



HOUSING COMMISSION AGENDA

Regular Meeting: January 9, 2019

Time: 8:00 a.m.

HACA Board Room, 22941 Atherton Street, Hayward, CA 94541

The public is welcome at all Housing Commission meetings. If you wish to speak on a matter NOT on the Agenda, please file a Public Comment card with the Commission Clerk. Upon recognition by the Chairperson during Public Comment, state your name, comments and/or questions. Anyone wishing to address the Commission on an agenda item or on business introduced by the Housing Commission may do so when the Chairperson calls for comments on the agenda item. Please be brief and limit your comments to the specific subject under discussion. NOTE: Only matters within the Housing Commission’s jurisdiction may be addressed. To allow the opportunity for all to speak, a time limit of 3 minutes has been set for public speakers wishing to address the Housing Commission. The Chairperson has the discretion to further limit this time if warranted by the number of speakers.

The Housing Commission Secretary of the Housing Authority of the County of Alameda has, on Thursday, January 3, 2019, duly distributed this Agenda to the Clerk of the Board of Supervisors for posting in the office of the Alameda County Administration Building and has posted it on the bulletin board of the Housing Authority of the County of Alameda.

AMERICANS WITH DISABILITIES: In compliance with the Americans with Disabilities Act, if special assistance to participate in this meeting is needed, please contact the Housing Authority office at (510) 727-8511. Notification at least 48 hours prior to the meeting will enable the Housing Authority to make reasonable arrangements.

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MINUTES
November 14, 2018



**HOUSING COMMISSION MINUTES
REGULAR MEETING: NOVEMBER 14, 2018
HACA BOARD ROOM, 22941 ATHERTON STREET, HAYWARD, CA 94541**

SUMMARY ACTION MINUTES

1. CALL TO ORDER/ROLL CALL

Call to Order

Chairperson Gerry called the meeting to order at 8:02 a.m.

Roll Call

Present: Cmr. Ballew, Gacoscos, Gerry, Hannon, Maass, Olson and Peixoto

Entered after Roll Call: Cmr. Finley

Excused: Cmr. Buckholz and Patz

2. CLOSED SESSION

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION – 1 CASE

*Philadelphia Indemnity Insurance Co. vs Housing Authority of the County of Alameda,
San Francisco Superior Court, Case No. CGC-16-555946*

The Housing Commission entered into a closed session at 8:03 a.m. and reconvened in open session at 8:35 a.m. Chairperson Gerry reported that no reportable actions were taken in the closed session.

3. APPROVAL OF THE MINUTES OF THE SEPTEMBER 12, 2018 HOUSING COMMISSION MEETING

Recommendation: Approve the minutes of the September 12, 2018 Housing Commission meeting as presented.

Motion/Second: Gacoscos/Olson.

7 ayes; 1 abstention: Cmr. Gerry Motion passed. **APPROVED AS RECOMMENDED.**

4. PUBLIC COMMENT

None.

5. NEW BUSINESS

5-1. ACTION: REVISIONS TO HACA’S INJURY, ILLNESS AND PREVENTION PROGRAM

Charla Freckmann, Human Resources Manager, presented the staff report. Ms. Freckmann reported that staff is proposing to amend HACA’s Injury, Illness and Prevention Program (IIPP) in order to revise job classifications and provide clarification on some of the provisions in the IIPP.

Recommendation: Approve the proposed revisions to HACA’s Injury, Illness and Prevention Program as presented.

Commission Discussion: Cmr. Hannon asked if the names of the members of HACA's Safety Committee are posted so that staff knows who they are. Ms. Freckmann indicated that the members of the Safety Committee are posted on HACA's intranet, the internal website that is used by HACA's employees. Cmr. Hannon and Ms. Freckmann discussed the reporting timeframe for when workplace injuries or accidents are reported. Cmr. Hannon asked if the proposed IIPP includes provisions for workstation evaluations and commented that the reporting of incidents needs to be well documented. Ms. Freckmann stated that staff has devised a form and described the current process for workstation evaluations. Cmr. Olson and Ms. Freckmann discussed the process for worker's compensation claims, HACA's participation in a worker's compensation pool and how these types of claims are handled.

Motion/Second: Olson/Hannon.

Ayes: All. Motion passed. **APPROVED AS RECOMMENDED.**

5-2. ACTION: REVISIONS TO HACA'S SECTION 8 ADMINISTRATIVE PLAN

Christine Gouig, Executive Director, introduced this agenda item. Ms. Gouig reported that HACA was awarded vouchers for HUD's new Mainstream Program and described the population that will be served by this program. Jennifer Cado, Senior Administrative Analyst, presented the staff report. Ms. Cado described the collaboration between HACA and partner agencies for this program. She also described the process through which the public will apply for the Mainstream Program. Ms. Cado indicated that HACA's Section 8 Administrative Plan (Admin Plan) must be amended in order for HACA to administer this program and summarized the proposed revisions.

Recommendation: Approve the proposed revisions to HACA's Section 8 Administrative Plan as presented.

Commission Discussion: Cmr. Ballew and Ms. Cado discussed some of the exclusions to the definition of homelessness and Ms. Cado provided some clarification on these. Cmr. Hannon asked if the Mainstream Program is a new program. Ms. Cado indicated that the program has been around for some time but has been expanded. Cmr. Hannon congratulated staff on the award of vouchers for the Mainstream Program. He and Ms. Cado discussed the wait list and Ms. Cado described the process for the wait list lottery.

Motion/Second: Hannon/Gacoscos.

Ayes: All. Motion passed. **APPROVED AS RECOMMENDED.**

5-3. INFORMATION: QUARTERLY INVESTMENT PORTFOLIO REPORT FOR THE QUARTER ENDED SEPTEMBER 30, 2018

Christine Gouig presented the staff report. Report received with no questions or comments from the Housing Commission.

5-4. INFORMATION: BUDGET STATUS REPORT

Christine Gouig presented the staff report.

Commission Discussion: Ms. Gouig and Chairperson Gerry discussed the steady reduction in funding for HACA's programs that has taken place over the last several years. Cmr. Hannon and Ms. Gouig

discussed the expenses for the Emery Glen housing development. Cmr. Olson asked if HUD or the Alameda County Board of Supervisors has oversight over HACA's budget. Ms. Gouig explained that staff does the analysis and preparation for the budget each fiscal year and provides a copy of the budget to HUD and to the Alameda County Board of Supervisors after the Housing Commission has approved it. She further explained that an audit of the fiscal year is done on an annual basis and the results of those audits are also provided to HUD and the Board of Supervisors.

5-5. INFORMATION: PROGRAM ACTIVITY REPORT

Daniel Taylor, Special Programs Manager, presented the staff report. Mr. Taylor reported that the Family Self-Sufficiency (FSS) staff recently presented a workshop on the steps to homeownership and that the workshop was well attended. He also reported that the annual "It's Your Time to Shine" event held on November 1 was a great success and also well attended. Mr. Taylor thanked Cmr. Ballew, Buckholz, Olson and Hannon for attending the event and expressed gratitude to former housing commissioner Christine Steiner for flying in from out of state to attend the event and present the very first "Christine Steiner Inspiration Award."

Commission Discussion: Cmr. Hannon praised staff for the excellent work they did on this event. Chairperson Gerry commented that all of the FSS events have been amazing. Cmr. Finley expressed appreciation to the FSS staff and praised the work that they do. She commented that she herself has graduated from the program and was recently approved for the homeownership program.

6. COMMISSIONER REPORTS

Cmr. Peixoto announced that this would be his last meeting and reported that he did not win re-election to the Hayward City Council. He commented that he enjoyed the 8 years that he served on the Housing Commission, and praised Ms. Gouig for her leadership and the HACA staff for the work that they do. Cmr. Peixoto stated that he did his best to serve the City of Hayward and is proud of the work that he has done during his time in public service. Ms. Gouig stated that staff will miss Cmr. Peixoto very much and expressed appreciation for his service on the Housing Commission.

Cmr. Gacoscos reported that the results from the City of Union City's elections are still pending so she is not sure if she was re-elected.

7. COMMITTEE REPORTS

None.

8. COMMUNICATIONS

Ms. Gouig provided an update on a recent data breach and described the work that staff has done to date to address the breach.

Ms. Gouig reported that HACA's Rental Assistance Demonstration (RAD) program was the subject of an audit by the HUD Office of the Inspector General (HUD OIG). She described the audit and reported that the HUD OIG had no findings. Ms. Gouig commended staff for their hard work and indicated that the HUD OIG auditors praised the HACA staff for their responsiveness and cooperation.

Ms. Gouig provided an update on the status of the Fair Market Rent (FMR) study that HACA is carrying out in partnership with other agencies in the region. Chairperson Gerry commented on the recent trends with regard to the market rents in Hayward and nearby cities.

Ms. Gouig reported that HACA remains in shortfall and that HUD has approved another \$4.9 million in shortfall funding for HACA. She also reported on the status of the federal budget and indicated that a continuing resolution is in place until December 7.

Ms. Gouig reported on her attendance at the 2018 National Association of Housing and Redevelopment Officials (NAHRO) National Conference in Atlanta that was held in October. She reported that Patricia Wells, the Deputy Director from the Oakland Housing Authority, is running for NAHRO Senior Vice President. Ms. Gouig indicated that a Housing Commissioner may attend the upcoming NAHRO Washington Conference scheduled for April 2019 and read the names of the Commissioners who are next on the list for conference travel.

Ms. Gouig announced that the FSS Program will hold its annual Giving Connection event in December. She indicated that the Hayward Fire Department will be donating toys for the children of the FSS families and that the FSS staff is now accepting donations of money and grocery gift cards. Cmr. Hannon stated that he'd like to donate his November meeting per diem to the event and several other Commissioners indicated that they'd like to do the same.

Ms. Gouig stated that she plans to cancel the December Housing Commission meeting and wished the Housing Commission happy holidays.

8. ADJOURNMENT

There being no further business to discuss, Chairperson Gerry adjourned the meeting at 9:42 a.m.

Respectfully Submitted,

Melissa Taesali
Executive Assistant

Christine Gouig
Executive Director/Housing Commission Secretary

Approved:

Mark Gerry
Housing Commission Chairperson

NEW BUSINESS

January 9, 2019

HOUSING AUTHORITY OF ALAMEDA COUNTY

AGENDA STATEMENT

Meeting Date: January 9, 2019

Subject: Recognize Chanel Brown as HACA’s Shining Star for January-June 2019

Exhibits Attached: None

BACKGROUND

In 2006 the Housing Authority created a Communications Committee composed of staff from all departments. The Committee created an “Employee of the Quarter” recognition program to acknowledge exceptional individual contributions of HACA employees. At the end of 2011 the Committee decided to revamp the program to allow more time for chosen employees to enjoy their recognition. The Committee re-named the award “HACA’s Shining Star” and extended the recognition period to six months, so there will be two Shining Stars per year.

DISCUSSION

The Housing Authority is privileged to have on its staff Chanel Brown, an Administrative Clerk in the Programs Department. Chanel is one of the front desk staff. Chanel’s selection was announced at the HACA Holiday Celebration and Meeting held on December 18. The comments below were submitted by those who nominated Chanel and describe her outstanding work in the following categories: Problem Solving, Team Effort & Flexibility in Working with Others, Customer Service, and Acknowledgement from the Public, Co-Workers and Clients:

“Here is my shout out to Chanel Brown as a Shining Star candidate for the New Year. Chanel made a strong first impression when I first came in for an interview as a temp for Eligibility Technician. She had a friendly but commanding presence at the front reception desk. I can only imagine how this role must be one of the most challenging ones due to the unpredictable nature of public interactions and the fast-paced, multi-tasking demands of the job. Chanel fielded questions from both tenants and landlords with consistent professionalism and respect and she was clearly knowledgeable answering a wide range of questions from tenants. Chanel has a can-do consistent positive attitude. There are many occasions when I walk into the front reception area to date-stamp documents and Chanel is clearly keeping a cool composure and setting boundaries with an irate tenant and landlord. On occasion, the distraught party is clearly not listening and Chanel would very patiently repeat the information they are requesting. Even though we are not in the same department, I appreciate Chanel’s contributions. As one of the front-line staff, how Chanel handles and pre-empts challenging issues early on sets the tone when we follow up with tenants and impacts the rest of us positively.”

Staff recommends that your Housing Commission recognize Chanel Brown as “HACA’s Shining Star” for January-June 2019.

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA

AGENDA STATEMENT

Meeting Date: January 9, 2019

Subject: Resolution Recognizing Marvin Peixoto for his Outstanding Service on the Housing Commission

Exhibits Attached: Resolution No. 15-18

Recommendation: Ratify Resolution No. 15-18

DISCUSSION

Marvin Peixoto began his service on the Housing Commission in 2010, representing the City of Hayward.

During his eight years on the Housing Commission, Marvin rarely missed a meeting and demonstrated a sincere interest in HACA's programs and initiatives. He was particularly supportive of staff and served as the Chairperson of the Housing Commission's Personnel Committee where he provided valuable guidance, insight and prudent recommendations on various personnel matters ranging from recruitments to personnel appeals.

At your November 2018 meeting, Marvin announced that it would be his last meeting as he was not re-elected for another term on Hayward's City Council and the City of Hayward would be appointing a new representative to the Housing Commission.

The City of Hayward held a "leaving office" ceremony in recognition of Marvin's service on December 11 and invited HACA to submit a resolution in recognition of Marvin's service on the Housing Commission. Your Commission agreed that staff could issue a resolution, present it to Marvin at the ceremony and then bring the resolution to your January meeting for ratification. Accordingly, a beautifully framed resolution was presented to Marvin at the December 11 ceremony. Staff recommends that your Commission now ratify the resolution.

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA

RESOLUTION NO. 15-18

RECOGNIZING MARVIN PEIXOTO FOR HIS OUTSTANDING SERVICE ON THE HOUSING COMMISSION OF THE HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA

WHEREAS, the Housing Authority of the County of Alameda (“HACA”) administers a number of programs that provide rental housing assistance and other related services to very low-income households including families, seniors, persons with disabilities and veterans; and

WHEREAS, in September 2010, the Alameda County Board of Supervisors approved the City of Hayward’s appointment of Marvin Peixoto to the HACA Housing Commission; and

WHEREAS, as an enthusiastic and participatory member of the Housing Commission, Marvin’s insightful observations, constructive feedback and prudent recommendations demonstrated his strong and sincere interest in HACA’s programs, goals and operations; and

WHEREAS, Marvin presided as the Personnel Committee Chairperson, which included oversight of the employee recruitment process and the ‘promulgation’ of eligibility lists; and

WHEREAS, Marvin participated in Commission meetings with an unwavering commitment, willingness and ability to understand and respond to the needs of the public and staff; and

WHEREAS, Marvin has served with distinction as a Housing Commissioner for over eight years and will be greatly missed by the Commissioners and staff of HACA;

NOW, THEREFORE, BE IT RESOLVED, that the Housing Commissioners and staff of the Housing Authority of the County of Alameda honor and recognize Marvin Peixoto for his years of outstanding and dedicated service on the Housing Commission.

PASSED, APPROVED, AND ADOPTED, by the Housing Commissioners of the Housing Authority of the County of Alameda on this 7th day of December 2018 by the following vote:

AYES: Cmr. Ballew, Buckholz, Finley, Gacoscas, Gerry, Hannon, Maass, Olson and Patz

NAYS: None

ABSTAIN: None

Attest:

Mark Gerry
Housing Commission Chairperson

Christine Gouig,
Executive Director/Housing Commission Secretary

Resolution Ratified: _____

HOUSING AUTHORITY OF ALAMEDA COUNTY

AGENDA STATEMENT

Meeting: January 9, 2019

Subject: Bloodborne Pathogen Exposure Control Plan

Exhibits Attached: - Resolution No. 01-19
- Attachment A: Revised Bloodborne Pathogen Exposure Control Plan

Recommendation: Adopt a Resolution approving the Plan as presented

Financial Statement: None

BACKGROUND

On December 6, 1991, the federal Occupational Safety and Health Administration (OSHA) promulgated the Bloodborne Pathogens (BBPs) standard. This standard is designed to protect workers from the risk of exposure to bloodborne pathogens, such as the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV).

In 1992, California adopted the federal bloodborne pathogen standard in its entirety in the California Code of Regulations, Title 8, Section 5193. The state's bloodborne pathogens standard applies to all places of employment (with the exception of the construction industry) in both the public and private sectors where employees face occupational exposure to blood or other potentially infectious materials (OPIM). The California standard is stricter than the federal standard with respect to:

- Sharps injury log
- Engineering and work practice controls
- Hepatitis B vaccination and bloodborne pathogen post-exposure evaluation and follow-up

In addition, the state standard specifically includes the hepatitis C virus (HCV) in its definition of pathogenic organisms present in blood that can cause disease in humans. The California Department of Industrial Relations/Division of Occupational Safety and Health (Cal/OSHA) administers and enforces all workplace safety and health rules in California.

The Housing Authority (HACA) first adopted bloodborne pathogen exposure control standards as part of its Injury & Illness Prevention Plan (IIPP) in 1995. In 2015, the IIPP was revised and several sections, including the bloodborne pathogen exposure control standards, were removed from the IIPP and set up as stand-alone policies and procedures.

HACA periodically reviews all of its personnel-related policies and procedures for updating. Two primary factors created the need to update the bloodborne pathogen exposure control standards at this time: (1) it has been more than five years since these standards have been reviewed and (2) while the hepatitis “A” virus (HAV) is not required under the Cal/OSHA bloodborne standards, it has been recommended to include references to HAV, where applicable, because of the documented outbreaks of the HAV in San Diego, Los Angeles and Santa Cruz counties last year.

The revised draft is reorganized for clarity and consistency, includes the recommended CHWCA updates and some additions specifically applicable to HACA. A summary of the key changes is provided below.

DISCUSSION AND ANALYSIS

HACA is a member of the California Housing Workers’ Compensation Authority (CHWCA). CHWCA is a risk pool that provides its members with a comprehensive workers' compensation coverage program for the sharing of risk for self-insured losses, as well as jointly purchasing claims adjusting services, actuarial services, risk control services, and legal services connected with the program. CHWCA recently revised its model Bloodborne Pathogen Exposure Control Plan and HACA based its plan on CHWCA’s model.

Cal/OSHA identifies two categories of employees regarding the potential for occupational exposure to BBPs. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties. The two categories are: (1) employees having heightened occupational exposure (it has been determined that no job classifications at HACA have a heightened occupational exposure), and (2) employees having some occupational exposure.

The following HACA classifications have been identified as having the potential for some occupational exposure to BBPs and/or OPIM:

CLASSIFICATION	TASKS
Administrative Clerk (front desk)	Interfacing with the public
Facilities Manager	Inspecting residential housing
Housing Inspector	Inspecting residential housing
Housing Maintenance Worker II	Cleaning/repairing residential housing
Housing Management Assistant	Inspecting residential housing
Housing Management Leadworker	Inspecting residential housing
Property Aides	Cleaning/inspecting residential housing

Required Sections

The sections below are required by Cal/OSHA to be included in a BBP Exposure Control Plan and have been identified as being applicable to Housing Authorities. HACA’s Exposure Control Plan contains these in order to be in compliance with Cal/OSHA:

- Responsibilities
- Exposure Determination and Job Classifications
- Methods of Implementation
- Hepatitis A & B Vaccinations
- Communication of Hazards
- Record Keeping
- Reporting Exposure Incidents
- Post-Exposure Evaluation and Follow-up
- Sharps Injury Reporting
- Identification of Engineering Controls
- Plan Review and Update

Summary of Changes

The revisions include changes as follows:

- Reorganization of the sections
- References to the HAV have been added where applicable
- Identification of Occupational Health Clinics and locations for treatment and follow-up are included

- Updates to the Responsibilities section
- Updates to HACA job classifications identified as having the potential for some occupational exposure
- Inclusion of the manager classifications responsible for receiving reports of exposure incidents
- Addition of the requirement that reports of exposure incidents also be reported as workers' compensation claims
- Addition of ancillary sections, such as Purpose, Scope of Policy, Dissemination of Plan and Employee Acknowledgment of Receipt
- Addition of attachments including the Center for Disease Control's Vaccine Information Sheets on HAV, HBV and Definitions

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA

RESOLUTION NO.: 01-19

**APPROVING THE HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA’S
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

WHEREAS, the Housing Authority of the County of Alameda (“HACA”) is an employer having employees in job classifications identified as having the potential for some occupational exposure to bloodborne pathogens and other potentially infectious material; and

WHEREAS, HACA is, therefore, required to maintain a Bloodborne Pathogen Exposure Control Plan in compliance with the required standards identified by Cal/OSHA and contained in the California Code of Regulations, Title 8, Section 5193, as amended; and

WHEREAS, HACA’s current Bloodborne Pathogen Exposure Control Plan has not been reviewed in the last five years; and

WHEREAS, revisions to HACA’s current Bloodborne Pathogen Exposure Control Plan are necessary to ensure consistency with the updated model plan recommended by HACA’s workers’ compensation risk administrator and to ensure compliance with Cal/OSHA requirements;

NOW, THEREFORE, BE IT RESOLVED, that the Housing Commission of the Housing Authority of the County of Alameda does hereby approve the revised Bloodborne Pathogen Exposure Control Plan as presented at this meeting.

PASSED, APPROVED AND ADOPTED by the Housing Commission of the Housing Authority of the County of Alameda on this 9th day of January 2019 by the following vote:

AYES:

NOES:

ABSTAIN:

EXCUSED:

ABSENT:

Attest:

Mark Gerry
Housing Commission Chairperson

Christine Gouig,
Executive Director/Housing Commission Secretary

Adopted: _____

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA

AGENDA STATEMENT

Meeting: January 9, 2019

Subject: Personnel Committee Appointment

Exhibits Attached: None

Recommendation: Discuss and make appointment

BACKGROUND

The Housing Authority's by-laws provide for a four-person Personnel Committee to assist the Commission in various Housing Authority personnel actions designated within the scope of the Housing Authority's Personnel Rules. The following Commissioners are currently members Personnel Committee:

Pete Ballew
Mark Gerry
Mike Hannon
Marvin Peixoto

At your November 2018 meeting, Marvin Peixoto announced that he was not re-elected for another term on Hayward's City Council and that the City of Hayward would be appointing a new member to the Housing Commission. As a result of Marvin's departure, your Commission will need to appoint a member to the Personnel Committee. You may appoint a nominating committee to recommend a candidate for your February meeting or make an appointment at today's meeting.

BUDGET STATUS **REPORT**

**Housing Authority of Alameda County
HOUSING CHOICE VOUCHER
Administrative Budget Status Report FYE June 30, 2019
November 2018**

FY 2019 - HCV OPERATING BUDGET	Budgeted @ 11/30/2018	Actual @ 11/30/2018	OVER (UNDER)	PROJECTED 6/30/2019	SCH. NO.	2018 BUDGET	2019 BUDGET	DIFFERENCE
INCOME								
Investment Income	208	0	(208)	0	A1	500	500	0
Misc. Income	136,466	117,820	(18,646)	249,768	A1	326,000	327,518	1,518
Grant Income	0	0	0	0				0
Administrative Fee Income	2,894,191	3,039,278	145,087	7,164,085	A	6,634,582	6,946,058	311,476
TOTAL INCOME	3,030,865	3,157,098	126,233	7,413,853		6,961,082	7,274,076	312,994
EXPENSES								
Administration								
Salaries	(1,653,788)	(1,799,854)	(146,066)	(4,254,200)	B-1& 2	(3,759,964)	(3,969,090)	(209,126)
Other Admin.	(706,480)	(545,494)	160,985	(1,309,187)	C-1&2	(1,593,691)	(1,695,551)	(101,860)
Total	(2,360,267)	(2,345,348)	14,919	(5,563,387)		(5,353,655)	(5,664,641)	(310,986)
General								
Insurance	(93,546)	(52,995)	40,551	(127,189)	E	(224,697)	(224,511)	186
Employee Benefits	(942,659)	(969,172)	(26,513)	(2,326,012)		(2,143,179)	(2,262,381)	(119,202)
Miscellaneous	0	0	0	0		0	0	0
Total	(1,036,205)	(1,022,167)	14,038	(2,453,201)		(2,367,876)	(2,486,893)	(119,017)
Total Routine Expenses	(3,396,473)	(3,367,515)	28,957	(8,016,588)		(7,721,531)	(8,151,534)	(430,003)
Capital Expenditures	0	0	0	0	D2	0	0	0
TOTAL EXPENSES	(3,396,473)	(3,367,515)	28,957	(8,016,588)		(7,721,531)	(8,151,534)	(430,003)
Income (Deficit)						(760,449)	(877,458)	
NET INCOME (DEFICIT)	(365,608)	(210,418)	155,190	(602,734)		(760,449)	(877,458)	(117,010)

Unrestricted Net Position @ 6/30/18
Budgeted Income (Deficit) FYE 6/30/19
Projected Unrestricted Net Assets @ 6/30/19

\$ (7,764,393)
 (877,458)
\$ (8,641,852)

	Op. Res w/o GASB 68-pension	GASB 68 - Pension	Total
UNP @ 6/30/17	1,144,448	(7,569,654)	(6,425,207)
Loss @ 6/30/18-unaudited	(219,165)	(1,120,022)	(1,339,187)
UNP @ 7/1/18-unaudited	925,282	(8,689,676)	(7,764,393)
Budgeted Loss @ 6/30/19	(877,458)	(1,100,000)	(1,977,458)
Est. UNP @ 6/30/19	47,824	(9,789,676)	(9,741,852)

PROGRAM ACTIVITY

REPORT

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA

AGENDA STATEMENT

Meeting: January 9, 2019

Subject: Programs Activity Report

Exhibits Attached: Section 8 Contract and Housing Assistance Payments (HAP) Report; Section 8 Average Contract Rent Report; Landlord Rental Listing Report; FSS Program Monthly Report

Recommendation: Receive Report

Financial Statement: None

SECTION 8 HOUSING CHOICE VOUCHERS

- **Lease-Up:** As of December 1, 2018, the Section 8 Housing Choice Voucher program had 6,013 units under contract. This number includes HACA vouchers and portability clients for which we are being billed by the receiving housing authority, but excludes portability clients for which we are billing the initial housing authority. We are reducing the number of vouchers upon turnover as required by the HUD shortfall team.
- **HCV Program Utilization:** As of December 1, 2018, the average HAP subsidy was \$1,631 and the average tenant-paid rent portion was \$519 for an average Contract Rent of \$2,151. These amounts include HACA vouchers, but do not include incoming and outgoing portability clients.
- ❖ As of December 1, 2018, HACA had 141 outgoing billed portability contracts (i.e., HACA voucher holders who are housed in another housing authority's jurisdiction).
- ❖ As of December 1, 2018, HACA billed other housing authorities for 496 incoming portability contracts.
- ❖ As of December 1, 2018, 221 of PACH's 230 project-based voucher (PBV) units are leased. These are HACA's former public housing units converted under HUD's Section 18 or Rental Assistance Demonstration programs and transferred to PACH, HACA's instrumentality.
- **Section 8 Contract Reports:** Copies of the Contract Reports are attached. The Section 8 Contract and HAP Report includes HACA certificates, HACA vouchers and portability clients for which we are billing the initial housing authority. The Section 8 Average Contract Rent Report includes HACA vouchers and portability clients for which we are billing the initial housing authority.

- **Landlord Rental Listings:** As of December 1, 2018, there were 62 active properties listed. Three new landlords were added to the Section 8 program in December.

FAMILY SELF SUFFICIENCY (FSS)

In November, the FSS Department held its annual “*It’s Your Time to Shine*” celebration where the achievements of FSS families over the last year were celebrated. This year’s event included the presentation of the first annual award named in honor of former HACA Commissioner Christine Steiner. The award acknowledges an FSS participant who confronted a difficult life-changing challenge or situation and used determination and perseverance to overcome that challenge and then used the experience to become a role model to inspire others. Christine Steiner attended the celebration to present the award. Commissioners Ballew, Buckholz, Hannon and Olson also attended the celebration.

Also in November, the FSS Department held a Program Coordinating Committee meeting where Alameda County agencies, non-profit organizations, and FSS participants provide program updates regarding their respective agencies and share valuable information.

In December, the FSS Department operationalized its *Giving Connection* where children’s gifts and food gift cards were given to 109 FSS participant families through donations from HACA’s Housing Commissioners, HACA landlords, HACA staff, the Hayward Fire Department, and FSS participants.

Also in December, the FSS Department held a homeownership workshop attended by 22 FSS participants and a roundtable session on reaching your potential attended by six FSS participants.

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA
Section 8 Contract and HAP Report for the month of December 2018

City	Certificates		Vouchers		DECEMBER 2018 TOTAL		DECEMBER 2017	DECEMBER 2016
	Number	HAP*	Number	HAP**	Number	HAP		
		based on avg		based on avg				
		\$ 1,697		\$ 1,651				
Albany	0	\$0	16	\$26,416	16	\$26,416	22	24
Castro Valley	6	\$10,182	216	\$356,616	222	\$366,798	210	196
Dublin	3	\$5,091	398	\$657,098	401	\$662,189	394	351
Emeryville	5	\$8,485	144	\$237,744	149	\$246,229	154	156
Fremont	23	\$39,031	1,032	\$1,703,832	1,055	\$1,742,863	1,048	1,053
Hayward	44	\$74,668	1,910	\$3,153,410	1,954	\$3,228,078	1,966	1,900
Newark	5	\$8,485	209	\$345,059	214	\$353,544	211	203
Pleasanton	4	\$6,788	210	\$346,710	214	\$353,498	192	109
San Leandro	11	\$18,667	1,322	\$2,182,622	1,333	\$2,201,289	1,349	1,412
San Lorenzo	2	\$3,394	192	\$316,992	194	\$320,386	202	193
Union City	3	\$5,091	708	\$1,168,908	711	\$1,173,999	733	756
TOTALS	106	179,882	6,357	10,495,407	6,463	10,675,289	6,481	6,353

* Based on an average December Housing Assistance Payment (HAP) of \$1697 per certificate contract

**Based on an average December Housing Assistance Payment (HAP) of \$1,651 per voucher contract

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA

Section 8 Average Contract Rent Report for the Month of December 2018

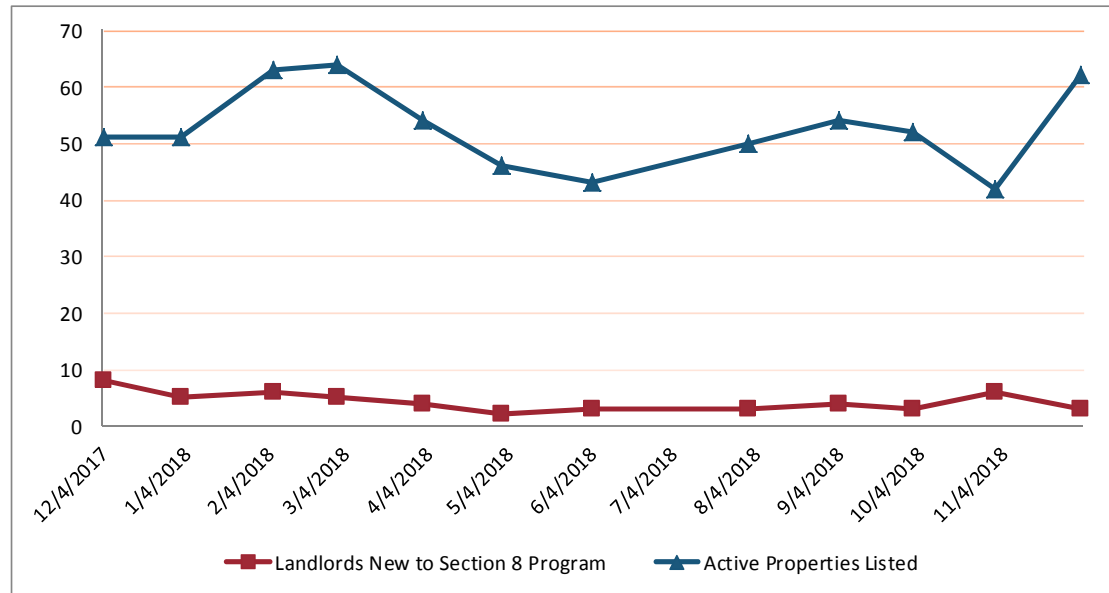
City	Number of HAP Contracts (HCV Only)	Average Contract Rent	Average HAP Paid by HACA	Average Rent Paid by Family	Average Family-Paid Rent as a Percentage of Average Contract Rent
Albany	16	\$1,694	\$1,336	\$358	21%
Castro Valley	216	\$2,184	\$1,699	\$484	22%
Dublin	398	\$1,993	\$1,551	\$441	22%
Emeryville	144	\$1,734	\$1,222	\$504	29%
Fremont	1,032	\$2,334	\$1,822	\$513	22%
Hayward	1,910	\$2,084	\$1,583	\$501	24%
Newark	209	\$2,561	\$1,882	\$679	27%
Pleasanton	210	\$1,797	\$1,386	\$412	23%
San Leandro	1,322	\$2,105	\$1,582	\$522	25%
San Lorenzo	192	\$2,348	\$1,772	\$576	25%
Union City	708	\$2,382	\$1,829	\$553	23%

*Some rents may vary by \$1 due to rounding

Landlord Rental Listing Report

Monthly

	12/4/2017	1/2/2018	2/5/2018	3/1/2018	4/2/2018	5/1/2018	6/4/2018	8/1/2018	9/4/2018	10/1/2018	11/1/2018	12/3/2018
Landlords New to Section 8 Program	8	5	6	5	4	2	3	3	4	3	6	3
Active Properties Listed	51	51	63	64	54	46	43	50	54	52	42	62





To: Christine Gouig, Executive Director
From: Daniel Taylor, Special Programs Manager
Re: **FSS Program Summary**
CC: Linda Evans, Phyllis Harrison, Mary Sturges, Vanessa Kamerschen
Date: December 21, 2018

Program Summary	November 2018
Total Clients Under Contract:	187
MDRC:	100
Graduates:	1
Escrow Disbursed:	\$5,056.01
Ports In:	0
Ports Out:	0
Terminations:	2
New Contracts:	4

FSS PROGRAM NEWS:

Program Coordinating Committee (PCC) meeting

On Wednesday, November 28, 2018, the FSS team held a PCC meeting. The PCC consists of Alameda County agencies, non-profit organizations and FSS participants. Its purpose is to offer guidance and strengthen our FSS program. The PCC members provided program updates regarding their respective agencies and shared valuable information.

It's Your Time to Shine Celebration

On Thursday, November 4, 2018, the FSS Department held its annual "*It's Your Time to Shine*" event at the San Leandro Library. The evening was hosted by HACA's Executive Director, Christine Gouig. The accomplishments of FSS participants and graduates were recognized and the NAHRO "What Home Means to Me" poster contest winners from HACA were acknowledged.

Former HACA Commissioner Christine Steiner was in attendance to present the

first annual award that was named in her honor, the *Christine Steiner Inspiration Award*. On April 11, 2018, the HACA Housing Commission adopted Resolution No. 06-18 to establish the award— which recognizes an FSS participant who, when confronted with a difficult life-changing challenge or situation, used determination and perseverance to overcome that challenge and then served as a role model to inspire others. The awardee was Jessica Matthews, in the center of the picture below.

HACA Commissioners Olson, Buckholz, Ballew and Hannon attended and took a photo with the 2018 FSS graduates. Volunteers from Kohl's Department Store and HACA staff generously volunteered their time. The celebration was an inspiring and successful event.



Case Management Referrals = 15

Job Referrals = 69



To: Christine Gouig, Executive Director
From: Daniel Taylor, Special Programs Manager
Re: **FSS Program Summary**
CC: Linda Evans, Phyllis Harrison, Mary Sturges, Vannessa Kamerschen
Date: December 21, 2018

Program Summary	December 2018
Total Clients Under Contract:	191
MDRC:	100
Graduates:	0
Escrow Disbursed:	\$0
Ports In:	0
Ports Out:	0
Terminations:	0
New Contracts:	4

FSS PROGRAM NEWS:

2018 Giving Connection

During the holiday season the FSS staff operationalizes the *Giving Connection*, with a goal of providing children's gifts and a food gift card to every one of the families in the FSS program. This year, friends and supporters of the *Giving Connection* included: FSS participant families who are in a position this year to donate, HACA's Housing Commissioners, HACA staff, the Hayward Fire Department's 'Toys for Tots' program, and other individual and business sponsors. One-hundred nine (109) FSS families received toys and grocery gift cards. The families were extremely grateful and many expressed their gratitude by writing words of appreciation on thank you cards to the friends and supporters of the *Giving Connection* program.

Homeownership Workshop

In December, the FSS team hosted part 4 of a 4-part series of workshops on homeownership. Sheri Powers of the non-profit San Francisco Housing Development Corporation presented the workshops. Twenty-two (22) FSS

participants attended. The four primary goals were to have prospective homeowners consider:

- Pro & Cons of Homeownership
- Money Management & Financial Planning
- Choosing a Real Estate Agent
- Keeping Your Home

Gloria Brown – Life Coach

On Tuesday, December 21, 2018, Gloria Brown, Life Coach, held a roundtable session entitled, *Stir UP The Gift In You! Reclaim Your Voice; Renew Your Passion And Soar*. Ms. Brown covered the following topics:

- What's Inside
- What Are Some of Your Limiting Beliefs
- Reignite Your Passion
- Circle of Life

The topics were really well received. At the end of the roundtable session, each participant got an opportunity to speak with Gloria one-on-one. Six FSS participants were in attendance.

Case Management Referrals = 17

Job Referrals = 72

ATTACHMENT A



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

I. PURPOSE

The purpose of this Exposure Control Plan is to:

- A. Eliminate or minimize employee occupational exposure to bloodborne pathogens (BBP) or other potentially infectious materials (OPIM); and
- B. Comply with Cal/OSHA standards for occupational exposure control.

The Housing Authority of the County of Alameda's (HACA) BBP Exposure Control Plan is in compliance with Cal/OSHA's requirements set forth in the *California Code of Regulations, Title 8 (8 CCR), Section 5193* and is also consistent with the requirements of Cal/OSHA's Injury and Illness Prevention Program as set forth in *8 CCR, Section 3204*.

This Plan demonstrates HACA's commitment to provide a safe workplace for all employees and establishes an effective exposure control plan as required by Cal/OSHA. HACA's Plan also includes protocols to protect or minimize employees' occupational exposure to the hepatitis A virus (HAV). HAV is found in the feces of an infected person and is not a blood borne pathogen. However, the protocols to prevent or minimize occupational exposure to hepatitis A are similar to BBP protocols and therefore, we have included hepatitis A in this Plan.

This Plan is made available upon request, for examination and copying, to our employees, the Chief of Cal/OSHA, and the National Institute for Occupational Health and Safety (or their respective designees) in accord with *8 CCR 3204*, "Access to Employee Exposure and Medical Records."

II. POLICY AND ELEMENTS OF PLAN

HACA's Exposure Control Plan contains the following elements as required by Cal/OSHA:

- Responsibilities
- Exposure Determination and Job Classifications
- Methods of Implementation
- Hepatitis A & B Vaccinations
- Communication of Hazards
- Record Keeping
- Reporting Exposure Incidents
- Post-Exposure Evaluation and Follow-up
- Work Practice Controls Exception to Prohibited Practices
- Sharps Injury Reporting
- Identification of Engineering Controls
- Plan Review and Update



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

III. SCOPE OF POLICY

This Plan applies to all full-time and part-time employees, appointed officials, and temporary staff working through a temporary placement agency who are potentially exposed to BBP and OPIM.

IV. RESPONSIBILITIES

A. Exposure Control Plan Administrator

The Human Resources Manager is the Exposure Control Plan Administrator. The Plan Administrator has the overall responsibility for the assignment and utilization of resources necessary for the maintenance of an effective Exposure Control Plan. Specific responsibilities include:

- Verify compliance with the Plan;
- Demonstrate knowledge in exposure control principles and practices as they apply to the organization facilities and operations;
- Verify department-specific methods for source control, cleaning and disinfection of equipment, and cleaning and disinfection of emergency vehicles;
- Verify exposure incidents and implement the post-exposure evaluation process for affected employees;
- Verify employees receive initial and annual training in the Plan and procedures;
- Confirm that the offer of hepatitis “A” and hepatitis “B” vaccinations is being extended to affected employees;
- Maintain all required records for the Exposure Control Plan; and
- Conduct an annual review of the program.

B. Managers

Managers are responsible for supporting the Plan Administrator and to ensure compliance with the Plan. Additional responsibilities include:

- Designate an Exposure Control Plan coordinator for the department;
- Allocate resources and support to implement the Plan, including annual employee training;
- Ensure the Plan is implemented within the department;
- Ensure that staff identified as having actual or potential occupational exposure to BBPs or OPIM receive training on the associated hazards;
- Ensure that employees having an actual or potential occupational exposure to BBPs and OPIM are given the opportunity to receive the hepatitis “A” and “B” vaccinations;



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

- Demonstrate knowledge in exposure control principles and practices as they apply to the department's facilities and operations;
- Determine department-specific methods for source control, cleaning and disinfecting equipment, and cleaning and disinfecting emergency vehicles;
- Document exposure incidents and implement the post-exposure evaluation process for affected employees;
- Monitor the post-exposure evaluation process where an exposure incident has occurred; and
- Maintain or forward to the Plan Administrator for maintenance all required records for the Plan procedures.

C. All Employees

All employees must accept responsibility to comply with the safety practices described in this Plan and are expected to:

- Minimize all potential exposures to BBPs, OPIM or contaminated items;
- Take responsibility for themselves and co-workers;
- Avoid unsafe practices;
- Report unsafe conditions and exposure incidents to your supervisor immediately but no later than within twelve (12) hours after becoming aware of the unsafe condition or exposure incident;
- Recognize potential hazards in their work area, biological or otherwise; and
- Know what precautions and protective equipment are appropriate for specific jobs or tasks.

D. Employees with Occupational Exposure

Employees having actual or potential occupational exposure to BBPs or OPIM are identified below in Section V. Those employees have the following responsibilities:

- Comply with safe work practices when exposure is anticipated;
- Provide input regarding the effectiveness of the procedures to the Plan Administrator or manager/supervisor, including input during the annual review;
- Attend annual training;
- Receive vaccinations offered by the department or sign a declination form; and
- Follow post-exposure evaluation procedures if an exposure incident occurs.

V. EXPOSURE DETERMINATION

Cal/OSHA requires employers to identify employees that either have a heightened occupational exposure to BBPs and/or OPIM or those that have the potential for some occupational exposure.

Our policy is to conduct exposure determinations throughout our facilities without regard to the use of personal protective equipment (PPE). Management staff or other individuals



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

conduct, evaluate, and periodically review exposure determinations. This process involves identifying all the job classifications, tasks, or procedures in which HACA employees may have occupational exposure to blood or OPIM.

A. Occupational Exposure

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

B. HACA Job Classifications – Employees Having Heightened Occupational Exposure

It has been determined that **no job classifications at HACA** have been identified as having a heightened occupational exposure to BBPs and/or OPIM.

C. HACA Job Classifications – Employees Having Some Occupational Exposure

The following classifications have been identified as having the potential for some occupational exposure to BBPs and/or OPIM:

CLASSIFICATION	TASKS*
Administrative Clerk (front desk)	Interfacing with the public
Facilities Manager	Inspecting residential housing
Housing Inspector	Inspecting residential housing
Housing Maintenance Worker II	Cleaning/repairing residential housing
Housing Management Assistant	Inspecting residential housing
Housing Management Leadworker	Inspecting residential housing
Property Aides	Cleaning/inspecting residential housing

*these are tasks associated with the performance certain duties that may give rise to the potential for some occupational exposure to BBPs and OPIM.

D. Other Potentially Infectious Materials (OPIM)

OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions and include:

- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood;
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

E. Occupational Exposure to Fecal Borne Pathogens

Occupational exposure to fecal borne pathogens (HAV) means reasonably anticipated contact with fecal matter due to close person-to-person contact or from cleaning human waste sites.

F. Parenteral Contact

Parenteral contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

VI. METHODS OF IMPLEMENTATION FOR PREVENTION

HACA has developed a schedule and methods of implementation for the applicable subsections (d) through (h) of *8 CCR 5193*. We have determined which subsections are applicable to our organization and documented the pertinent information as follows:

Areas addressed in order to eliminate or minimize exposure to blood borne and fecal borne pathogens include:

- Universal Precautions (Total Body Substance Precautions)
- Engineering and Work Practice Controls
- Personal Protective Equipment (PPE)

A. Universal Precautions (Total Body Substance Precautions)

HACA requires the use of universal precautions (as identified by Cal-OSHA) in order to prevent contact with blood, feces, and OPIM. Universal precautions are an infection control practice. It means all human blood and certain body fluids are treated as if they are known to be infected with HBV, HCV, HIV, and other diseases carried and transmitted by blood. In addition, all human feces will be treated as if infected with HAV.

In practice, HACA:

- Considers all human blood or OPIM as infectious, regardless of the source;
- Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials;
- Treats all blood and OPIMs with appropriate precautions;
- Considers all human fecal matter as infectious, regardless of the source, and treats with appropriate precautions; and
- Uses specified engineering and work practice controls to limit exposure.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

B. Engineering and Work Practice Controls

HACA utilizes engineering and work practice controls specified by Cal/OSHA to eliminate or minimize blood, feces, or OPIM exposure to employees. PPE will be utilized in conjunction with engineering controls. The following engineering controls will be examined and updated on a regular schedule:

- Prohibited Practices
- Requirements for Handling Contaminated Sharps
- Handwashing
- Regulated Waste
- Other Controls

1. Prohibited Practices

- In work areas where there is a reasonable likelihood of exposure to a blood borne pathogen, fecal matter, or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, or cabinets or on counter tops or bench tops where a blood borne pathogen, fecal matter, or OPIM is present;
- All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM;
- Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. If needles or syringes are found, they must be handled with caution by mechanical means (tongs or pliers) and placed directly into a biohazard sharps container;
- Needle clippers and other devices that shear, bend, or break contaminated needles are prohibited from use;
- Reusable sharps that are contaminated with blood or OPIM will not be stored or processed in a manner that will require an employee to reach by hand into the container where these sharps have been placed; and
- Broken glassware that may be contaminated will not be directly handled with a gloved or bare hand. It will be handled by mechanical means (e.g., tongs, dustpan and broom). Contaminated broken glass will be placed in puncture-resistant containers and disposed of as biohazardous waste.

2. Requirements for Handling Contaminated Sharps

- Ensuring a sharps' container is always within arm's reach of an employee administering an IV or injection. A sharps' container is:
 - Rigid, puncture resistant, leak proof on the sides and bottom, and portable when portability is necessary to ensure easy access by the user. The sharps' containers are closable. When closed, the containers are leak resistant and incapable of being reopened without great difficulty. Such



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

containers are labeled with the universal biohazard symbol and replaced frequently enough to prevent overfilling; and

- Readily available in areas where sharps' waste may be generated. They must remain upright throughout use and be replaced as necessary to avoid overfilling. Sharps' containers are emptied before they are three-quarters full. Disposable sharps' containers are not reopened, emptied, or accessed in any way.
- Calling "**Sharp Out**" to warn others of the hazard. This is especially important with combative persons;
 - Ensuring all procedures involving the use of sharps in connection with patient care such as withdrawing body fluids; accessing a vein or artery; or administering vaccines, medications, or fluids will be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharp's injury;
 - Immediately, or as soon as possible after use, placing contaminated sharps in sharps' containers;
 - Closing the sharps' container immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - Placing the sharps' container in a secondary container if leakage of the primary container is possible. The second container must be capable of being sealed and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The second container must be labeled or color-coded to identify its contents;
 - Placing other regulated waste in containers that are closeable and constructed to contain all the contents and prevent leakage of fluids during handling, storage, transportation, and shipping (try to place all bio-waste materials on the ambulance, if applicable, prior to departure); and
 - To prevent exposures to the risk of percutaneous injuries (breaking skin), employees will never open, empty, or clean reusable containers.

3. Handwashing

Handwashing supplies are available to those exposed to blood, feces, or OPIM. Cal/OSHA requires these supplies be readily accessible after incurring exposure. If handwashing supplies are not readily available, HACA will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes to remove the blood, feces, or OPIM. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

4. Regulated Waste

We dispose of all regulated waste in accordance with applicable federal, state, and local regulations. (It is recommended that all bio waste gets placed on ambulances, if applicable, prior to leaving the scene.)

Regulated waste includes liquid or semi-liquid blood or infectious materials, items saturated with liquid blood or OPIM, items caked with dried blood or OPIM, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.

Containers for regulated waste will:

- Be leak proof, closable, and puncture resistant;
- Not contain loose sharps;
- Be stored upright;
- Be handled exclusively by personnel trained and authorized under this Plan; and
- Be **RED** and labeled with a fluorescent orange biohazard symbol.

When regulated waste is generated, HACA will contract with a third-party vendor to properly dispose of it.

5. Other Controls

a. Cleaning and Decontamination

- Decontaminate all contaminated work surfaces with an approved germicide after completion of procedures and immediately or as soon as feasible after any spill or spread of blood, feces, or OPIM;
- Inspect and decontaminate all bins, pails, cans, and similar receptacles after each exposure; and
- Advise employees not to pick up contaminated broken glassware directly with their hands or with gloves. Provide brooms and dustpans or other tools to avoid contact.

b. Laundry

- Contaminated clothing or laundry should be handled as little as possible and universal precautions should always be used. Sort and place in appropriately marked (biohazard labeled or color-coded red) bags at the location where it was found. If the contaminated laundry is wet and likely to soak through the original red bag or container, transport the laundry in a second bag or container that prevents leakage;
- In the event clothing or laundry becomes contaminated with blood or OPIM, management will determine if it can be cleaned or if it needs to be discarded and



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

will determine what caused the clothing or laundry to become contaminated and what measures may need to be taken to prevent a reoccurrence; and

- Clothing or laundry that is not dripping blood or OPIM, or is not capable of releasing these materials when handled or compressed, and is not intended to be washed, should be bagged and disposed of in the regular trash. Clothing that is dripping blood or OPIM and is capable of releasing these materials when handled or compressed is considered to be regulated waste and must be cleaned or disposed of in the appropriate manner for regulated waste.

c. Personal Protective Equipment (PPE)

HACA will ensure the following PPE requirements are met:

- i. PPE and training in the appropriate use of PPE is provided to employees who are at risk of some occupational exposure to blood borne pathogens.
- ii. PPE is provided at no cost to the employee, in appropriate sizes, and includes but is not be limited to:
 - Gloves, including glove liners, and hypoallergenic gloves; and
 - Eye protection, such as goggles.
- iii. Cleaning, disposal, repair, and replacement of PPE are provided at no cost to the employee.
- iv. PPE is considered appropriate if it does not permit blood or OPIM to pass through to the employee's work clothes, street clothes, or undergarments; skin; eyes or other mucous membranes under normal working conditions and for the duration of time that PPE will be used.
- v. All garments that are penetrated by blood will be removed immediately or as soon as feasible. All PPE is removed prior to leaving the work area. When PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

- vi. Affected employees are required to wear gloves where it is reasonably anticipated they will have hand contact with blood, OPIM, non-intact skin, and mucous membranes (first aid, CPR, clean up of body fluids visibly contaminated with blood).
- vii. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn or punctured or when their ability to function as a barrier is compromised. Non-latex gloves will be provided to employees with latex allergies.
- viii. If leather gloves are used, the gloves may be decontaminated for reuse provided the integrity of the glove is not compromised. Leather gloves should 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.

Note: Leather gloves are to be discarded if grossly contaminated. They are not to be used as PPE against blood borne pathogens. Therefore, if exposure is possible, latex or nitrile gloves should be worn under the leather gloves.
- ix. Employees who are exposed to splashes of blood or OPIM to the eyes are required to wear eye and face protection. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin length face shields, will be required to be worn whenever splashes spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

PPE is located on all maintenance vehicles and in the maintenance shop.

VII. HEPATITIS “A” & “B” VACCINATIONS

A safe and effective vaccine is available to protect employees from both the Hepatitis “A” (HAV) and Hepatitis “B” (HBV) viruses. The vaccines are generally well-tolerated and have not been associated with serious side effects. Immunization requires two injections of the HAV vaccine six months apart and three injections of the HBV vaccine over a six-month period. The vaccines are offered separately or as a combination (three injections). Information about both the HAV and HBV vaccines can be found in attachments 1 and 3 to this Exposure Control Plan.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Both the HAV and HBV vaccines are offered on a voluntary basis. If employees who are at risk of occupational exposure choose to have either the HAV or HBV or both are required to complete the consent forms found in attachments 2 and 4 to this Exposure Control Plan. Cal/OSHA requires documentation of employees who decline to be vaccinated and must complete the declination portion found in attachments 2 and 4 to this Exposure Control Plan.

HACA offers the HAV and HBV vaccines to all current employees who are at risk of occupational exposure to blood borne or fecal borne pathogens within 10 working days of hire or reassignment to a job or tasks that places the employee at risk. The vaccinations are:

- Provided at no cost to the employee;
- Made available at reasonable times during normal work hours and at an accessible location to the employee;
- Performed by, or under supervision of, a licensed physician or by another licensed health care professional; and
- Provided according to current recommendations of the U.S. Public Health Service.

If the second dose of HAV vaccine has been delayed (more than six months since the first dose was given), the second, or last dose, should be given as soon as possible. The first dose does not need to be given again.

HBV booster doses are not recommended for persons with normal immune status who have been vaccinated. Should booster doses be recommended in the future, they will be offered to the employee based on medical determination of need.

The following vaccination exemptions are appropriate for any employee and will be documented in the employee's medical file:

- The employee has previously received a complete series of HAV and/or HBV vaccinations; or
- Antibody testing has revealed the employee is immune to HAV and/or HBV; or
- The vaccines are contraindicated for medical reasons; or
- The employee has declined vaccination for HAV and/or HBV and that refusal is documented.

All employee blood drawn for serological testing will be sent to an accredited laboratory for testing at HACA's expense.

If the employee initially declines the HAV and/or the HBV vaccination, but at a later date while still covered under the standard for exposure decides to accept the vaccination, the vaccination will be provided to the employee at that time and at no cost to the employee.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

VIII. COMMUNICATION OF HAZARDS

A. Labels and Signs

- We will provide warning labels incorporating the universal biohazard sign and require the words “biohazard,” “biohazard waste,” or “sharps waste” to be printed on or affixed to biohazardous waste items that employees are required to remove;
- The labels are fluorescent orange or orange-red with lettering or symbols in a contrasting color;
- Labels are affixed as securely as possible to the container, preferably by adhesive or by wire, string, or other method to prevent loss or unintentional removal;
- Red bags or red containers may be substituted for labels as in sharps’ containers or regulated waste red bags.

B. Biohazard Signs

All holding areas have a sign posted at the entrance to each area that it:

- Incorporates the universal biohazard symbol; and
- Lists any special requirements for entering the area.

IX. TRAINING

HACA will provide training to all employees who are at risk for exposure to bloodborne pathogens or OPIM. This training is provided at no cost to the employee and during work hours.

Training is given as follows:

- At the time of initial assignment to tasks where occupational exposure may take place as soon as possible for currently employed workers;
- At least annually after the initial training;
- When there is introduction of new engineering, administrative, or work practice controls and whenever modifications of current tasks may affect the potential occupational exposure to blood borne pathogens.

Information and training of individuals who are not our employees (e.g., contract worker, registry, student, etc.) will be provided by the affected outside agency or as specified in the contract. We will monitor the outside agency for compliance with the information and training requirements.

Training will be appropriate in content and vocabulary to educational level, literacy, and language of employees.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

HACA's training program includes information and explanations of at least the following:

- Epidemiology, symptoms, and modes of transmission of blood borne diseases;
- HACA's Exposure Control Plan and how to obtain a copy of the written plan;
- Appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM; and
- Use and limitations of methods that will prevent or reduce exposures, including appropriate engineering, administrative or work practice controls, and PPE.

The selection of PPE is based on:

- Types, proper use, location, removal, handling, decontamination, and disposal of PPE;
- HBV vaccination series, including its efficacy, safety, method of administration, benefits, and the fact that the vaccination will be offered to employees free of charge;
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- Procedure to follow if an exposure incident occurs, including the:
 - Method of reporting the incident
 - Medical follow-up that will be made available
 - Procedure for recording the incident in the sharp' injury log
- Post-exposure evaluation and follow-up that will be made available to employees; and
- Signs, labels, and/or color codings that are used.

In addition to the above-mentioned information, we provide to all employees a copy of *8 CCR 5193*, "Bloodborne Pathogens," and an explanation of its content.

The person conducting the training will be knowledgeable of the standard, our Exposure Control Plan and HAV, HBV, HCV, and HIV and be able to relate the requirements to employee exposures and concerns.

X. RECORD KEEPING

Records will be retained for the following information:

- Employee medical records;
- Employee training; and
- Sharps Injury Reports and Logs.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

A. Employee Medical Records

We will establish and maintain an accurate record for each employee with occupational exposure. This employee's record will include:

- The name of employee;
- A copy of the employee's HAV and HBV vaccination status including the dates of all HAV and HBV vaccinations, declination statements, and medical records relative to the employee's ability to receive vaccinations;
- A copy of all results of examinations, medical testing, evaluation, and follow up of exposure incidents; and
- A copy of the health care professional's written opinion as required following an exposure incident.

We will ensure employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this standard and by law.

Employee health records, as required by this section, will be maintained for at least the duration of employment plus 30 years, meaning during the entire employment period and 30 years after the last date of work.

B. Training Records

- Training records will be maintained for three years from the date the training occurred.
- Training records will include the:
 - Dates of the training session;
 - Contents or a summary of the training session;
 - Names and qualifications of persons conducting the training sessions;
 - Names and job titles of persons attending the training.

C. Sharps' Injury Reports and Logs

- Sharps' injury reports and logs will be maintained five years from the date of the incident (same as Cal/OSHA Form 300 Log).
- The sharps' injury log is in attachment 6 to this Exposure Control Plan.

Note: Employee medical records will be made accessible to the employee, anyone having the written consent of the employee, and Cal/OSHA. Employee training records and the sharps' injury logs will be made available upon request to employees, employee representatives, and Cal/OSHA.



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

XI. REPORTING EXPOSURE INCIDENTS

HACA reports all exposure incidents as soon as possible (and in no case later than the end of the work shift during which the incident occurred) regardless of whether first aid was rendered. The exposure incident report is in attachment 5 to this Exposure Control Plan.

An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM resulting from the performance of an employee's duties. All employees (including designated first aid providers who provide first aid regularly and those who render first aid only as a collateral duty) receive training about our policy.

The following individuals are designated to receive reports of exposure incidents:

CONTACT PERSONS:	NUMBER:
Human Resources Manager	510-727-8518
Facilities Manager	510-727-8510
Housing Programs Manager	510-727-8570

The exposure incident report includes at least the following:

- The names of all employees involved in the exposure incident (including all first aid providers who have rendered assistance regardless of whether PPE was used);
- A description of the exposure or first aid incident, including:
 - The time and date;
 - A determination of whether an exposure incident occurred. This determination is necessary to ensure the proper post-exposure evaluation is conducted and prophylaxis and follow-up are made available immediately if an exposure incident has occurred;
 - Person receiving the report; and
 - Contact number.

XII. POST-EXPOSURE EVALUATION AND FOLLOW-UP

In the event of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up. All post-exposure follow-up will be referred to:

DURING BUSINESS HOURS: 8 AM – 4 PM	
Name of Occupational Health Clinic:	Concentra/U.S. HealthWorks
Address:	13939 E. 14 th Street
City:	San Leandro, CA 94578



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Phone:	510-343-8300
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AFTER BUSINESS HOURS: 4 PM – 8 AM	
Name of Occupational Health Clinic:	Kaiser Permanente Emergency Room
Address:	2500 Merced Street
City:	San Leandro, CA 94577
Phone:	510-454-1000

Evaluation and follow-up will include the following:

- Documentation of the route(s) of exposure and the circumstances under which the exposure occurred (to include details of the use or non-use of engineering controls, work practice controls, or PPE);
- When a source is identifiable, that individual's blood will be tested as soon as feasible and after consent is obtained to determine HIV, HAV, HBV, and HCV infectivity. If consent is not obtained, HACA will establish that consent cannot be legally obtained. When the source individual's consent is not required by law, that individual's blood, if available, may be tested and the results documented.
 - Consultation and testing of the source individual will be done at the request of the exposed employee through the source's private physician.
 - If the source individual is known to be infected with HIV, HAV, HBV, or HCV, testing to determine such status need not be repeated.
 - Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of laws/regulations regarding the privacy rights of the source individual.
 - The results of the source individual's blood test and employee's blood test are confidential and will be known only to the health care provider and the exposed employee.
 - The exposed employee's blood will be controlled as soon as it is feasible and tested for HIV, HAV, HBV and HCV serological status only after signed consent has been obtained.

A. Employee Testing and Treatment

Counseling and other features of post exposure evaluation will be offered whether or not the employee elects to have baseline HIV/HAV/HBV/HCV serological testing. If the employee consents to baseline blood collection but does not give consent to HIV serological testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure



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incident, the employee gives written consent to have serologic testing performed on the baseline sample, testing will be ordered by the health care provider as soon as it is feasible.

Post-exposure prophylaxis (immune globulin or vaccination for HAV or HBV) will be provided when medically indicated according to the recommendations of the U.S. Public Health Service current at the time prophylaxis is administered. The costs of tests, treatment, and prophylaxis of employees will be borne by HACA. Cost of tests, treatment, and prophylaxis of individuals who are not our employees (e.g., contract worker, registry, student, etc.) will be borne by the affected outside agency or as specified in the contract between HACA and the outside agency. The outside agency/individual will be responsible for compliance with the post-exposure evaluation and follow-up treatment.

Additional collection and testing will be made available as recommended by the U. S. Public Health Service.

B. Information Provided to the Health Care Professional

We will provide the health care professional responsible for the employee's HAV and HBV vaccination program and/or post-exposure evaluation with the following information:

- A copy of *CCR, Title 8, Section 5193*;
- A written description of the exposed employee's duties as they relate to the exposure incident;
- Written documentation of the route 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.

C. Health Care Professional's Written Opinion

We will obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The health care professional's written opinion for HAV and/or HBV vaccination will be limited to whether HAV and/or HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The health care professional's written opinion for post exposure follow-up will be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation; and



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

- A statement that the employee has been told about any medical conditions resulting from exposure to blood, feces, or OPIM that require further evaluation or treatment.

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

D. Exposure Incident Report

1. Incident Report

HACA will investigate and document on a first aid and exposure incident report form incidents involving the presence of blood, feces, or OPIM. A sample incident report is contained in attachment 7 to this Exposure Control Plan. Investigations will include the following information:

- Names of all first aid providers who rendered assistance, regardless of the use of PPE;
- Description of the incident that must include a determination of whether or not, in addition to the presence of blood, feces, or OPIM an occupational exposure incident occurred;
- Time and date of incident (include location); and
- Offer of HAV or HBV to all unvaccinated first aid providers who rendered assistance within 24-hours of the incident.

2. Workers' Compensation Reporting

Employees must report an exposure incident to their immediate supervisor and complete the Workers' Compensation Claim (DWC-1) Form the same day as the date of exposure.

XIII. SHARPS INJURY REPORTING

All parenteral contacts (piercing or lacerations) that occur in the workplace are reported on the sharps' injury log and recorded within 14 days of the incident. The data recorded includes the following information, if known or reasonably available:

- Date and time of the exposure incident;
- Type and brand of the sharp involved;
- The procedure the exposed employee was performing at the time of the incident;
- How the incident occurred;
- The body part involved in the incident;
- If the sharp had engineered sharps' injury protection, whether the 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;



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- If the sharp had no engineered sharps' injury protection, the employee's opinion as to whether and how such a mechanism could have prevented the injury and the employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury; and
- The employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.

In addition, all exposure incidents involving sharps will be recorded on the Cal/OSHA 300 Log in accordance with the requirements of the "Employer Records of Occupational Injury or Illness" regulation, known as the California record-keeping standard.

Periodic reviews of the sharps' injury log will be conducted to identify the frequency of use and the types, models or brands of sharps involved in the exposure incidents.

XIV. IDENTIFICATION OF ENGINEERING CONTROLS

HACA's policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. Engineering controls means controls (e.g., sharps disposal containers, sharps handling tools, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the blood borne pathogens hazard from the workplace.

HACA's procedures for identifying and selecting appropriate and effective engineering controls may include:

- Setting up a process
- Defining needs
- Gathering information
- Testing and selecting products
- Using new products
- Conducting follow up

XV. PLAN REVIEW AND UPDATE

Our exposure control plan is reviewed annually and updated as needed. Updates may take place when there are:

- New or modified tasks or procedures that affect occupational exposure;
- Changes or progress in implementing the use of needleless systems and sharps with engineered sharps injury protection;
- New or revised job position(s) that involve occupational exposure;
- Reviews and evaluations of exposure incidents that have occurred since the previous update; and
- Reviews and responses to information indicating the existing exposure control plan is deficient in any area.



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All employees are encouraged to provide suggestions on improving the procedures they perform. Employees contribute to the review and update of the Exposure Control Plan by:

- Participating as members of committees (e.g., safety));
- Attending meetings to discuss safety and health issues and improvements;
- Reporting issues or potential problems to supervisors;
- Providing ideas, recommendations, or suggestions; and
- Filling out reports, questionnaires, or other documents.

XVI. DISSEMINATION OF PLAN

All employees shall receive a copy of this Exposure Control Plan when they are hired and during any subsequent training. This Plan may be updated from time to time and redistributed with a form for the employee to sign and return, acknowledging that the employee has received, read and understands this Plan.

Attachments:

The documents listed below are attachments that are hereby incorporated by reference to be a part of HACA's Bloodborne Pathogen Exposure Control Plan:

1. Hepatitis A Vaccine Information Statement
2. Hepatitis A Vaccine Consent/Declination Form
3. Hepatitis B Vaccine Information Statement
4. Hepatitis B Vaccine Consent/Declination Form
5. Incident Report
6. Sharps Injury Log
7. Definitions



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

I acknowledge the receipt of a copy of the Housing Authority of the County of Alameda’s “Bloodborne Pathogen Exposure Control Plan.” I have read and understand my responsibilities under the Plan and I agree to abide by my responsibilities as outlined. I understand that I will be subject to discipline for violating this Plan or subject to other appropriate sanctions for failing to fulfill my responsibilities as outlined in the Plan.

Dated: _____

Print Name: _____

Signature: _____

VACCINE INFORMATION STATEMENT

Hepatitis A Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis A is a serious liver disease. It is caused by the hepatitis A virus (HAV). HAV is spread from person to person through contact with the feces (stool) of people who are infected, which can easily happen if someone does not wash his or her hands properly. You can also get hepatitis A from food, water, or objects contaminated with HAV.

Symptoms of hepatitis A can include:

- fever, fatigue, loss of appetite, nausea, vomiting, and/or joint pain
- severe stomach pains and diarrhea (mainly in children), or
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements).

These symptoms usually appear 2 to 6 weeks after exposure and usually last less than 2 months, although some people can be ill for as long as 6 months. If you have hepatitis A you may be too ill to work.

Children often do not have symptoms, but most adults do. You can spread HAV without having symptoms.

Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in persons 50 years of age or older and persons with other liver diseases, such as hepatitis B or C.

Hepatitis A vaccine can prevent hepatitis A. Hepatitis A vaccines were recommended in the United States beginning in 1996. Since then, the number of cases reported each year in the U.S. has dropped from around 31,000 cases to fewer than 1,500 cases.

2 Hepatitis A vaccine

Hepatitis A vaccine is an inactivated (killed) vaccine. You will need **2 doses** for long-lasting protection. These doses should be given at least 6 months apart.

Children are routinely vaccinated between their first and second birthdays (12 through 23 months of age). Older children and adolescents can get the vaccine after 23 months. Adults who have not been vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

You should get hepatitis A vaccine if you:

- are traveling to countries where hepatitis A is common,
- are a man who has sex with other men,
- use illegal drugs,
- have a chronic liver disease such as hepatitis B or hepatitis C,
- are being treated with clotting-factor concentrates,
- work with hepatitis A-infected animals or in a hepatitis A research laboratory, or
- expect to have close personal contact with an international adoptee from a country where hepatitis A is common

Ask your healthcare provider if you want more information about any of these groups.

There are no known risks to getting hepatitis A vaccine at the same time as other vaccines.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of hepatitis A vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- **If you are not feeling well.** If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



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4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis A vaccine do not have any problems with it.

Minor problems following hepatitis A vaccine include:

- soreness or redness where the shot was given
- low-grade fever
- headache
- tiredness

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Hepatitis A Vaccine

7/20/2016

42 U.S.C. § 300aa-26

Office Use
Only



**Attachment 2
HEPATITIS “A” VACCINE
CONSENT/DECLINATION**

This form is a record of an employee’s request and consent to be vaccinated for Hepatitis A, or that an employee has declined to be vaccinated for Hepatitis A.

Employee Name:	Classification:
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RECORD OF CONSENT TO BE VACCINATED FOR HEPATITIS “A”:

NOTICE:
I have read the CDC vaccine information statement, Hepatitis A Vaccination: *What You Need to Know*. I have had an opportunity read and understand the benefits and risks of the hepatitis A vaccination. I understand I must complete the series of the selected vaccine to have effective immunity. However, as with all medical treatment, there is no guarantee I will become immune or I will not experience an adverse side effect from the vaccine.

Check box below if you would like to receive the Hepatitis A vaccine.

I request that the Hepatitis A vaccine be administered to me.

Employee Signature for Requesting Vaccine:	Date:
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RECORD OF HEPATITIS “A” VACCINE DECLINATION:

NOTICE:
I have read the CDC vaccine information statement, Hepatitis A Vaccination: *What You Need to Know*. I understand that due to my occupational exposure to people who are homeless and/or use illicit drugs and/or have close contact with environments near or are serving people who are homeless and/or use illicit drugs, I may be at risk of acquiring hepatitis A virus (HAV) infection. I have been given the opportunity to be vaccinated with hepatitis A vaccine, at no charge to me. However, I decline hepatitis A vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis A, 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 A vaccine, I can receive the vaccination series at no charge to me.

Employee Signature for Declining Vaccine:	Date:
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Received by Human Resources Manager (signature):	Date:
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VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



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Control and Prevention

3 Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.

- **If the person getting the vaccine is not feeling well.**

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

Minor problems following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Hepatitis B Vaccine



Office use only

10/12/2018 | 42 U.S.C. § 300aa-26

Attachment 4
HEPATITIS “B” VACCINE
CONSENT/DECLINATION

This form is a record of an employee’s request and consent to be vaccinated for Hepatitis A, or that an employee has declined to be vaccinated for Hepatitis “B.”

Employee Name:	Classification:
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RECORD OF CONSENT TO BE VACCINATED FOR HEPATITIS “B”:

NOTICE:
 I have read the CDC vaccine information statement, Hepatitis B Vaccination: *What You Need to Know*. I have had an opportunity read and understand the benefits and risks of the hepatitis B vaccination. I attended HACA’s training on bloodborne pathogens and I understand I must complete the series of the selected vaccine to have effective immunity. I understand I must have at least three (3) doses of vaccine over a six-month period to confer immunity. However, as with all medical treatment, there is no guarantee I will become immune or I will not experience an adverse side effect from the vaccine. I also understand that I must complete the whole vaccination series within six months.

Check box below if you would like to receive the Hepatitis “B” vaccine.

I request that the Hepatitis “B” vaccine be administered to me.

Employee Signature for Requesting Vaccine:	Date:
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RECORD OF HEPATITIS “B” VACCINE DECLINATION:

NOTICE:
 I have read the CDC vaccine information statement, Hepatitis “B” Vaccination: *What You Need to Know*. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis “B” virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis “B” vaccine, at no charge to me. However, I decline hepatitis “B” vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis “B”, a serious disease. If in the future, I continue to have occupational exposure to 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.

Employee Signature for Declining Vaccine:	Date:
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Received by Human Resources Manager (signature):	Date:
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**Attachment 5
EXPOSURE INCIDENT REPORT –
BLOOD/FECAL BORNE PATHOGENS**

Date of Report:	Date of Incident:
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DESCRIPTION OF INCIDENT:

DESCRIPTION OF FIRST AID RENDERED:

Was there human blood, feces or other body fluids present? Yes No

Did an exposure incident occur*? Yes No

*Cal/OSHA defines an exposure incident as “a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of one’s duties.”

IF YES, DESCRIBE EXPOSURE INCIDENT:

Was the person(s) exposed immediately referred for post-exposure evaluation/follow-up? Yes No

Was personal protective equipment (PPE) used? Yes No **If yes, describe PPE:**

If unvaccinated, was the employee(s) exposed offered the Hepatitis “B” vaccination? Yes No

LIST NAME(S) OF EMPLOYEE(S) EXPOSED:

Report prepared by:	Date:
Signature:	

USE EXTRA PAGES IF NECESSARY. RETURN COMPLETED FORM TO HUMAN RESOURCES.

**Attachment 6
SHARPS INJURY LOG**

SUPERVISORS: Complete this log form for each employee exposure involving a sharp. Please complete with the employee but not by the employee. Fill in all boxes that apply.

WHAT IS A SHARP? Cal/OSHA considers a sharp to include needles, needle devices, scalpels, lancets, "Exacto" blades and broken glass.

Injury ID#:	Date of Exposure:	Time of Exposure:
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WHERE DID THE EXPOSURE OCCUR?

WHAT PROCEDURE/TASK WAS BEING PERFORMED WHEN EXPOSURE OCCURRED?

CHECK ALL BODY PARTS THAT WERE EXPOSED:

finger		face/head	
hand		torso	
arm		leg	
other:			

HOW DID THE EXPOSURE OCCUR?

During use of sharp		Other:
Disassembling sharp		
After use but before putting in sharps' container		
While putting sharp into sharps' container		
Sharp left in an inappropriate place		

IDENTIFY SHARP INVOLVED:

Was sharp injury protection device attached?	yes	no
Was protective mechanism activated?	yes	no
Did the exposure occur before or after activation?	before	after
If the sharp had no engineered injury protection device, do you feel that such a mechanism could have prevented the injury?	yes	no

WHAT ENGINEERING, ADMINISTRATIVE OR WORK PRACTICE CONTROLS, IF ANY, COULD HAVE PREVENTED THIS INJURY?

Prepared by:	Date:
Signature:	

PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES

Attachment 7 DEFINITIONS

Bloodborne pathogens (BBP) – Disease-producing microorganisms that may be or 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 (HBC), and Human Immunodeficiency Virus (HIV).

Contaminated – The presence, or the reasonably anticipated presence, of blood or other potentially infectious material (OPIM) on a surface or in or on an item.

Decontamination – The use of physical or chemical means to remove, inactivate or destroy BBPs and/or OPIM 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.

Engineering controls – Controls such as sharps disposal containers, needleless systems and sharps with engineered sharps injury protection that isolate or remove the BBPs hazard from the workplace.

Exposure incident – A specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIMs that result from the performance of an employee's duties.

Occupational exposure – A job category where skin, eye, mucous membrane, or parenteral contact with blood or OPIM could be reasonably anticipated.

Other potentially infectious material (OPIM) – In addition to blood, other bodily fluids that are capable of being infected with BBPs and spread infection from one person to another through direct contact.

Parenteral – The passage or transfer of potentially dangerous pathogens or OPIM other than through the digestive system such as mucous membranes; parenteral contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal protective equipment (PPE) – Specialized clothing or equipment worn by an employee for protection against a hazard.

Regulated/biohazardous waste – 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 would release these materials when handled or compressed; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Universal precautions – A collection of procedures to prevent employees from receiving accidental exposure to blood/OPIM in the workplace, such as rules for handwashing, use of PPE, and needle safety principles.