YOSEMITE COMMUNITY COLLEGE DISTRICT

MODESTO JUNIOR COLLEGE
COLUMBIA COLLEGE

EXPOSURE CONTROL PLAN

Risk Management

Updated April 2017

PROGRAM GOALS

The purpose of this Exposure Control Plan (ECP) is to achieve compliance by the Yosemite Community College District with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" by performing exposure determinations, implementing an exposure control program, providing HBV vaccination and post-exposure evaluation and follow-up, and providing staff training. This program applies to all work operations in our district where employees might be exposed to blood or other potentially infectious materials under normal working conditions.

The Risk Management Office is responsible for implementation of this ECP and will review and update the program as necessary. Copies of the written program can be obtained by contacting the Risk Manager at (209) 575-6963, or found on the Risk Management website: https://www.yosemite.edu/riskmanagement/yccd_employee_safety.

Under this program, affected employees will be informed of the contents of the OSHA standard, the modes of transmission of HBV and HIV, the proper use of personal protective equipment, safe work practices, the availability of HBV vaccine, at no charge for qualified personnel, and post-exposure evaluation and follow-up procedures.

CDC RECOMMENDATIONS

The OSHA requirements are based on CDC guidelines. Our district will implement the recommendations made in the following CDC, U.S. Department of Labor, ADA, and AADS publications:

Centers for Disease Control. Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Healthcare Settings. MMWR 1988;37:377-387.

Centers for Disease Control. Recommendations for Prevention of HIV Transmission in Healthcare Settings. MMWR 1987;36:1-S-18S Centers for Disease Control. Recommended Infection-Control Practices for Dentistry. MMWR 1986;35:237-242.

U.S. Department of Labor, Occupational Safety and Health Administration, Compliance Assistance Guidelines for the February 27, 1990 OSHA Instruction CPL2-244B Enforcement Procedures for Occupational Exposure to Hepatitis B Virus and Human Immune-deficiency Virus, 1991.

U.S. Department of Labor, Occupational Safety and Health Administration Federal Register, Occupational Exposure to Bloodborne Pathogens; Proposed Rule and Notice of Hearing. 29 CFR Part 1910. May 30, 1989.

EXPOSURE CONTROL PLAN (ECP)

Yosemite Community College District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030.

Employees incur risk of infection and subsequent illness each time they are exposed to blood or other potentially infectious materials. Therefore, the Exposure Control Plan (ECP) is the core element used to reduce worker risk by minimizing or eliminating employee exposure incidents to bloodborne pathogens, such as HBV, HCV and HIV. An EPC is the establishment's oral or written policy for implementation of procedures relating to the control of infectious disease hazards.

EPC COMPONENTS

1. Exposure Determination
2. Methods of Implementation and Exposure Control
    a. Housekeeping Practices
    b. Laundry Practices
    c. Infectious Waste Disposal
    d. Tags, Labels, and Bags
3. HBV Vaccination Policy
4. Post-Exposure Evaluation and Follow Up
5. Training and Education of Employees
6. Recordkeeping and Forms

EXPOSURE DETERMINATION

OSHA defines **occupational exposure** as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This definition excludes incidental exposures that may take place on the job, that are neither reasonably nor routinely expected, and that the worker is not required to incur in the normal course of employment.

The following will determine who is at risk of exposure from infectious materials.

Performance of the following tasks by employees may result in occupational exposure to blood or other potentially infectious materials.

A. Patient assessment and treatment procedures
B. Radiographic procedures
C. Cleaning, disinfection, and sterilization of instruments and clinic areas
D. Laboratory procedures that require handling of items contaminated with blood or other potentially infectious materials.
E. Procedures by designated health, security or firefighting personnel who will administer first aid and other medical procedures.
F. Physical contact in the detention of suspects by security personnel.

G. Designated physical education personnel who administer first aid during sports events.
H. Custodial personnel who, in the course of their duties, may come in contact with bodily fluids and/or sharp objects.
I. Designated child care/development staff who may come in contact with bodily fluids.

Employees who work in the following areas may incur occupational exposure:

1. Security
2. Health Services
3. Allied Health
4. Custodial
5. Grounds
6. Physical Education
7. Firefighters
8. Designated Child Care/Development staff

Those employees who are determined to have occupational exposure to blood and other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

METHODS OF IMPLEMENTATION AND EXPOSURE CONTROL

UNIVERSAL PRECAUTIONS

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Universal Precautions shall be observed at all times to prevent contact with blood or other potentially infectious materials.

ENGINEERING AND WORK PRACTICE CONTROLS

The following engineering and work practice controls are in place at this facility in order to minimize or eliminate employee exposure:

A. Hand washing is required at this facility and employees have been instructed to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. In addition, employees have also been instructed to wash their hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of these areas with blood or other potentially infectious materials and to report such exposures immediately to health services, security or firefighting personnel.

   Whenever hand washing facilities are not feasible, employees have been instructed on the use of antiseptic hand cleansers or towelettes. Whenever antiseptic cleansers or towelettes are used, employees should wash their hands with soap and water as soon as possible.

   Hand washing facilities are located at the following locations:

Restrooms on campus

The types of hand cleansers or towelettes used by this facility are those contained in the emergency kits purchased for this purpose.

B. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a risk of an occupational exposure.

C. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or bench tops where blood or other potentially infectious materials are present.

D. Immediately or as soon as possible after use, contaminated sharps are to be placed in appropriate containers until they can be disposed of. The containers provided by this facility are puncture resistant, leak proof on the sides and bottom, and have been labeled or color-coded in accordance with the standard.

These containers are located in the following areas:

- Agricultural Division
- Allied Health
- Health Services
- Campus Safety

E. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.

F. Leak-resistant containers shall be used during the collection, handling, processing, storage, transport, or shipping of blood specimens or other infectious materials. The containers are labeled or color coded and closed prior to shipment (see packaging posters). If outside contamination occurs, the primary container shall be placed in a second container which prevents leakage.

G. All containers are color coded or labeled in accordance with the provisions of the standard (see label table).

H. All equipment is examined prior to servicing or shipping and is decontaminated as necessary. In the event that decontamination of specific equipment or portions of such equipment is not feasible, a readily observable label, the biohazard symbol and the word "biohazard" will be attached to the equipment stating which portions remain contaminated.

I. Contaminated sharps resulting from the work practices of departments/divisions will be handled by department/division staff. Contaminated sharps shall be discarded immediately or as soon as possible in containers that are easily accessible, closable, puncture resistant, leak proof, labeled, and replaced routinely. The provision, maintenance, and disposal of containers is the responsibility of the District.

HOUSEKEEPING/CUSTODIAL

The Facilities Operations Department will assure that the buildings are maintained in a clean and sanitary condition. The Campus Operations Manager will determine that custodians implement the appropriate schedule for cleaning and method of disinfection for the various surfaces, equipment, and rooms in areas likely to be contaminated. All staff will wear gloves when cleaning and disinfecting surfaces or items contaminated with blood or other potentially infectious materials.

Supervisors shall ensure that the worksite is maintained in a clean and sanitary condition. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials to include the following:

A. The work site must be maintained in a clean and sanitary condition. The actual decontamination procedure to be used, is based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

B. Contaminated work surfaces shall be cleaned with an appropriate disinfectant after completion of procedures; immediately after any spill of blood or other potentially infectious materials; and at the end of the work shift, if the work surface has become contaminated since the last cleaning. Blood or other body fluid spills will be cleaned up using an approved chemical germicide, a product registered by the FDA with an accepted "HIV" label, or a 5.25% household bleach diluted with water 1:10.

C. All bins, pails, cans, or similar infectious waste receptacles intended for reuse shall be inspected and decontaminated on a regularly scheduled basis or immediately after contaminated occurs.

D. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It must be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

E. Contaminated sharps found at the work site shall not be handled, picked-up or moved by Custodial staff. Immediately secure the area and contact Campus Safety (ext. 6351 at MJC or ext. 5167 at Columbia) for assistance. Campus Safety will respond and take appropriate action to dispose of the contaminated sharp(s). Once the area has been cleared by Campus Safety, custodial will use the appropriate decontaminating procedure for cleaning the area.

F. Sharps containers in this facility are closable, puncture resistant, leak proof on sides and bottom, and labeled or color coded in accordance with the standard. In addition, these containers must be replaced routinely, not be allowed to overfill, closed prior to removal or replacement and placed in a secondary container if leakage is possible. Only trained personnel are allowed to handle the disposal of the sharps containers.

G. Reusable sharps containers shall not be opened, or cleaned manually or in any other

manner which could expose employees to the risk of percutaneous injury. Regulated waste is disposed of in accordance with applicable federal, state, and local regulations. Wastes generated by this facility are disposed of by the following:

Company: CS&FD Medical Waste Disposal Services
Address: PO Box 3851, Clovis CA 93613
Phone: (559) 367-3600

H. Regulated waste shall be placed in containers which are closable, able to contain all contents without leakage, labeled, and closed prior to removal.

LAUNDRY PRACTICES

Contaminated laundry should be handled as little as possible and placed and transported in bags or containers which are labeled or color coded in accordance with the OSHA standard. If wet and a reasonable likelihood of soak through and/or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior. If it is determined that the off-site laundry does not utilize universal precautions, all bags and containers of contaminated laundry must be labeled or color coded according to the standard.

PERSONAL PROTECTIVE EQUIPMENT

When there is the potential for occupational exposure, the District will provide, at no cost to the employee, appropriate personal protective equipment. The District will also be responsible for cleaning, laundering, disposal, repair, and replacement of all personal protective equipment.

The supervisor shall ensure that the employee uses appropriate personal protective equipment unless the employee temporarily and briefly declines to use such equipment when its use would prevent the delivery of health care or would pose an increased hazard to the safety of the worker. When the employee makes this judgment, the circumstances shall be investigated and documented by the employee's management supervisor in order to determine whether changes can be instituted to prevent such occurrences in the future.

Appropriate personal protective equipment will include, but is not limited to:

Gloves will be worn for touching blood and bodily fluids, mucous membranes, or non-intact skin of all patients, and for handling items soiled with blood or other bodily fluids. Gloves will be changed after contact with each patient and never reused. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be accessible to these employees who are allergic to the gloves normally provided.

Masks in combination with **goggles or glasses or chin-length face shields** will be worn in areas whenever splashes, spray, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

The location of personal protective equipment in our district is as follows:

PERSONAL PROTECTIVE EQUIPMENT	LOCATION
Gloves, nonsterile Protective eyewear Protective clothing attire	Available as kits in the following: Campus Safety Office Health Services Office Allied Health Office Fire Chief's Office
Gloves, utility	Custodial Office
Resuscitation equipment	Fire Chief's Office Campus Safety

Contact Risk Manager if you need additional information on the location and use of these items

All employees using PPE must observe the following precautions:

A. Wash hands immediately or as soon as feasible after removing gloves or other PPE.

B. Remove PPE after it becomes contaminated and before leaving the work area.

C. Used PPE may be disposed of in appropriate containers for storage, laundering, decontamination or disposal.

D. Wear appropriate gloves when it is reasonably anticipated that there may be a hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

E. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

F. Never wash or decontaminate disposal gloves for reuse.

G. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose or mouth.

H. Remove immediately or as soon as feasible, any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

TAGS, LABELS, AND BAGS

CONSIDERATIONS:

A. Red bags that comply with 29 CFR 1910.145 (f) will be used to identify the presence of an actual or potential biological hazard.

B. Tags will display the word "BIOHAZARD" and the biological hazard symbol shown above.

C. The red bags will be used to collect infectious waste.

D. All involved staff will be informed of the meaning of various labels, tags, and color-coding system.

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INFECTIOUS WASTE DISPOSAL

According to OSHA, "Infectious waste means blood and blood products, contaminated sharps, pathological wastes, and microbiological waste.

CONSIDERATIONS:

A. Disposal of all infectious waste will be in accordance with applicable Federal, State, and local regulations.

B. All infectious waste will be placed in closable, leak-proof containers or bags that are color coded, labeled, or tagged.

C. Disposable syringes, needles, and other sharp items will be placed in puncture-resistant containers for disposal.

D. A puncture-resistant sharps container will be easily accessible to staff.

E. Double bagging prior to handling, storing, and/or transporting of the infectious waste will be necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.

F. The Campus Operations Manager of Facilities Operations will be responsible for proper packaging, labeling, and removing of infectious waste to the Infectious Waste Sterilization/Transport Site.

HEPATITIS B (HBV) VACCINATION

OSHA requires that employers pay for HBV vaccination for their at risk employees. The employer must inform employees of the availability of the vaccine, the benefits of HBV vaccination, and locations where the vaccine can be obtained. The employer must determine those workers who are at risk of exposure from infectious materials and therefore need the HBV vaccination.

OSHA's position is that it is permissible for the newly hired employee to conduct patient care during the two- to six-month period it takes to complete the necessary series of vaccine injections.

INFORMATION ON THE HBV VACCINES, INCLUDING THEIR EFFICACY, SAFETY, AND THE BENEFITS OF BEING VACCINATED

Engerix-B, is given in three intramuscular doses over a six-month period, at zero, one, and six months. The recommended site for vaccine injection is the deltoid muscle (arm) and not the buttocks.

Hepatitis B vaccines induce protective antibody levels in more than 90% of healthy adults, depending on age in normal adults. Protection against both infection and the development of the carrier state lasts five to seven years, although titers in some individuals may fall below detectable levels within seven years of immunization. If these individuals are exposed to HBV, they develop an anamnestic (rapid immunologic memory) response and do not become ill or develop HBV.

Studies have shown that healthcare workers, security personnel, and firefighters are at greater risk than the general population of contracting hepatitis B disease because of occupational exposure. The benefits of receiving vaccination are that it is highly effective in preventing hepatitis B and its complications, which may include development of chronic infection (carrier state), cirrhosis, liver cancer, and, in some cases, death.

HBV VACCINATION POLICY

It is the policy of the Yosemite Community College District that employees in positions identified in the Exposure Determination section of this manual as having potential occupational exposure to blood or other potentially infectious materials shall be offered HBV vaccination free of charge. Vaccination is encouraged unless 1) documentation exists that an employee has previously received the series; 2) Antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

If an employee elects not to receive HBV vaccination after being informed of the availability and benefits of vaccination, then the employee shall complete the Informed Refusal Form found in the Recordkeeping section in this manual. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of the refusal is kept at the Campus Safety Department.

POST-EXPOSURE EVALUATION AND FOLLOW UP

It is the policy of the Yosemite Community College District that employees in positions identified in the Exposure Determination section of this manual as having potential occupational exposure to blood or other potentially infectious materials will be offered the post-exposure evaluation and follow up required by OSHA, which is described below. Employees should report all exposure incidents to supervisors and receive instructions on obtaining a post-exposure evaluation and follow up. This policy is voluntary and employees are urged but not required to comply. Any employee who refuses post-exposure evaluation and follow up should sign the Informed Refusal Form included under Recordkeeping section of this manual.

If an eligible employee has a percutaneous (needlestick, puncture, or laceration by instrument) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to bodily fluids or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non-intact, the source individual should be informed of the incident and tested for HIV or HBV infections, **after consent is obtained,** if the HBV and HIV antibody status of the source individual is unknown.

If the same individual refuses consent or if the individual tests positive, is known to be HIV seropositive, or is known to have AIDS, the eligible employee should be evaluated clinically and by HIV antibody testing as soon as possible and advised to report and seek medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure. HIV seronegative workers should be retested six weeks post-exposure and on a periodic basis thereafter (12 weeks and six months after exposure).

Follow-up procedures also apply to eligible employees exposed or potentially exposed to HBV. The types of procedures will depend on the immunization status of the worker (i.e., whether HBV vaccination has been received and antibody response is adequate) and the HBV serologic status of the source individual. The CDC Immunization Practices Advisory Committee has published its recommendations regarding HBV/HIV post-exposure prophylaxis (see attached tables).

If an employee refuses to submit to such procedures when they are medically indicated, no adverse action can be taken by OSHA against the employer on that ground alone since the procedures are designed for the benefit of the exposed employee.

If an exposure incident occurs, see Recordkeeping section regarding the completion of the Exposure Incident Form and the Post-exposure Refusal Form.

THE EPIDEMIOLOGY AND SYMPTOMS OF BLOODBORNE DISEASES

HEPATITIS B VIRUS INFECTION

SYMPTOMS

About one third of infected individuals have no symptoms when infected with the virus, one third have a relatively mild clinical course of a flu-like illness that is usually not diagnosed as hepatitis, and the remaining third have a much more severe clinical course of jaundice (yellowing of the eyes and skin), dark urine, extreme fatigue, anorexia, nausea, abdominal pain, and sometimes joint pain, rash, and fever.

Of the estimated 18,000 infections in healthcare workers each year in the United States, there are about 500 to 600 hospitalizations and over 200 deaths. Approximately 1,000 of these healthcare workers will annually become carriers of HBV, at risk of chronic liver disease, cirrhosis, and liver cancer.

EPIDEMIOLOGY
Numerous studies document the facts that workers occupationally exposed to blood have a prevalence of serum HBV markers, which indicates previous infection several times that of the general population or workers not exposed to blood. Prevalence of serum HBV markers is related to the number of exposures to blood and/or needles but not patient contacts per se, and high-risk groups include, among others, health services, security, and firefighting staff.

HUMAN IMMUNODEFICIENCY VIRUS INFECTION

SYMPTOMS

Within a month after exposure, an individual may experience an acute retroviral syndrome, the first clinical evidence of HIV infection. This is a flu-like illness with signs and symptoms that can include fever, lymphadenopathy, myalgias, arthralgias, diarrhea, fatigue, and rash. This syndrome is usually self-limiting and is followed or accompanied by the development of antibodies. Following this acute illness, HIV infection leads to a continuum of events in which the patient is initially asymptomatic and apparently healthy and then, after an indeterminate time, sometimes longer than ten years, may develop symptoms uniquely associated with a later stage of HIV infection that is classified as acquired immune deficiency syndrome or AIDS. Some of the signs and symptoms of HIV infection are persistent generalized lymphadenopathy, fever for more than one month, significant weight loss, persistent diarrhea, or a combination of these. An individual with HIV infection is considered to have AIDS when one or more so-called "indicator" diseases has been diagnosed. The most common of these indicator diseases are Pneumocystis carinii pneumonia, esophageal candidiasis, neurological disorders or dementia, and cancers such as Kaposi's sarcoma and non-Hodgkin's lymphoma.

EPIDEMIOLOGY

Only an extremely small number of HIV infections have been documented in healthcare workers with no other risk factors. The modes of transmission in these few cases involved needlesticks, extensive contact with blood or other bodily fluids, and direct mucous membrane and/or skin exposure, the latter probably involving skin with open lesions.

TRAINING AND EDUCATION OF EMPLOYEES

The Risk Management Office will assume responsibility for planning and implementation of training for appropriate staff. We will provide affected staff with copies of the Exposure Control Plan.

RECORDKEEPING AND FORMS

EMPLOYEE MEDICAL RECORDS FORM

The Yosemite Community College District Risk Management Office will maintain an accurate record for each staff member covered by the OSHA standard. This record should include the following:

1. The name and social security number of the staff number.

2. A copy of the staff's hepatitis B vaccination records and medical records relative to the employee's ability to receive vaccination.

3. For employees declining HBV vaccinations, a copy of the employee's "Informed Refusal Form".

4. The circumstances of any exposure incident, including date, location, nature of the incident (e.g., needlestick), and the name of the source patient.

5. A copy of all results of physical examination, medical testing, and follow-up procedures as they relate to the employee's ability to receive vaccination or to post-exposure evaluation following an exposure incident.

The YCCD Risk Management Office will assure that staff medical records are kept confidential, and separate from regular personnel records, and that they are not disclosed or reported to any person within or outside the workplace, except as required by OSHA or as may be required by law. The personnel office will maintain this record for at least the duration of employment plus 30 years. A sample Employee Medical Record Form is provided at the end of this section.

INFORMED REFUSAL FORM FOR HEPATITIS B VACCINATION

If a staff member is reluctant to be vaccinated against HBV, or for some reason cannot be vaccinated, records will be maintained of this fact. Samples of staff Informed Refusal Forms are provided at the end of this section.

EXPOSURE INCIDENT

Any exposure to bodily fluids, needle sticks, extensive contact with blood or direct mucous membrane and/or skin exposure, the latter probably involving skin with open lesions. The injured party will contact Company Nurse directly (1-877-854-6877) after reporting the incident to their supervisor. The attending nurse will provide first aid advice and direct the injured employee to an appropriate medical treatment site. The Company Nurse report will become a part of the staff member medical record.

POST-EXPOSURE REPORT TO HEALTHCARE PROVIDER

For employees seeking post-exposure medical evaluation, this form will be completed by the Benefits Office and forwarded to the employees' healthcare provider. A sample form is provided at the end of this section.

INFORMED REFUSAL BY EMPLOYEE OF POST-EXPOSURE MEDICAL EVALUATION

If a staff member is reluctant to receive post-exposure medical evaluation, a record should be maintained of this fact. A sample Informed Refusal by Employee of Post-exposure Medical Evaluation Form is provided at the end of this section.

TRAINING RECORDS

Training records should include the following:

a. the dates of the training sessions.

b. the contents of a summary of the training sessions.

c. the names of persons conducting the training.

d. the names of all persons attending the training session.

The records should be maintained for five years. A Training Record Form is provided at the end of this section.

RECORDKEEPING/FORMS

EXPOSURE CONTROL PLAN
YCCD

EMPLOYEE MEDICAL RECORD **CONFIDENTIAL**

HEPATITIS B VACCINATIONS

Name _____

Campus _____

Worksite _____

Date of Birth _____ Starting Date _____

Social Security Number _____ Termination Date _____

History of HBV Vaccination _____

_____

_____

_____

_____

_____

(dates received, or, if not received, a brief explanation of why not)

History of Exposure Incidents
(dates, brief explanation) _____

_____

_____

_____

_____

_____

Results of medical follow-up procedures regarding exposure incident, Hepatitis B immunity, etc.
(dates, brief explanation)

_____

_____

_____

_____

_____

Note: Maintain this record for duration of employment plus 30 years.

INFECTION CONTROL PROGRAM YCCD

STAFF INFORMED REFUSAL FOR HEPATITIS B VACCINATION - CONFIDENTIAL

I, _____, am employed by _____

_____, as a _____.

My employer has provided training to me regarding the Hepatitis B vaccine. I understand the effectiveness of the vaccine, the risks of contracting Hepatitis B at work, and the importance of taking active steps to reduce the risk.

- ☐ Have received the first shot on my own or through another employer:
- ☐ Have received the first and second shots on my own or through another employer:
- ☐ Have received all three shots on my own or through another employer:

Choose One:

___I, of my own free will and volition, and despite my employer's urging, have elected not to be vaccinated against Hepatitis B. I have personal reasons for making the decision not to be vaccinated.

_____
Signature

_____
Name (please print)

_____
Address

_____
City State ZIP Code

_____
Date

NOTE: Maintain this record for duration of employment plus 30 years.

LABELING REQUIREMENTS

Item	No label required	Biohazard	Red color-coded container
Regulated waste container		**X**	**or X**
Reusable contaminated sharps		**X**	**or X**
Contaminated equipment needing service or shipping		**X***	
Laundry sent to another facility that does not use universal precautions		**X**	**or X**
Contaminated laundry	**X****	**or X**	**or X**

Labels to be used at this facility must include the universal biohazard symbol and include the term "biohazard". In addition, the labels must be fluorescent orange or orange-red in color.

***Specifying, in addition the location of the contamination.**

****Alternative label or color code must be used when the facility uses universal precautions (UP) in handling all soiled laundry and employees can recognize containers as requiring compliance with UP.**

Post-Exposure Evaluation to Healthcare Provider

Employee Name_____

Date of Exposure Incident_____

Time of Exposure Incident_____

1. Referred for post-exposure evaluation and follow-up:

   Name of Healthcare Provider_____

   Date of Evaluation _____Time_____

2. Employee previously vaccinated against HBV infection:

   Yes_____Date_____No_____

3. Description of employee's duties during the exposure incident:

   _____

   _____

4. The route of exposure was:

   a. Needlestick with contaminated needle to _____

   b. Piercing of skin with contaminated sharp to _____

   c. Splashing/spraying of blood or other potentially infectious material to _____

   d. Other (describe) _____

   _____

5. The circumstances under which exposure occurred are (describe)

   _____

   _____

6. The source individual is known _____ unknown _____

   a. If known, is known to be infected with HBV _____ HIV ____

   In accordance with state and local laws,

   b. Consent is required for blood testing Yes ____ No ____

      1. If yes, consent obtained Yes ____ No ____ (document)
      2. If yes, specimen obtained and tested Yes ____ No ____
      3. If yes, results are _____
      4. If no, specimen available and tested Yes ____ No ____
      5. If yes, results are_____

7. Pertinent employee medical records given to provider Yes ____ No ____