INJURY AND ILLNESS
PREVENTION
PROGRAM

◆ SB 198 ◆
Adopted July 1, 1991 ◆ Revised September 2014 Draft

Sonoma County Office of Education
5340 Skylane Blvd.
Santa Rosa, CA  95403
## TABLE OF CONTENTS

### SECTIONS

| A. EMPLOYEE INJURY AND ILLNESS PREVENTION | ................................................................. | 1 |
| 1. NOTICE TO EMPLOYEES | ................................................................. | 1 |
| 2. EMPLOYEE SAFETY POLICY | ................................................................. | 1 |
| 3. RISK MANAGEMENT POLICY | ................................................................. | 2 |
| 4. SAFE WORK PRACTICES | ................................................................. | 2 |
| B. INJURY AND ILLNESS PREVENTION PROGRAM | ................................................................. | 2 |
| 1. EMPLOYER INFORMATION | ................................................................. | 2 |
| 2. AUTHORITY AND RESPONSIBILITY | ................................................................. | 3 |
| 3. EMPLOYEE SAFETY TRAINING | ................................................................. | 3 |
| 4. COMMUNICATION | ................................................................. | 3 |
| 5. HAZARD IDENTIFICATION, EVALUATION AND PREVENTION | ................................................................. | 3 |
| 6. EVALUATION AND DOCUMENTATION OF HAZARDS | ................................................................. | 4 |
| 7. OCCUPATIONAL ACCIDENT AND INJURY/ILLNESS/EXPOSURE INVESTIGATION | ................................................................. | 4 |
| 8. METHODS AND PROCEDURES FOR CORRECTING UNSAFE AND UNHEALTHFUL CONDITIONS AND WORK PRACTICES | ................................................................. | 4 |
| 9. INSPECTIONS | ................................................................. | 5 |
| 10. INSPECTION DOCUMENTATION | ................................................................. | 5 |
| 11. TRAINING DOCUMENTATION | ................................................................. | 5 |
| 12. HEALTH AND SAFETY COMMITTEE | ................................................................. | 5 |
| C. ERGONOMICS | ................................................................. | 6 |
| 1. ERGONOMIC PROGRAM | ................................................................. | 6 |
| 2. ERGONOMIC GUIDELINES | ................................................................. | 6 |
| D. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN | ................................................................. | 7 |
| 1. PURPOSE | ................................................................. | 7 |
| 2. DEFINITIONS | ................................................................. | 7 |
| 3. EMPLOYEE EXPOSURE CATEGORY DETERMINATION | ................................................................. | 9 |
| 4. EXPOSURE RISK | ................................................................. | 11 |
| 5. IMPLEMENTATION METHODOLOGY | ................................................................. | 11 |
| 6. INFORMATION AND TRAINING | ................................................................. | 12 |
| 7. HEPATITIS B VACCINATION SERIES | ................................................................. | 13 |
| A. New Employees | ................................................................. | 13 |
| B. Current Employees | ................................................................. | 15 |
| C. SCOE’s Central Certificated Teacher Substitute System Employees | ................................................................. | 17 |
| 8. HUMAN RESOURCES OFFICE RESPONSIBILITIES | ................................................................. | 19 |
| 9. POST-EXPOSURE EVALUATION AND MEDICAL FOLLOW-UP | ................................................................. | 19 |
| A. Post-Exposure Evaluation | ................................................................. | 19 |
| B. Medical Follow-up | ................................................................. | 20 |
| 10. COMPLIANCE METHODS | ................................................................. | 21 |
| 11. WORK AREA RESTRICTIONS | ................................................................. | 21 |
| 12. PERSONAL PROTECTIVE EQUIPMENT | ................................................................. | 23 |
| 13. ROUTINE HOUSEKEEPING | ................................................................. | 24 |
| 14. REGULATED WASTE DISPOSAL | ................................................................. | 25 |
| 15. LABELS AND SIGNS | ................................................................. | 26 |
| 16. RECORD KEEPING | ................................................................. | 26 |
| A. Medical Records for Bloodborne Pathogen Exposures | ................................................................. | 26 |
| B. Sharps Injury Log for Bloodborne Pathogen Exposures | ................................................................. | 27 |
| C. Training Records | ................................................................. | 27 |
| D. Availability | ................................................................. | 28 |
| 17. EVALUATION AND REVIEW | ................................................................. | 28 |

### Table of Contents

- **A. EMPLOYEE INJURY AND ILLNESS PREVENTION**
  - 1. Notice to Employees
  - 2. Employee Safety Policy
  - 3. Risk Management Policy
  - 4. Safe Work Practices

- **B. INJURY AND ILLNESS PREVENTION PROGRAM**
  - 1. Employer Information
  - 2. Authority and Responsibility
  - 3. Employee Safety Training
  - 4. Communication
  - 5. Hazard Identification, Evaluation and Prevention
  - 6. Evaluation and Documentation of Hazards
  - 7. Occupational Accident and Injury/Illness/Exposure Investigation
  - 8. Methods and Procedures for Correcting Unsafe and Unhealthy Conditions and Work Practices
  - 9. Inspections
  - 10. Inspection Documentation
  - 11. Training Documentation
  - 12. Health and Safety Committee

- **C. ERGONOMICS**
  - 1. Ergonomic Program
  - 2. Ergonomic Guidelines

- **D. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**
  - 1. Purpose
  - 2. Definitions
  - 3. Employee Exposure Category Determination
  - 4. Exposure Risk
  - 5. Implementation Methodology
  - 6. Information and Training
  - 7. Hepatitis B Vaccination Series
    - A. New Employees
    - B. Current Employees
    - C. SCOE’s Central Certificated Teacher Substitute System Employees
  - 8. Human Resources Office Responsibilities
  - 9. Post-Exposure Evaluation and Medical Follow-Up
    - A. Post-Exposure Evaluation
    - B. Medical Follow-up
  - 10. Compliance Methods
  - 11. Work Area Restrictions
  - 12. Personal Protective Equipment
  - 13. Routine Housekeeping
  - 14. Regulated Waste Disposal
  - 15. Labels and Signs
  - 16. Record Keeping
    - A. Medical Records for Bloodborne Pathogen Exposures
    - B. Sharps Injury Log for Bloodborne Pathogen Exposures
    - C. Training Records
    - D. Availability
  - 17. Evaluation and Review
### APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>General Industry Safety Order 3203</td>
<td>29</td>
</tr>
<tr>
<td>B</td>
<td>General Safe Work Practices</td>
<td>32</td>
</tr>
<tr>
<td>C</td>
<td>Universal Precautions</td>
<td>36</td>
</tr>
<tr>
<td>D</td>
<td>Hazard Report</td>
<td>38</td>
</tr>
<tr>
<td>E</td>
<td>How to Read and Interpret a Material Safety Data Sheet</td>
<td>39</td>
</tr>
<tr>
<td>F</td>
<td>RESIG Workplace Safety Guidelines</td>
<td>40</td>
</tr>
<tr>
<td>G</td>
<td>Classroom Hazard Checklist</td>
<td>44</td>
</tr>
<tr>
<td>H</td>
<td>Employee Injury Report</td>
<td>45</td>
</tr>
<tr>
<td>I</td>
<td>Inspection Report and Correction Form</td>
<td>46</td>
</tr>
<tr>
<td>J</td>
<td>Individual Employee Safety Training Documentation</td>
<td>47</td>
</tr>
<tr>
<td>K</td>
<td>Hepatitis A, B, and C – Learn the Differences</td>
<td>48</td>
</tr>
<tr>
<td>L</td>
<td>HIV/AIDS Infection</td>
<td>50</td>
</tr>
<tr>
<td>M</td>
<td>Universal Precautions – School Employee Information</td>
<td>52</td>
</tr>
<tr>
<td>N</td>
<td>Hepatitis B Vaccination Election/Declination – New Employees</td>
<td>54</td>
</tr>
<tr>
<td>O</td>
<td>Hepatitis B Vaccination Election/Declination – Current Employees</td>
<td>55</td>
</tr>
<tr>
<td>P</td>
<td>BBP Post-Exposure Evaluation and Medical Follow-Up Flow Chart</td>
<td>56</td>
</tr>
<tr>
<td>Q</td>
<td>Bleach and Cleaning Solutions for SCOE Classroom Disinfection</td>
<td>57</td>
</tr>
<tr>
<td>R</td>
<td>Sharps Injury Log</td>
<td>58</td>
</tr>
<tr>
<td>S</td>
<td>Safety References</td>
<td>59</td>
</tr>
</tbody>
</table>
A. EMPLOYEE INJURY AND ILLNESS PREVENTION

1. NOTICE TO EMPLOYEES

The Sonoma County Office of Education has complied with the California Code of Regulations, Title 8, Chapter 4, General Industry Safety Order 3203, (Appendix A), by establishing an Injury and Illness Prevention Program. As of July 2011, the Bloodborne Pathogens Exposure Control Plan, which was originally adopted on July 1, 1994 and previously under separate cover, is now included in this handbook.

A copy of the written Injury and Illness Prevention Program is available at the following locations:


Employees under this program have the right to:

- Be advised of occupational safety and health hazards and receive training on Safe Work Practices;
- Personal protective equipment required to perform assigned work; and
- Provide information to the employer on safety hazards, request information, or make safety suggestions without fear of reprisal.

Employees have a duty to comply with the following requirements to make the workplace safe for themselves and fellow employees:

- Know the General Safe Work Practices (Appendix B) for the general work area and for their job.
- Comply with working conditions, Safe Work Practices, Universal Precautions (Appendix C), and personal protective equipment requirements for their job.
- Report unsafe conditions to their supervisor using the Hazard Report form (Appendix D).
- Report job-related injuries, illnesses or exposures to their supervisor following the procedure outlined in the SCOE Policy, Reporting Job-Related Injuries, Illnesses or Exposures, OP 3531.01. Employees must comply with the requirements listed above. Failure to comply may result in disciplinary action as provided in contract or Merit System Rules.

If you have any questions about this program, ask your immediate supervisor. Safety information may be confidentially reported using the Hazard Report form (Appendix D), which may be submitted anonymously. The Hazard Report forms are available in SCOE Business Services, and on the SCOE website, www.scoe.org.

The employer will conduct inspections to identify unsafe conditions and violations of safety rules.

2. EMPLOYEE SAFETY POLICY

The County Superintendent believes that safety is every employee’s responsibility and s/he expects all employees to use safe work practices and to report and correct any unsafe conditions, which may occur. Supervisors shall constantly promote safety and correct, as appropriate, any unsafe work practice through education, training and enforcement. Employees shall not be required to work under unsafe or hazardous conditions or to perform tasks, which endanger their health, safety or well-being. Working conditions and equipment shall be maintained in compliance with standards prescribed by federal, state and local law and regulations.

The County Superintendent directs that an effective Injury and Illness Prevention Program for the County Office be established and maintained. This written program shall include the identification of the position responsible for implementing the program, the method of identifying and evaluating hazards, and the methods for correcting unhealthy conditions and work practices in a timely manner. A training program complying with Labor Code Section 6401.b and General Industrial Safety Order 3203 shall be implemented and maintained. Procedures for communicating the Injury and Illness Prevention Program to employees and the enforcement of conditions shall be part of the program. Appropriate records shall be maintained to ensure there is documentation of County Office compliance with the applicable code sections.

3. **RISK MANAGEMENT POLICY**

The personal safety of students, staff and the public and the protection of County Office property and assets from accidental losses are primary concerns of the County Superintendent. The County Superintendent is dedicated to providing the leadership and financial support necessary to develop and maintain adequate insurance programs and successful safety and loss control practices for the County Office.

The County Superintendent believes that prudent trusteeship of the resources of the County Office requires careful review of the exposure to risk arising from employing staff, supervising students, holding real property, engaging in contractual arrangements, providing public services, and possessing liquid and other assets.

The County Superintendent recognizes the need to protect the County Office from risk exposure through the fundamental risk management activities of identification, measurement, mitigation and assumption or transfer of risk through purchase of insurance, pooling with other districts or other risk financing practices. County Office procedures shall detail, by position, employee responsibilities in regard to risk management and responsibilities and shall be included in employee job descriptions. The County Superintendent and County Office management staff shall be responsible for providing leadership and evaluation of the County Office’s risk management program.


4. **SAFE WORK PRACTICES**

General and Specific Safe Work Practices, including safe working conditions and protective equipment requirements, have been developed for all job safety categories. Every employee shall receive training as required (see Employee Safety Training, Item B.3.).


**B. INJURY AND ILLNESS PREVENTION PROGRAM**

The following written Injury and Illness Prevention Program combined with the basic safety policies of the Sonoma County Office of Education, document that it is the County Office's policy to fully comply with Labor Code Section 6401.7 and General Industry Order Section 3203, Injury and Illness Prevention Program.

1. **EMPLOYER INFORMATION**

The Sonoma County Office of Education is a public educational agency.

- **Official Name:** SONOMA COUNTY OFFICE OF EDUCATION
- **Address:** 5340 SKYLANE BLVD.
- **City:** SANTA ROSA  
  **State:** CA  
  **Zip:** 95403
- **Telephone No.:** (707) 524-2600

INJURY & ILLNESS PREVENTION PROGRAM

REVISON 12 – SEPTEMBER 2014
2. **AUTHORITY AND RESPONSIBILITY**
   
   For authority, see Appendix A - Section 3203(a)(1)

   As designated by the Sonoma County Superintendent of Schools, the person with authority and responsibility for implementing the Sonoma County Office of Education’s Injury and Illness Prevention Program is listed below:

   **Name and Title:** SHARI DEAN
   Position Control/Functional Services Liaison acting as Emergency Preparedness Coordinator

   Description of authority and responsibilities related to the Injury and Illness Prevention Program that are assigned to this person.

   Designated as Responsible Person under SB198
   Health and Safety Committee Member

   **Phone Number:** (707) 524-2682

3. **EMPLOYEE SAFETY TRAINING**
   
   For authority, see Appendix A - Section 3203(a)(2)(7)

   Employee Safety Training shall be provided under the following guidelines:

   1. Initial training shall be provided for all current employees within six (6) months of establishment of the program.
   2. New employees shall be provided initial training upon hiring and prior to assignment.
   3. Employees shall be provided training when assigned to a new task or job for which training has not been received.
   4. Supervisors shall be trained on hazards and safe practices in their area of responsibility.
   5. Training shall include general worksite and classroom safety, specific job safety category training, and information on Material Safety Data Sheets (MSDSs). See Appendix E, *How to Read and Interpret a Material Safety Data Sheet*.
   6. Documentation of training shall be maintained in writing by individual and/or group training sessions.
   7. Documentation is maintained in the office of the Designated Person.
   8. Refresher training is provided annually.

4. **COMMUNICATION**
   
   For authority, see Appendix A - Section 3203(a)(3)

   The following methods shall be used to effectively communicate with the Sonoma County Office of Education employees to meet the required standard:

   1. Communication of safe working conditions, Safe Work Practices and required personal protection equipment is included in the initial training and all subsequent training of all employees.
   2. Employees will be advised through the use of employee orientations, handbooks, workshops, trainings, written communications, posters, and staff meetings that safe work conditions, Safe Work Practices, and required personal protective equipment are mandatory and will be enforced. There will be recognition for compliance/good safety records and discipline for a failure to comply with safety practices and procedures in accordance with relevant collective bargaining and Merit System Rule provisions.
   3. Any safety hazard identified by an employee must be reported using the *Hazard Report* form (Appendix D). These forms may be submitted anonymously. The Hazard Report form is available in SCOE Business Services, and on the SCOE website. www.scoe.org. All worksites will also be provided with a supply of these forms.
   4. Employees shall be advised that there will be no reprisals or other job discrimination for expressing any concern, comment, suggestion or complaint about a safety-related matter.

5. **HAZARD IDENTIFICATION, EVALUATION AND PREVENTION**
The Sonoma County Office of Education will use the following system for evaluating occupational safety and for identifying and preventing health hazards.

1. There shall be periodic and scheduled inspections of all facilities and classrooms which are owned or occupied by the Sonoma County Office of Education using the RESIG Workplace Safety Guidelines (Appendix F) and the Classroom Hazard Checklist (Appendix G). All areas will be inspected at least yearly with additional inspections based on need.

2. There shall be investigations of all occupational accidents, injuries, illnesses, and other potentially hazardous events that occur inside or on the premises of any SCOE facility or in any other specific SCOE operated area.

3. There shall be an annual review of applicable General Industrial Safety Orders and other Safety Orders that apply to the County Office operations. There will also be an annual review of industry and general safety information related to occupational safety and health hazards found in County Office environments.

4. There shall be evaluations made of other information or hazards reported by certificated or classified employees.

6. Evaluation and Documentation of Hazards

For authority, see Appendix A - Section 3203(a)(4)

Inspections to identify hazards shall be conducted when the program is first established; whenever new substances, processes, or equipment are introduced to the workplace; and whenever the County Office is made aware of a new or previously unrecognized hazard.

7. Occupational Accident and Injury/Illness/Exposure Investigation

For authority, see Appendix A - Section 3203(a)(5)

Occupational accident and injury, illness or exposure investigation:

1. Investigations are conducted by the employee’s immediate supervisor, and should occur as soon as possible after an accident, occupational injury, illness or exposure is reported.

2. The investigations are documented in writing. The investigation procedures are part of the Employee Injury Report form (Appendix H).

3. The Employee Injury Report forms are available from the SCOE Senior Administrative Assistant in Human Resources and all department administrative assistants and school office coordinators are provided with a supply of these forms.

4. Completed reports are sent to the Senior Administrative Assistant in Human Resources.

8. Methods and Procedures for Correcting Unsafe and Unhealthful Conditions and Work Practices

For authority, see Appendix A - Section 3203(a)(6)

1. The following methods and/or procedures will be used to correct unsafe or unhealthful conditions, work practices and work procedures in a timely manner based on the severity of the hazard:
   • Imminent hazard: Personnel not needed for corrective action will be removed from the area without loss of pay.
   • Less severe hazards: Problems will be dealt with in a timely manner.

2. Activities such as training, retraining of employees on Safe Work Practices and hazard problems will be practiced to reduce unsafe or hazardous conditions.

3. Procedures such as safety work order systems, inspection reviews, and monitoring of employees and conditions will be standard operating procedures.
9. **INSPECTIONS**
   For authority, see Appendix A - Section 3203(b)(1)

Inspections will be conducted to verify compliance with Safe Work Practices and other safety requirements to identify any new or additional hazards, and to monitor basic safety operations. Inspections shall also be part of investigation procedures related to occupational accident, injury or illness occurrences.

**Frequency and responsibility for inspections:**

- **Job Safety Category:** All SCOE worksites and/or classrooms
- **Frequency of Scheduled Inspection:** AT LEAST YEARLY
- **Person(s) Responsible:**
  - Skylane Facility: Designated Person or Designee
  - Other Sites: Site Administrator or Designee

10. **INSPECTION DOCUMENTATION**
    For authority, see Appendix A - Section 3203(b)(1)

**Documentation of inspections:**

1. Periodic scheduled inspections are documented in writing and include methods of correction for identified hazards using the *Inspection Report and Correction Form* (Appendix I).
2. Documentation is maintained in the office of the Designated Person.

11. **TRAINING DOCUMENTATION**
    For authority, see Appendix A - Section 3203(b)(2)

Recordkeeping requirements of General Industry Safety Order 3203 shall be documented in writing and maintained for at least three (3) years using the *Individual Employee Safety Training Documentation* (Appendix J), except for specified job safety categories which have longer periods for certain activities under other code sections. The Designated Person shall maintain documentation records.

12. **HEALTH AND SAFETY COMMITTEE**
    For authority, see Appendix A - Section 3203(c)

It shall be the purpose of the Health & Safety Committee to serve as the advisory group to the Sonoma County Superintendent of Schools, and to provide a vehicle for communication concerning employee health and safety issues. A current list of members may be obtained from the SCOE Human Resources Office.

<table>
<thead>
<tr>
<th>Responsibilities include, but are not limited to, the following:</th>
<th>Membership shall include the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evaluate employee safety suggestions and make recommendations to administration</td>
<td>• Designated/Responsible person (SB198)</td>
</tr>
<tr>
<td>• Distribute Safety Credit funds after review and approval of “Safety Credit Fund Request”</td>
<td>• Environmental Health &amp; Safety Representative</td>
</tr>
<tr>
<td>• Provide written records of Safety Committee activities</td>
<td>• Health Services</td>
</tr>
<tr>
<td>• Recognize those employees who demonstrate safe work practices or extraordinary attention to health matters</td>
<td>• Each bargaining unit</td>
</tr>
<tr>
<td>• Recommend preventive safety measures</td>
<td>• Each SCOE Department and/or recognized unit which meets on a regular basis</td>
</tr>
<tr>
<td>• Review Emergency Procedure Plan</td>
<td>• Each off-site unit</td>
</tr>
<tr>
<td>• Review Hazard Reports</td>
<td>• Superintendent’s designee</td>
</tr>
<tr>
<td>• Review Injury and Illness Prevention Program</td>
<td>• Workers’ Compensation Representative</td>
</tr>
<tr>
<td>• Review Bloodborne Pathogens Plan</td>
<td></td>
</tr>
</tbody>
</table>
C. ERGONOMICS

Ergonomics is the science to improve the fit or interaction between the employee and the physical demands of the workplace. It enables employees to work more comfortably and efficiently within their work environment while preventing work-related Musculoskeletal Disorders or MSDs.

Musculoskeletal Disorder injuries affect muscles, tendons, ligaments, nerves, and blood vessels at body joints most commonly in the hands, wrists, elbows, shoulders, neck, back, and knees. MSDs are also known by several other names including:

- CTDs – Cumulative Trauma Disorders  
- RMI – Repetitive Motion Injuries  
- RSI – Repetitive Stress or Repetitive Strain Injuries  
- Overuse Syndrome

These injuries usually occur as a result of overexertion or strain from performing the same task on a continuous basis. Factors that increase the risk of work-related MSDs include repetitive motion, heavy lifting, contact stress, rapid hand and wrist movement, excessive force, awkward posture, vibration, cold environments, and being in poor physical condition.

1. ERGONOMIC PROGRAM

The Sonoma County Office of Education’s ergonomic program is designed to reduce work-related MSDs through the use of worksite evaluations. Any exposures that may be the cause of the MSD shall be corrected or minimized in a timely manner. Worksite evaluations, which are performed by a Registered Physical Therapist, are available to all employees and are initiated upon request of the employee or the employee’s supervisor; or when an employee reports signs or symptoms of a work-related MSD injury to his/her supervisor following the procedure for Reporting Job-Related Injuries, Illnesses or Exposures, OP 3531.01 and filing an Employee Injury Report (Appendix H).

2. ERGONOMIC GUIDELINES

By practicing the following workplace Ergonomic Guidelines you can help minimize the risk of stress and strain that could lead to Musculoskeletal Disorders.

- Keep your work area clean and organized.
- Allow enough desk space to comfortably perform your job.
- Keep items you use most often, close to you.
- Sit close to your desk to avoid improper posture (slouching).
- Maintain adequate legroom – do not store items under your desk.
- Keep your head and neck in neutral positions and avoid cradling your phone between your head and shoulders.
- Keep your wrists flat and level; keep your arms at 90° angles.
- Center your keyboard directly in front of you and place it at elbow height.
- Vary work routines and take regular breaks.
- For additional information see How to Adjust Your Workstation... and Ergonomic Tips for Laptop Users, by Susan Volpi Palmer, MS, PT, located on SCOE’s Website, www.scoe.org under the Health & Wellness section.
- Take brief stretching breaks to alleviate stress and reduce body aches – visit the SCOE website, www.scoe.org under the Health & Wellness section to view stretching videos by Susan Volpi Palmer, MS, PT.
- Dress appropriately for your work environment.
- Maintain adequate room temperatures - comfort zones are usually 72° to 75° F.

Along with the Ergonomic Guidelines, knowing when to take short, rejuvenating breaks and being in good physical condition can help you minimize your risk of Musculoskeletal Disorders. To obtain and maintain physical fitness, it is recommended that one should regularly perform 20 minutes of aerobic exercises 3 times a week.

Three Tips to Relieve Eye Strain

1. Practice the 20/20 rule - every 20 minutes focus on something at least 20 ft. away.
2. Blink your eyes often and take a break by alternating tasks.
3. Close your eyes and breathe deeply for 30 – 60 seconds.
D. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the Cal/OSHA Bloodborne Pathogens Standard, the Sonoma County Office of Education has adopted the following exposure control plan.

1. PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the Cal/OSHA Bloodborne Pathogens Standard, CCR - Title 8, Section 5193.

2. DEFINITIONS

Employee

An employee is a person who is directed or controlled by the employer. The criterion for "employment" relationship is receipt by the worker of consideration for tasks performed. The Occupational Safety and Health Act of 1973 does not apply to non-employees, such as volunteers or student workers. If a worker is covered by workers' compensation insurance and unemployment insurance benefits, the worker cannot be considered a true "volunteer."

Significant Exposure Incident

A Significant Exposure Incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, tissue, or body fluids that may involve risk of transmission of bloodborne pathogens, including any body fluid containing visible blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid via:

• Percutaneous injury (e.g., a needle stick or cut with a sharp object).
• Contact of mucous membrane or non-intact skin (e.g., fresh open cut less than 24 hours old or exposed skin which is chapped, abraded, or afflicted with dermatitis).
• Contact with intact skin when the duration of contact is prolonged (i.e., blood saturated clothing rubbing against skin for several minutes or more).

Examples of a Significant Exposure Incident are:

• Splash in the eye with blood, saliva containing blood, or other body fluid.
• Bites or scratches that break the skin - if source has obvious blood, i.e., blood in mouth from cuts, cold sores, bleeding gums, blood under the fingernails, etc.
• Blood, saliva containing blood, or other body fluid, as described above, contact with non-intact skin.

Hepatitis A

Hepatitis A (HAV) is a viral infection caused by a picornavirus and is primarily transmitted by the fecal-oral route. Bloodborne transmission of HAV is uncommon, therefore, it is not considered in this plan. For more information see Hepatitis A, B, and C – Learn the Differences (Appendix K).

Hepatitis B

The Hepatitis B infection is a viral infection caused by Hepatitis B virus (HBV), known as a DNA virus, which infects the cells of the liver. The incubation period from exposure to onset of symptoms is 6 weeks to 6 months. The signs and symptoms of infection include: anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Many people have no symptoms (30%) but can continue to transmit the disease to others. The chronic stage of the disease occurs more commonly in children under 6 years. The carrier is capable of passing the disease to others. Death occurs from chronic liver disease in 15-25% of chronically infected persons.
The body fluids containing the highest concentrations of HBV are blood and blood fluids. The potential risk for workers handling these fluids is obvious. Workers exposed to infected blood are the most at risk. The U.S. Public Health Service lists those at highest risk as medical and dental employees and staff in institutions and classrooms for the mentally retarded. Vaccines are available for prevention and post-exposure situations.

The virus is highly contagious through exposure to blood, contaminated needles, and by the sexual route. Thus, immunization against Hepatitis B can prevent acute hepatitis and reduce sickness and death from chronic liver disease. Transmission through blood transfusion is rare only because of donor and blood supply screening. Transmission through close personal contact can also occur. Hepatitis B causes death in 1-2% of infected persons (totals from chronic and acute cases).

Before 1982, an estimated 200,000-300,000 persons in the U.S. were infected annually with HBV, including 20,000 children. Since 1982, when the Hepatitis B vaccine became available, an estimated 40 million infants and children, and 30 million adults received the Hepatitis B vaccine. Because of vaccinations and changes in risk-reduction behaviors among at-risk populations in response to the HIV/AIDS epidemic, the number of persons infected with HBV in the U.S. declined to an estimated 43,000 in 2007. The highest rate of disease occurs in 20-49 year olds. There are an estimated 1.2 million chronically infected Americans, of whom 20-30% acquired their infection in childhood. For more information see *Hepatitis A, B, and C – Learn the Differences* (Appendix K).

(Information obtained from the CDC – 8/6/03 and 5/16/11)

**Hepatitis C**

The Hepatitis C infection is caused by the Hepatitis C virus (HCV), a virus that infects cells in the liver. HCV is the most common chronic bloodborne infection in the U.S. The number of new infections of HCV per year has declined from an average of 240,000 in the 1980s to about 17,000 in 2007.

HCV is transmitted primarily through direct exposure to infected blood and is associated with injection drug use with contaminated needles (60%). HCV can be transmitted through cuts in the skin, contact with mucous membranes, sexual contact, and from receiving a blood transfusion (very rare now, but prior to 1992 blood was not routinely screened for HCV). Chronic Hepatitis C can cause cirrhosis, liver failure, and liver cancer. Persons developing HCV disease have a 75-85% chance of becoming chronically infected and most of these develop chronic liver disease. 20% of these persons may develop cirrhosis of the liver within 2 decades after infection. A small percentage of patients with chronic disease develop liver cancer. Liver failure with chronic Hepatitis C is one of the most common reasons for liver transplants in the U.S. In 2007 an estimated 3.2 million persons are living with chronic HCV infection.

Most people who are infected with HCV do not have symptoms and are leading normal lives. The incubation period ranges from 2-26 weeks. If symptoms are present they may be very mild and flu-like: nausea, fatigue, loss of appetite, fever, headaches, and abdominal pain. Most people do not have jaundice (yellowing of the skin and eyes); however, it can sometimes occur along with dark urine. Infection by the Hepatitis C virus can be determined by a simple blood test that detects antibodies against HCV. Currently there is no known post-exposure prophylaxis or vaccination to prevent Hepatitis C infection. For more information see *Hepatitis A, B, and C – Learn the Differences* (Appendix K).

(Information obtained from the CDC – 12/17/04 and 5/16/11, NIH Publication – 2/03)

**Human Immunodeficiency Virus (HIV)**

HIV - the Human Immunodeficiency Virus - is a virus that kills your body’s “CD4” cells. CD4 cells (T-helper cells) help your body fight off infection and diseases. HIV can be transmitted through sexual contact or through parenteral, broken skin, or mucous membrane contact with infected blood or body fluids. Healthcare workers appear to have a slightly higher risk of contracting the virus than the general population. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breastfeeds her baby.

Symptoms of HIV infection can vary, but often include:

- weakness
- fever
- sore throat
- headache
- nausea
- other "flu-like" symptoms
- diarrhea

However, many people with HIV virus can show no apparent symptoms for years after their infection. An estimated 1 million people in the United States are living with HIV -- about 21% of those people are not even aware they are infected. There are
an estimated 56,300 new infections each year; and currently there is no vaccination to prevent infection of HIV, and there is no known cure. For more information see *HIV/AIDS Infection* (Appendix L).

**Acquired Immunodeficiency Syndrome (AIDS)**

AIDS - the Acquired Immunodeficiency Syndrome - is a disease resulting from HIV destroying the body’s immune system, so the body does not have the ability to fight off other diseases.

At the end of 2008, the estimated number of persons living with an AIDS diagnoses in the U.S. was 490,696; 707 of these were children under the age of 13. In 2008, the estimated number of deaths in persons with AIDS in the U.S. was 16,605; 4 of these were children under the age of 13. The cumulative estimated number of deaths of persons with AIDS in the U.S. through 2008 was 617,025; 4,949 of these were children under the age of 13 years. For more information see *HIV/AIDS Infection* (Appendix L).

*(Information obtained from CDC – 5/16/11)*

### 3. EMPLOYEE EXPOSURE CATEGORY DETERMINATION

#### Category 1

The State of California (Cal/OSHA) requires employers to determine employees who may incur an occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency. The following SCOE job classifications and/or assignments are in this category:

- Education and program specialists, instructional assistants, licensed vocational nurses/instructional assistants, clerical staff assigned to a school site, school psychologists, site or program administrators, speech therapists, and teachers (classroom and itinerant) assigned to any of the following SCOE programs: Career Development/Workforce Prep.; Special Education and Preschool Programs; Special Education Local Plan Area (SELPA); and Alternative Education – Student Support Services.
- School nurses
- Custodial and maintenance personnel at all SCOE facilities
- Members of the following Emergency Teams at the Skylane and La Fiesta Facilities:
  - First Aid
  - Safety, Search and Rescue

*Note: Individuals employed as substitutes, for any of the positions listed above, are included in this classification.*

All employees in Category 1 are required to receive the Hepatitis B vaccination series or designate that they elect to decline the series by completing the *Hepatitis B Vaccination Election/Declination* form for new employees, or the *Hepatitis B Vaccination Election* form for current employees (Appendices O & P). See Section 7, *Hepatitis B Vaccination Series*, for additional information on the Hepatitis B Vaccination Series.

#### Category 2

In addition, Cal/OSHA requires a listing of job classifications in which some employees may have occupational exposure. Not all the employees in this category would be expected to incur exposure to blood or other potentially infectious materials, or procedures that would cause these employees to have occupational exposure. At SCOE, the job classifications and associated tasks for these categories are as follows:

- All members of the SCOE administrative and clerical staff assigned to Administration; Educational Support Services; Business Services; Career Development/Workforce Prep; Information Technology; School & College Legal Services; North Coast Beginning Teacher Program; Human Resources and Credentials; Printing/Office Services; Special Education Local Plan Area (SELPA); Special Education and Preschool Programs; Alternative Education – Student Support Services; and members of the Evacuation/Site Security Emergency Team.

Employees in Category 2 are not required to receive the Hepatitis B vaccination series, but may choose to do so by completing the *Hepatitis B Vaccination Election/Declination* form for new employees, or the *Hepatitis B Vaccination
Election form for current employees (Appendices O & P). See Section 7, Hepatitis B Vaccination Series, for additional information on the Hepatitis B Vaccination Series.
### 4. Exposure Risk

<table>
<thead>
<tr>
<th>Determination Job Classification</th>
<th>Associated Tasks/Procedures*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Program Specialists, School Clerical Staff, School Psychologists, Site Administrators</td>
<td>Interaction that results in a student spitting at, biting, scratching, or bleeding on an employee.</td>
</tr>
<tr>
<td>Special Education Teachers, Instructional and Health Aides, Speech Therapists, and School Nurses</td>
<td>Specialized Health Care Procedures; feeding students; rendering first aid; interaction that results in students spitting at, biting, scratching, or bleeding on an employee; toileting or diaper-changing students where blood may be mixed with other body fluids; clean up of blood, saliva, vomit or semen; inspection of students for possession of drugs or weapons.</td>
</tr>
<tr>
<td>Career Development/Workforce Prep Program Teachers, Instructional Aides, and all other staff who perform any of the associated tasks/procedures</td>
<td>Interaction with students that may result in a student spitting at, biting, scratching, or bleeding on an employee; inspection of students for possession of drugs or weapons.</td>
</tr>
<tr>
<td>Alternative Education – Student Support Services Teachers, Instructional Aides, and all other staff who perform any of the associated tasks/procedures</td>
<td>Interaction with students that may result in a student spitting at, biting, scratching, or bleeding on an employee; inspection of students for possession of drugs or weapons.</td>
</tr>
<tr>
<td>Members of Disaster Preparedness Emergency Teams</td>
<td>Administration of first aid; physical contact with injured employees.</td>
</tr>
<tr>
<td>Custodians</td>
<td>Clean up of blood, saliva, vomit or semen; handling, repair, or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomit.</td>
</tr>
<tr>
<td>Maintenance Staff</td>
<td>Clean up of blood, saliva, vomit or semen; handling, repair, or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomit.</td>
</tr>
</tbody>
</table>

*In order for an exposure to occur, saliva, vomit, or other body fluid, must contain visible blood, or have the potential to contain blood.

### 5. Implementation Methodology

Cal/OSHA also requires that this plan include the methods of implementation for the various requirement standards. The following complies with this requirement.
6. **INFORMATION AND TRAINING**

1. The SCOE Human Resources Office shall ensure that training is provided to all employees at the time of initial assignment.

2. The Superintendent's designee shall ensure that the refresher training be repeated annually.

3. Training shall be:
   - provided at no cost to the employee;
   - conducted at a reasonable time and place;
   - tailored to the education and language level of the employee; and
   - offered during the employee’s normal work hours.

4. The training shall contain at a minimum the following elements:
   - **Copy and Explanation of Standard** - Information regarding an accessible copy of the *Cal/OSHA Bloodborne Pathogens Standard, CCR - Title 8, Section 5193*; and an explanation of its contents.
   - **Epidemiology and Symptoms** - A general discussion of the causes and transmission; and the symptoms of bloodborne diseases.
   - **Modes of Transmission** - An explanation of the modes of transmission of bloodborne pathogens.
   - **Employer’s Exposure Control Plan** - An explanation of SCOE's *Bloodborne Pathogens Exposure Control Plan* and a method for obtaining a copy.
   - **Risk Identification** - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure.
   - **Methods of Compliance** - An explanation of the use and limitations of methods to reduce exposure, i.e. safe work practices and personal protective equipment.
   - **Decontamination and Disposal** - Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
   - **Personal Protective Equipment** - An explanation of the basis for selection of personal protective equipment.
   - **Hepatitis B Vaccination** - Information on the Hepatitis B vaccine, including effectiveness, safety, method of administration, benefits, and that it will be offered free of charge.
   - **Emergency** - Information on the appropriate actions to take and personnel to contact in an emergency involving blood or other potentially infectious materials (OPIM).
   - **Exposure Incident** - Information on the evaluation and follow-up required after an employee exposure incident.
   - **Post-Exposure Evaluation and Follow-Up** - An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
   - **Signs and Labels** - An explanation of the signs, labels, and color-coding systems.
   - **Interactive Questions and Answers** - An opportunity for interactive questions and answers with the person conducting the training session.

5. The designated Bloodborne Pathogens Trainer for each department or division conducting the training shall be knowledgeable in the subject matter.

6. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

7. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee’s occupational exposure.
7. **HEPATITIS B VACCINATION SERIES**

The Sonoma County Office of Education shall ensure that the Hepatitis B vaccination series; any post-exposure evaluations and follow-up; and protective and preventative supplies, i.e., gloves, CPR masks, disinfectants, soaps, etc., are:

1. Available at no cost to the employee;

2. Available to the employee at a reasonable time and place (when an exposure occurs the employee and his/her immediate supervisor will discuss steps for release from work for the purpose of obtaining medical evaluations and, if necessary, the employee shall call or go online to AESOP to report any lost time from work);

3. Performed by, or under the supervision of, a licensed healthcare professional; and

4. Provided according to the recommendations of the U.S. Public Health Service.

**A. New Employees**  
*(for Current Employees, see Section 7B)*

The Human Resources Office, as part of the new employee orientation, shall:

1. Provide the new employee with:
   - A viewing of the video that describes the Bloodborne Pathogens Standard;
   - A copy of the *Universal Precautions - School Employee Information* handout (Appendix M);
   - Information on how to obtain a copy of this Plan from the SCOE website, www@scoe.org; and
   - The opportunity to obtain additional information upon request.

2. Have the new employee sign the *New Hire Training Documentation*, which indicates that he/she has viewed the video.

3. Inform the employee which exposure category his/her position falls within using the employment categories listed below.

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees in this category are required to receive the Hepatitis B vaccination series because their job classifications are <strong>expected</strong> to incur an occupational bloodborne pathogens exposure. <strong>Employees in this category may choose to decline the vaccination series, but must indicate this on the Hepatitis B Vaccination Election/Declination form.</strong></td>
<td>Employees in this category are not required to receive the Hepatitis B vaccination series, but may choose to do so. These job classifications <strong>may</strong> incur an occupational bloodborne pathogens exposure. <strong>Employees in this category who choose to begin the vaccination series must indicate this on the Hepatitis B Vaccination Election/Declination form.</strong></td>
</tr>
</tbody>
</table>

4. Direct Category 1 employees, and Category 2 employees who choose to have the Hepatitis B vaccinations, to:
   a. Complete the *Hepatitis B Vaccination Election/Declination* form for new employees, #PRS 0443.03A (Appendix N); and
   b. Begin the series of three (3) Hepatitis B vaccinations within ten (10) working days of his/her hire date.

*If the Category 1 employee chooses to decline the Hepatitis B vaccinations, he/she shall be advised that he/she must indicate this on the Hepatitis B Vaccination Election/Declination form.*
(1) Hepatitis B Vaccination for New Employees

The new employee, who begins the series of three (3) vaccinations prior to the effective date of his/her health benefits, shall follow the procedures outlined below for their respective insurance carrier.

Blue Shield Members

The Hepatitis B vaccination series is covered under SISC Blue Shield PPO preventative benefit. There is no benefit for Hepatitis B vaccination at non-preferred providers.

• Schedule an appointment and obtain the first vaccination from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360; then
• Schedule appointments with your Blue Shield participating physician to receive the second and third vaccinations.
• Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

For more information on immunizations, please visit blueshieldca.com.

Kaiser Health Plan Members

The Hepatitis B vaccination series is covered under Kaiser’s preventative benefit.

• Schedule an appointment and obtain the first vaccination from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360, then
• Contact the local appointment center by calling the 1-800 number as noted on your Kaiser card to schedule appointments to receive the second and third vaccinations.
• Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

Employees Covered by a Medical Plan NOT Provided by SCOE

Employees have the option of going to their own medical provider or Concentra Medical Center.

• Employee who chooses to go to his/her own provider
  • Schedule appointments and obtain three (3) vaccinations from your medical provider.
  • When the series has been completed, submit written verification to the SCOE Human Resources department with a request for reimbursement and documentation for any expenses for the vaccinations that were not covered by your medical plan. **Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided by Concentra Medical Center.**

• Employee who chooses to go to Concentra Medical Center
  • Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
  • Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

Employees NOT Covered by a Medical Plan

• Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
• Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.
(2) Hepatitis B Vaccination for New Category 1 Substitutes Working in any SCOE Program

Substitutes Covered by a Medical Plan NOT Provided by SCOE

Substitute employees have the option of going to their own medical provider or to Concentra Medical Center.

- **Substitute who chooses to go to his/her own provider**
  - Schedule appointments and obtain three (3) vaccinations from your medical provider.
  - When the series has been completed, submit written verification to the SCOE Human Resources department with a request for reimbursement and documentation for any expenses for the vaccinations that were not covered by your medical plan. *Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided by Concentra Medical Center.*

- **Substitute who chooses to go to Concentra Medical Center**
  - Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
  - Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

Substitutes NOT Covered by a Medical Plan

- Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
- Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

If a future date a routine booster dose(s) of the Hepatitis B vaccine is recommended by the U.S. Public Health Service, such booster dose(s) shall be made available.

B. Current Employees

All employees in a designated exposure risk category, who request the Hepatitis B vaccination series, shall contact the SCOE Human Resources Office, and:

1. Provide his/her name, job classification and assignment;
2. Obtain and complete the Hepatitis B Vaccination Election form for current employees, #PRS 0443.03B (Appendix O); and
3. Obtain and complete the Hepatitis B vaccination series as instructed.

(1) Hepatitis B Vaccination for Current Employees

Employees receiving the series of three (3) vaccinations shall follow the procedure outlined below for his/her respective insurance carrier:

**Blue Shield Members**

The Hepatitis B vaccination series is covered under SISC Blue Shield PPO preventative benefit. There is no benefit for Hepatitis B vaccination at non-preferred providers.

- Schedule appointments with your Blue Shield participating physician to receive the three (3) vaccinations.
- Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

For more information on immunizations, please visit blueshieldca.com.
Kaiser Health Plan Members

The Hepatitis B vaccination series is covered under Kaiser’s preventative benefit.

- Contact the local appointment center by calling the 1-800 number as noted on your Kaiser card to schedule appointments to receive the three (3) vaccinations.
- Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

Employees Covered by a Medical Plan NOT Provided by SCOE

Employees have the option of going to their own medical provider or Concentra Medical Center.

- **Employee who chooses to go to his/her own provider**
  - Schedule appointments and obtain three (3) vaccinations from your medical provider.
  - When the series has been completed, submit written verification to the SCOE Human Resources department with a request for reimbursement and documentation for any expenses for the vaccinations that were not covered by your medical plan. *Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided by Concentra Medical Center.*

- **Employee who chooses to go to Concentra Medical Center**
  - Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
  - Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

Employees NOT Covered by a Medical Plan

- Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
- Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

If at a future date a routine booster dose(s) of the Hepatitis B vaccine is recommended by the U.S. Public Health Service, such booster dose(s) shall be made available.

(2) Hepatitis B Vaccination for Current Category 1 Substitutes Working in Any SCOE Program

Substitutes Covered by a Medical Plan NOT Provided by SCOE

Substitute employees have the option of going to their own medical provider or to Concentra Medical Center.

- **Substitute who chooses to go to his/her own provider**
  - Schedule appointments and obtain three (3) vaccinations from your medical provider.
  - When the series has been completed, submit written verification to the SCOE Human Resources department with a request for reimbursement and documentation for any expenses for the vaccinations that were not covered by your medical plan. *Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided by Concentra Medical Center.*
• **Substitute who chooses to go to Concentra Medical Center**
  - Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
  - Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

**Substitutes NOT Covered by a Medical Plan**

- Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.
- Once the series has been completed, notify and provide written verification of completion to the SCOE Human Resources Department.

If at a future date a routine booster dose(s) of the Hepatitis B vaccine is recommended by the U.S. Public Health Service, such booster dose(s) shall be made available.

**C. SCOE’s Central Certificated Teacher Substitute System Employees**

**Bloodborne Pathogens and the SCOE Central Substitute System**

SCOE has entered into a Joint Powers Agreement (JPA) with local school districts in Sonoma County to provide the following services concerning certificated substitute teachers:

1. SCOE will verify that the individual meets the criteria for a credential or permit to be issued which authorizes the individual to serve local district(s) in the capacity of certificated teacher, including a recent physical and TB clearance.

2. SCOE keeps a list of individuals who have indicated they wish to work as a substitute teacher and who have been cleared by the Department of Justice (DOJ) to work in a public school. SCOE also has a contract with DOJ to receive subsequent arrest records on such individuals. A valid Substitute Card is issued by SCOE only if there is a valid DOJ clearance on file.

3. SCOE processes the payroll for districts in Sonoma County, which includes the payment of substitute teachers enrolled in the Central Substitute System.

In the capacity of assisting individuals to prepare to work as a substitute teacher in local district(s), effective July 1, 2005, SCOE has agreed to provide substitutes who enroll in the Central Substitute System with information on Bloodborne Pathogens. Such information will be provided as part of the Substitute Orientation System.

To encourage individuals enrolling in the Central Substitute System to carefully consider their option to complete the Hepatitis B vaccination series, SCOE has agreed to reimburse the cost of the third Hepatitis B vaccination to individuals who provide proof they have completed the Hepatitis B vaccination series. In order to receive reimbursement for the third vaccination, such individuals must provide the following to the Credentialing Office:

- the vaccination record showing all vaccinations have been completed; and
- a receipt for the cost of the vaccinations.

**Employee Exposure Category Determination**

The State of California (Cal/OSHA) requires employers to determine employees who may incur occupational exposure to blood or other potential infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency.
The following job classifications and/or assignments are typically in this category:

- Education and program specialists, instructional assistants, clerical staff assigned to a school site, school psychologists, site administrators, speech therapists, school nurses, and teachers (classroom and itinerant).

Individuals employed as substitutes for any of the positions listed above would be included in this classification. Therefore, for purposes of administering the Central Substitute System for local districts all certificated teachers will be considered Category 1.

All certificated substitute teachers who enroll in the SCOE Central Substitute System are required to either receive the Hepatitis B vaccination series or sign the "Hepatitis B Vaccination Election/Declination" form for certificated teacher substitutes.

Proof of Vaccination and Reimbursement for Third Vaccination in the Hepatitis B Series

1. Obtain three (3) vaccinations and when the series has been completed submit, proof of vaccination, along with a receipt for the cost of the third vaccination for reimbursement, to the Credentials Office.

2. Substitutes receiving the Hepatitis B vaccination series shall provide written verification, to the Credentials Office. Verification to Credentials is only required for precautionary vaccinations. Verification for post-exposure should be provided to the employing district where the exposure occurred. For further information please contact the Credentials Office.

Work Area Restrictions for Substitutes

For your protection, it is highly recommended that when you are working for a district you refrain from eating, drinking, applying cosmetics or lip balm, and handling contact lenses in areas where occupational exposure may be expected.

Please be advised that food preparation cannot be performed in an area or on a surface where contamination has occurred. In the event an employee sustains an injury in which blood or potentially infectious materials is present, he/she shall remove himself/herself from food preparation.

Food and drink cannot be kept in refrigerators, freezers, or cabinets or on shelves, countertops, or bench tops where blood products or other body fluids are present.

Note: Substitutes who are medically required to monitor their blood and/or self-administer injections, shall dispose of contaminated needles, sharps, and other materials only in containers designated for contaminated needles and sharps.

Substitute Teacher's Responsibility to Obtain Additional Information from Employing District

It is the responsibility of the substitute teacher to be familiar with the following information from the district for which they are working:

1. The District's Bloodborne Pathogens policies and procedures;

2. The District's procedures for reporting a possible exposure and follow-up procedures, including, the District's injury report form, if any;

3. Bloodborne Pathogen training opportunities;

4. The District's explanation of signs, labels, and color-coding system for hazardous materials, including body fluids; and

5. Information on how to obtain protective supplies such as gloves, cleaning solutions, etc.
8. **HUMAN RESOURCES OFFICE RESPONSIBILITIES**

The Human Resources Office shall do the following:

1. Determine which employee exposure category the employees’ position falls within as designated in Section 3, *Employee Exposure Category Determination*.
2. Instruct employees in the procedures for initiating and/or completing the Hepatitis B series;
3. Provide employees with necessary forms, i.e., *Hepatitis B Vaccination Election/Declination* for new employees; and *Hepatitis B Vaccination Election* for current employees who choose to receive the vaccinations;
4. Maintain copies of records documenting completion of the Hepatitis B series; and
5. Process bills for payment.

9. **POST-EXPOSURE EVALUATION AND MEDICAL FOLLOW-UP**

A. Post-Exposure Evaluation

When an employee incurs an exposure incident, he/she must do the following:

1. Immediately report the incident to his/her department supervisor or site secretary for their completion of the *Employee Injury Report* (Appendix H). If the department supervisor or site secretary is not available, the employee should contact the Senior Administrative Assistant of Human Resources at the SCOE Skylane Facility at 707-524-2634 to report the exposure incident.
2. After reporting the exposure incident to his/her department, the employee must immediately call the RESIG Early Intervention Nurse at 707-836-7457. If he/she is unable to reach the RESIG Early Intervention Nurse, the employee should contact the Senior Administrative Assistant of Human Resources at the SCOE Skylane Facility at 707-524-2634.

The RESIG nurse will take the employee's information and, if needed, assist the employee in obtaining:

- A post-exposure medical evaluation and medical follow-up; and
- The Hepatitis B vaccination series in accordance with the Cal/OSHA standard - only if indicated by the medical evaluator*.

**IMPORTANT:** Both should occur within 4 hours of the exposure, or within 1 hour if transmission of HIV is a concern. IF AN EMPLOYEE BELIEVES HE/SHE MAY HAVE BEEN EXPOSED TO A BLOODBORNE PATHOGEN BUT DID NOT REPORT THE INCIDENT WITHIN THE REQUIRED 4 HOURS – A REPORT SHOULD BE MADE AT THAT TIME.

*If the source individual is not communicable for Hepatitis B, the designated healthcare professional will not administer the Hepatitis B vaccination series. But, if the results of the post-exposure medical evaluation and follow-up indicate the employee does not have immunity to Hepatitis B, the employee may begin the vaccination series, if desired; following the procedures for his/her respective insurance carrier as listed under CURRENT EMPLOYEES.

All post-exposure evaluations, follow-up and/or Hepatitis B vaccinations shall be administered by one of the following medical facilities and shall be at no cost to the employee:

- Kaiser Permanente Occupational Medicine located at 401 Bicentennial Way, East Bldg., 2nd Floor, Suite 270, Santa Rosa, 707-571-3000
- Sonoma Valley Hospital Occupational Health Clinic located at 347 Andrieux Street, Sonoma, 707-939-2200
- Concentra Occupational Clinic located at 1221 No. Dutton, Santa Rosa, 707-543-8360
- The employee's predesignated personal physician
The exposed employee should be prepared to provide his/her supervisor with the following information regarding the exposure in completing the *Employee Injury Report*:

1. Date and time of exposure;
2. Exact location where, and description as to how, exposure occurred;
3. Description of the injury (e.g., bite, scratch, blood exposure, etc.), and part of body affected;
4. Route of exposure, (e.g., splash in eye, non-intact skin, mouth, other mucous membrane, etc.);
5. Personal protective equipment he/she was using at the time of exposure;
6. His/her Hepatitis B vaccination status, i.e., in process (1st or 2nd dose) or completed (when and where); and
7. Identification of the source individual, if known.

All exposure incidents shall be reported, investigated, and documented using an *Employee Injury Report* (Appendix H); and the procedures for *Reporting a Job-Related Injury, Illness, or Exposure (OP 3531.01)* shall be followed.

**B. Medical Follow-up**

The exposed employee shall receive a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred (refers to a copy of the *Employee Injury Report*).
2. Identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by State or local law.
   - The source individual's blood shall be tested after consent is obtained; and the results documented as soon as feasible in order to determine Bloodborne Pathogens infectivity. If consent is not obtained, the supervisor shall establish that 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; and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The Senior Administrative Assistant of Human Resources, or designee, located at the SCOE Skylane Facility, shall provide the RESIG Early Intervention Nurse (EIN), or designee, with:

- Written documentation of the route of exposure and circumstances under which exposure occurred, which shall include the contact phone number of the applicable SCOE nurse (refers to a copy of the *Employee Injury Report*).

The RESIG EIN, or designee, shall provide the healthcare professional responsible for the employee's evaluation and/or Hepatitis B vaccination with:

1. Employee's vaccination status and all medical information relevant to the appropriate treatment of the employee (the RESIG EIN, or designee, shall obtain this information from the SCOE Human Resources Office, as they maintain these records); and
2. The contact phone number of the applicable SCOE nurse so as to obtain:
   a. Information regarding the route of exposure and circumstances under which exposure occurred; and
   b. Results of the source individual's blood testing, if available.
3. The Post Exposure Follow-Up Report and Written Opinion for HBV Vaccination.

SCOE's Senior Administrative Assistant of Human Resources shall provide the SCOE Human Resources Office with copies of all pertinent information.
Healthcare Professional's Post Exposure Follow-up Report

1. The healthcare professional shall provide the employee with a copy of the report within 15 days of the completion of the evaluation; and

2. The healthcare professional shall provide the SCOE Human Resources Department with a copy of the Post Exposure Follow-Up Report and Written Opinion for HBV Vaccination that shall be limited to the following information:
   a. Whether vaccination is NOT indicated for employee; and
   b. If vaccination is indicated, was vaccination administered to the employee;
   c. A statement that the employee has been informed of the results of the evaluation; and
   d. A statement that the employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnosis shall remain confidential and shall not be included in the follow-up report.

Note: The above information shall be placed in the employee's SCOE medical file and shall not be placed in the employee's personnel file. Medical records pertaining to occupational exposure shall be maintained in accordance with Title 8 California Code of Regulations Section 3204. These records shall be kept confidential, and not disclosed to any other agency without employee’s written consent and must be maintained for at least the duration of employment plus thirty (30) years.

For more information see BBP Post-Exposure Evaluation and Medical Follow-up Flow Chart (Appendix P).

10. Compliance Methods

Universal Precautions (Appendix C) will be observed in order to prevent contact with blood or other potentially infectious materials. All blood will be considered infectious regardless of the perceived status of the source individual.

Safe Work Practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls; personal protective equipment shall also be available and utilized.

Hand washing facilities or antiseptic cleanser with clean paper towels or antiseptic towelettes shall be made available to employees who incur exposure to blood or other potentially infectious materials. If antiseptic cleanser or towelettes are used, employees shall wash their hands with soap and running water as soon thereafter as feasible. Antiseptic cleanser or towelettes shall be made accessible at all times.

Supervisors shall ensure that after removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon thereafter as feasible with soap and water.

11. Work Area Restrictions

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.

Food preparation shall not be performed in an area or on a surface where contamination has occurred. In the event an employee sustains an injury in which blood or other potentially infectious materials is present, he/she shall remove himself/herself from food preparation.

Food and drink shall not be kept in refrigerators, freezers, or cabinets; or on shelves, countertops, or benchtops where blood, blood products or other body fluids are present.
12. PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used by employees to provide a barrier against bloodborne pathogens, will be provided without cost by the employer. Personal protective equipment will be chosen by the site or program administrator based on the anticipated exposure to blood or other potentially infectious materials.

Personal protective equipment is specialized clothing or equipment worn or used by an employee for protection against a hazard (e.g. gloves, eye protection).

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time, that the protective equipment will be used.

The site or program administrator shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Reusable personal protective equipment will be cleaned and or decontaminated by the user. Gloves shall be worn to wash the equipment with soap and water and decontaminated with bleach solution (10 parts water/1 part bleach = 10% solution*), or SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB. Any garments penetrated by blood or other potentially infectious material shall be removed immediately or as soon as practicable and decontaminated as described for equipment. Any additional costs for cleaning will be paid by the employer. All potentially contaminated personal protective equipment will be removed prior to leaving a work site. Glasses, reusable gloves, and barrier masks shall be decontaminated by soaking in bleach solution (10 parts water/1 part bleach = 10% solution*), or SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB for three (3) minutes.

Disposable, single-use gloves shall be used when contact with blood or body fluids is anticipated. Gloves will be standard supplies for management of first aid incidents or as described in the Infection Control in the Classroom: Protocols and Procedures, copies of which can be found in each SCOE Special Education classroom. Gloves shall also be worn during decontamination procedures.

All garments that are penetrated by blood shall be removed immediately or as soon thereafter as feasible. All personal protective equipment will be removed prior to leaving the work area.

When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage or disposal.

Gloves

Gloves shall be worn when it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or other potentially infectious materials, when performing specialized healthcare procedures, diapering, and/or when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for re-use; and are to be discarded in a lined waste receptacle after each use or immediately after they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised.

Utility gloves will 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.

Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials may be generated; and eye, nose, or mouth contamination can reasonably be anticipated.

Additional Protection

Additional protective clothing (such as lab coats, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated.
13. Routine Housekeeping

All employees who are in direct contact with pupils shall reference the *Infection Control in the Classroom: Protocols and Procedures*, copies of which can be found in each SCOE Special Education classroom. The protocols shall be followed in the management of classroom cleanliness, handwashing, toileting, diapering, and blood and body fluid exposures.

General precautions to be followed by all employees are:

1. If contamination of a surface, furniture, or object occurs, gloves shall be worn during the decontamination procedure. A bleach solution (10 parts water/1 part bleach - 10% solution*), or SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB shall be used. Bleach solutions must be mixed daily. All antibacterial agents shall be appropriately labeled and stored in a locked storage area.

2. All contaminated work surfaces or objects will be decontaminated after completion of procedures, and immediately after any spill of blood or other potentially infectious materials; as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. Gloves shall be worn, removed to prevent contamination, and disposed in a double-lined receptacle.

3. Equipment/tools that have become contaminated with blood or other potentially infectious materials shall be cleaned with soap and water and decontaminated by using SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB, or a bleach solution (10 parts water/1 part bleach - 10% solution*) prepared daily. Equipment that becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

4. All receptacles that may be contaminated shall be inspected and decontaminated on a regularly scheduled basis. Custodial staff shall follow the *Universal Precautions* procedures (Appendix C) for routine cleaning as well as for the management of blood or other potentially infectious materials contamination. This shall include the use of appropriate personal protective equipment, and general-purpose utility gloves during cleanup of blood and other potentially infectious materials.

5. Decontamination will be accomplished by utilizing bleach solutions (10 parts water/1 part bleach - 10% solution*), or by using SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB.

6. All waste receptacles that may be contaminated shall be inspected and decontaminated on a regularly scheduled basis by the custodial staff.

7. Any broken glassware will not be picked up directly with the hands; a mechanical means (brush, dustpan, tongs or forceps) shall be used.

8. Reusable sharps such as scissors, sewing needles, or shop tools, etc., that are contaminated with blood or other potentially infectious materials shall be decontaminated prior to use.

9. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or discarded in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

*See *Bleach and Cleaning Solutions for SCOE Classroom Disinfection* (Appendix Q) for recommended bleach and cleaning solution strength and mixing procedures.
14. **Regulated Waste Disposal**

Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Regulated waste includes "medical waste" regulated by Health and Safety Code Chapter 6.1, Sections 117600 through 118360.

Site or program administrator designates a receptacle for regulated waste at each site.

When regulated waste is generated it is put in a designated container, and the site or program administrator is notified of need for disposal.

**Contaminated Needles and Sharps**

All sharps, which include broken glass, medication vials, hypodermic needles, and scissors, shall be discarded in a designated sharps container. The sharps container shall be closeable, puncture resistant, leak proof, and labeled with a biohazard label. Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Recapping, bending, or removal of contaminated needles is strictly prohibited.

Containers shall be located as close as possible to the immediate area where sharps are used; and replaced immediately when 2/3 full to prevent overfilling. Full sharps containers ready for disposal shall not be stored more than seven (7) days prior to transportation to a designated disposal site.

When removing container(s) of contaminated sharps from the area of use, the container(s) shall be closed immediately prior to removal to prevent spilling. A backup sharps container shall be available at all times.

*Note: Employees who are medically required to monitor their blood and/or self-administer injections shall dispose of contaminated needles, sharps and other materials only in containers designated for contaminated needles and sharps.*

**Blood Soaked Material**

In the event of a serious injury or nosebleed in which dressings are applied to control the bleeding, such dressings shall be placed in a leak-proof bag; disposed in a receptacle lined with a leak-proof red bag; and labeled with a biohazard designation. Transportation and disposal of contaminated waste shall be in accordance with the Medical Waste Management Act (Health and Safety Code Chapter 6.1, Sections 117600 through 118360).

**Other Regulated Waste**

Other regulated waste shall be placed in a plastic bag and then into a plastic-lined container which is closeable, constructed to contain all contents, and that prevents leakage of fluids during handling, storage, or transportation.

The waste bag or container must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, or transport.

Disposal of all regulated waste shall be in accordance with applicable State and local regulations.

**Non-Regulated Waste**

Non-regulated waste is waste such as disposable dressings, gauze, cotton balls, towels, and rags, with non-fluid or small amounts of dried blood or other body fluids. Feminine hygiene products or band-aids are NOT considered regulated waste and shall be disposed of as regular trash.

All waste receptacles shall be lined with disposable plastic bags. Above items may be required to be double-bagged.
15. LABELS AND SIGNS

Site or program administrators shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, and other containers used to store or transport blood or other potentially infectious materials.

The label shall include the universal biohazard symbol and the BIOHAZARD legend. In case of regulated waste, the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red.

Regulated waste red bags or containers must also be labeled.

<table>
<thead>
<tr>
<th>Item</th>
<th>Biohazard Label</th>
<th>and/or</th>
<th>Red Bag or Red Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulated waste (when regulated waste is red-bagged, the bag must be labeled)</td>
<td>yes</td>
<td>and</td>
<td>yes</td>
</tr>
<tr>
<td>Non-regulated waste such as disposable dressings, gauze, cotton balls, towels, rags, with non-fluid or small amounts of dried blood or other body fluids (e.g. feminine hygiene products, band-aids)</td>
<td>no</td>
<td>and</td>
<td>no</td>
</tr>
<tr>
<td>Sharps containers</td>
<td>yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Reusable contaminated sharps container with soaking solution (e.g. scissors, tweezers)</td>
<td>yes</td>
<td>and</td>
<td>yes</td>
</tr>
<tr>
<td>Contaminated laundry</td>
<td>yes</td>
<td>or</td>
<td>yes</td>
</tr>
<tr>
<td>Contaminated laundry sent to another facility that does not use Universal Precautions</td>
<td>yes</td>
<td>or</td>
<td>yes</td>
</tr>
<tr>
<td>Refrigerators and freezers that are used to store blood or Other Potentially Infectious Materials (OPIM)</td>
<td>yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bags and other containers used to store, dispose of, transport, or ship blood or OPIM</td>
<td>yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Contaminated equipment which is to be serviced or shipped</td>
<td>yes</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Reviewed by Will Davis, RESIG Director of Environmental Risk Services, on April 28, 2011

16. RECORD KEEPING

A. Medical Records for Bloodborne Pathogen Exposures

The SCOE Human Resources Office shall maintain medical records that are kept in a SCOE employee medical file that is separate from the employee's personnel file.

Medical records pertaining to occupational exposure shall be maintained in accordance with Title 8 California Code of Regulations Section 3204. These records shall be kept confidential and not disclosed to any other agency without the employee’s written consent and must be maintained for at least the duration of employment plus thirty (30) years.

The records shall include the following:

1. The name and social security number of the employee;
2. A copy of the employee’s HBV vaccination status provided by the employee, including the dates of vaccination, and a copy of the signed Hepatitis B Vaccination Election or Declination form.
3. A copy of all available results of examinations, 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 the exposure incident, and documentation of the routes of exposure and circumstances of the exposure; and
5. A confidential copy of the healthcare professional's Post Exposure Follow-up Report.
B. Sharps Injury Log for Bloodborne Pathogen Exposures

In compliance with the Cal/OSHA Bloodborne Pathogens Standard, CCR - Title 8, Section 5193, a Sharps Injury Log (Appendix R) shall be established and maintained.

Definitions:

1. Sharps – any object used or encountered with that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident. These objects include, but are not limited to, needle devices, lancets, broken glass, etc.

2. Sharps Injury – any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

3. Sharps Injury Log – a written or electronic record of each exposure incident involving a sharp.

Sharps Injury Log

The Sharps Injury Log shall include the following information:

1. Date and time of the exposure incident;

2. Type and brand of sharp involved in the exposure incident;

3. A description of the exposure incident, which includes:
   a. Job classification of the exposed employee;
   b. Department or work area where the exposure incident occurred;
   c. The procedure that the exposed employee was performing at the time of the incident;
   d. The body part involved in the exposure incident;
   e. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
   f. If the sharp had no engineered sharps injury protection, the injured employee’s opinion as to whether, and how, such a mechanism could have prevented the injury; and
   g. The employee’s opinion about whether any engineering, administrative, or work practice control could have prevented the injury.

4. Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

5. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

The SCOE Human Resources Department shall maintain the Sharps Injury Log (Appendix R) for five (5) years from the date the exposure incident occurred.

C. Training Records

The SCOE Human Resources Department is responsible for maintaining training records. These records will be kept in the Human Resources Office.

The designated Bloodborne Pathogens Trainer for each department or division, conducting required training, shall provide the SCOE Human Resources Office with documentation of employee's attendance. Documentation forms and sign-in sheets will be utilized (Appendices H & I).

The SCOE Human Resources Office will monitor attendance records for required trainings and advise the employee, the employee's supervisor and training coordinator(s) of all employees who have not received required training.
Training records shall be maintained for at least three (3) years from the date of training. The following information shall be documented:

1. The date of the training sessions;
2. An outline describing the material presented;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

D. Availability

The employee’s records shall be made available to the employee or to his designated representative for examination and copying upon request in accordance with T8 CCR - GISO, Section #3204, Access to Employee Exposure and Medical Records, Appendix A.

All employee records shall, upon request, be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

17. Evaluation and Review

A subcommittee of the SCOE Health and Safety Committee shall be responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed and subject to final approval by the Superintendent or designee.
APPENDIX A – General Industry Safety Order 3203

STATE STANDARD
TITLE 8, CHAPTER 4

3203 Injury and Illness Prevention Program

(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program. The Program shall be in writing and shall, at a minimum:

1. Identify the person or persons with authority and responsibility for implementing the Program.

2. Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.

3. Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with subsection (a)(3).

4. Include procedures for identifying and evaluating workplace hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards.

(A) When the Program is first established:

Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing Section 3203.

(B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

(C) Whenever the employer is made aware of a new or previously unrecognized hazard.

5. Include a procedure to investigate occupational injury or occupational illness.

6. Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices, and work procedures in a timely manner based on the severity of the hazard.

(A) When observed or discovered; and,

(B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

7. Provide training and instruction:

(A) When the program is first established;

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.
To all new employees;

To all employees given new job assignments for which training has not previously been received;

Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;

Whenever the employer is made aware of a new or previously unrecognized hazard; and

For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

(b) Records of the steps taken to implement and maintain the Program shall include:

1. Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

2. Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least (1) year.

Exception No. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees’ job assignment when first hired or assigned new duties.

Exception No. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retrained beyond the term of employment if they are provided to the employee upon termination of employment.

Exception No. 3: For Employers with fewer than 20 employees who are in industries that are not on a designated list of high-hazard industries established by the Department of Industrial Relations (Department) and who have a Workers’ Compensation Experience Modification Rate of 1.1 or less, and for any employers with fewer than 20 employees who are in industries on a designated list of low-hazard industries established by the Department, written documentation of the Program may be limited to the following requirement:

(A) Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).

(B) Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).

(C) Written documentation of training and instruction as required by subsection (a)(7).

Exception No. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

Note 1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written Program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

Note 2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employee’s job duties.

(c) Employers who elect to use a labor/management safety and health committee to comply with the communication
requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

1. Meets regularly, but not less than quarterly;

2. Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. The committee meeting records shall be maintained for at least one (1) year.

3. Reviews results of the periodic, scheduled worksite inspections;

4. Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;

5. Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;

6. Submits recommendations to assist in the evaluation of employee safety suggestions; and

7. Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

## APPENDIX B – General Safe Work Practices

(Revised 2003)

<table>
<thead>
<tr>
<th>POTENTIAL HAZARD</th>
<th>SAFE WORK PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slips and Falls on Same Level</td>
<td>• Clean up spills immediately.</td>
</tr>
<tr>
<td></td>
<td>• Report slick floors as a hazard.</td>
</tr>
<tr>
<td></td>
<td>• Reduce tripping hazards through good housekeeping and safety awareness.</td>
</tr>
<tr>
<td></td>
<td>• Unplug and roll up long electrical cords and extensions when not in immediate use.</td>
</tr>
<tr>
<td></td>
<td>• Wear appropriate shoes for job classification.</td>
</tr>
<tr>
<td></td>
<td>• Use alternate routes when floors are wet.</td>
</tr>
<tr>
<td></td>
<td>• Be watchful of where you are walking.</td>
</tr>
<tr>
<td></td>
<td>• Turn on lights when entering an unlit area.</td>
</tr>
<tr>
<td></td>
<td>• Use tread guards across walkways where it is not possible to re-route cords.</td>
</tr>
<tr>
<td></td>
<td>• Maintain clear aisle ways.</td>
</tr>
<tr>
<td></td>
<td>• Be especially cautious when walking during wet or icy weather conditions.</td>
</tr>
<tr>
<td></td>
<td>• Be aware of gravel, sand or other debris on walkways.</td>
</tr>
<tr>
<td>Falls From High Places</td>
<td>• Never use a broken ladder or step stool.</td>
</tr>
<tr>
<td></td>
<td>• Use stepladder or stepstool rather than chairs or tables.</td>
</tr>
<tr>
<td></td>
<td>• Use appropriate ladder for the situation.</td>
</tr>
<tr>
<td></td>
<td>• Make sure ladders and step stools are in good repair and are properly set before use.</td>
</tr>
<tr>
<td></td>
<td>• Report any potentially hazardous condition, including missing or broken guardrails or other hazards.</td>
</tr>
<tr>
<td></td>
<td>• Limit the amount of high storage and other reasons for needing ladders.</td>
</tr>
<tr>
<td></td>
<td>• Secure help on high work or unusual circumstances.</td>
</tr>
<tr>
<td></td>
<td>• Keep ladder area clear of obstructions.</td>
</tr>
<tr>
<td></td>
<td>• Use handrails on ascending and descending stairs.</td>
</tr>
<tr>
<td>Back Injuries</td>
<td>• Achieve and maintain good personal fitness through regular stretching and exercise.</td>
</tr>
<tr>
<td></td>
<td>• Attend a back safety-training program.</td>
</tr>
<tr>
<td></td>
<td>• Learn and use proper lifting techniques and practice good body mechanics.</td>
</tr>
<tr>
<td></td>
<td>• Secure assistance with heavy or bulky material.</td>
</tr>
<tr>
<td></td>
<td>• Keep all objects close to your body when lifting.</td>
</tr>
<tr>
<td></td>
<td>• Do not twist while lifting - lift first, and then turn your body.</td>
</tr>
<tr>
<td></td>
<td>• Avoid reaching or lifting from an awkward position.</td>
</tr>
<tr>
<td></td>
<td>• Use stepladder and/or get help when lowering materials from high places.</td>
</tr>
<tr>
<td></td>
<td>• When carrying a load, plan your route before starting, block open doors and be sure the route is clear of obstructions or tripping hazards.</td>
</tr>
<tr>
<td></td>
<td>• Do not attempt any unsafe lifting operation.</td>
</tr>
<tr>
<td></td>
<td>• Use hand truck, lifts, or other mechanical means to assist you.</td>
</tr>
<tr>
<td></td>
<td>• Use back support devices when load is heavy or a back problem exists.</td>
</tr>
<tr>
<td></td>
<td>• Stand and move about frequently.</td>
</tr>
<tr>
<td>Being Hit By Falling Objects</td>
<td>• Equip all cabinets with doors with a device, other than magnets, to prevent doors from opening in the event of an earthquake.</td>
</tr>
<tr>
<td>Caught In or Between Objects</td>
<td>• Secure stored material with shelf lips or other means.</td>
</tr>
<tr>
<td></td>
<td>• Reduce high storage of items.</td>
</tr>
<tr>
<td></td>
<td>• Glass products, breakables and heavy materials should be stored on lower shelves.</td>
</tr>
<tr>
<td></td>
<td>• Attach cabinets, shelving and certain fixtures to secure structures.</td>
</tr>
<tr>
<td></td>
<td>• Toe boards and handrails should be in place in all loft areas.</td>
</tr>
<tr>
<td></td>
<td>• Open only one file drawer at a time.</td>
</tr>
<tr>
<td></td>
<td>• Do not open drawers past safety stops.</td>
</tr>
</tbody>
</table>
## General Safe Work Practices - Continued

(Revised 2003)

**Job Category:** ALL EMPLOYEES  
**Type of Facility:** ALL FACILITIES

<table>
<thead>
<tr>
<th>POTENTIAL HAZARD</th>
<th>SAFE WORK PRACTICE</th>
</tr>
</thead>
</table>
| **Cuts, Abrasions, Burns, and Other Bodily Injuries** | • Use proper carrying techniques for sharp objects.  
• Store sharp, pointed objects flat and pointed away from user.  
• Clean/store sharp utensils individually; do not mix with other materials in a sink or drawer.  
• Safety devices, such as finger guards and blade locking devices should be on paper cutters.  
• Understand proper use techniques for each tool before using.  
• Use appropriate hot pads or mitts when handling hot items. |
| **Cuts, Lacerations and Eye Injuries from Power Equipment** | • Do not operate machines or equipment until instructed in proper use.  
• Follow manufacturer’s recommendations for safe use of tool.  
• All electrical equipment should be turned off and unplugged when changing parts or when equipment is being repaired.  
• Wear eye protection if grinding or sawing materials. |
| **Fire Injury** | • Report all fires to fire and insurance officials.  
• Know fire extinguisher location and operation.  
• Know evacuation routes and alternatives.  
• Know bell or alarm system at work locations.  
• Know contingency plans for various emergencies.  
• Practice specific role in emergency plan.  
• Combustible materials should be stored away from heat sources.  
• Limit wall coverage with combustible materials to less than 50%.  
• Make sure portable heaters have tip over switches and are U.L. approved.  
• Maintain good housekeeping practices.  
• Do not risk your life trying to extinguish a fire, which could get out of control.  
• Storage of duplication/ditto fluids should be limited to two gallons, plus one in use, at a single location.  
• Unplug all electrical appliances (such as space heaters, coffeepots, etc) at the end of each workday. |
| **Electrical Shock Injuries** | • Only trained personnel should work on or modify electrical systems.  
• All electrical plugs need to be pushed fully into receptacle.  
• Make sure electrical equipment is not wet or damp.  
• Always use grounded electrical cords.  
• Multiple outlet extenders (power strip, etc.) must have a circuit breaker.  
• Unplug electrical equipment by pulling on the plug instead or the cord.  
• Do not hang objects from light fixtures.  
• Replace rather than repair electrical cords.  
• Do not remove ground prong on the male electrical plug.  
• Inspect electrical equipment, including cords, for defects before use.  
• All outlets near water/liquid sources (within 6 ft.) should be Ground Fault Circuit Interrupter (GFCI) type outlets. Report any unprotected outlets.  
• Use non-metal ladders around electrical equipment. |
| **Vehicle Accidents** | • Wear seat belts.  
• Maintain a current and valid California driver’s license.  
• Obey traffic laws when driving on school business in private or district vehicles.  
• Make a pre-trip inspection of all lights, brakes, tire tread, seat belts, mirrors and signals.  
• Avoid backing up where possible on school grounds.  
• Practice defensive driving.  
• Keep windows clean and free of visual obstructions. |
### General Safe Work Practices - Continued

(Revised 2003)

**Job Category:** ALL EMPLOYEES  
**Type of Facility:** ALL FACILITIES

<table>
<thead>
<tr>
<th>POTENTIAL HAZARD</th>
<th>SAFE WORK PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Miscellaneous Injuries</strong></td>
<td></td>
</tr>
</tbody>
</table>
  - Horseplay is not appropriate in the work place and should be avoided.  
  - Desks, furniture and workspace should be arranged to minimize reaching, twisting and bending.  
  - Furniture, tables, workspace area and equipment should be maintained and in good repair to avoid breakage or other failure which may cause injury.  
  - Store lunches and food where it is safe from contamination by chemicals or other hazardous substances.  
  - Unusual conditions such as extra high or low steps, low ceilings or unclear exiting should have special signs and/or be highlighted with paint to draw attention to the condition.  
  - Keep file drawers closed except during immediate use.  
  - Post signs warning persons with pacemakers when microwave ovens are used.  
  - Maintain moderate noise levels (i.e., dance music, loud speakers, etc.).  
  - Report all accidents/injuries at work.  
  - Become familiar with emergency/disaster plan for your site and participate in practice drills using SCOE's emergency procedures.  
  - Learn to recognize; potential hazards from earthquakes and set up your classroom/work area to minimize those hazards.  
  - See Appendix S – Safety References for a list of additional health and safety resources.  |
| **Stress** |  
  - Prioritize the tasks that you are to accomplish.  
  - Mix tasks you like to do with those that are more difficult.  
  - Take breaks and relax muscles.  
  - Increase level of exercise.  
  - Add humor and relaxing activities to the workday.  
  - Take vacation time regularly.  
  - Make friends at work and develop a support system.  
  - Attend stress workshops and practice the stress reducing suggestions.  
  - When you feel overloaded with work, ask for help either administratively or from a co-worker.  |
| **Infectious Diseases or Health Conditions** |  
  - Report infectious diseases and other health conditions to school nurse or appropriate supervisor.  
  - See Appendix S - Safety References for resource information on handling disease outbreaks.  
  - Practice good personal hygiene and wash hands as needed.  
  - Cover coughs and sneezes with inside of elbow.  
  - Use disposable, single-use gloves when contact is likely with human body fluids (blood, vomit, feces, urine, etc.).  
  - See Appendix C – Universal Precautions for more information.  
  - Follow SCOE's procedure for incident decontamination.  
  - Follow SCOE's procedure for daily room decontamination.  
  - Keep classrooms and work areas well ventilated.  
  - Dispose of contaminated materials properly.  
  - Learn first aid and CPR.  
  - Contact local health professionals for additional health information. |
General Safe Work Practices - Continued
(Revised 2003)

Job Category: ALL EMPLOYEES  Type of Facility: ALL FACILITIES

POTENTIAL HAZARD SAFE WORK PRACTICE

Toxic Substance Illnesses
• Use only SCOE-approved materials.
• Never use any chemicals without knowing its hazards. Always review the Material Safety Data Sheets (MSDS) before using any chemical.
• Review and follow district written Hazard Communication program.
• Know location of MSDS and follow recommendations for use – see Appendix E – How to Read and Interpret a Material Safety Data Sheet for more information.
• Use non-toxic materials where possible.
• Read container label and follow manufacturer’s safe use directions.
• Make sure that all primary and secondary containers are properly labeled.

Repetitive Motion Injuries (Cumulative Trauma)
• Do not remain in one position for long periods without moving.
• Change activities as often as possible.
• Do light exercise of muscles to loosen them and reduce tension.
• Make sure your position is as comfortable as possible.
• See that your furniture is adjusted to your particular needs.
• Wear special equipment if it can reduce strain (special eyeglasses, wrist braces, etc.)
• Follow basic ergonomic guidelines when using a computer:
  • Make sure your chair provides good lumbar support.
  • Adjust your chair properly.
  • Keep keyboard and monitor lined up directly in front of you.
  • Keep wrists level with the keyboard.
  • Make sure the mouse is at the same level as the keyboard.
  • Keep elbows close to your body.
  • Don’t cradle the phone between your head and shoulder.
  • Set up your work area to minimize reaching and awkward positioning.
  • Place the monitor so the top of the screen is at, or slightly below, eye level.
  • Don’t rest your arms or wrists on the sharp edge of a desk or counter.
  • Control glare on monitor to avoid eyestrain.
Universal Precautions

Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, Hepatitis B and C, and other bloodborne pathogens.

The Center for Disease Control recommends Standard Precautions in all potential exposures, regardless of a known or presumed infection status. Standard Precautions apply to:

- Blood;
- All body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood;
- Non-intact skin; and
- Mucous membranes.

Standard Precautions

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Standard Precautions include:

- Hand washing, and
- The use of appropriate personal protective equipment, such as gloves, gowns, and masks, whenever touching or exposure to a person's body fluids is anticipated.

In the school setting, standard precautions should also include: careful trash disposal, using disinfectants, barrier devices, and modification of cardiopulmonary resuscitation (CPR).

Resources

CDC, Part II. Recommendations for Isolation Precautions in Hospitals, Hospital Infection Control Practices Advisory Committee, Rationale for Isolation Precautions in Hospitals.

Hand Washing

1. Thorough hand washing is the single most important factor in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as routine hygiene practice.

2. All staff should wash their hands in the following circumstances:
   - Before handling food, drinking, eating, or smoking;
   - After toileting;
   - After contact with body fluids or items soiled with body fluids; and
   - After touching or caring for students, especially those with nose, mouth, or other discharge.

3. Scheduling time for students to wash hands before eating is suggested to encourage the practice.
4. How to wash hands: wet hands with running water and apply soap from a dispenser. Lather well and wash vigorously for 15 to 20 seconds. Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse well under running water with water draining from wrist to fingertips. Leave water running. Dry hands well with a paper towel and then turn off the faucet with paper towel. Discard the towel.

5. Classroom instruction about proper hand washing can be integrated into health instruction at all grade levels.

First Aid Involving Body Fluids and CPR

1. Avoid direct skin contact with body fluids. If direct skin contact occurs, hands and other affected skin areas should be washed with soap and water immediately after contact has ended, to the extent practicable, using running water, liquid soap and disposable gauze, towels or tissues.

2. Disposable, single-use gloves should be used when contact with body fluids is anticipated (such as a bloody nose, diapering, etc.). Gloves should be standard components of first-aid supplies in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms.

3. Any soiled clothing should be placed in a separate plastic bag, sealed and placed in a plastic bag labeled with the student's name; and sent home with the student.

Trash Disposal

1. Place soiled tissues, pads, gauze bandages, towels, etc., into a plastic bag and tie or seal the bag. Place it in a second plastic bag and seal when full.

2. If needles, syringes, or lancets are used in the school setting, arrange for a puncture-proof container. Place 66ct your local Health Department for directions about disposal of contaminated materials.

Using Disinfectants

1. Environmental surfaces contaminated with body fluids should be cleaned promptly with disposable towels and approved disinfectant. Disposable gloves should be worn. Disposable items should be discarded in plastic-lined wastebasket. Mop solution used to clean up body fluid spills should consist of the approved disinfectant. Used mops should be soaked in this solution for 30 minutes and rinsed thoroughly before reusing.

2. After clean up, remove and dispose of gloves, and wash hands.

3. If carpet is soiled, clean up immediately and sanitize with the district-approved disinfectant following the manufacturer's directions.
Hazard Report
Sonoma County Office of Education

Supervisor ______________________ Date _____________
Department/Division __________________

I would like to report what I believe to be a potential hazard that could cause employee injury, illness or death, damage to County Office property, or injury to a public patron on County Office property.

The hazard is: (specify potential hazard in detail; use additional sheets if necessary)

The location of the hazard is: (be specific; include the room number, name of site, etc.)

I suggest the following corrective action:

Signed: (optional) __________________

For Supervisor’s Use Only
Record of supervisor analysis and/or corrective action taken within five (5) days:

Supervisor’s signature __________________ Date _____________

For Business Services Use Only
Reviewed by ☐ Director of Operations ☐ Safety Committee
Action taken __________________

Distribution: WHITE – Director of Operations
Yellow – Return to Employee when completed
Pink – Supervisor
July 2007

APPENDIX D – Hazard Report
APPENDIX E – How to Read and Interpret a Material Safety Data Sheet

<table>
<thead>
<tr>
<th>SECTION 1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides the product information, i.e., trade or brand name; use of the product such as hard surface cleaner; name and address of the manufacturer; and telephone number for transportation emergencies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2. HAZARD IDENTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides an overview for emergency response personnel which includes appearance/odor such as blue/liquid/characteristic; immediate concerns such as avoid contact with skin, eyes, and clothing; and potential health effects such as routes of exposure: eye, skin, inhalation, ingestion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 3. COMPOSITION AND INFORMATION ON INGREDIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides chemical and common names of the substances, both active and inactive ingredients. The Chemical Abstract Services or CAS number can be used to look up additional information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 4. FIRST AID MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section includes advice on what to do if you are exposed to the chemical such as Eye Contact: Rinse with plenty of water. Get medical attention if develops and persists.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 5. FIRE FIGHTING MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides detailed information for suitable extinguishing media such as alcohol foam, carbon dioxide, dry chemical, water fog; specific hazards such as container may melt and leak in heat of fire; and the potential of the material to catch on fire or explode such as flash point or explosion limit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 6. ACCIDENTAL RELEASE MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides information on actions to take in case of an accidental spill or leak including personal precautions such as remove all sources of ignition; and methods for cleaning up such as soak up with inert absorbent material.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 7. HANDLING AND STORAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides information on how to minimize the risks of accidental exposure or release of the product through safe handling such as keep out of reach of children and pets; protection against fire and explosion such as keep away from heat and sources of ignition; and storage such as keep container closed when not in use.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section lists the occupational exposure limits and personal protective equipment to use to reduce the possibility of exposure through the lungs, skin, eyes, or ingestion, and hygiene measures to take such as use only with adequate ventilation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 9. PHYSICAL AND CHEMICAL PROPERTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section details the physical and chemical characteristics of the hazardous substance such as form, color, odor, pH, melting point, boiling point, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 10. STABILITY AND REACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides information concerning the dangers of mixing this material with others and the hazardous reactions that may occur i.e., materials to avoid such as strong oxidizing agents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 11. TOXICOLOGICAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section describes the health effects of the chemical, including signs and symptoms of exposure and medical conditions made worse by exposure and lists specific types of health hazards and identifies specific organs it may attack. It includes the oral, inhalation, and dermal toxicity and chronic effects such as carcinogenicity, reproductive effects, and sensitization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 12. ECOLOGICAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section describes the fish or wildlife that were used in toxicity testing and the breakdown processes of the chemical when exposed to environmental elements such as sunlight or water.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 13. DISPOSAL CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides information on disposal considerations in industrial settings and household settings such as consumer may discard empty container in trash, or recycle where facilities exist.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 14. TRANSPORT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section provides shipping information for land, sea, and air transport.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 15. REGULATORY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section includes safety, health, and environmental regulations/legislation specific for the substance or mixture in accordance with specific acts or propositions such as Toxic Substances Control Act (TSCA) and Proposition 65.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 16. OTHER INFORMATION</th>
</tr>
</thead>
</table>
This section provides additional information such as Hazardous Materials Identification System (HMIS) and National Fire Protection Association (NFPA) ratings.

APPENDIX F – RESIG Workplace Safety Guidelines

RESIG SAFETY NOTES
FY 2012-2013

These notes apply to all classrooms, office areas, workrooms, storerooms, etc.

1. **HIGH STORAGE OF HEAVY ITEMS:** All areas, including classrooms, should be reviewed for hazardous conditions due to excessive, high storage of heavy items, especially when near an exit or in close proximity to students or staff. Check spaces on top of built-in cabinets and metal cabinets. Lips or wires should be installed along the tops of all cabinets and across the fronts of all shelving to prevent items from flying off in the event of an earthquake. Limit high storage of heavy items.

2. **SECURING OF CABINET DOORS:** All cabinet doors should be equipped with some type of device (other than magnets) to prevent them from opening in an earthquake. Evidence from past earthquakes indicates that cabinet doors open and dump their contents, many times directly in front of main exits. It is also recommended that students’ desks not be located directly in front of cabinets as a preventative measure.

3. **CUBBIES, FILES, CABINETS, AQUARIUMS AND OTHER UNSECURED ITEMS NEAR EXITS:** All cubbies, four drawer files, metal cabinets, bookshelves, as well as aquariums, should be located away from main exits if possible. These routinely fall over in an earthquake and have the potential for blocking what may be the only exit from a classroom. Make sure all items are securely fastened to a wall or other sturdy structure.

4. **UNSECURED BOOKSHELVES, FOUR/FIVE DRAWER FILES, CABINET AND OTHER SHELVING, ETC (General):** All shelving, file drawers, bookcases, etc. should be firmly secured to a sturdy structure in order to prevent injury during an earthquake. “L” brackets or other method should be used. Free standing shelving could be bolted back to back in order to create a more stable base. Configuring into a “T” is also an effective method. Multiple file drawers can also be bolted together for more stability. Use the OES Guide and Checklist for Nonstructural Earthquake Hazards in CA Schools (www.dsa.dgs.ca.gov go to publications) as a guide. Contact RESIG for mitigation supplies.

5. **FILES, CABINETS AND OTHER HAZARDS LOCATED BEHIND TEACHERS’ OR STUDENTS’ DESKS:** Four/five drawer files, cabinets and other shelving should not be located directly behind a teacher’s or student’s desk. During an earthquake, file drawers can topple forward or to the side and cause great injury to the teacher or student. It is best to locate files and other cabinets in corners where they are least likely to cause an injury or block an exit. These should also be secured to a wall or other stable structure. Unlatched drawers can roll open and cause the file drawers to fall over. Make sure drawers are securely latched unless in use. Contact RESIG for mitigation supplies.

6. **UNSECURED TROPHIES:** Storing trophies in high locations should be avoided. If there is no other location to store or display trophies, make sure they are secured by using a series of wires or Plexiglas retainers across the front of the shelves. Trophies are heavy and sharp and can cause severe injuries. Never locate trophies above students’ desks.

7. **SECURING OF COMPUTER MONITORS:** All cathode ray tube (CRT) computer monitors should be secured by means of a strap or other method to prevent them from falling over in an earthquake. Many monitors are heavier in the front than in the back and will easily topple over. It is recommended that all CRT monitors be secured either to the computer cart or the desktop. Note: *damage to property (such as computers) or loss of your data during an earthquake is not covered by insurance.* Non-slip shelf lining can be used as a temporary measure to provide a non-skid surface under equipment, but will provide minimal protection. Using products such as heavy-duty velcro or other strap-type devices provide better protection. Contact RESIG for mitigation supplies.

INJURY & ILLNESS PREVENTION PROGRAM

REVISION 12 – SEPTEMBER 2014
8. **MARBLES AND OTHER ITEMS STORED IN GLASS CONTAINERS IN CLASSROOMS**: We have been noticing a number of classrooms that have large jars of marbles sitting on teachers' desks and on top of cabinets. These marbles can create a hazard if the jar falls and distributes marbles throughout the classroom. Marbles are difficult to walk on when trying to evacuate a classroom in an emergency. It is recommended that marbles be kept in plastic containers with tight fitting lids.

9. **BLOCKED EXITS**: All doors that exit to the outside of the building MUST be kept clear at all times (per fire code). Even if the door is never used, if it exits to the outside, it must always be clear and available as an evacuation route. In addition, if throw bolts are used on any doors in classrooms (which we do not recommend), the bolt must ALWAYS be open during school hours. Maintain clear exits and exit routes at all times.

10. **GROUND FAULT CIRCUIT INTERRUPTER OUTLETS (GFCI)**: It is recommended that all electrical outlets within 6 ft. of a water source, such as a sink, be replaced with a GFCI outlet. These types of outlets are intended to protect humans from being shocked. Outlets are routinely installed over or near sinks in classrooms, so it is important to have these outlets changed to prevent injury to staff and students.

11. **AQUARIUMS**: During an earthquake, the motion can cause the water to rock aquariums off their locations. Even very heavy aquariums are at risk. Straps around the top edge and secured to a wall are an effective preventative measure. Attaching a lip of molding to the counter at the base can also help. Do not position students’ desks close to aquariums.

12. **TVs ON CARTS**: TVs on carts should always be secured with a sturdy strap or other appropriate method.

13. **USE OF EXTENSION CORDS, MULTIPLUG ADAPTERS, POWER STRIPS, ETC.**: Extension cords are to be used ONLY as a temporary power source and are not to be used to permanently hook up a computer, radio or other appliance. When used for an overhead projector in a classroom, the extension cord should be unplugged and rolled up when not in immediate use. Multiplug adapters are approved for use only if they are equipped with a breaker (light). Long cords to equipment should be unplugged and rolled up when not in immediate use. Cords should be routed away from traffic paths. If it is not possible to re-route a cord out of the traffic path, a treadguard could be used to prevent a tripping hazard, but is not ideal. Do not run cords under carpets as this will damage the cord if it is walked on.

14. **HANGING ARTWORK OR OTHER MATERIALS FROM LIGHT FIXTURES**: Artwork and other decorative materials should not be hung from light fixtures. There are hazards associated with fire as well as electrical shock. All artwork and other types of decorative materials could be hung from approved wires. Make sure wires are high enough so they don’t pose an additional risk.

15. **BLOCKED ELECTRICAL PANELS**: Electrical panels must be kept clear at all times. A minimum of 36” clearance is required.

16. **FIRE EXTINGUISHERS**: Fire extinguishers should be securely hung near the exit at approximately waist height. Fire extinguisher locations should be clearly marked. They should also be checked monthly to make sure they are charged and the plastic security loop is intact. Fire extinguishers should be recharged/serviced every year, but should be checked regularly by staff. Recommend that all staff be trained in the proper use of a fire extinguisher. Make sure that all fire extinguishers are properly mounted, do not have items hanging from them and are not blocked.

17. **NUMBERING OF ALL ROOMS**: All exterior doors (classrooms, offices, custodial rooms, etc.) should be labeled both inside and outside, above the door or to the side so emergency personnel will be able to locate rooms quickly.

18. **POSTING OF SIGNS – “MICROWAVE IN USE”**: It is recommended that a small sign be posted on the outside of any area using a microwave. The purpose of this posting is to warn persons with pacemakers that a microwave is in use. The sign should say, “MICROWAVE IN USE”.

19. **PLAYGROUND SAFETY**: Loose fill surfacing material should be maintained at a minimum of 12”. It should be raked often and all foreign materials (rocks, glass, feces, etc) removed. All playground equipment should comply with the CPSC Guidelines and the ASTM Standards OR a plan should be in place to correct deficiencies within a reasonable timeline. Equipment should be checked daily for broken or missing parts. Regular maintenance schedules should be developed for each playground and all maintenance activities should be documented as required. Proper supervision should be provided during regular school hours. Contact RESIG for additional information or for an on-site playground inspection.
20. **SOCCER GOALS:** Heavy metal soccer goals should be secured in place during use. During off-season, they should be chained to a fence to prevent being moved. Unsecured soccer goals have caused serious injuries and deaths when they have fallen over.

21. **RUBBER CEMENT, Solvent Based “WHITE OUT”, SPRAY ADHESIVES AND OTHER HAZARDOUS ART AND CRAFTS MATERIALS:** These products (and many others) have been identified by the California EPA as not being appropriate for use at the K-6 level. The list of “Art and Craft Materials Which Cannot Be Purchased For Use in Kindergarten and Grades One Through Six” is available at [www.oehha.ca.gov/education](http://www.oehha.ca.gov/education). It is recommended that this list be reviewed by all schools and items found on it in classrooms be removed from K-6 school sites immediately. This list is intended for use at the K-6 level, but it is recommended that this list be applied to the upper grades as much as possible to protect the health and safety of all students and staff. Products labeled as AP Non-toxic conforming to ASTM D4236 are always a better choice.

22. **CLEANING PRODUCTS, BLEACH, AMMONIA AND OTHER MATERIALS STORED IN CLASSROOMS:** During inspections, a variety of hazardous materials are found in classrooms. These products are often easily accessible to students. It is recommended that all hazardous materials be kept either out of the classroom entirely or be locked in a cabinet that is not accessible to students. All areas under sinks should be checked carefully. If the label says “Keep Out of Reach of Children”…every effort should be made to do so. **NOTE:** Bleach and ammonia (this includes powdered cleansers like Comet and liquid glass cleaners like Windex) should never be stored or used together. When bleach and ammonia are mixed, chlorine gas is created and could cause permanent lung damage…or death!

23. **LEAD GLAZES AND “LEAD FREE” GLAZES:** All ceramic glazes and underglazes that are labeled as containing lead or fritted lead should be removed from schools and disposed of as a hazardous waste. Even products labeled as “lead safe” should not be used in the school environment. Only those products labeled “NON-TOXIC” are considered safe for use in schools. Refer to the toxic art and crafts listing above in #20.

24. **CHEMICAL SAFETY:** All hazardous materials used on a school site must have an MSDS on file. These should be kept in a central location. Employees should be instructed not to bring cleaning products and other chemicals from home and to only use approved products. All chemical labs should have an up-to-date inventory with chemicals properly separated (not alphabetically). All employees should receive training in how to read an MSDS. All chemicals and by-products should be disposed of properly. Employees should be instructed in proper disposal techniques. All science specimens should be secured from falling from shelves during and earthquake and should not contain Formaldehyde. Spill kits should be readily available.

25. **COMBUSTIBLE FUEL LOAD IN CLASSROOMS:** The amount of paper coverage, such as decorations and student work, in classrooms should be limited to no more than 20% of the total wall space in classrooms that do not have approved automatic sprinkler systems. Adding layers of paper, as in bulletin boards displaying artwork, increases the fire risk. Use fire resistant materials whenever possible. Keep classrooms clear of unnecessary clutter and debris as much as possible. Christmas trees must be treated with fire retardant.

26. **CLEAR HALLWAYS:** Hallways, breezeways and other evacuation routes should not be used to store excess furniture and other items.

27. **IN-WALL LUNCH TABLES:** In-wall lunch tables should be raised and lowered carefully to prevent injury to staff. When returning the tables or benches to their in-wall positions, special attention should be given to ensuring that the pins are engaged and security toggles activated. Improper storage of these units has resulted in failure of the securing hardware causing the table or bench to fall out of position and severely injuring and even killing students.

28. **HOUSEHOLD ELECTRICAL APPLIANCES:** Due to the potential fire hazard, coffee makers, microwave ovens, refrigerators, etc. are not recommended for use in classrooms.

29. **PLAY STRUCTURES:** Contact RESIG before installing any play structures on playgrounds. RESIG provides playground safety inspections for member districts.

30. **CUSTODIAN/MAINTENANCE PERSONNEL:** Custodian and maintenance personnel should be appropriately attired for the job tasks they are performing, e.g. protective footwear, long pants, etc. Cal/OSHA Title 8, GISO, CCR Sections 3383 and 3385.

Please call RESIG at (707) 836-0779 x107 or e-mail at: wdavis@resig.org if you have any questions
APPENDIX G – Classroom Hazard Checklist

Classroom Hazard Checklist
Sonoma County Office of Education

Due Date __________________________

Location __________________________________ Room # __________________________

Instructions: Complete this Classroom Hazard Checklist by the due date indicated and forward to the site administrator. Site administrator reviews, signs and forwards to Business Services. Any questions should be directed to the Director of Operations.

Yes    No    Not    Unknown    Applicable

☐ ☐ ☐ ☐ ☐ Are freestanding cabinets, bookcases and wall shelves secured to a structural support?

☐ ☐ ☐ ☐ ☐ Are heavy objects removed from high shelves? (High shelves are shelves above the heads of seated students/teacher’s desk.)

☐ ☐ ☐ ☐ ☐ Are aquariums and other potentially hazardous displays located away from seating areas and secured?

☐ ☐ ☐ ☐ ☐ IS AV equipment and computers securely attached to a portable (rolling) cart with lockable wheels?

☐ ☐ ☐ ☐ ☐ Is the TV monitor securely fastened to a securely fastened platform and/or cart?

☐ ☐ ☐ ☐ ☐ Is the classroom piano secured against rolling during an earthquake?

☐ ☐ ☐ ☐ ☐ Are wall-mounted clocks, maps, fire extinguishers, etc., secured against falling?

☐ ☐ ☐ ☐ ☐ Are hanging plants secured to prevent them from swinging free or breaking windows during an earthquake?

☐ ☐ ☐ ☐ ☐ Is lab equipment secure to prevent movement?

☐ ☐ ☐ ☐ ☐ Are chemicals stored to prevent spillage?

☐ ☐ ☐ ☐ ☐ Are typewriters, computers and other heavy equipment secured to prevent movement?

☐ ☐ ☐ ☐ ☐ Are objects around doors secured so as not to fall and block egress?

Completed by __________________________ Date __________________________

Site Administrator __________________________ Date __________________________

Director of Operations __________________________ Date __________________________
**Employee Injury Report**

*Sonoma County Office of Education*

**Instructions:** This form is to be completed by the employee’s department supervisor, and the employee is to be referred to call the RESIG Early Intervention Nurse at 707-836-7457, immediately upon receiving notification of a job-related injury/illness/exposure. Completed forms and/or inquiries should be directed to the administrative assistant in Human Resources. Filling of this form is not an admission of liability.

| EMPLOYEE’S NAME: _________________________ | Date of Birth: _________________________ |
| HOME ADDRESS: ___________________________ | Home Phone: ____________________________ |
| CITY/STATE/ZIP: __________________________ | Cell Phone: _____________________________ |
| Department/Program: ______________________ | Occupation/Title: _______________________ |
| Worksite/Address: _________________________ | Work phone: ____________________________ |

| DATE INJURY/ILLNESS/EXPOSURE OCCURRED: _________________________ | Hour: _________________________ a.m. □ p.m. □ |
| DATE INJURY/ILLNESS/EXPOSURE REPORTED: _________________________ | Hour: _________________________ a.m. □ p.m. □ |

Specific activity the employee was performing when injury/illness/exposure occurred:

How injury/illness/exposure occurred:

NAMES OF WITNESSES: ____________________________________________

**SUPERVISOR’S INVESTIGATION OF OCCUPATIONAL INJURY/ILLNESS/EXPOSURE**

*IMPORTANT - IN ACCORDANCE WITH SB198 THE SUPERVISOR’S INVESTIGATION MUST BE COMPLETED***

1. **(1)** Were Safe Work Practices followed? YES □ NO □
   - If no, explain ____________________________

2. **(2)** Was an unsafe condition the cause of the incident? YES □ NO □
   - If yes, describe unsafe condition

3. **(3)** Will an additional Safe Work Practice be needed to avoid future incidents? YES □ NO □
   - If yes, describe ____________________________

4. **(4)** If a Bloodborne Pathogens exposure, please answer the following questions.
   - **(a)** Has employee completed the Hepatitis B vaccination series? YES □ IN PROGRESS □ NO □
     - If yes, date vaccination series completed: _______________________
     - If in progress, indicate most recent dosage and date received: 1ST □ Date: ___________ 2ND □ Date: ___________
     - If no, employee been notified that the vaccination series should be initiated within 24 hours of the exposure incident? YES □ NO □
   - **(b)** Has employee’s blood been tested? YES □ NO □
     - If yes, date of testing: _______________________
     - Testing performed by: _______________________
   - **(c)** What personal protective equipment was being used at time of exposure? _______________________
   - **(d)** Has the source individual been identified? YES □ NO □
     - If yes, individual’s name _______________________
   - **(e)** Has consent been obtained for blood testing of the source individual? YES □ NO □
     - If no, explain ____________________________
   - **(f)** Has the source individual’s blood testing been completed? YES □ NO □
     - If yes, date of testing: _______________________
     - Testing performed by: _______________________
   - **(g)** Name of SCOE department/region nurse to contact for information regarding exposure _______________________

**Certification:** To the best of my knowledge and belief, this information is true and reflects the facts.

SUPERVISOR’S SIGNATURE: _________________________ DATE: ___________

**TO BE COMPLETED BY HUMAN RESOURCES’ ADMINISTRATIVE ASSISTANT**

| W/C Claim □ | Report Only □ | Date of Hire: _________________________ | Annual Salary: _________________________ | Months/Checks per Year: _________________________ |
| Employee’s Regular Hours: | Days per Week: _________________________ | Hours per Week: _________________________ | Days per Year: _________________________ |

**DISTRIBUTION:**

<table>
<thead>
<tr>
<th>WHITE - Human Resources</th>
<th>YELLOW - Employee</th>
<th>PINK - Department</th>
</tr>
</thead>
</table>

**BUS 3531.01 JUNE 2010**

**APPENDIX H – Employee Injury Report**

**INJURY & ILLNESS PREVENTION PROGRAM**

**REVISION 12 – SEPTEMBER 2014**
## APPENDIX I – Inspection Report and Correction Form

### INSPECTION REPORT AND CORRECTION FORM

- **WORKSITE:** ________________________________________________________________________________________
- **DATE:** ________________________________ **INSPECTED BY:** __________________________________________

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>JOB SAFETY CATEGORY</th>
<th>PROBLEM</th>
<th>CORRECTIVE ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INDIVIDUAL EMPLOYEE TRAINING DOCUMENTATION
INITIAL/REFRESHER TRAINING

Name of Employee: (Please Print Legibly) ________________________________________________________

Name of Trainer: ____________________________________________________________________________

Training Subject: GENERAL SAFE WORK PRACTICES/OVERVIEW OF SB-198

Training Materials Used: DVD/Video, PowerPoint, Written Materials, Lecture

I hereby certify that I received training as described above in the following areas:

1. The potential general safety hazards that may exist in my work area and associated with my job assignment;

2. The safe work conditions, safe work practices and personal protective equipment required for my work;

3. The hazards of any chemicals to which I may be exposed and my right to information contained on material safety data sheets (MSDSs) for those chemicals, and how to find and understand this information;

4. My right to ask any questions, or provide any safety related information to my employer either directly or anonymously without any fear of reprisal;

5. The name of the designated responsible person for my district;

6. My responsibility to work safely, report safety hazards and follow safe work practices established by my employer.

7. General Guideline for disciplinary procedures the employer will use to enforce compliance.

I understand the information presented during this training and agree to comply with safe work practices for my work area.

Employee Signature ___________________________ Date ___________________________

Current Job Title __________________________________________________________________________

*If you have questions regarding the Injury/Illness Prevention Program/Bloodborne Pathogen Exposure Control Plan, please contact either Patti Springer at 524-2634 in Human Resources, or Shari Dean at 524-2682 in Business Services, and they will forward your information/question to a school nurse, who will get back to you.

Revised July 1, 2011
## APPENDIX K – Hepatitis A, B, and C – Learn the Differences

<table>
<thead>
<tr>
<th>U.S. Statistics</th>
<th>Routes of Transmission</th>
<th>Persons at Risk</th>
<th>Incubation Period</th>
<th>Symptoms of Acute Infection</th>
<th>Likelihood of Symptomatic Acute Infection</th>
<th>Potential for Chronic Infection</th>
<th>Severity</th>
<th>Serologic Tests for Acute Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated 25,000 new infections in 2007</td>
<td>Ingestion of fecal matter, even in microscopic amounts from: Close person-to-person contact with an infected person Sexual contact with an infected person Ingestion of contaminated food or drinks</td>
<td>Travelers to regions with intermediate or high rates of Hepatitis A Sex contacts of infected persons Household members or caregivers of infected persons Men who have sex with men Users of certain illegal drugs (injection and non-injection) Persons with clotting-factor disorders</td>
<td>15 to 50 days (average: 28 days)</td>
<td>Fever Nausea Clay-Colored Bowel Movements</td>
<td>&lt;10% of children &lt;6 years have jaundice 40%-50% of children age 6-14 years have jaundice 70%-80% of persons &gt;14 years have jaundice</td>
<td>None</td>
<td>Most persons with acute disease recover with no lasting liver damage; rarely fatal</td>
<td>IgM anti-Hav</td>
</tr>
<tr>
<td>Estimated 43,000 new infections in 2007</td>
<td>Contact with infectious blood, semen, and other body fluids, primarily through: Estimated 17,000 new infections in 2007 Birth to an infected mother Sexual contact with an infected person Sharing of contaminated needles, syringes, or other injection drug equipment Needle stick or other sharp instrument injuries</td>
<td>Infants born to infected mothers Sex partners of infected persons Persons with multiple sex partners Persons with a sexually transmitted disease (STD) Men who have sex with men Injection drug users Household contacts of infected persons Healthcare and public safety workers exposed to blood on the job Hemodialysis patients Residents and staff of facilities for developmentally disabled persons Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)</td>
<td>45 to 160 days (average: 120 days)</td>
<td>Fatigue Vomiting Joint Pain</td>
<td>1% of infants &lt;1 year develop symptoms 5%-15% of children age 1-5 years develop symptoms 30%-50% of persons &gt;5 years develop symptoms</td>
<td></td>
<td>Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal 15%-25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer Estimated 3,000 persons in the United States die from HBV-related illness per year</td>
<td>IgM anti-Hav</td>
</tr>
<tr>
<td>Estimated 17,000 new infections in 2007</td>
<td>Contact with blood of an infected person, primarily through: Sharing of contaminated needles, syringes, or other injection drug equipment Less commonly through: Sexual contact with an infected person Birth to an infected mother Needle stick or other sharp instrument injuries</td>
<td>Current or former injection drug users Recipients of clotting factors made before 1987 Recipients of blood or solid organ transplants before July 1992 Long-term hemodialysis patients Persons with known exposures to HCV (e.g., healthcare workers after needle sticks, recipients of blood or organs from a donor who later tested positive for HCV) HIV-infected persons Infants born to infected mothers</td>
<td>14 to 180 days (average: 45 days)</td>
<td>Loss of Appetite Abdominal Pain Jaundice</td>
<td>20%-30% of newly infected persons develop symptoms of acute disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Symptoms of Acute Infection
- Fever
- Nausea
- Clay-Colored Bowel Movements

### Likelihood of Symptomatic Acute Infection
- <10% of children <6 years have jaundice
- 40%-50% of children age 6-14 years have jaundice
- 70%-80% of persons >14 years have jaundice

### Potential for Chronic Infection
- None

### Serologic Tests for Acute Infection
- IgM anti-Hav
- HBsAg in acute and chronic infection
- IgM anti-HBc is positive in acute infection only

### Severity
- Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage.
- 60%-70% of chronically infected persons develop chronic liver disease
- 5%-20% develop cirrhosis over a period of 20-30 years
- 1%-5% will die from cirrhosis or liver cancer

### Serologic Tests for Acute Infection
- No serologic marker for acute infection

### Incubation Period
- 15 to 50 days (average: 28 days)
- 45 to 160 days (average: 120 days)
- 14 to 180 days (average: 45 days)
### Hepatitis A, B and C (continued)

<table>
<thead>
<tr>
<th>Serologic Tests for Chronic Infection</th>
<th>Hepatitis A (continued)</th>
<th>Hepatitis B (continued)</th>
<th>Hepatitis C (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable – no chronic infection</td>
<td>HBsAg (and additional markers as needed)</td>
<td>• Screening assay (EIA or CIA) for anti-HCV</td>
<td>• Verification by an additional, more specific assay (e.g., RIBA for anti-HCV) or nucleic acid testing for HCV RNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening Recommendations for Chronic Infection</th>
<th>Testing is recommended for:</th>
<th>Testing is recommended for:</th>
<th>Testing is recommended for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable – no chronic infection</td>
<td>• Pregnant women</td>
<td>• Current or former injection drug users</td>
<td>• HIV-infected persons</td>
</tr>
<tr>
<td><strong>Note:</strong> Screening for past acute infection is generally not recommended</td>
<td>• Persons born in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of 2%)</td>
<td>• Recipients of clotting factor concentrates before 1987</td>
<td>• Children born to infected mothers (do not test before age 18 months)</td>
</tr>
<tr>
<td></td>
<td>• U.S. - born persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of &gt;2%)</td>
<td>• Recipients of blood transfusions or donated organs before July 1992</td>
<td>• Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)</td>
</tr>
<tr>
<td></td>
<td>• Infants born to HBsAg positive mothers</td>
<td>• Persons with known exposures to HCV (e.g., healthcare workers after needle sticks, recipients of blood or organs from a donor who later tested positive for HCV)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Household, needle-sharing, or sex contacts of HBsAg-positive persons</td>
<td>• HIV-infected persons</td>
<td>• Donors of blood, plasma, organs, tissues, or semen</td>
</tr>
<tr>
<td></td>
<td>• Men who have sex with men</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Injection drug users</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patients with elevated liver enzymes (ALT/AST) of unknown etiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hemodialysis patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Persons needing immunosuppressive or cytotoxic therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HIV-infected persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sources of blood or body fluids involved in potential HBV exposures (e.g., needle sticks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Donors of blood, plasma, organs, tissues, or semen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Acute: No medication available; best addressed through supportive treatment</th>
<th>Acute: Antivirals and supportive treatment</th>
<th>Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No medication available</td>
<td>Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best addressed through supportive treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccination Recommendations</th>
<th>Hepatitis A vaccine is recommended for:</th>
<th>Hepatitis B vaccine is recommended for:</th>
<th>There is no Hepatitis C vaccine.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children at age 1 year</td>
<td>• All infants within 12 hours of birth</td>
<td>• All infants within 12 hours of birth</td>
<td></td>
</tr>
<tr>
<td>Travelers to regions with intermediate or high rates of Hepatitis A</td>
<td>• Older children who have not previously been vaccinated</td>
<td>• Sex partners of infected persons</td>
<td></td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>• Persons with multiple sex partners</td>
<td>• Persons seeking evaluation or treatment for an STD</td>
<td></td>
</tr>
<tr>
<td>Users of certain illegal drugs (injection and non-injection)</td>
<td>• Men who have sex with men</td>
<td>• Men who have sex with men</td>
<td></td>
</tr>
<tr>
<td>Persons with clotting-factor disorders</td>
<td>• Injection drug users</td>
<td>• Household contacts of infected persons</td>
<td></td>
</tr>
<tr>
<td>Persons who work with HAV-infected primates or other HAV in a research laboratory</td>
<td>• Healthcare and public safety workers exposed to blood on the job</td>
<td>• Healthcare and public safety workers exposed to blood on the job</td>
<td></td>
</tr>
<tr>
<td>Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease</td>
<td>• Persons with chronic liver disease, including HCV-infected persons with chronic liver disease</td>
<td>• Persons with chronic liver disease, including HCV-infected persons with chronic liver disease</td>
<td></td>
</tr>
<tr>
<td>Anyone else seeking long-term protection</td>
<td>• Persons with HIV infection</td>
<td>• Persons with HIV infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients</td>
<td>• Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Residents and staff of facilities for developmentally disabled persons</td>
<td>• Residents and staff of facilities for developmentally disabled persons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of 2%)</td>
<td>• Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of &gt;2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anyone else seeking long-term protection</td>
<td>• Anyone else seeking long-term protection</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccination Schedule</th>
<th>2 doses given 6 months apart</th>
<th>Infants and children: 3 to 4 doses given over a 6 to 18-month period depending on vaccine type and schedule</th>
<th>No vaccine available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults: 3 doses given over a 6-month period</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Information obtained from Department of Health & Human Services, Publication No. 21-1076  www.cdc.gov/hepatitis
APPENDIX L – HIV/AIDS Infection

HIV/AIDS Infection

The possibility that HIV/AIDS will be transmitted in schools, the workplace and other public gatherings is remote. HIV/AIDS infection is not transmitted from one person to another through everyday activities. You will not get AIDS by being around or working with a person who is infected or by having ordinary daily contact with an HIV infected person.

<table>
<thead>
<tr>
<th>What is it?</th>
<th>HIV</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV is the virus that can lead AIDS. This virus is passed from one person to another through blood-to-blood and/or sexual contact. The HIV infection is also called the AIDS virus. HIV infects the cells of the immune system, which the body uses to fight against germs. In most cases, contracting the HIV virus leads to the development of AIDS. HIV causes AIDS by the gradual breakdown of immune system. Immune cells are disabled and killed during the typical course of infection. The loss of these cells in people with HIV is a powerful predictor of the development of AIDS.</td>
<td>Human Immunodeficiency Virus</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>AIDS is the advanced stage of HIV infections. The virus attacks the body's natural defense (immune) system, leaving it vulnerable to life-threatening infections from other diseases and allowing rare cancers to develop. The virus may also attack the brain and nervous system. Persons infected with HIV frequently have no apparent symptoms and usually appear in good health. Prior to the development of “highly active” combinations of medications that were introduced in the mid 1990s, people with HIV could advance to AIDS in just a few years. Currently, people with HIV can live much longer - even decades - before they develop AIDS.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How is it spread?</th>
<th>HIV</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV is most commonly spread by coming into direct contact with blood, semen or vaginal fluids during unprotected sex with an infected partner. HIV is also frequently spread among injection drug users who share contaminated needles or syringes. Infected women can transmit HIV to their babies during pregnancy or birth; or by breast-feeding. You can get the virus by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sharing needles, syringes, rinse water, or other equipment used to prepare illicit drugs for injection, with someone who is infected;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sharing unsterile instruments used to penetrate the skin with someone who is infected, such as those used for tattooing, acupuncture, and ear piercing;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any sexual activity involving direct genital contact with semen, blood or vaginal secretions with someone who is infected;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Direct contact on infected blood on broken skin (for example cuts and scratches);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Direct contact of mucous membrane of the eye with the blood of an infected person;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Receiving a blood transfusion or blood product from someone who is infected (since 1985 this risk is extremely low - approximately 1 chance in 68,000); and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Being born to an infected mother – HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What treatment helps?</th>
<th>HIV</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently, no vaccination exists to prevent infection of HIV, and there is no known cure. HIV infection is treated with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nucleoside reverse transcriptase (RT) inhibitors, interrupts an early stage of the virus, making copies of itself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nucleoside analogs (AZT) slow the spread of HIV in the body and delay the start of opportunistic infections.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-nucleoside reverse transcriptase inhibitors (NNRTIs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Protease inhibitors, interrupt virus replication at a later step in its life cycle.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV can become resistant to any of these drugs; so health care providers must use a combination treatment to effectively suppress the virus. When RT inhibitors and protease inhibitors are combined, they become a highly active antiretroviral therapy, or HAART. HAART can be used by people who are newly infected with HIV, as well as by people with AIDS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS virus is treated with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A combination of RT inhibitors and protease inhibitors, referred to as HAART, a highly active antiretroviral therapy. HAART has been credited as being a major factor in significantly reducing the number of deaths from AIDS in the USA. While it is not a cure, HAART has greatly improved the health of many people with AIDS and it reduces the amount of virus circulating in the blood to nearly undetectable levels. Although, researchers have shown HIV remains present in hiding places - lymph nodes, brain, testes, and retina of the eye, even in patients who have been treated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A number of different drugs are available to help treat opportunistic infections.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Radiation, chemotherapy, or injections of alpha interferon to treat cancers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INJURY & ILLNESS PREVENTION PROGRAM

REVISION 12 – SEPTEMBER 2014
HIV/AIDS Infection (continued)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>HIV (Continued)</th>
<th>AIDS (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many people do not have any symptoms when they first become infected with HIV. Some people, however, have a flu-like illness within a month or two after exposure to the virus. Early symptoms may include:</td>
<td>During HIV infection, the number of cells in a person's blood progressively decline, making the person vulnerable to the opportunistic infections and cancers that typify AIDS, the end stage of HIV.</td>
<td></td>
</tr>
<tr>
<td>• Recurring fever or profuse night sweats</td>
<td>• Coughing and shortness of breath</td>
<td></td>
</tr>
<tr>
<td>• Headaches</td>
<td>• Seizures and lack of coordination</td>
<td></td>
</tr>
<tr>
<td>• Profound and unexplained tiredness or fatigue</td>
<td>• Difficult or painful swallowing</td>
<td></td>
</tr>
<tr>
<td>• Enlarged/swollen lymph nodes (glands of the immune system) - armpits, neck, and groin</td>
<td>• Confusion and forgetfulness</td>
<td></td>
</tr>
<tr>
<td>These symptoms usually disappear within 7 to 30 days and are often mistaken for symptoms of other viral infections. During this period, the person with HIV is very infectious, and the virus is present in large quantities in genital fluids. More persistent or severe symptoms may not appear for 10 years or more after being infected with HIV, or within two years in children born with the HIV infection. As the immune system worsens, symptoms experienced before the onset of AIDS include:</td>
<td>• Severe and persistent diarrhea</td>
<td></td>
</tr>
<tr>
<td>• Profound and unexplained fatigue</td>
<td>• Fever</td>
<td></td>
</tr>
<tr>
<td>• Rapid weight loss</td>
<td>• Vision loss</td>
<td></td>
</tr>
<tr>
<td>• Recurring fevers and profuse night sweats</td>
<td>• Nausea, abdominal cramps, and vomiting</td>
<td></td>
</tr>
<tr>
<td>• Dry cough</td>
<td>• Weight loss and extreme fatigue</td>
<td></td>
</tr>
<tr>
<td>• Pneumonia</td>
<td>• Severe headaches</td>
<td></td>
</tr>
<tr>
<td>• Swollen lymph glands in the armpits, groin, or neck</td>
<td>• Coma</td>
<td></td>
</tr>
<tr>
<td>• Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids</td>
<td>• Various cancers - Kaposi's sarcoma, cervical cancer, lymphomas</td>
<td></td>
</tr>
<tr>
<td>• White spots or unusual blemishes on the tongue, in the mouth, or in the throat</td>
<td>• In children with AIDS, severe forms of bacterial infections, i.e., pink eye, ear infections, and tonsillitis</td>
<td></td>
</tr>
<tr>
<td>• Persistent skin rashes or flaky skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Persistent or frequent yeast infections (oral or vaginal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diarrhea that lasts for more than a week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pelvic inflammatory disease in women that does not respond to treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Memory loss, depression, headaches, vision loss, and other neurological disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Severe herpes infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shingles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How is it prevented?

• Abstinence from sex
• If you choose to have sex, be responsible and protect yourself and your partner by using condoms.
• Abstinence from drug use
• If you choose to use drugs, DO NOT SHARE NEEDLES

Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, Hepatitis B, and Hepatitis C, and other Bloodborne Pathogens. The Center for Disease Control recommends Standard Precautions in all potential exposures to blood; non-intact skin; mucous membranes; and all body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection through hand washing, and the use of appropriate personal protective equipment, such as gloves, gowns, and masks, and whenever touching, or exposure to, a person’s body fluids is anticipated. In the school setting, Standard Precautions should also include careful trash disposal, using disinfectants and barrier devices, and modification of cardiopulmonary resuscitation (CPR).

What should I do in case of an exposure to blood or body fluids, e.g., needle stick, splash, human bite, or human scratch?
If you think you’ve been exposed to HIV, HBV or HCV – Do not panic!
1. Clean the injury with soap and water. Use water only on mucous membranes (eyes, mouth).
2. Immediately notify your supervisor to complete the Employee Injury Report, and contact the RESIG Early Intervention Nurse, 707-836-7457.
3. If applicable, please complete all medical follow-up as directed by the RESIG Early Intervention Nurse and/or medical provider.

Quick tips to protect yourself against Bloodborne Pathogens (BBPs)
1. Standard or Universal Precautions require you to consider every person a possible carrier of a BBP and to treat his/her blood or body fluids as if they were infected.
2. Bleeding Emergency - when assisting someone who is bleeding follow these procedures:
   - First send someone to call for emergency personnel, if necessary.
   - Protect yourself. Your instinct may be to rush to the injured person, but taking a few extra seconds to put on gloves can prevent infection.
   - You should always use disposable vinyl gloves when dealing with blood.
   - Make sure to cover cuts or skin abrasions on your hands with bandages before putting on gloves.
   - Never reuse disposable gloves or use gloves that are damaged.
   - When assisting someone who is bleeding, try to get the person to stop the bleeding on their own by using direct pressure.
3. Keep soiled hands away from your eyes, nose, and mouth.
4. Always wash your hands before eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm.
5. If blood or body fluids enter your eyes, nose, or mouth - flush the area with running water as soon as possible.
6. Don’t clean up potential bloodborne pathogens if you’re not trained or authorized to do so.
7. When removing gloves, follow this procedure:
   - Carefully peel one glove from the top of the wrist to the fingertips, and then hold it in the gloved hand. With the exposed hand, peel the second glove off, tucking the first glove inside the second.
   - Dispose of the used gloves as soon as possible and never touch the outside of the glove with your bare skin.
   - After removing the gloves, wash your hands as soon as possible with non-abrasive soap and water. The use of alcohol based hand sanitizer is acceptable as well.
8. At any time, if any of your protective equipment is penetrated by blood, remove the item and replace it immediately.

Medical Confidentiality
All medical information concerning students and co-workers must be kept CONFIDENTIAL. Sharing information about someone who has AIDS/HIV infection is prohibited by law and punishable by fine in California.
FACTS ABOUT INFECTIOUS DISEASES

BLOODBORNE PATHOGENS

**Hepatitis B (HBV)**
This viral infection is caused by the Hepatitis B virus (HBV), known as a DNA virus, which infects the cells of the liver. HBV is highly contagious through exposure to blood, contaminated needles, and through sexual contact. Immunization against HBV can prevent acute hepatitis and reduce sickness and death from chronic liver disease. Transmission through blood transfusion is rare because of screening of donors and blood supply. The incubation period of HBV on average is 120 days, but can be as long as 160 days. The signs and symptoms of infection include: anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice. Most people with HBV recover completely, but approximately 5-10% become chronic carriers of the virus and are capable of passing the disease on to others even if they do not experience any symptoms. Death occurs from chronic liver disease in 15-25% of chronically infected persons.

**Hepatitis C (HCV)**
This viral infection is caused by the Hepatitis C virus (HCV), which infects cells in the liver and is the most common chronic bloodborne infection in the U.S. HCV is transmitted primarily through direct exposure to infected blood and is associated with injection drug use with contaminated needles. It can be transmitted through cuts in the skin, contact with mucous membranes, sexual contact, and from receiving a blood transfusion, which is very rare now, but prior to 1992 blood was not routinely screened for HCV. Chronic HCV can cause cirrhosis, liver failure, and liver cancer. Persons developing HCV disease have a 75-85% chance of becoming chronically infected and most of these develop chronic liver disease. 20% of these persons may develop cirrhosis of the liver within 2 decades after infection. A small percentage of patients with chronic disease develop liver cancer. Liver failure with chronic HCV is one of the most common reasons for liver transplants in the U.S. Most people with HCV do not experience symptoms, but if symptoms are present they may be very mild and flu-like such as nausea, fatigue, loss of appetite, fever, headache, abdominal pain, jaundice, and dark urine.

**Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)**
HIV is a virus that kills your body’s “CD4” cells (T-helper cells) that help your body fight off infection and diseases. HIV can be transmitted through sexual contact or through parenteral, broken skin, or mucous membrane contact with infected blood or body fluids. Healthcare workers appear to have a slightly higher risk of contracting the virus than the general population. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breastfeeds her baby. Symptoms of HIV infection can vary, but often include weakness, headache, diarrhea, fever, nausea, sore throat, and other “flu-like” symptoms. However, many people with HIV can show no apparent symptoms for years after their infection. Currently, no vaccination exists to prevent infection of HIV, and there is no known cure.

AIDS is the end stage of HIV. During HIV infection, a person’s blood cells progressively decline destroying the body’s immune system leaving them vulnerable to infections and cancers. Symptoms of those infections include: coughing, shortness of breath, seizures, lack of coordination, difficult or painful swallowing, confusion, forgetfulness, severe and persistent diarrhea, fever, vision loss, nausea, abdominal cramps, vomiting, weight loss, extreme fatigue, severe headaches, various cancers, and coma.

RESPIRATORY PATHOGENS

**Tuberculosis (TB)**
Tuberculosis is an air-borne disease caused by germs that are spread from person to person. People with TB disease have TB germs that are “active”, meaning they multiply and destroy tissues in their body. The disease primarily affects the lungs, but can also affect the brain, kidneys, or spine, and if left untreated, can result in death. Symptoms include feelings of sickness or weakness, weight loss, fever, night sweats, coughing, chest pain, and coughing up blood. TB germs are transmitted through the air and can stay in the air for several hours when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. Persons who breathe in the air containing these TB germs can become infected with the disease, which is called a “latent TB infection”; those most likely to contract the infection from a person with TB are family members, close friends, and coworkers. The difference between a “latent TB infection” and TB disease is that people with the infection have the TB germs in their body, but because the germs are “inactive”, they do not have symptoms of the disease and they cannot spread the germs to others. However, they may develop TB disease in the future and are often prescribed treatment to prevent them from developing it.

If you have questions regarding infectious disease, please contact either Patti Springer in Human Resources or Shari Dean in Business Services

Adopted by the Bloodborne Pathogens Subcommittee of the SCOE Health & Safety Committee on April 15, 2011, Revised July 1, 2011

INJURY & ILLNESS PREVENTION PROGRAM

REVISION 12 – SEPTEMBER 2014
Hepatitis B Vaccination Election/Declination – New Regular Employees and SCOE Substitutes
Sonoma County Office of Education

Employee Name ___________________ Position __________________

Department ______________________ Date of Hire __________

I understand that my position with the Sonoma County Office of Education includes responsibilities that may involve a risk of occupational exposure to bloodborne pathogens or other potentially infectious materials and that I am being given the opportunity to receive the Hepatitis B vaccination series at no cost to me. **If I choose to begin the vaccination series, I understand that I must receive the first vaccination within ten (10) working days of employment.**

PLEASE CHECK ONE:

- I am electing to begin the series of Hepatitis B vaccinations. I understand I must schedule my first appointment to receive the vaccination with Concentra Medical Center, located at 1221 N. Dutton, Santa Rosa, 707-543-8360, and that I **must receive the first vaccination within ten (10) working days of employment.** Instructions for the second and third vaccination are provided on the back of this form.

- I am electing to decline the Hepatitis B vaccination. I understand that by declining this vaccine I continue to be at risk of exposure to Hepatitis B, a serious disease. If I continue to have occupational exposure to blood and other potentially infectious materials in the future and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me by contacting the Human Resources Department.

- I have already received the Hepatitis B vaccinations. Date vaccination series was completed _____________. Please provide Human Resources Department with written verification of vaccination status and completion dates.

Employee Signature ___________________ Date __________

-------------------------------FOR HUMAN RESOURCES USE ONLY-----------------------------
Fax this Authorization to Concentra Medical Center, 707-543-8361

Hepatitis B Vaccination Authorization

The Sonoma County Office of Education (SCOE) authorizes Concentra Medical Center, located at 1221 N. Dutton, Santa Rosa, to administer the Hepatitis B vaccination(s), as indicated below, to the above named employee.

- One (1) Hepatitis B Vaccination - the second and third vaccination will be administered by the employee’s primary care physician once their medical plan takes effect.

- OR

- Three (3) Hepatitis B Vaccinations - the employee is not covered by a medical plan provided by SCOE.

SCOE is the responsible party for payments of the vaccination(s); please submit proof of vaccination(s) to:

Sonoma County Office of Education
Attn: Patti Springer, HR Department
Fax: 707-524-2950

If you have any questions regarding this authorization, please contact Patti Springer at 707-524-2634.

Approval: ___________________ 

SCOE HR Representative 

Date 

Distribution: 

WHITE - HR/Employee File
YELLOW - HR/Hep B Records
PINK - Employee

Revised: December 2013

APPENDIX N – Hepatitis B Vaccination Election/Declination – New Employees

54

REVISION 12 –  SEPTEMBER 2014
Hepatitis B Vaccination Election – Current Regular Employees and SCOE Substitutes
Sonoma County Office of Education

Employee Name ___________________ Position ___________________
Department ______________________ Date of Hire _____________

I understand that my position with the Sonoma County Office of Education includes responsibilities that may involve a risk of occupational exposure to bloodborne pathogens or other potentially infectious materials and that I am being given the opportunity to receive the Hepatitis B vaccination series at no cost to me.

PLEASE CHECK ONE:
- I am electing to begin the series of Hepatitis B vaccinations – see instructions below for your medical plan.
- I am electing to decline the Hepatitis B vaccination. I understand that by declining this vaccine I continue to be at risk of exposure to Hepatitis B, a serious disease. If I continue to have occupational exposure to blood and other potentially infectious materials in the future and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me by contacting the Human Resources Department.
- I have already received the Hepatitis B vaccinations. Date vaccination series was completed ___________. Please provide Human Resources Department with written verification of vaccination status and completion dates.

Employee Signature _______________________ Date _____________

To begin the series, please follow the instructions below for your respective medical plan (please check one). When you have completed the series, notify and provide written verification of completion to Human Resources.

- Blue Shield Members
  - Schedule appointments with your Blue Shield participating physician to receive the three (3) vaccinations.
  - Note: The Hepatitis B vaccination series is covered under SISC Blue Shield PPO preventative benefit. There is no benefit for the Hepatitis B vaccination at non-preferred providers.

- Kaiser Health Plan Members
  - Contact the local appointment center by calling the 1-800 number as noted on your Kaiser card to schedule appointments to receive the three (3) vaccinations.

- Regular Employees/SCOE Substitutes Covered by a Medical Plan NOT Provided by SCOE
  - You have the option of going to your own medical provider or to Concentra Medical Center.
  - Regular Employee/SCOE Substitute who chooses to go to his/her own provider
    - Schedule appointments and obtain three (3) vaccinations from your medical provider.
    - When the series has been completed, submit written verification to the SCOE Human Resources department with a written request for reimbursement and documentation for any expenses for the vaccinations that were not covered by your medical plan. Reimbursement for these expenses shall not exceed the amount normally charged for vaccinations provided for Concentra Medical Center.

- Regular Employees/SCOE Substitutes who choose to go to Concentra Medical Center
  - Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.

- Regular Employees/SCOE Substitutes NOT Covered by a Medical Plan
  - Schedule appointments and obtain three (3) vaccinations from Concentra Medical Center located at 1221 N. Dutton Ave., Santa Rosa, 707-543-8360.

FOR HUMAN RESOURCES USE ONLY
Fax this Authorization to Concentra Medical Center, 707-543-8361

Hepatitis B Vaccination Authorization
The Sonoma County Office of Education (SCOE) authorizes Concentra Medical Center, located at 1221 N. Dutton Ave., Santa Rosa, to administer the Hepatitis B vaccination(s), as indicated below, to the above named employee.

☐ Three (3) Hepatitis B Vaccinations – the employee is not covered by a medical plan provided by SCOE

SCOE is the responsible party for payments of the vaccination(s); please submit proof of vaccination(s) to:
Sonoma County Office of Education
Attn: Patti Springer, HR Department
Fax: 707-524-2950

If you have any questions regarding this authorization, please contact Patti Springer at 707-524-2634.

Approval: _____________________ _____________________
SCOE HR Representative Date

Distribution:
WHITE – HR/Employee File
YELLOW – HR/Hepatitis B Records
PINK - Employee

Revised: December 2013
APPENDIX P – BBP Post-Exposure Evaluation and Medical Follow-Up Flow Chart

INJURED/EXPOSED EMPLOYEE (EE)

REPORT INJURY TO DEPARTMENT SUPERVISOR OR SITE SECTY

CONTACT RESIG EARLY INTERVENTION NURSE TO REPORT INCIDENT 707-836-7457

PROVIDE COPY OF WSR FOR ALL MEDICAL APPTS TO SUVP/SITE SECTY AND SR. ADMIN ASST IN HR

SUPERVISOR OR DESIGNEE

COMPLETE EIR, SEND TO SR. ADMIN ASST

DIRECT EE TO CONTACT RESIG EARLY INTERVENTION NURSE 767-836-7457

IF EE RELEASED TO RESTRICTED DUTY, IDENTIFY TEMP. WORK ASSIGN. (TWA)

SR. ADMIN ASST OF HUMAN RESOURCES

PROVIDE COPY OF EIR TO RESIG EIN

BBP EXPOSURES ONLY PROVIDE COPY OF EIR TO SCOE HR & RESIG FOR MEDICAL PROVIDER

RESIG EARLY INTERVENTION NURSE

COMPLETE INTAKE WITH EE & DETERMINE INJURY STATUS

WORKERS’ COMPENSATION CLAIM

COMPLETE 5020 & DWC1, SEND TO EE FOR COMPLETION & RETURN

REPORT ONLY

SELF-CARE ADVICE GIVEN TO EE

SCHEDULE MEDICAL FOLLOW-UP FOR EE

REPORT ONLY LETTER SENT TO EE

WSR RECEIVED FROM MEDICAL PROVIDER REVIEW RELEASE STATUS

FULL DUTY RELEASE

EE RETURNS TO FULL DUTY WORK

RESTRICTED DUTY RELEASE – Coordinated by RESIG RTWS

EE PLACED ON TD (A LEAVE) & REMAINS OFF WORK UNTIL RELEASED TO FULL DUTY

EE RETURNS TO TWA (MAX. 12 WEEKS)

ON-SITE MTG WITH EE TO REVIEW & SIGN RTW AGREEMENT

IF TEMPORARY WORK ASSIGNMENT IS IDENTIFIED BY SUPERVISOR

IF TEMPORARY WORK ASSIGNMENT IS NOT IDENTIFIED BY SUPERVISOR

INJURY & ILLNESS PREVENTION PROGRAM

REVISION 12 – SEPTEMBER 2014
## APPENDIX Q – Bleach and Cleaning Solutions for SCOE Classroom Disinfection

<table>
<thead>
<tr>
<th>SURFACE</th>
<th>CLEAN WITH</th>
<th>DISINFECT WITH</th>
<th>CONTACT TIME</th>
<th>DRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any surface contaminated with blood or body fluids.</td>
<td><strong>STEP 1</strong> Approved dish soap and water</td>
<td><strong>STEP 2</strong> 1 tablespoon bleach to 1 cup water</td>
<td>2 minutes</td>
<td><strong>STEP 3</strong> Air dry</td>
</tr>
<tr>
<td>To be done after any spill.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For non-porous items only:</strong></td>
<td><strong>ALTERNATIVE STEP 1</strong> Spray with Cavicide and wipe with a clean paper towel to remove debris</td>
<td><strong>ALTERNATIVE STEP 2</strong> Spray with Cavicide solution until surface appears wet</td>
<td></td>
<td><strong>ALTERNATIVE STEP 3</strong> Air dry or wipe with towel</td>
</tr>
<tr>
<td>For diapering areas, countertops, tables, toys, doorknobs &amp; cabinet handles, phone receivers, hand washing sinks, floors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be performed <strong>daily</strong> after class.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For non-porous items only:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishes &amp; eating utensils if dishwasher is not available</td>
<td><strong>STEP 1</strong> Approved dish soap and water</td>
<td><strong>STEP 2</strong> 1/4 cup bleach to 1 gallon cold water OR 1 tablespoon bleach to 1 quart of cool water</td>
<td>2 minutes</td>
<td><strong>STEP 3</strong> Air dry whenever possible</td>
</tr>
<tr>
<td>There is no alternative disinfection solution for dishwashing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALTERNATIVE STEP 1</strong> Spray with Cavicide and wipe with a clean paper towel to remove debris</td>
<td><strong>ALTERNATIVE STEP 2</strong> Spray with Cavicide solution on pre-cleaned surface until surface appears wet</td>
<td></td>
<td><strong>ALTERNATIVE STEP 3</strong> Air dry or wipe with towel</td>
<td></td>
</tr>
</tbody>
</table>

California Health & Safety Code Section 114060

- **ALL BLEACH SOLUTIONS MUST BE MIXED DAILY!**
  A solution of bleach and water loses its strength and is weakened by heat and sunlight. Therefore, mix a fresh bleach solution every day for maximum effectiveness. Discard any left over bleach solution at the end of the day.

- **ALWAYS WEAR PROTECTIVE GEAR WHEN MIXING AND USING ALL BLEACH SOLUTIONS**
  (goggles, gloves, and plastic aprons).

References:


(Revised 11/10)
## APPENDIX R – Sharps Injury Log

**SONOMA COUNTY OFFICE OF EDUCATION**

<table>
<thead>
<tr>
<th>Date &amp; Time of Injury</th>
<th>Type and Brand of Sharp</th>
<th>Employee’s Name &amp; Position</th>
<th>Work Area Where Injury Occurred</th>
<th>Brief Description of How the Incident Occurred and Part of Body Injured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX S – Safety References

FOR GENERAL SAFETY INFORMATION:

REDWOOD EMPIRE SCHOOL’S INSURANCE GROUP
5760 Skylane Blvd., Windsor, CA 95492
707-836-0779, www.resig.org

U.S. DEPARTMENT OF LABOR, OSHA Publications
PO Box 37535
200 Constitution Ave., NW, Washington, D.C. 20210
800-321-6742, Office of Communication 202-693-1999
www.osha.gov/pls/publications/publication.html

SONOMA COUNTY OFFICE OF EDUCATION
Shari Dean,
2340 Skylane Blvd., Santa Rosa, CA 95403
707-524-2682. sdean@scoe.org

FOR ADDITIONAL INFORMATION ON ARTS AND CRAFTS SAFETY:

OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT
1001 I Street, Sacramento, CA 95812-2815
916-323-2514
Children’s Health at OEHHA
www.oehha.ca.gov/education/art/index.html

STATE OF CALIF. DEPT. OF HEALTH CARE SERVICES
1501 Capitol Ave., Suite 2101
Sacramento, CA 95814
916-445-4171
www.dhcs.ca.gov

FOR ADDITIONAL INFORMATION ON EARTHQUAKE SAFETY:

BAY AREA REGIONAL EARTHQUAKE PREPAREDNESS PROJECT
101 8th Street Suite 152, Oakland, CA 94607
510-286-0895

LABORATORY SAFETY INSTITUTE
192 Worcester Rd., Natick, MA 01760-2252
508-647-1900, www.labsafetyinstitute.org

REDWOOD EMPIRE SCHOOL’S INSURANCE GROUP
5760 Skylane Blvd., Windsor, CA 95492
707-836-0779, www.resig.org

FISCHER SCIENCE EDUCATION
4500 Turnberry Drive STE A, Hanover Park, IL 60133-5491
630-259-1200
www.thermofisher.com

FLINN SCIENTIFIC, INC.
PO Box 219, Batavia, IL 60510
800-452-1261, www.flinnsci.com, flinn@flinnsci.com

REDWOOD EMPIRE SCHOOL’S INSURANCE GROUP
5760 Skylane Blvd., Windsor, CA 95492
707-836-0779, www.resig.org

DEPARTMENT OF EMERGENCY SERVICES
2300 County Center Drive, Santa Rosa, CA 95403
707-565-1152

FOR ADDITIONAL INFORMATION ON BLOODBORNE PATHOGENS AND UNIVERSAL PRECAUTIONS:

SONOMA COUNTY PUBLIC HEALTH DIVISION
625 5th Street, Santa Rosa, CA 95404

SONOMA COUNTY OFFICE OF EDUCATION
Shari Dean,
2340 Skylane Blvd., Santa Rosa, CA 95403
707-524-2682. sdean@scoe.org

CENTER FOR DISEASE CONTROL AND PREVENTION (CDC)
1600 Clifton Road. Atlanta, GA 30329-4027

Updated July 12, 2011