARPS INJURY LOG

Santa Clarita Community College District  
Human Resources Department

**Instructions:**

1. Complete all sections of this form.
2. Make a photocopy for your own record.
3. Within 14 days of the injury, ensure that the completed form is returned to:

Injured Employee (Last, First)	Social Security #	Phone/E-Mail
Department	Supervisor (Last, First)	Phone/E-Mail

1. Date & Time of Injury	2. Location of Incident	3. Body Part Injured
4. Job Classification of Injured Employee		5. Procedure Being Performed at Time of Injury
6. Describe How Incident Occurred		
7. Sharps Information:		
a. Did the device being used have engineered sharps injury protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know (If "Yes", go on to questions b & c below.)		
b. Was the protective mechanism activated? <input type="checkbox"/> Yes <input type="checkbox"/> Yes-partially <input type="checkbox"/> No <input type="checkbox"/> Don't know		
c. Did the exposure incident occur: <input type="checkbox"/> Before activation <input type="checkbox"/> During activation <input type="checkbox"/> After activation		
8. Identify Sharp involved (if known):		
Type: _____ Brand: _____ Model: _____ (e.g., 18g needle/abc medical/"no stick" syringe)		
9. If the sharp had no engineered sharp injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury.		
10. Injured employee's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.		

_____	_____
Employee Signature	Date
Risk Management comments/Follow-up (place additional comments on back)	
_____	_____
Signature	Date

**APPENDIX VII  
SANTA CLARITA COMMUNITY COLLEGE DISTRICT  
OFFICE OF RISK MANAGEMENT/BENEFITS**

**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

Name of Injured:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Job Title:		Date of Birth:	
Date of Incident:	Time of Incident:	Photos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Reported:	Time Reported:		
Incident Location:			
Time Employee Began Work:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Employee Usually Works:	Hours/Day	Days/Week	Total Weekly Hours
<b>Witnesses: (Please include full names, addresses, telephone number)</b>			
1.			
2.			
Time Notified:	Time on Scene:	Time Off Scene:	

<b>FIELD INVESTIGATION</b>
Exact Location of Incident:
Completely describe location of incident including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident:
Describe injuries/illnesses which you observed or which were described to you:
Describe demeanor of person involved and include statements made as "Excited Utterances":

**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT (Cont'd.)**

Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred:

--

Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence:

--

Steps taken to prevent similar incident:

--

Did employee seek medical care?	
If yes, name of medical facility/doctor:	
Date and Time medical care:	

Investigator's Name (Print):	
Investigator's Signature:	
Date & Time form completed:	

## APPENDIX VIII

### Labels And Signs

Warning labels that must be affixed to:

- Containers of regulated waste
- Refrigerators or freezers containing blood or OPIM
- Other containers used to store or transport blood or OPIM
- Bags or containers of contaminated laundry

