

Visalia Unified School District

Blood Borne Pathogens

Exposure Control Plan

OCTOBER 2015



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Introduction

Purpose

- ♦ The purpose of this document is to serve as Visalia Unified School District's written Exposure Control Plan in compliance with Cal-OSHA 5193—Blood Borne Pathogens. This plan ensures that designated employees (as defined herein) are:
 - Aware of potential hazards from exposure to bloodborne pathogens.
 - Advised of the appropriate procedures to avoid exposure.

Background

- ♦ On December 6, 1991, FEDOSHA issued standards for occupational exposure to blood borne pathogens. This standard became effective March 6, 1992. Blood borne pathogens are viruses and bacteria that are found in the blood and can be transmitted via blood. Not all infections are transmitted in this way. Some BBPs can be transmitted through coughing and sneezing, or through contact with contaminated food. Needle sticks and other sharps-related injuries may also expose workers to blood borne pathogens.

Scope

- ♦ This OSHA Standard applies to Visalia Unified School District designated employees with occupational exposure to blood or other potentially infectious materials:
 - Nurses, health office staff
 - Special Education staff
 - Career Technical Education
 - Youth Service Officers; Campus Security Personnel
 - Custodial staff
 - Bus/Transportation staff
 - Coaches, Physical Education and Athletics Program staff
 - Speech Pathologists
 - Infant Center, Preschool and Home Health Staff
 - Maintenance staff
 - General Activity Aides
- **Occupational Exposure means 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 include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.**



Management Commitment

- ♦ The development and implementation of an exposure control plan requires the commitment of management and full participation of all employees at every level within the District.

Policy Statement

- ♦ It is the policy of the Visalia Unified School District to protect students, employees and any persons in the school environment from contact with potentially infectious blood or other body fluids. The District recognizes that prevention and education are the most effective means of limiting the spread of infectious diseases.

Responsibility

- ♦ The responsibilities described below are intended to encompass and limit involvement for this program to those individuals whose primary job activities include day-to-day exposure to blood and body fluids; and to those individuals whose additional job activities include the potential for exposure. Nursing staff, as healthcare professionals, are charged with contributing their utmost to establish and maintain the safest and most healthful practices while providing care for Visalia City Schools' students and personnel.
- ♦ The **Superintendent** of the Visalia Unified School District is responsible for the District's Occupational Safety and Health (OSH) policy and the Blood Borne Pathogens Exposure Control Plan. The Superintendent has appointed the **Director, Human Resources**, with the responsibility for the implementation and administration of the Blood Borne Pathogens Exposure Control Plan.
- ♦ **The School Board, Superintendent and Administrators** shall promote the desired attitude toward this safety and health regulation by insisting that their staff comply with rules and practices, and they themselves promote positive attitudes toward OSHA compliance.
- ♦ **Employees** who may have occupational exposure to blood and body fluids, shall be knowledgeable about the contents of this document and the appropriate safe work practices necessary to avoid exposure. Questions regarding blood borne pathogens or the contents of this plan should be directed to Human Resources at (559)730-7514.
- ♦ **Director, Human Resource and Director, Health Services** are responsible to:
 - Review the District's Blood Borne Pathogen Exposure Control efforts and practices, and report the effectiveness of each effort to Superintendent and

Assistant Superintendent annually.

- Determine, maintain, and update CPR certification records for all nurses and Special Education Health Technicians.
 - Ensure that training is provided for all affected employees, as listed under "Exposure Determination".
 - Conduct facility audits to assess exposure control compliance and to provide time for annual in-services for blood borne pathogens and First Aid training.
 - Designate staff responsible for completing and maintaining Sharps Log (Appendix D)
- ♦ **Director of Health Services** monitors CPR certification for staff members designated with this responsibility.
- ♦ **Director of Administrative Services** is responsible for hand-washing provisions such as soap and paper towels, for personal protective equipment such as aprons, and eye protection devices.
- ♦ **The Director of Human Resources** shall coordinate, implement, and monitor the training and vaccinations of employees. Workers' Compensation providers shall be contracted to provide medical testing and post-exposure prophylaxis, under the direction of Director, Human Resources. Recordkeeping for medical records is a shared responsibility of the Director, Human Resources and Director, Health Services.

The Visalia Unified School District's Exposure Control Plan will be reviewed annually by the Director, Human Resources and will, whenever necessary, reflect new or modified tasks and procedures which affect occupational exposure. In addition, this plan will be reviewed annually to revise employee positions with assignments that include potential occupational exposure to blood borne pathogens. All employees are encouraged to provide suggestions to their supervisor/department head for improving the procedures they perform in their departments.

Exposure Determination

Scope and Application

The job classifications for those employees who have or may have occupational exposure, and their associated tasks and procedures during which exposure may occur, are listed below:

Job Classifications In Which Employees Have Possible Occupational Exposure	
School Nurses - Immunizations, other injections, blood glucose testing, urinary tract catheterizations, wound cleaning and dressing, CPR, emergency response, clean-up	School Clerks and secretaries assigned to Health Office - Wound cleaning and dressing, clean-up
Treatment Nurses - Wound cleaning and dressing, blood glucose testing, emergency response, CPR, clean-up, toilet assistance	P.E. Teachers, Coaches, Athletic trainers— First Aide, clean-up, linen clean-up
Special Education Teachers - First Aid, CPR, toilet assistance, control of biting, control of oral secretions (drooling)	Bus Drivers and Monitors - Clean-up of vomit, spilled fluids
Career Technical Education Teachers – First Aide, CPR, clean-up	Youth Services Officers - Campus Supervisors Emergency First Aid, CPR, clean-up, apprehension of violent suspects
Special Education Paraprofessionals - First Aid, CPR, clean-up, toilet assistance, feeding (oral and G-tube), oral health assistance, control of biting and oral secretions (drooling)	Infant Center staff - Changing linen, toilet assistance, clean-up, feeding (oral)
Custodial staff - Clean-up	Preschool Staff - Changing linen, toilet assistance, clean-up, feeding (oral)
Speech Therapists - Working with oral cavity, saliva and associated clean-up of these secretions.	Journeymen-Plumbing Staff – Clean-up
General Activity Aide Staff – First aide	

Methods of Compliance

Universal Precautions

“Universal Precautions” is 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, and other blood borne pathogens.

Universal precautions shall be used 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 infectious materials. All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.

Hand-washing

- Hand-washing facilities shall be available.
- Hands and other skin surfaces shall be washed with soap and water.
- When hand-washing facilities are not immediately available, appropriate antiseptic hand cleanser, in conjunction with clean cloth, paper towels or antiseptic towelettes, shall be used. Hands shall be washed with soap and running water as soon as possible.

Hand-washing is the single most effective means of preventing the spread of infection

Exposed Mucous Membranes

- Exposed mucous membranes shall be flushed with water immediately after exposure.

Barrier Precautions

- Appropriate barrier precautions shall be routinely used to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any student or staff is anticipated.
- Vinyl gloves shall be worn when:
 - Touching blood and body fluids, mucous membranes, or non-intact skin of all students and staff;
 - Handling items or surfaces soiled with blood or body fluids; and
 - Performing venipuncture, pinpricks, and other vascular access procedures.
- Disposable gloves must be of appropriate materials (i.e., intact vinyl; of appropriate quality for the procedure performed, and of the appropriate size for each employee rendering care).
 - Gloves shall be changed after each person has been treated.
 - Disposable (single use) gloves shall be replaced as soon as practicable if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - Disposable (single use) gloves shall not be washed or decontaminated for

reuse.

- Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeled, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
- Masks, in combination with eye protection devices such as goggles or glasses with side shields or chin-length face shields, shall be made available for wear whenever splashes, spray, splatter, or droplets of blood or other body fluids may be generated, and eye, nose or mouth contamination can be reasonably anticipated.

Required Personal Protective Equipment

- Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes, under normal conditions of use and/or for the duration of time the equipment is in use.
- Must be readily accessible to employees in appropriate sizes and provided at no cost to the employee.
- Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- Equipment shall be cleaned and/or laundered at no expense to the employee.
- Equipment shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. If a garment is penetrated by blood or other body fluids, the garment shall be removed as soon as possible.
- Standard PPE for nursing staff and First Aid Providers may include gloves, aprons, and eye protection.
- Standard PPE shall be removed prior to leaving the work area. When personal protective is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Sharps Precaution

- ♦ For qualified staff and/or students and their parents who perform medical procedures requiring needle sticking:
 - Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures; when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures. First Aid practices for all others shall not involve the use of needles or other sharp instruments. Precautions are as listed below:
- To prevent needle stick injuries, needles shall not be recapped, purposely bent

or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. If recapping or needle removal is an absolute necessity due to a specific medical procedure, it shall be accomplished through the use of a mechanical device or one-handed technique.

- Shearing or breaking of contaminated needles is prohibited.
- After use, disposable syringes and other sharp items shall be immediately be placed in puncture resistant containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, replaced at least every six months, and not allowed to be over-filled.
- Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

- Puncture resistant;
- Labeled;
- Leak proof on the sides and bottom;
- So constructed as to not allow employees to reach into them by hand.

- When moving containers of contaminated sharps from the area of use, the containers shall be:
 - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - Placed in secondary container if leakage is possible. The second container shall be constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.



Cleaning and Decontamination of Blood or other Body Fluids

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- ◆ Wearing and using appropriate Personal Protective Equipment, pick up any potentially hazardous material, place in plastic bag then bag again in another plastic bag.
- ◆ Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- ◆ All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated at the end of each work shift.
- ◆ Broken glassware which may be contaminated shall not be picked up directly with the hands; mechanical means, such as a brush and dustpan, tongs, or forceps, shall be used.
- ◆ Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to students, staff members or healthcare workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary, unless directly contaminated with blood or body fluids.
- ◆ General housekeeping support for environmental surfaces, including cabinets and shelves, and noninfectious trash containers within nursing and First Aid areas shall continue to be provided by district custodial staff.

Work Area Precautions

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids or biologicals are present.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Waste

Contaminated items should be separated into regulated or non-regulated waste containers and handled as described below:

◆ Regulated Waste, Medical Waste, and Biohazardous Waste

- An outside vendor is used to remove regulated waste (sharps and biological waste from science experiments) from the District.
- If outside contamination of the primary regulated waste container occurs, it shall be placed within a second regulated waste container.

Non-Regulated Waste

- If the contaminated item contains dried blood or other solidified fluids, it may be disposed of by placing item in trash bag and placing the bag in a secondary bag for disposal in a sanitary landfill. The trash should be kept in a closed container in a locked area until it is collected and transported. If contaminated item has been rinsed into a drain connected to a sanitary sewer it is to be followed with a small amount of bleach.
- Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer with a small amount of bleach.

Laundry

Universal precautions shall be observed with all contaminated laundry. Each laundry hamper shall be labeled with a red "Biohazard" sticker or a laundry bag labeled as "Biohazard". Used laundry shall be stored in a "leak resistant" container such as a plastic bag, labeled with a red "Biohazard" sticker. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall not be sorted or rinsed in the location of use.

Sterilization and Disinfection

Standard sterilization and disinfection procedures for patient care and laboratory equipment currently recommended for use in a variety of health care settings are adequate to sterilize or disinfect instruments, devices, or other items contaminated with blood or other body fluids from persons infected with bloodborne pathogens including HBV and HIV.

Medical devices or instruments that require sterilization or disinfection shall be thoroughly cleaned before being exposed to germicide, and the manufacturer's instructions for use of the germicide shall be followed.

Designated Emergency First Aid Responders

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Vinyl gloves shall be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all students or staff, and for handling items or surfaces soiled with blood or body fluids. Designated employees shall wear gloves on all emergencies. Masks in combination with eye protection devices, such as goggles or glasses with side shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other body fluids may be reasonably anticipated.

During the clean-up of an accident site, Personal Protective Equipment (PPE) (such as gloves and aprons) must be used. Blood and body fluids/materials shall be disposed of as "medical waste".



Vaccination Against Blood Borne Pathogens

Pre-Exposure:

- ◆ Following the blood borne pathogens training, and within ten working days of initial assignment, all employees covered under this plan shall be offered vaccination against the Hepatitis B virus (HPV), at no cost to themselves, in accordance with current recommendations of the U.S. Public Health Service.
- ◆ Employees accepting or declining the vaccine must complete the Hepatitis B vaccination Form (Appendix B).
- ◆ If vaccines against other blood borne pathogens (e.g., human immunodeficiency virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization will be offered to all covered employees in accordance with those recommendations.

Post- Exposure:

- ◆ Blood borne pathogens post-exposure treatment centers for District employees and authorized volunteers are listed below. Each of these clinics will perform, as a minimum, all of the services contained under Post-Exposure Evaluation and Follow-Up for Unvaccinated First Aid Responders.



Post-Exposure Evaluation and Follow-up

A "Injury/Incident Investigation Report" (Appendix "C") must be prepared if first aid is rendered by an employee or employees whose primary job assignment is first aid, and there was a presence of blood or other potentially infectious material, regardless of whether an actual *exposure incident* occurred. This report must be submitted to the site secretary before the end of the work shift in which the incident occurred. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used, and must describe the first aid incident, including date, approximate time, and whether or not an exposure incident *actually* occurred for each employee involved. In addition a "Sharps Injury Log" (Appendix "D") must be completed whenever the exposure involves a sharp instrument/device.

If an unvaccinated employee has rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether or not a specific exposure incident occurred, provisions for the full Hepatitis B vaccination series must be made available as soon as possible, ***but in no event, later than 24 hours after the incident.***

Medical Evaluation

If an employee is determined to have had an exposure to blood or other potentially infectious material, arrangements for a confidential medical evaluation shall be made immediately available to the exposed employee using one of the District's contracted occupational health sites. The evaluation shall include:

- ◆ Documentation of the route(s) and circumstances of exposure.
 - ◆ Identification and documentation of the source individual, unless not feasible.
 - ◆ Prompt testing of the source individual's blood for HBV and HIV as soon as consent is obtained. If consent cannot be obtained, the District shall document that the legally required consent cannot be obtained.
-
- When the source individual is already 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 along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of the source individual.

- ◆ Prompt testing of the exposed employee's blood for HBV and HIV shall be done as soon as the Medical Evaluation Consent Form (Appendix C) is signed by the exposed employee and received by the District's contracted occupational health site.
 - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days.
 - If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- ◆ The District shall provide the following information to the healthcare professional responsible for the employee's Hepatitis B vaccination:
 - a copy of California Title 8, Section 5193 (Appendix A)
 - a description of the exposed employee's duties as they relate to the exposure incident.
 - documentation of the route(s) of exposure and circumstances under which exposure occurred
 - results of the source individual's blood testing, if available; and
 - all medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

Exposed Employees

Exposed employees shall be counseled by a knowledgeable healthcare professional, made available through the district's contracted occupational health sites, regarding their exposure and any medical and/or legal implications.

Post-Exposure Prophylaxis

If medically indicated and requested by the employee after appropriate counseling, any prophylactic procedures recommended by the U.S. Public Health Service shall be made available.

Employees Contracting Illness

Employees contracting illness as a result of occupational exposure shall be evaluated and followed up with appropriate medical care. Recommended reports of occupational illness shall be made.

Written Opinion

Within 15 days of an exposure evaluation, the employee shall be provided with a copy of the physician's written opinion, which shall be limited to the following:

- ◆ Whether HBV vaccination is indicated and if the employee has received it.
- ◆ That the employee has been informed of the results of the evaluation.
- ◆ That the employee has been informed about any medical condition resulting from exposure to blood or other potentially infectious materials which requires further evaluation or treatment.

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



Training and Recordkeeping

Training Employees on Bloodborne Pathogen Exposure

All employees covered under this standard shall be trained at no cost to employee and during work hours. All reassigned or new employees covered under this plan shall attend a training class within the first ten days of their new job duties. Training shall be repeated at least once per year by the administrator's designee and shall include the following items:

- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- ♦ An explanation of the modes of transmission of bloodborne pathogens;
- ♦ An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
- ♦ An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;
- ♦ An explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;
- ♦ An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- ♦ Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- ♦ An explanation of the basis for selection of personal protective equipment;
- ♦ 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;
- ♦ Information on the appropriate actions to take, and persons to contact, in an emergency involving exposure;
- ♦ An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and incident and the medical follow-up that will be made available; and
- ♦ Information on post-exposure evaluation and follow-up.

The items listed above will be covered in the Keenan Online Safety Training. Employee certification records will be kept at the District Office, Human Resources.

Recordkeeping

Medical Records

The medical record for each employee covered under this plan will include the following items:

The employee's name, external reference number and social security;

- ◆ A copy of the employee's Hepatitis B vaccination status, including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine;
- ◆ A copy of all results of examinations, medical testing, and follow-up procedures regarding this plan (available at workers' compensation clinic);
- ◆ Copies of any healthcare professional's written opinion; (available at workers' compensation clinic); and
- ◆ A copy of the information provided to the healthcare professional.

The District shall insure 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 the workplace except as required by this section or as may be required by law.

Training Records

Training records shall 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

Training records shall be maintained for five years from the date on which the training occurred.

The District shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief of Cal-OSHA and NIOSH (National Institute for Occupational Safety and Health) for examination and copying.

Sharps Injury Log (Appendix D)

The Sharps Injury Log will be maintained as a record of each exposure incident involving a sharp.

The original of the "Sharps Injury Log" must be kept on file at the location where the incident occurred for no less than 5 years from the date of incident, and a copy forwarded to the Director, Human Resources and Director, Health Services.

Availability of Records

The records noted below are provided upon request to the following individuals and agencies for examination and copying.

Type of Record	Provided to:
Medical	Subject employee and person(s) having the written consent of the subject employee
Training	Our employees and their representative(s)
Sharps Injury Log	Department of Health and Human Services, our employees, and their representative(s)
All records	Chief of Cal/OSHA and NIOSH

General Industry Safety Orders

California Code of Regulations, Subchapter 7

General Industry Safety Orders, Group 16

Control of Hazardous Substances, Article 109

Hazardous Substances and Processes

**§5193 – Blood Borne Pathogens may be viewed in its entirety
at <https://www.dir.ca.gov/title8/5193.html>**

Glossary

Designated	Employees who are appointed by their employer as emergency
Epidemiology	A branch of medical science that deals with the incidence, distribution
Exposure	When there is contact with blood or other potentially infectious
Exposure	When there is contact with blood or other potentially infectious
Exudative	An oozing wound.
Fluids:	<p><i>Amniotic:</i> The fluid surrounding an embryo in the womb.</p> <p><i>Cerebrospinal:</i> A liquid that is comparable to serum and secreted from the blood that is found in the brain and spinal column.</p> <p><i>Pericardial:</i> The fluid that is found in the sac that surrounds the heart.</p> <p><i>Pleural:</i> Moistens the lining of the lungs to facilitate movement while</p>
Hypoallergenic	Diminished potential for causing an allergic reaction.
Mucous	A membrane that lines body passages and cavities which
Parenteral	Piercing mucous membranes or the skin barrier through such events
Pathogens	Viruses and bacteria that cause disease.
Percutaneous	Effected or performed through the skin.
Prophylaxis	Measures designed to preserve health (as of an individual or of society) a and prevent the spread of disease
Serological	The scientific study of blood.
Sharp	Any sharp instrument that can lacerate, puncture or invade tissue.
Vascular	Relating to a channel for the conveyance of body fluids such as blood.
Venipuncture	A surgical puncture of a vein for the withdrawal of blood or to give