



Bloodborne Pathogens Program	Administrative Regulation No. 2.07
Effective Date: 10/24/2022 Revised/Superseded: N/A	

Approved by City Manager: _____

DocuSigned by:

Jovan Grogan
7EF86668B714408

1. Overview of Purpose and Scope of This Regulation.

- 1.1. This program is to reduce occupational exposure to blood and other potentially infectious materials and to prevent the transmission of bloodborne diseases. Specific elements of the plan are designed to comply with Cal/OSHA Bloodborne Pathogens (BBP) Program, Title 8 of the California Code of Regulations, Section 5193.
- 1.2. The program includes a determination of potential employee exposures to bloodborne pathogens, methods of controlling these potential exposures, communication of the potential hazards to employees, and procedures for pre- and post-exposures and follow-ups, including Hepatitis B vaccinations. The level of BBP training depends upon specific job responsibilities. Administrative job classifications may receive training at the awareness level.
- 1.3. The purpose of this program is to minimize or eliminate employee exposure to communicable and infectious diseases and establish an effective Exposure Control Plan, in accordance with California Code of Regulations, Title 8, Section 5199 "Aerosol Transmissible Disease" Policy and NFPA 1581 Establish a procedure to follow in the event that an employee is contaminated or exposed to a possible infectious substance.
- 1.4. References:
 - I. Cal/OSHA Title 8 Section 5199 & Section 5193
 - II. NFPA 1581, Standard on Fire Department Infection Control Program
 - III. Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

2. Responsibilities

- 2.1. There are four levels of responsibility for the implementation of this Program: Human Resources, Department Managers/ Supervisors, Safety Team Member and the Employee.

2.2. The Department Managers/Supervisors will be responsible for overall management and support of the Bloodborne Pathogens Program. Activities include:

- a) Working with employees to develop and administer bloodborne pathogens-related policies and practices and communication which are needed to support the effective implementation of the Plan.
- b) Keeping abreast of current information regarding legal requirements pertaining to bloodborne pathogens.
- c) Conducting annual audit(s) to ensure an up-to-date Program is maintained and fully implemented.

3. **Roles of Management**

3.1. Department Managers and Supervisors are responsible for exposure control in their respective areas. They will work directly with the employees in their respective departments to ensure that proper exposure control procedures are followed.

4. **Roles of Employees**

4.1. Employees have the most important role in the implementation of the Program. The ultimate execution of much of the plan rests in their hands. Responsibilities of the employees include:

- a) Knowing which tasks, they perform carry the risk of occupational exposure.
- b) Attending and participating in training sessions.
- c) Planning and conducting all operations in accordance with departmental work practice controls and Citywide departmental policies and procedures.
- d) Using Universal Precautions and personal protective equipment as required by this Plan.
- e) Reporting immediately any incidents that may constitute an exposure incident.

5. **Job Classification**

5.1. For purposes of this plan, occupational exposure is defined as contact with blood, semen, vaginal secretions, urine, saliva, bodily fluids contaminated with blood, or any other bodily fluids from a person with an infectious disease.

- 5.2. Furthermore, for an exposure to occur there must be a portal of entry by which contaminated bodily fluids can enter the body. Portals of entry can be through needle sticks, lacerations, open wounds (non-intact skin), weeping lesions, the mouth and mucous membranes (eyes and nose.)
- 5.3. Human Resources has determined, from information provided by department/division managers, the job classifications that have a reasonable expectation to an occupational exposure to bloodborne pathogens.
- 5.4. These job classifications are listed along with the specific tasks that present risk from exposure. Job classifications and duties will be reviewed, and exposure determination will be assessed regularly.
- 5.5. The employees in these job classifications are required to comply with the procedures and work practices outlined in this plan.

Job Classifications	Tasks Which May Present Exposure (see Section 5.6)
Police Officer Recruit, Police Officer, Police Corporal, Police Sergeant, Police Lieutenant, Police Captain, Police Chief, Police Reserve Officer, Community Service Officer / Evidence, Police Records Supervisor, Police Records Clerk.	5.6.1 5.6.2 5.6.3 5.6.4 5.6.5 5.6.6 5.6.7
Firefighter Recruit, Firefighter, Fire Captain, Fire Battalion Chief, Fire Chief, Fire Marshal, Fire Inspector	5.6.1 5.6.2 5.6.3 5.6.4 5.6.5 5.6.6 5.6.7
Custodian, Facilities Technician, Mechanic, Maintenance Worker, Lead Maintenance Worker, Field Supervisor, Maintenance Services Manager, Water Operator, Water Quality and Production Supervisor, Water Systems Manager	5.6.2 5.6.3 5.6.4 5.6.7 5.6.7

	5.6.8
Lifeguard, Recreation Leader, Recreation Coordinator, Food Services Coordinator, Recreation Supervisor, Recreation Manager, Librarian, Library Coordinator, Library Manager, Community Services Superintendent, Community Services Director.	5.6.1 5.6.4 5.6.7
Code Enforcement Officer, Public Works Inspector, Building Inspector, Chief Building Official, Accident Investigators.	5.6.3

5.6. Job Tasks and Risks from Exposure

- 5.6.1. Emergency response employees who touch the secretions of an infected person, as they might when performing first aid, administering resuscitation, performing emergency baby deliveries, etc.
- 5.6.2. Handling discarded sharps.
- 5.6.3. Responding to incidents or investigating scenes contaminated by blood and/or other potentially infectious materials (OPIM).
- 5.6.4. Cleaning up blood and/or OPIM on contaminated surfaces and equipment.
- 5.6.5. Handling evidence and biological samples that may contain or be contaminated with blood or OPIM.
- 5.6.6. Situations with hostile suspects or other potentially violent situations which may expose City personnel to blood or OPIM.
- 5.6.7. Handling potentially contaminated laundry or other articles and debris. Note: Employees who handle items soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva would not be occupationally exposed during that task unless there is visible blood.
- 5.6.8. Cleaning restrooms and parks where needles, sharps, or other items may be encountered that are contaminated with blood and/or OPIM. Note: Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc. are not usually considered a biohazard or medical waste.

6. Aerosol Transmittable Disease (ATD)

- 6.6. High hazard procedures are those procedures that are performed on a person with a known or suspected ATD in which the potential for being exposed to an ATD, increased due to the reasonably anticipated generation of aerosolized pathogens. Procedures include:
- a) Intubations
 - b) Airway management
 - c) CPAP
 - d) Nebulized medication administration
 - e) Job classifications of those who perform the procedures include: All First Responders.

7. Methods of Implementation and Control

- 7.1. Whenever possible, engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls and practices, personal protective equipment shall also be used. Supervisors will ensure that these engineering controls and work practice controls are examined, evaluated, and maintained on an annual schedule to ensure their effectiveness.
- 7.2. Engineering Controls and Work Practices
- 7.2.4. Universal Precautions shall be use at all times to prevent contact with blood or OPIM.
 - 7.2.5. Hand washing facilities or antiseptic wipes/products will be provided to all affected staff. Where hand-washing facilities are not available, personnel must carry appropriate products. They must also wash their hands with soap and warm water as soon as possible. If not aware of a location, please ask a supervisor.
 - 7.2.6. Employees must wash their hands with soap and warm water immediately, or as soon as possible after removing gloves and other personal protective equipment or after contact with any specimen, blood, or any OPIM.
 - 7.2.7. All procedures that involve blood or OPIM should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

- 7.2.8. Employees must use precaution when handling needles, glass, or any other sharp article contaminated by blood or other bodily fluids. Needles shall not be recapped, bent or broken.
- 7.2.9. In addition to wearing gloves, contaminated sharps will be handled using tweezers, tongs, or other equipment to avoid direct contact. Contaminated needles and other contaminated sharps must be placed in appropriate containers immediately, or as soon as possible. These containers shall be easily accessible, closable, puncture resistant, labeled or color-coded, and leakproof on the sides and bottom. They should be maintained upright throughout use, replaced routinely, and not allowed to overfill. The provision, maintenance, and disposal of containers are the responsibility of each supervisor.
- 7.2.10. Equipment that has been contaminated by blood or other bodily fluids shall be thoroughly examined and decontaminated as necessary before placing the equipment back in service. Appropriate personal protective equipment must be worn during decontamination of equipment.
- 7.2.11. Equipment that remains contaminated shall be clearly labeled immediately to ensure that all employees are aware of status of equipment. Such contaminated equipment must be further decontaminated or disposed of as quickly as possible. Labels can be handwritten as well as notifying your supervisor.
- 7.2.12. Outside contractors who are specialized in cleaning contaminated sites will be contacted to clean up any appreciable amount of blood or OPIM.
- 7.2.13. First responders must follow established practices to clean pavement or other areas contaminated with blood or OPIM. Absorbents and appropriate tools and containers must be available for these situations. Keep non-essential personnel and victims away from these clean-up operations.
- 7.2.14. Do not "punch down" trash bags, always handle as if sharps may be present in the trash.
- 7.2.15. To disinfect any surface, clothing or equipment, a 10% bleach solution shall be used. This solution should be used in well-ventilated areas. Employees must wear rubber gloves and safety goggles. Bleach and water solution shall not be added to acid compounds. Personal protective equipment will be used to minimize

the amount of exposure to blood or OPIM that may be present during any type of work.

7.3. Labeling

- 7.3.4. Bandages, disposable gloves, etc., that are contaminated by blood or other bodily fluids will be placed in bags marked with the symbol and word "Biohazard" or placed in red biohazard bags. The bags must be properly sealed to prevent leakage while handling or transporting. The bag must be disposed of in the designated biohazard disposal area in the operating department. If the infectious waste bag becomes contaminated, it should be placed inside a second bag and sealed prior to transporting it. The drop off area is the hazardous waste cage located at the Corporation Yard or any Fire Department with proper notification of a supervisor.
- 7.3.5. Warning labels shall be affixed to containers of regulated waste, refrigerators or freezers containing blood or other bodily fluids that are potentially infectious material, as well as to other containers used to store, transport or ship blood or other bodily fluids. Warning labels shall also be placed on any contaminated equipment.
- 7.3.6. Warning labels shall be fluorescent with lettering or symbols in a contrasting color. The label must depict the biohazard symbol and the lettering "BIOHAZARD". Red bags or red containers may be substituted for labels except for sharps and regulated waste. Sharps and regulated waste must be in red containers and be labeled as above.

7.4. Housekeeping Controls and Practices

- 7.4.1. All equipment, environments and work surfaces must be cleaned and decontaminated after contact with blood or other bodily fluids.
- 7.4.2. Supervisors and lead workers will ensure that all bins, pails, cans or any other receptacle intended for re-use shall be inspected for contamination and that such receptacles are decontaminated immediately, or as soon as practical after being contaminated by blood or other bodily fluids.
- 7.4.3. Contaminated sharps must be disposed of immediately or as soon as practical in an appropriate sharp's container.
- 7.4.4. Sharps containers are to remain upright throughout use. The containers will be replaced regularly, and not allowed to overfill the indicator line. When containers of contaminated sharps are moved, the containers must remain closed to prevent spillage or protrusion of contents during handling or transporting. Where possible containers should be stored in a cool area.

- 7.4.5. Reusable sharps containers must not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.
- 7.4.6. Contaminated laundry or laundry which has been soiled with blood or OPIM, should be handled as little as possible with a minimum of agitation and utilizing Universal Precautions (i.e., gloves and other appropriate personal protective equipment must be worn when handling and/or sorting contaminated laundry). It should be bagged or placed in a container at the location where it was used and should not be sorted or rinsed in the location of use. If the contaminated laundry is wet and there is a risk of soak-through or leakage, it should be placed and transported in bags or containers that prevent this from occurring. Contaminated clothing may be machine laundered with detergent and hot water using Universal Precautions. When the contaminated laundry is sent to an off-site cleaner, the bagged laundry must be labeled or color-coded as stated in the labeling section.
- 7.4.7. Gloves and disposable towels used for clean-up will be disposed of as regulated waste.
- 7.4.8. Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc. are not usually considered a biohazard or medical waste. However, contact must be avoided, and employees must use protective gloves and wash hands after cleaning up and disposal of these items.
- 7.4.9. Bleach solutions must be made fresh, as disinfecting strength is lost rapidly. The solution is prepared by mixing household bleach diluted with water to create a 1:9 mixture. (Approximately 2 cups chlorine bleach to 1 gallon of water.)
- a) Pour or apply the solution to the item or surface to be decontaminated or soak the item in the solution. Use enough to thoroughly saturate.
 - b) Let stand for 10 minutes and then drain into sink.
 - c) Discard as ordinary wastes.
 - d) Rinse waste container and return for use again.
 - e) Wash hands and exposed areas with antibacterial soap.

Caution: Sharp objects (broken glass, hypodermic needles, etc.) should not be handled by hand to prevent accidental punctures and lacerations.

- 7.4.10. Protective coverings such as plastic wrap, aluminum foil, or paper must be removed and replaced as soon as possible when contaminated or at the end of the work shift.
- 7.4.11. Broken glass that may be contaminated, will not be picked up directly with the hands, but should be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

7.5. Handling and Disposal of Medical Waste

- 7.5.1. Medical waste is defined as material that is “biohazardous” or “sharps” waste. Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1 and other applicable regulations.
- 7.5.2. If less than 10 pounds per year is generated, sharps container can be kept for up to one year. However, when the container is full, it must be disposed of within 7 days. The container should be stored in a cool location. (Health and Safety Code, §118280). If more than 10 pounds per year is generated, the storage time should not exceed 90 days.
- 7.5.3. Waste other than sharps must be disposed of in red biohazard bags. The waste should be double bagged inside the plastic biohazard disposal drum. The drum must be labeled with a biohazard label and a hazardous waste hauler must be contacted to pick up the waste.
- 7.5.4. In the interim, the waste must be stored in a secured area and checked periodically to ensure no leakage has occurred.
- 7.5.5. The hauler will complete a tracking document. Copies of the tracking documents must be retained.
- 7.5.6. Warning signs must be posted on the storage areas. These signs read:

**“CAUTION” BIOHAZARDOUS WASTE STORAGE AREA –
“UNAUTHORIZED PERSONS KEEP OUT”**

8. Personal Protective Equipment

- 8.1. Employees shall be provided with appropriate personal protective equipment, which may include gloves, coveralls, Tyvek suits, shoe covers, face masks, eye protection, face shields, pocket masks with one-way valves and/or oxygen powered resuscitators.
- 8.2. Employees shall be provided personal protective equipment in appropriate sizes, including alternate gloves such as vinyl or hypoallergenic gloves for employees who need them.
- 8.3. When personal protective equipment has been contaminated by blood or other bodily fluids, it will be placed in an infectious waste bag and disposed of in a properly marked infectious waste bag in designated biohazard areas in the operating department.

- 8.4. After an incident, all personal protective equipment must be removed prior to leaving the scene. Employees must wash their hands and store contaminated equipment in a properly marked biohazardous waste bag.
- 8.5. Employees must wear disposable gloves when contact with blood or other bodily fluids, mucous membranes, and/or non-intact skin can be reasonably anticipated. Gloves must also be worn when handling or touching contaminated surfaces or items.
- 8.6. Disposable gloves must be replaced as soon as practical when contaminated with blood or other bodily fluids or when they are torn, punctured, or their barrier protection is otherwise compromised. Disposable gloves are for single use only. They are not to be washed or decontaminated for re-use.
- 8.7. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must, however, be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
- 8.8. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be accessible to staff who are allergic to the gloves normally provided.
- 8.9. Gloves are particularly essential if the employee has cuts or breaks in the skin and anticipated contamination with blood may occur (example: dealing with hostile suspects).
- 8.10. Fit gloves so that they cover the cuff of your clothing, if possible, to reduce the area of skin exposure.
- 8.11. After donning the gloves, examine them for physical defects.
- 8.12. Wash hands immediately after glove disposal.
- 8.13. Face shield in combination with eye protection devices such as goggles with wraparound protection must be worn whenever splashes, spray, spatter, or droplets of blood or other bodily fluids may be generated, and eye, nose, mouth, or non-intact skin contamination can reasonably be anticipated.
- 8.14. Resuscitation masks are provided and must be used by employees who perform CPR.
- 8.15. Appropriate protective clothing such as, but not limited to, jumpsuits, Tyvek suits, shoe covers, etc. must be worn in extreme exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Protective garments, such as Poly-laminated Tyvek suit or other water impermeable clothing, must be donned before start of work.

8.16. PPE will be worn during any clean-up of blood or OPIM, and non-disposable items such as mops, dust pans, brooms, blankets, etc., will be washed as soon as possible with a disinfecting solution.

9. Guidelines for Use of Personal Protective Clothing

9.1. Supervisors are responsible for assessing exposure potential and determining appropriate protective equipment. The following is provided as general guidelines:

TASK	GLOVES	CLOTHING / SHOE COVERINGS	MASK	EYEWEAR (and face shield if necessary)
Control of Bleeding w/ spurting blood	X	X	X	X
Bleeding control with minimal bleeding	X			
Emergency Childbirth	X	X	X	X
Handling & Cleaning Instruments	X			X
Cleaning Bio Spills (no splashing)	X			X
Resuscitation	X		<i>(plastic, designed for this use)</i>	
Handling sharps	X			
Handling potentially contaminated articles (not heavily contaminated)	X			X
Handling heavily contaminated articles	X	X	X	X

10. Hepatitis B Health

10.1. The City will make available the Hepatitis B Vaccine and vaccination series to those employees who have “reasonably anticipated” occupational exposure to blood or other potentially infectious materials as designated by job classification in the employee exposure determination.

10.2. The vaccinations will be made available at no cost to the employee and at a reasonable time and place. These services will be performed by or under

the supervision of a licensed physician or other licensed health care professional.

- 10.3. The Hepatitis B antibody vaccination series should start within ten (10) days of the employee's assignment to the position having occupational exposure. The series of three vaccinations will be administered to employees on the prescribed administration schedule. If an additional booster vaccination is recommended, such booster will be provided at no cost to the employee.
- 10.4. Hepatitis B Vaccinations will be made available at the time of hire for new employees and after training has been provided for present employees who have reasonably anticipated occupational exposure to blood or OPIM unless:
 - a) The individual has previously received the complete Hepatitis B vaccination series.
 - b) Antibody zero-testing has revealed that the individual is immune or already infected. (Antibody testing is voluntary and is not a requirement in this Plan.)
 - c) The vaccine is contraindicated for medical reasons.
 - d) The individual declines vaccination. Potentially exposed individuals who decline to accept Hepatitis B Vaccination must sign a Declination Form.
- 10.5. If an employee initially declines Hepatitis B Vaccination, employee may be vaccinated at a later date.
- 10.6. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available.

11. Exposure Incident

- 11.1. If an employee has contact with blood or Other Potentially Infectious Materials (OPIM) occurs (i.e. blood or OPIM gets into their eye, mouth, etc.); it is possible that this event is an Exposure Incident. Reporting the incident and receiving care as soon as possible is imperative.
- 11.2. The employee should cleanse wound with antiseptic and get appropriate first aid. If blood or OPIM is splashed in the eye, the eyewash should be used immediately, and the eye flushed for at least 15 minutes.
- 11.3. Report to immediate Supervisor as soon as possible.
- 11.4. The Supervisor will direct employee immediately to Occupational Health for medical services. If medical services are refused, the employee must sign the form, "Declination of Medical Treatment".

12. Procedures for Supervisor

- 12.1. If your employee reports, contact with blood or OPIM; it is possible that this event is an Exposure Incident. Getting the employee, the appropriate medical care and investigating the incident as soon as possible is imperative.
- 12.2. Assure that necessary first aid has been administered.
- 12.3. Refer employee to Occupational Medicine or the Emergency Room at or the employee's pre-designated physician.
- 12.4. Investigate and determine if there is an Exposure Incident (see *Definitions*). Supervisor should consult with staff in the Human Resources Department or Occupational Medicine, if needed. All potential exposures should be considered and investigated carefully.
- 12.5. Complete the standard workers' compensation forms (*Employee Claim Form, Supervisor's Report of Injury and DWC1*), and submit to the Human Resources Department within twenty-four hours.

13. Evaluation for Exposed Employee

- 13.1. The exposed employee's blood should be collected and tested as soon as feasible for antibodies to HBV, HCV and HIV serological status, after consent is obtained.
- 13.2. If the employee consents to baseline blood collection but does not give consent at that time for HIV testing, the sample should be preserved for at least ninety days. If within ninety days of the exposure incident, the employee elects to have the baseline sample tested, such testing for HIV should be done as soon as feasible.
- 13.3. A copy of the health care professional's written opinion will be provided to the employee within fifteen days of completion of the evaluation.
- 13.4. Counseling and evaluation of reported illnesses will be provided by the examining physician as needed.
- 13.5. The confidentiality of all medical records will be maintained.

14. Follow-up with Source Individual

- 14.1. Identification and evaluation of the source individual should be completed as soon as possible unless it can be established that identification is not feasible or prohibited by state or local law.
- 14.2. The source individual's blood should be tested as soon as possible (after consent is obtained) to determine HIV, HBV, and HCV infection. The employee or supervisor may consult with the Human Resources Department to help obtain this consent.

- 14.3. When it is already known that the source individual is infected with HIV, HBV, or HCV, repeat testing for the source individual is not needed.
- 14.4. The source individual's test results should be conveyed to the exposed person. He or she should be informed of applicable laws and regulations concerning the disclosure of the identity and infectious state of the source individual.
- 14.5. If the source individual cannot be located or consent for testing cannot be obtained, it is assumed that they are at risk for disease and the exposed person should be counseled accordingly.

15. Follow-up by Human Resources and by Designated Physician

- 15.1. The Human Resources Department will send the following information to the physician responsible for the employee's post-exposure evaluation and care:
 - a) A copy of Title 8, California Code of Regulations, Section 5193, Bloodborne Pathogens Standard.
 - b) A description of the exposed staff person's duties and circumstances as they relate to the exposure incident.
 - c) All records and information/recommendations relevant to the appropriate treatment of the employee, including vaccination status.
 - d) Results of the source individual's and exposed employee's blood tests if available.
 - e) Guidelines for Post-Exposure Antiretroviral Drug Therapy.
 - f) Request for Post-Exposure Medical Evaluation.
 - g) The Health Care provider will provide a written opinion to the Human Resources Department following the post-exposure medical evaluation. This document shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation.
 - That the employee has been told about any medical condition resulting from the exposure which requires further evaluation or treatment.
 - Whether Hepatitis B Vaccination is indicated, and if the individual has received such vaccination.
 - As required under the Bloodborne Pathogens Standard, all other findings or diagnoses shall remain confidential and shall not be included in the written opinion. Human Resources Department will provide a copy of the opinion to the exposed

employee within fifteen days of the completion of the evaluation.

16. Employee Training

- 16.1. Departmental training shall be provided annually to all employees who are incumbents in identified positions with the potential for occupational exposure. The person conducting the training will be knowledgeable in the subject matter covered in the training program as it relates to the workplace.
- 16.2. Training is to be conducted at an understandable level and is to include an explanation of the symptoms and modes of transmission of bloodborne and other infectious diseases.
- 16.3. Training shall include information related to legal requirements, standards and the expectations for use of personal protective equipment, safe work practice controls, appropriate labeling and housekeeping standards. The training is also to include a review and explanation of this policy, departmental policies, procedures, and orders related to exposure control. Training will be provided as follows:
 - At the time of initial assignment to jobs where occupational exposure may occur
 - Annually within one year of an employee's previous training
 - For employees who have not had previous training
 - Additional training will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposure created.
- 16.4. The Training Program will contain, at a minimum, the following elements:
 - 16.4.1. An explanation of The Bloodborne Pathogens Standard (CA Code of Regulations, Title 8, Section 5193), this Exposure Control Plan, the means by which an employee can obtain copies of each, and where each document is maintained in the workplace.
 - 16.4.2. A general explanation of the epidemiology and symptoms of bloodborne diseases (HIV, HBV, and others).
 - 16.4.3. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
 - 16.4.4. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment, an explanation of the basis for selection of personal protective equipment.

- 16.4.5. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- 16.4.6. Information on the Hepatitis B Vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.
- 16.4.7. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- 16.4.8. An explanation of the labels and signs and/or color-coding required.
- 16.4.9. An opportunity for interactive questions and answers with the person conducting the training session.

17. Recordkeeping

- 17.1. Medical records related to this Plan will be maintained in the Human Resources Department in the employee's medical file. The records for each person will include:
 - Name and Employee Number
 - A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
 - A copy of all consent or declination forms
 - A copy of any Supervisors Incident/Accident forms (includes a description of the employee's duties as they relate to the exposure incident and documentation of the routes of exposure and circumstances of the exposure)
 - A copy of information provided to the health care professional
 - A copy of medical written opinions when there is an Exposure Incident
 - A copy of the results of any other examination, medical testing, or follow-up procedures as required by the Cal/OSHA California Code of Regulations, Title 8, CCR, Section 5193.
 - Medical records will be kept strictly confidential and may not be disclosed or reported without the employee's written consent or as may be required by law.

- Official medical records will be kept for duration of the employee's employment with the City of San Bruno, plus thirty (30) years.
- Training records will be maintained by each department and a copy shall be forwarded to the Human Resources Department. The record shall include the dates of annual training sessions, the content or a summary of the training sessions held, the names, addresses and qualifications of the training instructor(s), and the names and titles of all employees receiving the training. Such records must be retained according to the City of San Bruno Retention Schedule (10 Years).
- All records required as part of the program will be made available upon request to the Chief of the Division of Occupational Health and Safety (DOHS), State of California, and to the National Institute of Safety and Health (NIOSH) in accordance with Title 8, CCR, Section 3204.
- An employee's Occupational Health Records will be made available upon request for examination and copying to the subject employee, or to their designated representative, in accordance with Section 3204.

Appendix A

Hepatitis B Vaccine Consent/Declination

CONSENT - RECORD OF CONSENT FOR HEPATITIS "B" VACCINATION

(This Section is OPTIONAL)

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

I request that the Hepatitis B vaccine be administered to me.

Employee Name

Department

Employee Signature

Date

DECLINATION - RECORD OF HEPATITIS "B" VACCINE DECLINATION

(This Section is MANDATORY if employee declines vaccine)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me by notifying the Human Resources Department.

Employee Name

Department

Employee Signature

Date