



LEUCADIA
WASTEWATER
DISTRICT

LEADERS IN
ENVIRONMENTAL
PROTECTION

BLOODBORNE PATHOGENS PROGRAM

And Exposure Control

MARCH 7, 2019

LEUCADIA WASTEWATER DISTRICT
1960 La Costa Ave. Carlsbad, Ca 92009

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- A Program Review and Certification Log
- B Universal Precautions - Safe Work Practices
- C Bloodborne Exposure Incident Investigation Form
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I certify the Bloodborne Pathogens Program for the Leucadia Wastewater District has been reviewed and revised as necessary.



Paul J. Bushee - General Manager



Date Certified

1.0 PROGRAM REVIEW AND CERTIFICATION

The Bloodborne Pathogens Program (BBP) at the Leucadia Wastewater District (LWD) will be reviewed and revised as necessary to ensure the program is current. All revisions are documented on Attachment A: Program Review and Certification Log.

2.0 PURPOSE

The purpose of the BBP is to prevent or minimize employees' occupational exposure to bloodborne pathogens and other potentially infectious materials (OPIM) as required by California Code of Regulations, Title 8 (8 CCR), Section 5193.

3.0 APPLICATION

This BBP applies to all (LWD) employees who have potential occupational exposure to blood or OPIM, as identified in Section 5.0: EXPOSURE DETERMINATION.

4.0 DEFINITIONS

Blood - Human blood, human blood components and products made from human blood.

Bloodborne pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

Contaminated Laundry - Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 25090.

Engineering Controls - Controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogens hazards from the workplace.

Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities - A facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

HBV - Hepatitis B virus.

HCV - Hepatitis C virus.

HIV - Human immunodeficiency virus.

Licensed Healthcare Professional - A person whose legally permitted scope of practice allows him or her to independently perform the activities required by subsection (f), Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

Occupational Exposure - 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.

Other Potentially Infectious Materials (OPIM) - Any 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 an emergency response.

Parenteral Contact - Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment - Specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Prophylaxis - action taken to prevent disease, especially by specified means or against a specified disease.

Regulated Waste - waste that is any of the following:

1. Liquid or semi-liquid blood or OPIM;
2. Contaminated items that:
 - Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
 - Are capable of releasing these materials when handled or compressed.
3. Contaminated sharps.
4. Pathological and microbiological wastes containing blood or OPIM.
5. Regulated Waste includes "medical waste" regulated by Health and Safety Code Sections 117600 through 118360.

Safe Work Practices - Methods, procedures and controls that reduce the likelihood of exposure incidents by altering the manner or techniques in which a task is performed.

Sharp - Any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Sharps Injury - Any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

Sharps Injury Log – A record of each exposure incident involving a sharp. This information is recorded on Attachment C: Bloodborne Exposure Incident Investigation Form.

Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores. Sterilization includes procedures regulated by Health and Safety Code Section 25090.

Universal Precautions - 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.

5.0 EXPOSURE DETERMINATION

Table 1.0: Exposure Determination describes the potential occupational exposures of each workgroup at LWD and the likelihood of occupational exposure to blood or OPIM from the identified activity. Those workgroups performing tasks where there is a reasonable likelihood of occupational exposure to blood or OPIM are offered the Hepatitis B vaccination, in accordance with Section 6.5: Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

TABLE 1.0 LWD Exposure Determination

<i>This Work Group</i>	<i>May Have the Following Occupational Exposures to Blood or OPIM</i>	<i>This activity can be reasonably anticipated to present occupational contact with blood or OPIM</i>	<i>The Hep B Vaccine Will Be Offered To This Work Group during the new employee orientation process</i>
Administration	<ul style="list-style-type: none"> ◆ Exposure to emergency medical activities while rendering first aid or CPR as a Good Samaritan 	NO	YES
Field Services	<ul style="list-style-type: none"> ◆ Exposure to emergency medical activities as a result of a collateral job duty (<i>i.e. confined space rescue</i>) ◆ Exposure to emergency medical activities while rendering first aid or CPR as a Good Samaritan ◆ Exposure to hypodermic needles that are lodged or caught on or in the sewer line cleaning equipment ◆ Exposure to hypodermic needles during equipment cleaning, repairs or troubleshooting activities. ◆ Exposure to sewage visibly contaminated with blood or OPIM 	YES	YES

6.0 COMPLIANCE ELEMENTS

6.1 Universal Precautions

LWD employees will be trained on, and will observe, universal precautions to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Universal precaution practices are discussed in Attachment B: Universal Precautions - Safe Work Practices.

6.2 Engineering and Administrative Controls

LWD has implemented certain engineering and work practice controls to eliminate or minimize employee exposure. These work practices are discussed in Attachment B: Universal Precautions - Safe Work Practices.

LWD will provide handwashing facilities and/or antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are readily accessible to employees. These safe work practices are discussed in Attachment B: Universal Precautions - Safe Work Practices.

6.3 Personal Protective Equipment (PPE)

Please refer to the LWD Personal Protective Equipment Program. It is located on our website under the forms and documents page, under the Safety Programs tab and on the W server in the Safety Programs folder.

6.4 Housekeeping

LWD will ensure that the worksite is maintained in a clean and sanitary condition. All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or OPIM.

All receptacles intended for reuse which become contaminated with blood or OPIM shall be cleaned and decontaminated as soon as feasible upon visible contamination.

Contaminated laundry will be handled in accordance with Attachment B: Universal Precautions - Safe Work Practices.

6.5 Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up

LWD will offer the hepatitis B vaccination series to employee work groups with a reasonable expectation of occupational exposure to blood or OPIM, as identified in Table 1.0: Exposure Determination. The vaccination series will be offered at the time of job acceptance. This vaccination will be provided free of charge and will be made available at a reasonable time and place.

If an employee declines this vaccination, they will sign Attachment D: Vaccination Declination Form. If an employee initially declines hepatitis B vaccination, but at a later date decides to accept the vaccination, LWD will make the hepatitis B vaccination available to them.

Additionally, LWD offers all employee work groups without a reasonable expectation of occupational exposure to blood or OPIM, as identified in Table 1.0: Exposure Determination, the hepatitis B vaccination series as part of their voluntary immunization program.

LWD will not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with the U.S. Public Health Service's recommendations at no cost to the employee.

LWD will make available a post-exposure medical evaluation and follow-up to all employees who have had an occupational exposure to blood or OPIM. Post exposure vaccinations will be made available to them if it is recommended by the health care professional. Hepatitis B vaccinations and any medical evaluations and follow-up resulting from an exposure incident are provided at no cost to the employee.

LWD shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

- Made available at no cost to the employee
- Made available to the employee at a reasonable time and place
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

If an LWD employee has been exposed or was in contact with another person's/employees' (source individual's) blood/OPIM, then the source individual's blood shall be tested, as soon as feasible and after consent is obtained, in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, LWD will establish that legally required consent cannot be obtained. When the source individual is known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

LWD will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- The employee has been informed of the results of the evaluation.
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

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

6.6 Communication of Hazards to Employees

All employees with potential occupational exposure to blood or OPIM, as identified in Table 1.0: LWD Exposure Determination, will participate in a training program at the time of initial assignment on tasks where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures, or implementation of new tasks or procedures, affect the employee's potential occupational exposure to blood or OPIM.

The person conducting the training shall be knowledgeable in the subject matter addressed in items 1-12, below, as it relates to LWD's workplace. Also, employees will be provided the opportunity for interactive questions and answers with the person conducting the training session. Employees will be trained annually after their initial training with an interactive online training program.

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

1. An accessible copy of the regulatory text of the CalOSHA Bloodborne Pathogens Standard and an explanation of its contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of LWD BBP and the means by which the employee can obtain a copy of the written program;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. 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;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on Attachment C: Bloodborne Exposure Incident Investigation Form.
12. Information on the post-exposure evaluation and follow-up that LWD is required to provide for the employee following an exposure incident;

6.7 Safe Work Practices

Employees are to refer to and follow the safe work practices found in Attachment B: Universal Precautions – Safe Work Practices.

7.0 RECORD KEEPING

7.1 Medical Records

LWD's Health Care Provider will establish and maintain an accurate record for each employee with potential occupational exposure. This record shall include:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination 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 results of examinations, medical testing, and follow-up procedures.
- A copy of the healthcare professional's written opinion that was given to the Agency.
- A copy of the information provided to the healthcare professional as required by this procedure

LWD and its Health Care Provider shall ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside of the workplace except as required by this procedure or as may be required by law.

LWD or their Health Care Provider shall maintain employees' medical records for the life of LWD.

7.2 Cal/OSHA 300 Recording Requirements:

If a worker experiences a work-related needlestick injury, or a cut from a sharp object that is contaminated with blood, the information will be recorded on the Cal/OSHA Form 300A as an injury.

If a worker is splashed or exposed to blood or other potentially infectious materials that result in a diagnosis of a bloodborne illness, or if the exposure incident meets one or more of the OSHA recording criteria, the incident will be recorded as an illness on the Cal/OSHA Form 300 form.

In either case, to protect the employee's privacy, the employee's name will not be recorded on the Cal/OSHA Form 300 in accordance with CCR, Title 8, Division 1, Chapter 7, Subchapter 1, Article 2, Section 14300.29(b)(9) requirements for privacy cases.

7.3 Training Records

Training records shall be maintained for the duration of employment plus 7 years after termination or retirement and will include the following information:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

8.0 DOCUMENT CONTROL

LWD shall maintain and distribute this procedure, and will ensure that all outdated copies are replaced with the most current revision. This procedure shall be reviewed periodically or whenever changes are made that significantly impact this program. Each review and revision will be documented on Attachment A: Program Review and Certification Log.

9.0 RESPONSIBILITIES

9.1 Technical Services Manager is responsible for:

- Recommending that funding is provided to successfully implement the program requirements.
- Reporting all first aid incidents involving the presence of blood or other potentially infectious material to the General Manager.

9.2 Field Service Superintendent is responsible for:

- Overall implementation of this procedure and safe work practices.
- Ensuring the program requirements are enforced.
- Reporting all first aid incidents involving the presence of blood or other potentially infectious material by the end of the work shift to his/her immediate supervisor.

- 9.3 Administrative Services Supervisor is responsible for:
- Ensuring new employees are offered a Hepatitis B vaccination in accordance with the organization's voluntary Hepatitis B vaccination program, where applicable.
 - Ensuring employees are examined by the organization's medical provider for a post-exposure evaluation and follow-up care following an occupational exposure to blood or Other Potentially Infectious Materials.
 - Providing the organization's Health Care Provider with the required documents and information.
 - Scheduling and coordinating initial and refresher training for all affected.
 - Exercising confidentiality when reviewing and filing post-exposure medical evaluation summaries following an occupational exposure.
 - Completing the Cal/OSHA Form 300A for all recordable bloodborne exposure incidents in accordance with the "*Hepatitis B Vaccination*" Safe Work Practices.
 - Reporting all first aid incidents involving the presence of blood or other potentially infectious material by the end of the work shift to their immediate supervisor.
- 9.4 Field Service Supervisor is Responsible for:
- Ensuring the program requirements are enforced.
 - Completing the "Bloodborne Pathogen Post-Exposure Incident Checklist following an occupational exposure to blood or Other Potentially Infectious Materials.
 - Ensuring that all new employees receive bloodborne pathogen training as part of new employee orientation.
 - Enforcing the BBP "Safe Work Practices" (Attachment B).
 - Ensuring that personal protective equipment, necessary to comply with the Bloodborne Safe Work Practices, is available and accessible to employees.
 - Investigating bloodborne exposure incidents and completing the "Bloodborne Exposure Incident Investigation Form."
 - For reporting any bloodborne exposure incidents to the organization as soon as they become aware of, or are notified of, an exposure incident.
- 9.5 Field Service Employees are responsible for the following:
- Successfully completing all required training.
 - Reporting all first aid incidents involving the presence of blood or other potentially infectious material by the end of the work shift to their immediate supervisor.
 - Following all applicable safe work practices identified in Attachment B: Universal Precautions - Safe Work Practices.
 - Informing their Supervisor if additional personal protective equipment is needed, or if a different type or size is needed to adequately protect themselves against bloodborne diseases.
 - Practicing Universal Precautions whenever they may have a potential exposure to blood or other potentially infectious materials.

ATTACHMENT B

Universal Precautions – Safe Work Practices

Universal Precautions

All employees, regardless of their job duties are required to use Universal Precautions. This means that all blood and other body fluids will be treated as if they are infected with HIV virus, Hepatitis B virus or other bloodborne pathogens. Universal precautions are to be used whenever an employee has a potential exposure to blood or other potentially infectious materials, including (but not limited to) the work activities and conditions identified in Table 1.0: LWD Exposure Determination.

All employees are to report all occupational bloodborne exposure incidents to their immediate supervisor as soon as possible. This includes, but is not limited to, contamination of open wounds (including skin acne), mucosal splashes, or parenteral exposures with blood, body fluids, or other potentially infectious materials. The supervisor will notify the Administrative Services Supervisor within 24 hours so that a medical evaluation can be scheduled.

Hand Washing

If employees experience an exposure with blood or other potentially infectious materials to the skin or mucous membranes, they shall wash hands and/or skin with hot water and soap, or flush the exposed mucous membranes with water immediately. Because hands are at risk of exposure while removing gloves, and because gloves often leak or tear, hands must be washed even if gloves were worn.

If working in an area where hand washing facilities are not provided (remote buildings, vehicles, etc), employees shall use antiseptic hand cleanser or antiseptic towelettes as an interim measure, followed by soap and water as soon as possible. Antiseptic hand cleanser and/or antiseptic towelettes have been provided by for that purpose. Employees are to refill and restock hand cleaning and disinfectant supplies when needed.

Hand washing Procedures:

The principle of good hand washing is that of using friction to mechanically remove microorganisms. Hand washing is the single most important means of preventing the spread of infection and using proper hand washing techniques is important to the overall effectiveness of this preventive practice.

Proper Hand Washing Techniques:

- *Leave all rings on*
- *Turn on water*
- *Apply soap*
- *Scrub hands including palms, backs, between fingers, around & under fingernails, and wrists/arms if exposed.*
- *Grasp ring(s) and move up & down finger(s) until thoroughly soaped.*
- *Rinse thoroughly in same manner under running water.*
- *Dry hands with a clean paper towel.*
- *Using a paper towel, turn off the water faucet(s).*

All faucets, soap dispensers, or other surfaces that were touched with contaminated hands are considered contaminated and also need to be washed down with hot water or otherwise disinfected.

Handling Broken Glassware & Other Sharp Objects

Any broken glassware or other sharp objects are to be handled carefully to avoid parenteral contact resulting from punctures and cuts. Never pick up or handle broken glass, hypodermic needles, or other sharp objects that are contaminated with blood or OPIM with bare hands. Instead, wear gloves and use tongs, pliers, or a brush and dustpan to pick them up, if able.

Preventing Ingestion of Bloodborne Pathogens

Eating and drinking in work areas that have a reasonable likelihood of exposures to blood or other potentially infectious materials is prohibited. Applying lip balms or cosmetics, handling contacts, smoking, or other behavior that may expose employees to occupational diseases may be performed in these areas *only* after washing the hands with soap and water and *only* if the area is free of possible contamination.

Food and drink may not be stored or consumed in areas where blood or other potentially infectious materials are present. Example areas include refrigerators, freezers, shelves, cabinets, countertops or bench tops where biological samples are stored or prepared. All countertops or other work areas that have been contaminated with blood or OPIM are to be cleaned and disinfected using a commercial disinfectant spray or a 1:100 chlorine bleach solution.

Employees who have provided emergency medical care, or who have otherwise been contaminated with infectious materials, shall avoid any behavior that could result in contamination to other employees. For example, if an employee's clothing is contaminated with blood or other potentially infectious diseases, they may not enter and/or use lunchrooms or break rooms until they have changed any affected clothing and have washed their hands with soap and water.

Handling of Potentially Infectious Equipment & Materials

Equipment:

All equipment, sample containers, tools, or other surfaces that may have been contaminated with blood or other potentially infectious materials shall be thoroughly cleaned and decontaminated. Hot water and soap should be used to first clean the equipment, container, tool or surface, followed by an intermediate-level disinfectant such as a 1:100 chlorine bleach solution for disinfection.

All materials that have been contaminated with blood or other body fluids must be properly stored, handled, and/or disposed. This includes, but not limited to personal protective equipment, clothing, cleaning materials, and first aid materials.

- Industrial outer clothing such as jackets and coveralls that have become saturated with blood should be placed into a leak-proof bag that has been tightly secured and set aside for the off-site laundry service. Lighter clothing such as T-shirts should be placed into a leak-proof bag that has been tightly secured and then properly disposed of as an infectious waste.
- First aid materials such as gauze, compresses or CPR masks that have been used to render first aid, and that are significantly contaminated with blood or other body fluids, should be left with off-site medical responders. If unable to do so, these contaminated materials should be placed into a leak-proof bag that has been tightly secured, labeled with a bio-hazard label and then disposed of as an infectious waste.
- Any cleaning materials that are significantly contaminated with blood or other body fluids should be placed into a leak-proof bag that is tightly secured and set aside for disposal as an infectious waste.
- All personal protective equipment that is contaminated with blood or other potentially infectious materials, and which cannot be cleaned and disinfected for reuse, is to be left with off-site medical responders, or placed into a leak-proof bag that has been tightly secured, labeled with a bio-hazard label and then disposed of as an infectious waste.

Standards of Practice

The following procedures are to be followed when handling contaminated equipment, sample containers, tools, surfaces or materials that may have been contaminated with blood or other potentially infectious materials.

- **Employees** must wear personal protective equipment such as gloves, paper masks, aprons, and eye protection to ensure that they do not touch contaminated equipment. Wash hands with hot water and disinfectant soap after removing personal protective equipment.
- **When cleaning equipment** or handling contaminated materials, avoid spattering.

Personal Protective Equipment

Gloves:

- Wear impervious disposable gloves when rendering first aid or CPR.
- Wear impervious disposable gloves, long sleeves or other skin barriers to prevent exposed areas such as cuts, scrapes, hangnails or rashes from contact with blood or other potentially infectious materials.
- When working on equipment or with sharp objects that are contaminated with blood or OPIM, wear disposable gloves underneath leather gloves for maximum puncture-proof protection.
- Disposable (single use) gloves shall be replaced if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable gloves are not to be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must 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.
- Removing Disposable Gloves:
 - With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
 - With the exposed hand, peel the second glove from inside, tucking the first glove inside the second.
 - Dispose of the bundle and wash hands.

Eye and/or face protection: Goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Skin protection: Wear an apron or other impervious outer clothing if splattering is likely when working around blood or other potentially infectious materials.

Mucous membranes:

- Wear a NIOSH approved respirator or dust mask and eye protection if performing job activities where blood or other potentially infectious materials could splash into your eyes, nose or mouth.
- Use a protective mask or barrier when rendering CPR to anyone in a medical emergency.

PPE care, maintenance and disposal: All personal protective equipment shall be removed prior to leaving the work area, and shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

PPE Responsibilities:

- **Supervisors** are responsible for:
 - Monitoring inventory for employees and insuring that adequate volumes and sizes of personal protective equipment are kept on hand at all times.
 - Ensuring that all employees use the personal protective equipment when required.
- **Employees** are responsible for:
 - Wearing the appropriate personal protective equipment when required.
 - Knowing the locations of protective equipment, and for advising their Supervisor if adequate supplies are not available.
 - Inspecting personal protective equipment before use for defective parts. All defective personal protective equipment shall be destroyed and discarded so that another employee does not inadvertently use them.
 - Ensuring that re-usable protective equipment is kept cleaned, sanitized and inspected for damages before returning to inventory.

- Ensuring that uniforms, garments or other personal protective equipment significantly contaminated with blood or other potentially infectious material is handled in accordance with the Laundry Handling Practices Methods of Compliance.

Laundry Handling Practices

Laundry that has been contaminated with blood or other potentially infectious materials shall be handled as little as possible. Additionally, the following handling practices shall be implemented:

- All clothing that is contaminated with blood or other potentially infectious materials will be bagged without being sorted or rinsed.
- Employees will use universal precautions when sorting, handling, or placing contaminated clothing into a bag or container. As such, alternative labeling of the bag or container is sufficient.
- Any employee handling significantly contaminated uniforms shall wear protective gloves and other personal protective equipment as appropriate.
- If the contaminated laundry is wet and presents a reasonable likelihood of soak-through from the bag, the container or bag is to be placed inside a second bag.
- If laundry is shipped off-site to a facility that does not use universal precautions, the contaminated laundry will be placed into a properly labeled non-absorbent leak-proof container or bag that is free of holes and tears and set aside for off-site laundering. This bag or container is to be kept closed for transport and left in the designated laundry pick up area.

Medical Emergencies:

In accordance with Universal Precautions and this program, all clothing that is significantly contaminated with blood or other potentially infectious materials as a result of a medical emergency is to be handled as follows.

- Any employee handling significantly contaminated clothing, other than their own, shall wear protective gloves and other personal protective equipment as appropriate.
- To the extent possible, the clothing should be given to the emergency responders for proper disposal into their on-scene biohazard containers.
- If significantly contaminated clothing remains on the site following a serious medical injury, the general laundering procedures outlined above shall be followed.

Bloodborne Diseases and First Aid Responders

Employees are to call 911 (or other specific, trained and qualified first aid responders) for all major medical emergencies. Employees who are trained in first aid/CPR may provide basic first aid to a fellow co-worker in an emergency situation, or while waiting for trained medical responders to arrive. If so, any first aid or CPR so rendered is collateral to their normal job duties. If rendering basic first aid or CPR to a fellow co-worker or other person, employees are to use the appropriate personal protective equipment and use universal precautions to minimize the risk of bloodborne diseases.

Exposure Incidents

Employees who have rendered first aid/CPR to a fellow co-worker during the normal course of business, and who have had an exposure incident, will be provided with a medical evaluation and follow-up services by a qualified healthcare professional. This will be provided at no cost to the employee.

The following procedures are to be implemented following an exposure incident:

1. The employee is to report the exposure to their supervisor as soon as possible. If not reported by the end of their shift, it should be reported as soon as possible.
2. The supervisor will ensure that the affected employee is offered a medical evaluation within 24 hours of notice of the incident.
3. Once consent is obtained of the exposed employee, blood will be collected and tested. If the employee consents to baseline blood collection, but does not give his/her consent for serologic testing, the sample will be preserved for at least 90 days so that testing can be performed any time within those 90 days.
4. Attachment C: Bloodborne Exposure Incident Investigation form will be filled out by the employer and copied to the affected employee and to the medical care provider.
5. The incident will be logged on Attachment E: First Aid Responder - Incident Log.
6. The employer will provide the health care professional with the following documents:
 - A copy of Title 8, California Code of Regulations, §5193.
 - A description of the exposed employee's duties related to the exposure incident.
 - A description of the route(s) of exposure and circumstances under which exposure occurred. This will be accomplished by providing a completed copy of Attachment C: Bloodborne Exposure Incident Investigation Form.
 - Results of the source individual's blood testing, if available.
 - Relevant medical records (e.g. vaccination status).
7. The employee will be informed that all medical diagnosis and findings are strictly confidential. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

ATTACHMENT C

Bloodborne Exposure Incident Investigation Form

Exposed Employee and Job Classification:

Date of Incident: _____ Time of Incident: _____

Work area where incident occurred:

Job activity being performed when the incident occurred:

Describe how the incident was caused

Potentially Infectious Materials that were involved:

- Blood
- Other Potentially Infectious Materials:

Describe: _____

Type of exposure:

- Ingestion
- Open wound contact
- Exposure to eyes/nose/other mucous membranes
- Needlestick or other Sharp Injury:

Describe: _____

Other: _____

Body part involved in the exposure incident:

Source person (if known): _____ NA: Source person not involved

Did Source Person consent to testing? Yes No

Were provisions made for the exposed employee to receive a post-exposure evaluation within 24 hours?

Yes: Clinic/Doctor

Name: _____

No:

Reason: _____

Bloodborne Exposure Incident Investigation Form (Continued)

What Personal Protective Equipment was being used?

Post-exposure actions taken (Decontamination, clean-up, reporting, etc.)

What engineering, administrative or work practices could have been implemented (if any) that could have prevented this bloodborne exposure incident:

Supervisor: _____
Signature *Date*

ATTACHMENT D

HEPATITIS B IMMUNIZATION CONSENT OR DECLINE FORM

LEUCADIA WASTEWATER DISTRICT
1960 La Costa Avenue
Carlsbad, CA 92009

Employees Name (Please Print)

Social Security Number

CONSENT TO HEPATITIS B VACCINATION

I have read the information about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that **I must have 3 doses of the vaccine to obtain immunity**. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

Signature

Date Signed

DECLINE OF HEPATITIS B VACCINATION

I UNDERSTAND that due to my occupational exposure to 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 myself. 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 potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Check here if you are declining vaccination because you previously received the Hepatitis B vaccination series elsewhere.

Signature

Date Signed

What to do with this form:

- ◆ Please give this form to the Administrative Services Supervisor. It will be maintained in the confidential portion of your personnel file.

**ATTACHMENT E
First Aid Responder – Incident Log**

Date of Exposure Incident	Employee(s) who performed First Aid and/or CPR during the Incident	First Aid/CPR Provided to:		Was the Incident Job Related?		Was Employee Offered Medical Care?		Was an Incident Investigation Report Done?	
		Employee	Non-Employee	Yes	No	Yes	No	Yes	No