SONOMA STATE UNIVERSITY

Bloodborne Pathogen Program
(Exposure Control Plan)

Department of Environmental Health & Safety

June 2021 Revision 2.0

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RECORD OF REVISIONS

Revision	By	Date	Description of Revision
1.0	RL	May 2020	Complete re-write of program to support the Medical Waste Management Plan
2.0	CG	June 2021	Program reviewed and updates made to logo in accordance with university updates. No changes to program content.

Legend:

RL: Ruth LeBlanc, Dir. Dept of Environmental Health & Safety
CG: Christy Gorman, Safety Program Manager

DEFINITIONS

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

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

Contaminated: The presence or the reasonably anticipated presence of blood or Other Potentially Infectious Materials on a surface or in or on an item.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

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

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

Source Individual: any individual, living or dead, whose blood or Other Potentially Infectious Materials may be a source of occupational exposure to the employee.

1.0 INTRODUCTION

It is the goal of Sonoma State University to maintain, insofar as is reasonably possible, an environment that will not adversely affect the health, safety, and wellbeing of students, employees, visitors, and the surrounding community. To this end, the University has established a Bloodborne Pathogen Program (also known as an Exposure Control Plan).

1.1 Purpose

The purpose is to establish a program that reduces the risk of occupational exposure to blood and other potentially infectious materials, which also complies with the requirements specified in California Code of Regulation Title 8, Section 5193 “Bloodborne Pathogens”. Employees are required to follow the guidelines and procedures set-forth in this program. Employees should read this program carefully. Any questions regarding the contents should be brought to the attention of their immediate supervisors.

1.2 Scope

The Bloodborne Pathogen Program applies to all University employees who have the potential for occupational exposures to blood or Other Potentially Infectious Materials (OPIM) during normal job duties.

2.0 OVERVIEW OF BLOODBORNE PATHOGENS

Bloodborne pathogens is defined as pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

2.1 Hepatitis B

An estimated 21,000 people in the United States are infected with the hepatitis B virus annually. An estimated 850,000 - 2.2 million persons in the U.S. have chronic HBV infection. The average period from exposure to symptom onset is 60-150 days. HBV can survive outside the body for 7 days. Symptoms and signs include anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice.

HBV is commonly transmitted through the use or prick of a contaminated needle, birth from an HBV-infected mother and sexual contact. Transmission through close personal contact is also possible. Transmission through blood transfusion is rare because of donor and blood supply screening.

Workers exposed to infected blood are the most at risk. The CDC lists those at highest risk as medical and dental employees, and staff in institutions and classrooms for the mentally disabled. Vaccines are available for prevention and post-exposure situations as discussed in Section 4.2 of this program.

2.2 Hepatitis C

Approximately 40,000 people are infected with the hepatitis C virus each year in the United States. 75-85% of those infected become chronic cases with the potential of developing liver disease and liver cancer. Approximately 3.5 million people in the United States have chronic HCV. The period from exposure to symptom onset is 2-26 weeks. HCV can live outside the body for up to 3 weeks. Symptoms include fever, fatigue, abdominal pain, loss of appetite, nausea, vomiting, joint pain and jaundice of skin, although some people may be asymptomatic.

HCV is usually transmitted through the use or prick of a contaminated needle, and birth from an HCV-infected mother. Transmission through sharing of personal items contaminated with infectious blood, such as razors and toothbrushes are rare, but possible. Transmission through blood transfusion is rare.

According to the CDC, the risk for HCV infection from a needle stick exposure to HCV contaminated blood is 0.1%. Although considered to be low risk of transmission, exposure to blood by splashes to the eye is possible. There currently is no vaccine available for HCV.

2.3 Human Immunodeficiency Virus

HIV is transmitted through sexual contact or exposure to infected blood, typically through a needle prick. According to the CDC Health care workers who are exposed to a needle stick involving HIV-infected blood at work have a 0.23% risk of becoming infected. There is currently no vaccine for HIV.

3.0 RESPONSIBILITIES

3.1 Environmental Health and Safety (EH&S)

- Develop, implement, review, and update, as necessary, the written Bloodborne Pathogen Program.
- Send written program to supervisors of affected employees when it is updated.
- Ensure the written program is made available to all employees by posting to EHS webpage.
- Work in conjunction with supervisors to identify employees or groups of employees who will need training.
- Work collaboratively with the Medical Monitoring Coordinator, Renee Senander (ext. 4-2979) regarding hepatitis B vaccination or declination and Post Exposure Evaluations and Follow-up or declination (with the exception of Student Health Center employees).
- Maintain copies of Sharps Injury Log (with the exception of Student Health Center incidences).

3.2 Supervisors

- Notify direct reports of changes to written program.
- Notify the Medical Monitoring Coordinator, Renee Senander (ext. 4-2979), of employees who need hepatitis B vaccination. Ensure assigned training is completed by direct reports, contact EH&S for guidance.
- Notify EH&S if there are any changes to work environments that may present new exposure to bloodborne pathogens.
- Provide the resources necessary to ensure that personal protective equipment is available to all affected employees.
- Ensure that proper administrative and engineering controls are provided in workplace areas.
- Perform inspections of workplace area.
- Ensure that all exposure incidents are documented and reported to Human Resources Medical Monitoring Coordinator and post-exposure and follow-up procedures are followed.

3.3 Employees

- Complete assigned training.
- Understand the applicable components and adhere to all rules and requirements of the Bloodborne Pathogen Program.
- Report any exposure, accident, or injury to their supervisor.
- Obtain a hepatitis B vaccination, if elected, or sign and return a declination form.

4.0 EXPOSURE CONTROL

The standard involving bloodborne pathogens requires employers establish a written program for the control of exposure to these pathogens. This includes a determination of campus personnel who could potentially be exposed, vaccinations, universal precautions, engineering and workplace controls, and personal protective equipment.

4.1 Exposure Determination

The standard defines occupational exposure to bloodborne pathogens as any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties.
OPIM is defined as the following:

- Bodily fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as during an emergency response.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- Any of the following if known or reasonably likely to contain or be infected with HBV, HVC, or HIV: cell, tissue, or organ cultures from humans or experimental animals; blood, organs, or other tissues from experimental animals; or culture medium or other solutions.

The University has determined certain employees have an increased risk of coming in contact with bloodborne pathogens. These determinations are made without regard to the use of personal protective equipment. Job classifications in which all employees in those job classifications have occupational exposure include the following:

- Athletic Trainer
- Custodian
- Grounds worker
- Lead Custodian
- Lead Grounds worker
- Lead Plumber
- Licensed Vocational Nurse
- Medical Assistant
- Nurse Practitioner
- Phlebotomist/Clinical Lab Assistant
- Physician
- Physician’s Assistant
- Plumber
- Police Officer
- Police Officer Cadet
- Police Sergeant
- Registered Nurse

In addition to the job classifications listed above, there are job tasks that some faculty and staff participate in where there is an increased chance of occupational exposure to bloodborne pathogens. Those tasks include:

- Handling medical waste,
- Handling blood or infectious materials in a research/academic setting, and
- Providing first aid.

4.2 Hepatitis B Vaccination

The University will make the hepatitis B vaccine available to all employees who have occupational exposure to blood or OPIM. The hepatitis B vaccine will be made available to the employee after they have received bloodborne pathogen training, and within 10 working days of initial assignment unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons. The vaccine will be made available at no cost to the employees, be performed by a licensed physician or healthcare provider, be made available to the employee at a reasonable time and place, and in accordance with the U.S. Public Health Service. An Authorization for Hepatitis B Vaccine form located in Appendix A of this program must be filled out and submitted to Renee Senander (ext. 4-2979) to obtain approval to receive the hepatitis B vaccination series.

If an employee chooses to decline the vaccination, a Declination form must be signed and returned to Renee Senander (ext. 4-2979). A Declination form can be found in Appendix B of this program. If an employee initially declines the vaccination but at a later date decides they would like to receive the vaccination series, the University will make the vaccination series available to that employee. **Note:** Student Health Center employees will obtain hepatitis B authorization or declination forms from the Student Health Center.

The University also offers post-exposure evaluation and follow-up to all employees who have had a bloodborne pathogen exposure incident. More information regarding post-exposure evaluation and follow-up can be found in Section 6.0 of this program.

4.3 Universal Precautions

The term "Universal Precautions" refers to a system of infection control that assumes that every direct contact with body fluids is potentially infectious. This concept requires that all employees who may incur direct contact with body fluids be protected as though such body fluids were infected with bloodborne pathogens. All tasks performed at the University in which an employee may come into contact with bodily fluids should practice universal precautions.

4.4 Engineering and Workplace Controls

Whenever practical and feasible, engineering controls (controls that isolate or remove bloodborne pathogens hazard from the workplace) shall be used as a first line of defense against occupational exposure to bloodborne pathogens. Work practice controls (controls which reduce the likelihood of exposure by defining the way a task is performed; e.g. prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques) will also be utilized to reduce exposure. In general, all procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Engineering and workplace controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

This section outlines the identified engineering and workplace controls used at the University.

Affected employees will be given the opportunity to review and suggest engineering and workplace controls that relate to their job tasks during the annual review of the Bloodborne Pathogen Program.

4.4.1 Inspections of Workplace Area

Inspections of the workplace area shall be conducted in accordance with the University's Injury Illness and Prevention Plan (IIPP).

4.4.2 Prohibited Practices

The following is a list of practices that all employees must adhere to:

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Contaminated sharps shall not be bent, recapped, or removed from devices unless the procedure is performed using a mechanical device or a one-hand technique.
- Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed. Disposable sharps shall not be reused.
- Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
- Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

4.4.3 Hygiene

Hands and other skin surfaces must be washed with soap and water as soon as feasible if contaminated with blood or body fluids. The use of gloves does not preclude the necessity for hand washing. When hand washing facilities are not available, antiseptic hand cleaners or towelettes must be provided.

4.4.4 Sharps Precautions

Along with the prohibited practices listed above, the following requirements regarding the handling and disposal of sharps must be met:

- Procedures involving the use of sharps in connection with patient care must be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharp's injury.
- Sharps must be placed in a sharp's container as soon as possible after use.
- Sharps containers must be easily accessible and as close as feasibly possible to the area where sharps may be used.

- The containers must be inspected regularly, maintain an upright position, be rigid, puncture resistant, closeable and leak-proof.
- Containers must be replaced as necessary to avoid overfilling.
- Containers must be labeled correctly.

4.4.5 Cleaning and Decontamination of Workplace

The following general housekeeping steps shall be taken in the event of potential contamination of the work environment:

- Use only approved cleaning agents and disinfectants. Read all labels and adhere to the manufacturer's instructions on use and disposal.
- All equipment and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift unless surfaces become overtly contaminated, then equipment and work surfaces must be cleaned and decontaminated immediately or as soon as feasible.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they have become contaminated during the shift.

4.4.6 Laundry Procedures

Laundry shall be handled as follows when garments are being sent off-site to a commercial launderer:

- Contaminated laundry shall be bagged by employees utilizing proper personal protective equipment.
- Contaminated laundry shall be handled as little as possible causing minimum agitation.
- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- Laundry must be bagged with consideration for outside contaminations with proper color-coded labeling.
- Whenever contaminated laundry is wet and presents reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

4.4.7 Handling Regulated Wastes

Regulated (biohazardous) waste shall be disposed of according to the guidelines set forth in the Medical Waste Manual. Regulated waste includes the following categories:

- Liquid or semi-liquid blood or OPIM;
- Contaminated items that contain liquid or semi-liquid blood, or are caked with dried blood or OPIM and can release these materials when handled or compressed;
- Contaminated sharps; and

- Pathological and microbiological wastes containing blood or OPIM.

Specimens of potentially infectious materials shall be placed in a container which prevents leakage during the collection, handling, processing, storage, transport, and shipping. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage.

4.5 Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work practice controls, the University will provide, at no cost to employees, appropriate personal protective equipment (PPE). Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and duration of time the personal protective equipment will be used.

Each department is responsible for analyzing employee tasks and the type of exposure expected in order to select personal protective clothing and equipment which will provide adequate protection. This will be accomplished in view of the fact there is no standardized method of testing and classification of the resistance of clothing to biological hazards.

PPE items may include gowns, aprons/laboratory coats, clinic jackets, surgical caps, and shoe covers. Each department is responsible for repair or replacing PPE as needed to maintain its effectiveness. PPE will be repaired, replaced, cleaned, laundered, or disposed of at no cost to employees. The following guidelines regarding PPE must be followed:

- All items of personal protective equipment must be removed prior to leaving the work area.
- If a garment(s) is penetrated by blood or OPIM, the garment(s) must be removed immediately or as soon as feasible. When PPE is removed it must be placed in an appropriately designated areas or container for storage, washing, decontamination or disposal.

4.5.1 Gloves

Gloves must be worn when an employee will have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures; and when touching contaminated items or surfaces. Because not all gloves are completely impermeable, hand washing after glove removal is required. Gloves shall be inspected for wear and discarded if the integrity of the glove barrier is compromised. Disposable gloves shall never be reused.

4.5.2 Masks and Protective Eye Wear

Masks in combination with eye protection devices must be worn whenever splashes, sprays, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

4.5.3 Gowns, Aprons, and Other Protective Body Clothing

Gowns and aprons must be appropriate for the procedure involved. The type and characteristics depend upon the task and degree of exposure anticipated. Surgical caps or hoods and shoe covers, or boots must be worn in instances where gross contamination can reasonably be anticipated.

5.0 COMMUNICATION OF HAZARDS

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM. Labels will have the following characteristics:

- Universal biohazard symbol;
- State “biohazard” (or in the case of regulated wastes, “biohazardous waste” or “sharps waste”); and
- Will be fluorescent orange or orange-red with symbol and letter in a contrasting color.

For more information regarding substitutions or exceptions to this rule please reference California Code of Regulation Title 8, Section 5193.

6.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. Medical evaluations and procedures must be performed by or under the supervision of a licensed physician or health care professional and will be performed at no cost to the employee. All exposure incidents must be reported to the University's Human Resources Department, Renee Senander (ext. 4-2979).

6.1 Post Exposure Evaluation

Immediately following a report of an exposure incident, the University will offer a confidential medical evaluation and follow-up, including at a minimum, the following elements:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- Unless the University can establish that identification is infeasible or prohibited by State or local law, identification and documentation of the source individual. The following provisions will also apply:
  - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, the University will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
  - 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.
  - Collection and testing of the exposed employee's blood for HBV, HCV, and HIV serological status shall be performed with the following provisions:
  - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
  - If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be performed as soon as feasible.
  - Additional collection and testing shall be made available as recommended by the Public Health Service.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- Counseling and evaluation of reported illnesses.

Employees who refuse to receive a post-exposure medical evaluation must sign the Postexposure Medical Evaluation Declination Form. This form can be found in Appendix C of this program.

6.2 Information Provided to Healthcare Professional

The University will ensure the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of the applicable regulation. The University will also ensure the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of the applicable regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

6.3 Healthcare Professional's Written Opinion

To ensure medical record confidentiality, the healthcare professional's written opinion given to the University for post-exposure evaluation and follow-up shall be limited to the following information:

- The results of the evaluation; and
- Any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written opinion. Upon request, employees may receive a complete, confidential copy of their medical findings from the healthcare professional within 15 days of the completion of the evaluation. Records may also be made available to State and Federal Cal/OSHA, NIOSH, and anyone with the employee's written consent, but not the University.

7.0 SHARPS INJURY LOG

A log must be kept each time an injury involving a sharp (i.e. needle device, scalpel, lancet, broken glass, broken capillary tubes, etc.) occurs while performing job duties. Each exposure incident with a sharp shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to an employee's supervisor.

A Sharps Injury Log can be acquired by contacting the EHS at Ext. 4-2100 or found in Appendix D of this program. The information in the Sharps Injury Log will be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. Sharps Injury Logs will be periodically reviewed by EHS to determine which types and brands of sharps were involved in exposure incidents.

8.0 TRAINING AND EDUCATION

Training and education programs are administered to employees through the CSU Learn system. Where possible groups of employees will be auto-assigned training based on job positions; if jobs vary, individuals will be assigned.

Supervisors are required to notify EHS when an employee's job classification changes to include potential exposure to bloodborne pathogens. Such determination needs to be made without regard to the use of personal protective equipment. At a minimum, employees will be trained at the time of employment and annually thereafter.

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

- Copy and explanation of the standard;
- Epidemiology and symptoms of bloodborne pathogens;
- Modes of transmission of bloodborne pathogens;
- Explanation of the Bloodborne Pathogen Program and where to find it;
- Risk identification;
- Methods of compliance (exposure control);
- Decontamination and disposal;
- Personal protective equipment;
- Hepatitis B vaccination information;
- Emergency response;
- Exposure incident;
- Post-exposure evaluation and follow-up; and
- Signs and labels.

9.0 RECORDKEEPING

9.1 Medical

Post-Exposure Medical Evaluations are maintained by the licensed physician or health care provider. Post-exposure written opinion from the physician or health care provider shall be maintained by the Human Resources, Medical Monitoring Coordinator. Hepatitis B declinations are maintained by Human Resources Medical Monitoring Coordinator and the Student Health Center (for Student Health Center employees). All medical records shall be maintained in accordance with Title 8, Section 5193 and 3204.

9.2 Training

Training records will be maintained by HR and CSU Learn for three (3) years.

9.3 Sharps Injury Log

Sharps Injury Logs maintained by EHS and the Student Health Center (for Student Health employees) shall be maintained for five (5) years from the date the exposure incident occurred.

10.0 PROGRAM EVALUATION

With input from faculty and/or staff, the Bloodborne Pathogen Program will be reviewed and updated annually and whenever necessary as follows:

- To reflect new or modified tasks and procedures which affect occupational exposure.
- To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and to document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection.
- To include new or revised employee positions with occupational exposure.
- To review and evaluate the exposure incidents which have occurred since the previous update.
- To review and respond to information indicating that the Bloodborne Pathogen Program is deficient in any area.

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Attachment A

Authorization for Hepatitis B Vaccination Form

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AUTHORIZATION FOR HEPATITIS B VACCINATION

Section I: Employee Instructions

You have been authorized to receive the hepatitis B vaccination series. The vaccine is administered through the Occupational Health Clinic at Kaiser Permanente in Rohnert Park or through the Sonoma State University Student Health Center.

Please contact the Occupational Health Clinic at Kaiser Permanente, Rohnert Park by calling (707) 206-3116 or the Sonoma State University Student Health Center by calling Carolyn Montgomery at (707) 664-2921. Upon your request, you will be provided with a completed copy of the Authorization for Hepatitis B Vaccination Form after your vaccination. A copy will also be provided to Human Resources – Medical Monitoring Coordinator.

Please take this form with you to your scheduled appointment.

Employee Name: _____

Department: _____ Position: _____

Supervisor: _____

Employee Signature: _____ Date: _____

Section II: Human Resources – Medical Monitoring Coordinator Authorization

Name: _____ Date: _____

Section III: Occupational Health Clinic @ Kaiser or SSU Student Health Center

Vaccination Dates:

1. Date: _____
2. Date: _____
3. Date: _____

Vaccination Complete: ☐ Yes ☐ No

If "No" please explain:

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Attachment B

Hepatitis B Vaccination Declination Form

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HEPATITIS B VACCINATION DECLINATION

"I understand that due to my occupational exposure to blood or other potentially infection materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk or acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me."

NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____

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Attachment C

Post-Exposure Medical Evaluation Declination Form

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POST-EXPOSURE MEDICAL EVALUATION DECLINATION

Date of Potential Exposure: _____

"I understand that due to my occupational exposure to blood or other potentially infections materials, I may be at risk of acquiring the human immunodeficiency, Hepatitis B, and/or Hepatitis C virus. I have been given the opportunity to receive a post-exposure medical evaluation due to a potential exposure to blood or other potentially infectious materials, at no charge to myself, however I decline the post-exposure medical evaluation."

NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____

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Attachment D

Sharps Injury Log Form

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SHARPS INJURY LOG

Complete a log for each exposure incident involving a sharp within 14 working days.

Department: _____ Date filled out: _____

Date of Exposure Incident:		Time of Exposure incident:	

Description of the Exposure Incident:

Job Classification:	Department/Location:	Body Part (check all that apply):	Procedure:
☐ MD	☐ Patient Room	☐ Finger	☐ Drawing Blood
☐ Nurse	☐ Clinical Laboratory	☐ Face/Head	☐ Cutting
☐ Medical Assistant	☐ Medical Clinic	☐ Hand	☐ Injection, through skin
☐ Phlebotomist/Lab Tech	☐ Service/Utility Area	☐ Torso	☐ Suturing
☐ Custodial/Laundry	☐ Restroom	☐ Arm	☐ Start IV/Set-Up heparin lock
☐ Student	☐ Outside	☐ Leg	☐ Taking out trash/med waste
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

Identify Sharp Involved: Type: _____ Brand: _____ Model: _____

e.g. 18g needle/ABC Medical/"no stick" syringe

Exposed Employee: If sharp had no engineered sharps injury protection, does the injured employee have an opinion that such a mechanism could have prevented the injury? ☐ Yes ☐ No

Explain:

Exposed Employee: Does the injured employee have an opinion that any other engineering, administrative or work practice control could have prevented the injury? ☐ Yes ☐ No

Explain: