

The Exposure Control Plan is designed to identify, minimize or eliminate possible exposures to Blood Borne Pathogens.

Exposure Control Plan

April 6, 2020

Approval

Signature:  Date: 4/28/20

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Annual Plan Review

| Revision Date | Reviewer | Summary of Changes (if applicable) | Approved By: |
|------------------|-------------|---|--------------|
| October 1, 2018 | M. DeSalvio | Program updates, modified roles and responsibilities and implemented new employee certification form | A. Vasquez |
| February 8, 2019 | M. DeSalvio | Updated delegation of authority to match EO-1039 | A. Vasquez |
| April 22, 2019 | M. DeSalvio | Updated Workers' Comp information and general updates to text. | A. Vasquez |
| May 16, 2019 | M. DeSalvio | Updated general information, corrected a typographical error and justified document alignment. | A. Vasquez |
| August 14, 2019 | M. DeSalvio | Added training links for employees and students. | A. Vasquez |
| October 2, 2019 | M. DeSalvio | Updated formatting, standardized fonts in appendix. Updated employee responsibilities. | A. Vasquez |
| March 2, 2020 | M. DeSalvio | Added procedures for reporting sharps injuries. | D. Manning |
| April 6, 2020 | M. DeSalvio | Updated roles and responsibilities to clarify injury reporting procedures. Updated approval to match EO 1039. | D. Manning |

Article I. References

Section 1.01 Bloodborne Pathogens Standard

California Code of Regulations, Title 8, Section 5193

Section 1.02 Morbidity and Mortality Weekly Report, May 15, 1998/Vol. 47/ No. RR-7;

Public Health Service Guidelines for the management of Healthcare Worker Exposures to HIV and Recommendations for Post-exposure Prophylaxis Morbidity and Mortality Weekly Report, December 26, 1997 / 46(RR-18); 1-42 Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)

Section 1.03 Cal Poly Pomona Medical Waste Management Plan

Section 1.04 Definitions

- (a) Blood
Human blood, human blood components, and products made from human blood.
- (b) Bloodborne Pathogen
Pathogenic organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
- (c) Contaminated
The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.
- (d) Exposure Incident
A specific eye, mouth, or other mucous membrane; non-intact skin; or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's or student's duties. A sharps injury shall constitute a potential exposure incident and reported in alignment with campus reporting procedures.
- (e) 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 or student's duties.
- (f) Other Potentially Infectious Materials (OPIM)
Includes:

- 1) Bodily fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
 - 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
 - 3) Blood, organs, or other tissues from experimental animals which are non-pathogen-free certified; or
 - 4) Culture medium or other solutions which may contain cells or cell cultures.
- (g) Regulated Waste – "Regulated Waste" means waste that is any of the following:
- 1) Liquid or semi-liquid blood, or OPIM;
 - 2) Contaminated items that:
 - a) Contains liquid or semi-liquid blood, are caked with dried blood or OPIM; and
 - b) 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.
- (h) Sharps
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.
- (i) Universal Precautions
An approach to infection control that assumes all human blood and other potentially infectious materials may carry HIV, HCV, HBV, and other bloodborne pathogens.
- (j) Work Practice Controls
Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

Article II. Purpose

To protect employees from possible exposures to human bloodborne pathogens including Hepatitis B (HBV), Hepatitis C Virus, Human Immunodeficiency Virus (HIV) and other diseases transmitted by human bodily fluids or other potentially infectious materials (OPIM). Furthermore, the Bloodborne Pathogen and Exposure Control Plan provides safe work practices to help prevent employee exposures to bodily fluids in support of their assigned job duties.

Article III. Scope

This program applies to all employees who are potentially exposed to OPIM as defined in Article I (f) as a result of the performance of their normally required duties with the exception of the Student Health Center (SHC) which has a site-specific control plan for SHC staff. All biohazardous, pathogenic or medical wastes shall be generated, accumulated, stored, treated and disposed of in accordance with the Medical Waste Management Program and all conditions stipulated with the Medical Waste Generator/Treatment permit as mandated by California Department Public Health.

Article IV. Responsibilities

Section 4.01 University Employees

Any employee who works in an environment where a potential contact with blood and other OPIM is present is responsible for the following:

- (a) Shall be familiar with this plan, its contents and objectives.
- (b) Conduct each task in accordance with the applicable training, exposure risk information, or department Standard Operating Procedure (SOP).
- (c) Participate in required training sessions.
- (d) Use PPE and other protective devices as required.
- (e) Report work site deficiencies and any occupational bloodborne pathogen exposure to your manager/supervisor.
- (f) Complete an accident report within 24 hours for every bloodborne pathogen or sharps exposure and submit to your manager/supervisor before routing to EH&S.
- (g) Report immediately to the industrial clinic upon direction of their supervisor after a bloodborne pathogen or sharps exposure. Employees should bring any applicable supporting documentation regarding the exposure to the Industrial Clinic to help assess the exposure.

Section 4.02 Human Resource Operations, Employee and Organizational Development and Advancement (EODA)

- (a) Coordinate with EH&S to update position descriptions and classifications as necessary.
- (b) Maintain a copy of the Employee Certification Form in the employee's personnel file.

Section 4.03 Managers, Supervisors and Principal Investigators (PI's), and Department Chairs

- (a) Must know where human blood or other potentially infectious materials are used, produced, stored, or handled in any manner in the department.
- (b) Must be familiar with this plan and its contents and objectives.
- (c) Identify covered positions within their department and the employees who occupy those positions and may be at risk of exposure.
- (d) Possible exposure hazards must be made available to covered employees.
- (e) Departments are expected to consult with Environmental Health and Safety (EH&S) if there is a question regarding risk of employee exposure.
- (f) Upon notification by the employee, ensure that any exposure or sharps injury is reported immediately to EH&S and Workers' Compensation
- (g) Managers/supervisors (HEERAs) must review and update exposure information annually and more often, if necessary, to accommodate changes in assigned duties of covered or non-covered employees.
- (h) Ensure that employees have applicable information and training before beginning specific tasks involving blood or other potentially infectious materials.
- (i) Identify and develop standard operating procedures (SOP) when work activities involve the use of blood and/or other potentially infectious materials. Specific procedures for spills, waste disposal, decontamination, and accident response procedures must be developed by the department.
- (j) Notify EH&S of new hires to covered positions to ensure that a Hepatitis B (HBV) vaccination has been offered within 10-days of hire. For students enrolled in degree programs which may place them at risk, offering an HBV immunization series is a PRE-requisite to being in the program with costs borne by students (*i.e. Nursing, Physical Therapy*).
- (k) Provide proper personal protective equipment (PPE) to employees who work with blood or bloodborne pathogens.
- (l) Monitor work sites and correct deficiencies as identified by the department, employees or EH&S.
- (m) Refer all exposures immediately to an emergency care facility for assessment and exposure follow-up (CDC states HIV exposure assessment must be completed within 4 hours). Occupational exposures must be reported to EH&S and the Workers' Comp. Coordinator immediately.
- (n) Submit an accident report within 24 hours for every bloodborne pathogen exposure.

Section 4.04 Environmental Health and Safety (EH&S)

- (a) Monitors the Exposure Control Plan and its effectiveness.
- (b) Provides guidance to handlers of biohazardous materials on how to develop departmental control procedures in accordance with this Plan.
- (c) Specifies guidance and training on how to properly segregate, package, and label solid and liquid wastes that are contaminated with blood or other infectious materials, as requested.
- (d) Conducts worksite assessments as needed and informs departments of the results.
- (e) Consults with departments on internal SOP documents as requested.
- (f) Consults with departments on corrective actions of any reported deficiencies.
- (g) Enrolls employees for medical surveillance and maintains records in accordance with Article X of this plan.

Section 4.05 Contracted Health Care Provider or Industrial Clinic

- (a) Assesses the potential risk and determines and provides appropriate exposure follow-up.
- (b) Maintains the medical record of employees who have occupational exposure to blood or other potentially infectious materials, including a record of immunizations and medical surveillance, and if necessary, of post-exposure assessment and treatment.

Article V. Exposure Risk Levels

Exposure risk levels are used to assess the level of possible exposure and the hazards associated with covered positions as well as specific activities or duties.

Section 5.01 Category A: High Exposure Risk

Employees in this group work directly with blood or OPIM during the course of their assigned duties.

- (a) Health care providers with patient care responsibilities. Includes professionals, assistants, and other employees directly involved in the patient care process. Research investigators, technicians, and laboratory assistants who work with bloodborne pathogens, human blood, or other potentially infectious materials.
- (b) Initial or first responders: Law enforcement employees.
- (c) Athletic sports medicine employees.
- (d) Athletic trainers.

Section 5.02 Category B: Moderate Risk

Employees in this group do not work directly with blood or OPIM during the course of their assigned duties but may come into contact with blood or OPIM when performing unplanned or irregular Category A activities as applicable.

- (a) Custodial personnel responsible to clean up spills of blood or other potentially infectious material.
- (b) Maintenance plumbers responsible for opening sewage lines.
- (c) Child care assistants.
- (d) Clinical instructors in certain educational fields.
- (e) Employees responsible for laundry cleaning.

Section 5.03 Category C: Low Risk

Employees in this group do not work directly with blood or OPIM during the course of their assigned duties and performing Category A tasks are not a condition of employment.

- (a) Office support staff.
- (b) Custodians who are not required to clean-up OPIM.
- (c) Personnel responsible for waste collection and hauling.
- (d) Laboratory technicians with no assigned tasks involving use of OPIM.
- (e) Employees with job classifications not involving the use of OPIM.

Section 5.04 Unclassified Risk Exposure

- (a) Determined by EH&S, department managers, and supervisors on a case-by-case basis.

Article VI. Hazard Communication

Section 6.01 Labeling Requirements

- (a) The standard orange or orange-red biohazard warning label must be affixed to containers of biohazard waste.
- (b) Refrigerators, freezers, and other containers that are used to store or transport blood or other potentially infectious materials must display a biohazard warning label.
- (c) When a department uses universal precautions in the handling of specimens, individual specimens should be labeled (i.e. laboratory samples).
- (d) Laundry handled with universal precautions (considered contaminated with blood and body fluids) need to be labeled.
- (e) If blood samples are tested and found to be infected with HIV or HBV, they must have a biohazard-warning label affixed to the sample, otherwise normal or routine blood samples handled under universal precautions need not be labeled as a biohazard but shall be disposed of properly.
- (f) Biohazard waste, which has been decontaminated, need not be labeled. However, sharps, contaminated or not, must be placed in an approved sharps container prior to disposal.
- (g) The standard biohazard warning sign must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

Article VII. Employee Protection

Section 7.01 Employee Information

- (a) If employee information indicates that occupational exposure to blood or other potentially infectious material exists on the job, the department must follow the procedures of this plan.
- (b) Universal precautions (treating body fluids/materials as if infectious) must be followed in all job activities where risk of exposure has been identified.
- (c) Departments must provide, at no cost to the employee and require employees to use, appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces, and resuscitation bags; and must clean, repair and replace these when necessary, in alignment with equipment manufacturer recommendations.
- (d) Gloves must be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials, and when handling or touching contaminated items or surfaces.
- (e) Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments must be worn in risk exposure situations. The protective clothing, that is needed, will depend upon tasks and exposure risk level as defined in Article V.

- (f) Proper masks, in combination with eye protection devices (goggles or glasses with solid side-shields or chin length face shields), must be worn when it can be reasonably anticipated that eye, nose, or mouth exposures may occur as a result of splashes, sprays, or from droplets of blood or other potentially infectious materials.

Section 7.02 Sharps Disposal

- (a) Sharps must be disposed of in an approved sharps container.

Note:

- (i) *Soiled sharps should never be transported to an approved sharps container; keep the container in the immediate worksite, and then, if necessary, transport the container after the sharp has been deposited.*
 - (ii) *Syringes must never be re-capped unless the syringe is equipped with an automatic needle protection mechanism or device.*
- (b) Sharps containers must remain upright, not overfilled, and be closed prior to removal.
- (c) Containers for contaminated sharps must be red in color and have a biohazard label. Sharps containers shall be replaced when 2/3 full. If the sharps container must be sterilized before disposal, placed in an approved secondary container, and properly dispose of it. The secondary container must also have the biohazard label.

Section 7.03 Contaminated Laundry

Departments shall establish procedures for handling contaminated laundry to minimize exposures. A written schedule must be developed for cleaning and identifying the method of decontamination to be used. Cleaning requirements following contact with blood or other potentially infectious materials must be included in these written procedures. Procedures may include contracting with a third-party to provide a laundry service.

Section 7.04 HIV and HBV Laboratories

If laboratories used HIV and/or HBV they must follow standard microbiological practices as outlined in the National Institutes of Health (NIH) guideline, "Biosafety in Microbiological and Biomedical Laboratories," 5th ed. These guidelines specify practices intended to minimize exposure of employees working with concentrated infectious agents and to reduce the risk of occupational exposure for other employees at the facility. Departments falling under these guidelines must have required containment equipment, and in some instances, an autoclave for decontamination of waste. Additionally, research in this area requires EH&S approval via a Biosafety Protocol application.

Section 7.05 Administering CPR

Administering CPR can lead to exposure to blood or OPIM. If performing CPR is necessary, it's recommended to follow these guidelines whenever possible.

- (a) Use disposable airway equipment or resuscitation bags and the wearing of gloves when performing CPR as there may be a risk of contact with blood or OPIM.
- (b) Clear plastic facemasks with one-way valves are available for use during mouth-to-mask ventilation. These masks provide diversion of the victim's exhaled gas away from the rescuer and may be used by health care providers and public safety personnel properly trained in their use during two-person rescue to replace the mouth-to-mouth ventilation technique.
- (c) Such devices require two hands to secure a proper face seal and to maintain an open airway.
- (d) The user of this device must be specially trained in the correct use of this device.

Section 7.06 Health Care Workers (Student Health Center)

In addition to this plan, Student Health Center staff should follow their site-specific exposure control plan or procedures as applicable.

Article VIII. Engineering and Administrative Controls

Engineering and administrative controls are used to effectively reduce the risk of possible exposures through the combined or tandem use of protective equipment and procedures. Examples of these include but are not limited to the following:

- (a) Hand washing facilities with access to hot water must be provided in the work areas.
 - (i) *Water temperature must be at least 100 °F but not greater than 108 °F.*
- (b) Employees must wash hands following exposure to blood and body fluids.
- (c) When hand washing is not feasible, the department must provide either an appropriate antiseptic cleanser, in conjunction with clean cloth/paper towels, or antiseptic towelettes.
- (d) Hands must always be washed before leaving the work place.
- (e) Eating, drinking, application of cosmetics or lip balm, or any other activity that increases the risk to a bloodborne pathogen in the work area is prohibited. These activities must take place in designated areas outside of the contaminated area.
- (f) Employees must remove contaminated clothing and wash hands prior to entering an area designated for these activities.
- (g) Clean and disinfect contaminated work surfaces with an appropriate disinfectant before beginning work and at the end of each day at a minimum.

Article IX. Training

Training for employees identified as having occupational exposure is assigned upon hire and required annually thereafter. Re-training shall be required by the supervisor, designated department trainer or EH&S as needed.

Section 9.01 Training Requirements

Training at a minimum shall include:

- (a) Location of the regulatory text of the Cal-OSHA standard and explanation of its contents

- (b) General discussion of bloodborne pathogen diseases and their transmission
- (c) This and/or the department's Exposure Control Plan
- (d) Engineering and work practice controls (Universal Precautions)
- (e) Required use of personal protective equipment
- (f) Hepatitis B vaccinations
- (g) Proper response to emergencies involving blood
- (h) Handling exposure incidents
- (i) The post-exposure evaluation and follow-up
- (j) Biohazard waste – packaging, collection, labels, color-coding and storage.

Section 9.02 Specialized Training

Laboratory and production facility workers must receive additional, specialized training depending on the nature of the work conducted.

Section 9.03 Records

Training records must be maintained in accordance with Article X.

Section 9.04 Employee Training

Employees, including faculty, staff and student assistants can complete bloodborne pathogens training by using the following links.

- (a) [Bloodborne Pathogens Awareness](#)

Section 9.05 Student Training

Students participating in academic programs that may result in exposure to bloodborne pathogens or OPIM shall complete bloodborne pathogens awareness training through the CSU Learning Bridge Student Dashboard by following the steps outlined below.

- (a) Step 1: Authenticate through the Student Dashboard:
<https://ds.calstate.edu/?svc=skillsoftstudent>
- (b) Step 2: Once logged in, complete the bloodborne pathogens awareness training using the following link: [Bloodborne Pathogens Awareness](#)
- (c) Step 3: Print and save a copy of your learning certificate to document completion. A copy of your certificate should be provided to your PI, faculty member or department chair.

Article X. Recordkeeping

Section 10.01 Medical Records

- (a) Medical records shall be stored by the Department of Environmental Health and Safety or Industrial Clinic as appropriate, and must include the following:
 - 1) Employee name and social security number;
 - 2) A copy of employees HBV vaccination or declination form, including the dates of vaccination and ability to receive the vaccination;
 - 3) A copy of the examination results, and medical testing and follow-up procedures;
 - 4) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to exposure incident, and documentation of the routes of exposure and the circumstances of the exposure; and
 - 5) A confidential copy of the healthcare professional's opinion.
- (b) They shall be made available only to the appropriate employee during the core work hours of the University;
- (c) The medical records shall be maintained for the duration of the employee's employment plus 30 years;
- (d) Sharps Injury Log will be kept and maintained for 5 years;
- (e) All medical records shall be kept separate from personnel records and medical records shall be kept strictly confidential and not released without the written consent of the employee; and
- (f) If requested, all training and medical records will be made available to representatives from Cal/OSHA, the employee, and the employee's representative in accordance with Title 8 CCR, 3204.

Section 10.02 Training Records

- (a) Training records shall be stored by the Department of Environmental Health and Safety (EH&S) or Employee and Organizational Development and Training (EODA) as appropriate for at least three (3) years and must include the following information:
 - 1) The dates when the training was provided;
 - 2) An outline describing the materials presented or topics covered;
 - 3) The name of the person(s) conducting the training; and
 - 4) The names and job titles of all persons attending the training sessions.
- (b) They shall be made available to the appropriate employee during core work hours of the University; and
- (c) All training records will be made available to representatives from Cal/OSHA, the employee, and the employee's representative, upon request for examination and copying.
- (d) If the prescribed record retention period cannot be met due to facility closure all medical and training records will be transferred to the Chief of Department of Occupational Safety and Health for final disposition in accordance with Title 8 CCR, 3204.

Article XI. Medical Surveillance and Vaccinations

Section 11.01 Hepatitis B Vaccination Program

- (a) Hepatitis B Vaccinations are coordinated through the Medical Monitoring Program managed by EH&S.
- (b) All category A and B employees as defined Article V will be offered and encouraged to have hepatitis B Vaccinations free of charge within 10 days of employment.
- (c) Employees in categories A and B shall complete the employee certification form which assesses the following:
 - (i) **Exposure Control Plan:**
Affirms that the employee has read and understood the exposure control plan, has had the opportunity to ask questions and agrees to follow the listed procedures.
 - (ii) **Training:**
Confirms employee's understanding that they must complete Bloodborne Pathogens training.
 - (iii) **Vaccination Election:**
Employee elects to receive the Hepatitis B vaccination at no cost to the employee; or
 - (iv) **Vaccination Declination:**
Employee declines to receive the vaccination and has been advised of the risks.
 - a) Employees may decline based on certification that they have already received the vaccination series. Antibody titers may be requested upon the recommendation or discretion of a qualified, Licensed Health Care Physician.
 - b) Employee may opt-in and elect to receive the vaccination at any time during employment.

Section 11.02 Post Exposure Follow-up

- (a) Employees who have had an exposure incident must receive a follow-up evaluation from the Contracted Health Care Provider at no cost to the employee. This service is provided at no cost to the employee. Evaluations must be completed within 4 hours of the incident if anti- HIV therapy is to be fully effective.

In the event of an exposure incident, please use the following links for Workers' Compensation information and additional steps to take:

- **Workers' Compensation** (State Employees)
<https://www.cpp.edu/~workers-comp/employees.shtml>
- **Workers' Compensation** (Foundation)
<https://foundation.cpp.edu/es/safety-workers-compensation.aspx>

Contracted Health Care Provider:

Concentra (*formerly known as US Health Works*)
801 Corporate Center Dr. Ste 130
Pomona, CA 91768

- (b) The medical provider will determine what follow-up care is necessary. This may include, but is not limited to, HBV, HCV, or HIV testing, HBV vaccinations, counseling, or drug therapy (Anti-viral drugs).
- (c) Whenever possible a blood sample from the source should be brought to the emergency care facility for testing. Exercise discretion, transporting a sample in a syringe or other sharp object is not advised and may result in injury.
- (d) In alignment with the roles and responsibilities defined in this plan, the incident must be documented on an "Accident Report" EH&S form and reported to EH&S as soon as feasible within 24-hours of the incident.

Appendix

A. Employee Certification

California State Polytechnic University, Pomona
Environmental Health and Safety

Exposure Control Plan
Employee Certification Form

Employee Name: _____

Bronco ID: _____

Department: _____

Extension: _____

ELECTION (complete this box ONLY if you wish to participate in the vaccination program) _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge. I choose to accept the hepatitis B vaccination and by electing to have the vaccination, I am also stating that I am not pregnant, nursing or known or suspected to be allergic to the vaccine and voluntarily choosing to be vaccinated.

DECLINATION (complete this box ONLY if you wish to **NOT** participate in the vaccination program) _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge. I decline to receive the hepatitis B vaccination at this time. I understand that by declining this vaccine, I will continue to be at risk of acquiring hepatitis B. Should I wish to receive the vaccine in the future, I can receive the vaccine at no charge by contacting Environmental Health and Safety at (909) 869-4697.

I have already received the vaccination series for hepatitis B

Acknowledgement:

By signing below, I acknowledge that I am completing this form on my own behalf. I have been provided with a copy of the University's Exposure Control Plan (also referred to as Bloodborne Pathogens) and applicable training resources. I have read and understood these materials and agree to follow the procedures identified within.

Employee Signature_____
Date_____
Supervisor Signature_____
Date_____
Environmental Health and Safety Manager_____
Date

EH&S Office Use Only