



The Arc of Amador and Calaveras Volunteer In-Take Packet

Date Verified

_____	Application – Pages 1 and 2
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_____	Statement of Good Health
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_____	LiveScan
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_____	Hepatitis B Packet & Acknowledgment
_____	Measles Packet & Acknowledgment

☐ Amador Campus

☐ Calaveras Campus

☐ SLS

☐ SES

☐ Recreation



The Arc of Amador and Calaveras
75 Academy Drive, Sutter Creek, CA 95685
Admin Office (209) 267-5978 / Fax (209) 267-5996

~VOLUNTEER APPLICATION~

Which program are you interested in: Amador Day Program: _____ Calaveras Day Program: _____

Your interest(s): Recreation: _____ Special Olympics: _____ Music: _____ Arts & Crafts: _____

Wood Crafts: _____ Computer Skills: _____ Reading: _____ Gardening: _____

What day and time are you able to volunteer: Day _____ Time: _____

We also request you get a *LiveScan* done at the Sheriff's office before volunteering.

Your Name: _____ Today's Date: _____

Address (residence): _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

When is the best time of day to contact you? _____

Email Address: _____ Date of Birth: _____

If a student, name of school: _____ and # of hours needed: _____

How did you hear about The Arc? _____

In case of emergency contact:

1) Name: _____ Relationship: _____ Phone # _____

2) Name: _____ Relationship: _____ Phone # _____



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Have you ever been convicted of a crime? Yes ____ No ____

If you answered "Yes" to the above question, explain in detail (include date of crime) in this space:

Personal or Professional References:

1) Name _____ Phone _____

Address _____ City _____ Zip _____

2) Name _____ Phone _____

Address _____ City _____ Zip _____

If presently employed:

Name of Employer _____ Contact Name _____

Address _____ Phone _____

Your signature or email submission indicates your approval for us to check references in regards to your volunteering at The Arc of Amador and Calaveras. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, or gender.

All the information I have provided is accurate and correct to the best of my knowledge.

Signature _____ Date _____

For office only:

	Orientation	Background	Interview	LiveScan	Name Tag	Data Base
Date:	Initial _____					
Circle	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No



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The Arc of Amador and Calaveras Volunteer Policies:

It is important in our development programs, which work with adults with disabilities, that there are specific policies in place that allow for the full participation of the volunteers and the safety and well being of the people we serve. To this end, you as a volunteer at The Arc of Amador and Calaveras are responsible for understanding and adhering to the following rules:

1. Please arrive punctually.
2. Respect other's workspace.
3. Clear all activities with a Supervisor or Program Director.
4. Do not come to work intoxicated or under the influence of drugs.
5. Do not use or wear clothing with vulgar or obscene language.
6. Respect all the people that you work with and the people attending the programs.
7. Do not use or take things without the permission of the owner.
8. Only use office equipment for personal use with the permission of the Supervisor.
9. Consumer's/families histories, backgrounds, or any information concerning the people we serve is to remain confidential.
10. You are to exhibit responsible, positive, adult behavior in an attempt to be a role model for the people we serve.
11. Under no circumstances, that are within your control, are you to have contact with the people we serve who attend our program outside of The Arc, or outside of The Arc's hours, unless you are helping to chaperone a field trip with The Arc of Amador and Calaveras' staff.
12. Should a problem arise with a consumer, a co-worker, or anyone at The Arc please notify your supervisor immediately. If issue remains unresolved, please advise the Director of Operations.
13. Please do not use any i-Pods or Walkman while at The Arc except during breaks. In addition, please use cell phones during breaks or emergencies only. This includes text messaging, instant messaging, AIM, etc.
14. Most volunteer opportunities are available Monday through Friday only. There may, however, be an occasional event on the weekends.
15. Proper work attire will be worn while volunteering. Please initial here after reading The Arc of Amador and Calaveras' Work Clothing Policy when accepted to volunteer. **Initials** _____
(information to be provided by Day Program Director)

Failure to comply with any of these rules may result in your dismissal.

I have read and understand the above rules.

Signature

Date

Signature of The Arc of Amador and Calaveras Staff

Date



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~VOLUNTEER APPLICATION~

Confidentiality Statement of Understanding

I, _____, the undersigned, have read the following statements as one aspect of the orientation process for Volunteers of The Arc of Amador and Calaveras (The Arc).

Confidentiality for the protection of the people we serve rights is an important tool in the treatment of this group. Under no circumstances will the names of the consumers, their problems, their conversations with staff or volunteers, their personal or family background be discussed with anyone outside The Arc. This prohibition includes discussions with other volunteers and staff who are not directly servicing the families or The Arc consumers. Any volunteer seeking to gather or share information must first obtain a written release of confidentiality that is signed by the consumer, the consumer's family/guardian, or The Arc staff. The accumulation of information, or information sharing, must only take place with the supervision of The Arc's staff and must be directly related to the services performed in the capacity of a volunteer with The Arc.

If a consumer wants to share information with you but requests that you not share it with anyone else, it is a good practice to inform the consumer that you may need to share it with other staff members. Then it is up to the consumer to determine if he or she wishes to continue the conversation. This practice will protect you from manipulation on the part of the consumer and protect the consumer from a breach of confidentiality by you.

If you have further questions, please feel free to discuss with the Director of Operations.

Volunteer Signature: _____

Volunteer Name (please print): _____

Date: _____

Please contact:

Lurali Moore, Director of Operations, at (209) 267-5978 X25 or lmoore@arcofamador.org



The Arc of Amador and Calaveras Statement of Good Health

All licensed Day Programs in the state of California are governed by the California Department of Social Services, Community Care Licensing Division. The rules that cover Adult Day Programs are called Title 22 Regulations. Within the regulations there is a section that details personnel requirements.

All personnel, including the licensee, administrator and **volunteers**, shall be in good health and shall be physically and mentally capable of performing assigned tasks. The good physical health of each **volunteer** who works at The Arc shall be verified by:

A statement signed by each volunteer affirming that he/she is in good health.

STATEMENT OF GOOD HEALTH

I understand that in order to ensure the health and safety of Consumers within The Arc of Amador and Calaveras, and to meet Title 22 regulations, that all individuals spending time within the program must have on file a Statement of Good Health.

Therefore, by signing below, I am affirming that I have read the above information and am in good health.

I, (print name) _____ do affirm that I am in good health.

I am volunteering at The Arc of Amador and Calaveras as a:

☐ Family Member of: _____

☐ Other Volunteer: _____

Signature

Date

☐ Amador Campus

☐ Calaveras Campus

☐ SLS

☐ SES

☐ Recreation

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT SUSPECTED ABUSE OF DEPENDENT ADULTS AND ELDERS

NOTE: RETAIN IN EMPLOYEE/ VOLUNTEER FILE

NAME

POSITION

VOLUNTEER

FACILITY

037000102 / 057000034

California law **REQUIRES** certain persons to report known or suspected abuse of dependent adults or elders. As an employee or volunteer at a licensed facility, you are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include care custodians and any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not paid for that responsibility (Welfare and Institutions Code (WIC) Section 15630(a)). **Care custodian** means an administrator or an employee of most public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff (WIC Section 15610.17).

PERSONS WHO ARE THE SUBJECT OF THE REPORT

Elder means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). **Dependent Adult** means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age and those admitted as inpatients in 24-hour health facilities (WIC Section 15610.23).

REPORTING RESPONSIBILITIES AND TIME FRAMES

Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse or neglect occurred, shall complete form SOC 341, "Report of Suspected Dependent Adult/Elder Abuse" for each report of known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (self-neglect), isolation, and abandonment) involving an elder or dependent adult.

Reporting shall be completed as follows:

- If the abuse occurred in a Long-Term Care (LTC) facility (as defined in WIC Section 15610.47) and resulted in serious bodily injury (as defined in WIC Section 15610.67), report by telephone to the local law enforcement agency immediately and no later than two (2) hours after observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local Long-Term Care Ombudsman Program (LTCOP), and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within two (2) hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was physical abuse, but did not result in serious bodily injury, report by telephone to the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local LTCOP, and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was physical abuse, did not result in serious bodily injury, and was perpetrated by a resident with a physician's diagnosis of dementia, report by telephone to the local law enforcement agency or the local LTCOP, immediately or as soon as practicably possible. Follow by sending the written report to the LTCOP or the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, and was abuse other than physical abuse, report by telephone to the LTCOP or the law enforcement agency immediately or as soon as practicably possible. Follow by sending the written report to the local law enforcement agency or the LTCOP within two working days.

- If the abuse occurred in a state mental hospital or a state developmental center, mandated reporters shall report by telephone or through a confidential internet reporting tool (established in WIC Section 15658) immediately or as soon as practicably possible and submit the report within two (2) working days of making the telephone report to the responsible agency as identified below:
 - If the abuse occurred in a State Mental Hospital, report to the local law enforcement agency or the California Department of State Hospitals.
 - If the abuse occurred in a State Developmental Center, report to the local law enforcement agency or to the California Department of Developmental Services.
- For all other abuse, mandated reporters shall report by telephone or through a confidential internet reporting tool to the adult protective services agency or the local law enforcement agency immediately or as soon as practicably possible. If reported by telephone, a written or an Internet report shall be sent to adult protective services or law enforcement within two working days.

PENALTY FOR FAILURE TO REPORT ABUSE

Failure to report abuse of an elder or dependent adult is a MISDEMEANOR CRIME, punishable by jail time, fine or both (WIC Section 15630(h)). The reporting duties are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report (WIC Section 15630(f)).

CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCOPs, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order. Any violation of confidentiality is a misdemeanor punishable by jail time, fine, or both (WIC Section 15633(a)).

DEFINITIONS OF ABUSE

Physical abuse means any of the following: (a) Assault, as defined in Section 240 of the Penal Code; (b) Battery, as defined in Section 242 of the Penal Code; (c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code; (d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water; (e) Sexual assault, that means any of the following: (1) Sexual battery, as defined in Section 243.4 of the Penal Code; (2) Rape, as defined in Section 261 of the Penal Code; (3) Rape in concert, as described in Section 264.1 of the Penal Code; (4) Spousal rape, as defined in Section 262 of the Penal Code; (5) Incest, as defined in Section 285 of the Penal Code; (6) Sodomy, as defined in Section 286 of the Penal Code; (7) Oral copulation, as defined in Section 288a of the Penal Code; (8) Sexual penetration, as defined in Section 289 of the Penal Code; or (9) Lewd or lascivious acts as defined in paragraph (2) of subdivision (b) of Section 288 of the Penal Code; or (f) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions: (1) For punishment; (2) For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given; or (3) For any purpose not authorized by the physician and surgeon (WIC Section 15610.63).

Serious bodily injury means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation (WIC Section 15610.67).

Neglect (a) means either of the following: (1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise; or (2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise. (b) Neglect includes, but is not limited to, all of the following: (1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter; (2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment; (3) Failure to protect from health and safety hazards; (4) Failure to prevent malnutrition or dehydration; or (5) Failure of an elder or dependent adult to satisfy the needs specified in paragraphs (1) to (4), inclusive, for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health (WIC Section 15610.57).

Financial abuse of an elder or dependent adult occurs when a person or entity does any of the following: (1) Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both; (2) Assists in taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both; or (3) Takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult by undue influence, as defined in Section 15610.70 (WIC Section 15610.30(a)).

Abandonment means the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody (WIC Section 15610.05).

Isolation means any of the following: (1) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls; (2) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons; (3) False imprisonment, as defined in Section 236 of the Penal Code; or (4) Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors (WIC Section 15610.43).

Abduction means the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court (WIC Section 15610.06).

AS AN EMPLOYEE OR VOLUNTEER OF THIS FACILITY, YOU MUST COMPLY WITH THE DEPENDENT ADULT AND ELDER ABUSE REQUIREMENTS, AS STATED ABOVE. IF YOU DO NOT COMPLY, YOU MAY BE SUBJECT TO CRIMINAL PENALTY. IF YOU ARE A LONG-TERM CARE OMBUDSMAN, YOU MUST COMPLY WITH FEDERAL AND STATE LAWS, WHICH PROHIBIT YOU FROM DISCLOSING THE IDENTITIES OF LONG-TERM RESIDENTS AND COMPLAINANTS TO ANYONE UNLESS CONSENT TO DISCLOSE IS PROVIDED BY THE RESIDENT OR COMPLAINANT OR DISCLOSURE IS REQUIRED BY COURT ORDER (Title 42 United States Code Section 3058g(d)(2); WIC Section 9725).

I, _____, have read and understand my responsibility to report known or suspected abuse of dependent adults or elders. I will comply with the reporting requirements.

SIGNATURE	DATE
-----------	------

Live Scan Fingerprinting Information

Where: Amador County Sheriff's Office
700 Court Street, Jackson, CA

Days: Mondays & Wednesday Only

Arrival Time: 12:15 pm – 12:30 pm
Arrive early to place your name on the waiting list. Fingerprinting is done on a first come first serve basis, if you do not make it onto the list, you do not get fingerprinted. List fills up quickly.

Times: 1:00 PM - 5:00 PM

Please bring the following items:

- Completed Live Scan Application
- Government issued photo identification (Drivers License, Passport, Military I.D., State ID)
- **\$15.00** Live Scan Fingerprinting Fee

TB Test

Where: Amador County Health Department
10877 Conductor Blvd Suite 400, Sutter Creek

Days: 1st and 3rd Tuesday of each Month.

Times: 2:30PM to 4:30PM

Readings are the following Friday 8:15AM to 8:45AM and 4:00PM to 4:30PM

Please bring the following items:

- Valid State ID
- **\$20.00** Fee

Live Scan Fingerprinting Information

Where: Calaveras County Sheriff's Office
891 Mountain Ranch Road, San Andreas, CA
209-754-6495

Days: Tuesday, Wednesday, Thursday – Appointment Only

Times: 9:00 AM - 4:00 PM

Please bring the following items:

- Completed Live Scan Application
- Government issued photo identification (Drivers License, Passport, Military I.D., State ID)
- **\$17.00** Live Scan Fingerprinting Fee

TB Test

Where: Calaveras County Health Department
700 Mountain Ranch Road, San Andreas
209-754-6460

Days: Monday – Appointment Only (except holidays)
Follow-up appointments made at that time for the following Thursday

Times: 1:20PM to 2:50PM

Please bring the following items:

- Valid State ID
- **\$17.00** Fee



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CCLD A0448

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

ADULT DAY CARE / REHAB

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CA DEPT OF SOCIAL SERVICES

Agency Authorized to Receive Criminal Record Information

03502

Mail Code (five-digit code assigned by DOJ)

PO BOX 944243 MAIL STATION 19-62

Street Address or P.O. Box

N/A

Contact Name (mandatory for all school submissions)

SACRAMENTO

CA 94244-2430

City

State

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number BIL-141267

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: 037000102 / 057000034

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

THE ARC OF AMADOR AND CALAVERAS

Employer Name

Mail Code (five digit code assigned by DOJ)

75 ACADEMY DRIVE

Street Address or P.O. Box

SUTTER CREEK

CA

95685

+1 (209) 267-5978

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



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Applicant Submission

CCLD A0448

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

ADULT DAY CARE / REHAB

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CA DEPT OF SOCIAL SERVICES

Agency Authorized to Receive Criminal Record Information

03502

Mail Code (five-digit code assigned by DOJ)

PO BOX 944243 MAIL STATION 19-62

Street Address or P.O. Box

N/A

Contact Name (mandatory for all school submissions)

SACRAMENTO

CA 94244-2430

City

State

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number BIL-141267

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CCLD A0448

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

ADULT DAY CARE / REHAB

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

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CA DEPT OF SOCIAL SERVICES

Agency Authorized to Receive Criminal Record Information

03502

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PO BOX 944243 MAIL STATION 19-62

Street Address or P.O. Box

N/A

Contact Name (mandatory for all school submissions)

SACRAMENTO

City

CA 94244-2430
State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number BIL-141267

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: 037000102 / 057000034

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

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City

CA 95685
State ZIP Code

+1 (209) 267-5978

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

The Arc of Amador and Calaveras **Hepatitis B Policy**

Due to the potential risk of exposure to Hepatitis B, the following shall be adhered to:

- All consumers entering The Arc of Amador and Calaveras programs shall be informed of the Hepatitis B risk and given appropriate information (consultation/materials). The Arc will collect Hepatitis B immunization data from consumers upon admission.
- All employees and program volunteers shall be informed of the Hepatitis B risk and given appropriate information (consultation/materials).
- The Arc will reimburse employees for actual costs incurred for Hepatitis B screening and/or vaccination. The Arc of Amador and Calaveras reserves the right to send employees to a doctor or clinic of The Arc's choosing.
- The Arc neither encourages, nor discourages Hepatitis B vaccination.
We strongly recommend that individuals consult with their personal physician about Hepatitis B and the potential benefits, risks, and adverse reactions to Hepatitis B screening and vaccination.

Approved 9/14/1993; Revised 5/22/17, 6/2019

Hepatitis B Policy Acknowledgement: Volunteers

I, _____, have received and agree to read the following documents:
Printed Name

1. The Arc of Amador and Calaveras Policy Regarding Hepatitis B;
2. Informational materials on Hepatitis B;
3. Procedures for caring for clients who may be Hepatitis B carriers as per the Bloodborne / Airborne Pathogen Exposure Control Plan.

X _____
Employee Signature

X _____
Date

.....



Hepatitis B Foundation
Cause for a Cure

www.hepb.org

Hepatitis B Fast Facts

Everything you need to know in 2 minutes or less!



Hepatitis B is the most common serious liver infection in the world. It is caused by the hepatitis B virus (HBV) that attacks liver cells and can lead to liver failure, cirrhosis (scarring) or cancer of the liver. The virus is transmitted through contact with blood and bodily fluids that contain blood.

Most people are able to fight off an hepatitis B infection and clear the virus from their blood. This may take up to six months. While the virus is present in their blood, infected people can pass the virus on to others.

Approximately 5-10% of adults, 30-50% of children, and 90% of babies will **not** get rid of the virus and will develop chronic infection. Chronically infected people can pass the virus on to others and are at increased risk for liver problems later in life.

The hepatitis B virus is 100 times more infectious than the AIDS virus. Yet, hepatitis B can be prevented with a safe and effective vaccine. For the 400 million people worldwide who are chronically infected with hepatitis B the vaccine is of no use. However, there are promising new treatments for those who live with chronic hepatitis B.

In the World:



- This year alone, 10 to 30 million people will become infected with the hepatitis B virus (HBV).
- The World Health Organization estimates that 400 million people worldwide are already chronically infected with hepatitis B.
- HBV infection leads to over 1 million deaths each year.

In the US:



- This year alone, 100,000 new people will become infected with HBV.
- The Centers for Disease Control and Prevention (CDC) estimate that 1.25 million Americans are already chronically infected with hepatitis B.
- Between 5000 and 6000 Americans die of hepatitis B-related liver complications each year.

How is Hepatitis B Transmitted?

Hepatitis B is most efficiently transmitted through blood and infected bodily fluids. This can occur through direct blood-to-blood contact, unprotected sex, illicit drug use, and from an infected woman to her newborn during the delivery process.



Hepatitis B can be spread by

- unprotected sex
- sharing IV drug needles
- living in a household with an infected person
- an infected mother to her newborn child at birth
- sharing earrings, razors, or toothbrushes with an infected person
- unsterilized needles, including tattoo or piercing needles
- human bites



Hepatitis B is not spread by

- kissing on the cheek or lips
- coughing or sneezing
- casual contact such as hugging or holding hands
- eating food prepared by an infected individual



People are most at risk for hepatitis B if they

- are born to mothers who are infected with HBV
- live in close household contact with a chronically infected individual
- adopt a child from a country where HBV is prevalent
- have unprotected sex or have more than one sexual partner in a six month period
- have ever been diagnosed with a sexually transmitted disease (STD)
- men who have sex with men
- share needles and syringes
- are health care provider or emergency responder with possible contact with bodily fluids
- are a patient on kidney dialysis
- live or work in an institutional setting, such as a prison or group home

Can hepatitis B be prevented?



YES! Ask your doctor about the safe and effective vaccine and protect yourself and your loved ones for a lifetime. The CDC and the American Academy of Pediatrics recommend that all infants, children and adolescents up to age 18 receive the HBV vaccine. The vaccine is also recommended for all adults who may be at high risk for infection.

The cost for the vaccine varies in the US, but most insurance plans cover infants and children to 18 years of age. Some people can receive the vaccine free of charge from their local public health clinic. High-risk adults may also be covered by their health insurance or can receive the vaccine through an STD or family planning clinic.

Remember, it only takes three shots to provide a lifetime of protection!



Additional hepatitis B resources

Visit our website at www.hepb.org

Centers for Disease Control and Prevention (CDC) hepatitis branch at www.cdc.gov/hepatitis

American Liver Foundation at www.liverfoundation.org

Immunization Action Coalition at www.immunize.org

Measles Acknowledgement: Volunteers

I, _____, have received and agree to read the following documents:
Printed Name

1. Informational materials on Measles;
2. Procedures for caring for clients who may have Measles as per the Bloodborne / Airborne Pathogen Exposure Control Plan.

I understand that by declining to provide proof of Measles immunization, that in the event of an exposure I will be excluded from volunteer duty until either my immunity can be established or until I no longer present a substantial risk of developing Measles and/or transmitting it to others (which could be for up to 21 days after last exposure).

X _____
Volunteer Signature

X _____
Date

ALL ABOUT MEASLES

for Parents, Families, and the Community



MEASLES SYMPTOMS

Measles disease starts with a high fever followed by the "3 C's" that include cough, runny nose (coryza), and/or red, watery eyes (conjunctivitis). A red, blotchy rash begins 2-4 days after onset. The rash begins at the hairline and spreads down to the face, body, and then to the hands and feet over the next 3 days. The rash then fades in the same order it appeared. The rash lasts 5-6 days.

Up to a third of measles cases become severe and may progress to pneumonia, seizures, encephalitis, brain damage, and death.



HOW IS MEASLES SPREAD?

Measles is very contagious and can be spread when an infected person coughs or sneezes. The virus can live in the air and on surfaces for at least two hours. A person with measles is infectious four days before the start of the rash until 4 days after the rash begins.

WHAT TO DO IF YOU THINK YOU HAVE MEASLES

If you think you may have measles, **CALL YOUR HEALTH CARE PROVIDER FIRST** for instructions on what to do. Calling ahead will avoid exposing others. It is very important to stay home and away from others when sick.

MEASLES TREATMENT

There is no specific treatment for measles. Measures can be taken to possibly prevent measles in persons who have been exposed.

MEASLES PREVENTION:

The best way to prevent measles is through two doses of MMR (measles-mumps-rubella) vaccine given according to the recommended schedule:

- First dose of MMR—given on or after the first birthday
- Second dose of MMR—recommended to be given at age 4-6 years, may be given as soon as 1 month after the first dose.

Since MMR vaccine is not routinely given to children less than one year of age, it is especially important for family members of young children to make sure that everyone in their household is up to date on their vaccinations to protect the family from illness. Please contact your health care provider or your local health department for further information about MMR vaccine.

If you have any questions, please contact your local health department

<http://www.azdhs.gov/phs/oids/contacts.htm#L>

MMR (Measles, Mumps, and Rubella) 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?

Measles, mumps, and rubella are viral diseases that can have serious consequences. Before vaccines, these diseases were very common in the United States, especially among children. They are still common in many parts of the world.

Measles

- Measles virus causes symptoms that can include fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body.
- Measles can lead to ear infections, diarrhea, and infection of the lungs (pneumonia). Rarely, measles can cause brain damage or death.

Mumps

- Mumps virus causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears on one or both sides.
- Mumps can lead to deafness, swelling of the brain and/or spinal cord covering (encephalitis or meningitis), painful swelling of the testicles or ovaries, and, very rarely, death.

Rubella (also known as **German Measles**)

- Rubella virus causes fever, sore throat, rash, headache, and eye irritation.
- Rubella can cause arthritis in up to half of teenage and adult women.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases can easily spread from person to person. Measles doesn't even require personal contact. You can get measles by entering a room that a person with measles left up to 2 hours before.

Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2 MMR vaccine

Children should get 2 doses of MMR vaccine, usually:

- First dose: 12 through 15 months of age
- Second dose: 4 through 6 years of age

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. This can provide temporary protection from measles infection, but will not

give permanent immunity. The child should still get 2 doses at the recommended ages for long-lasting protection.

Adults might also need MMR vaccine. Many adults 18 years of age and older might be susceptible to measles, mumps, and rubella without knowing it.

A third dose of MMR might be recommended in certain mumps outbreak situations.

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

There is a combination vaccine called **MMRV** that contains both chickenpox and MMR vaccines. MMRV is an option for some children 12 months through 12 years of age. There is a separate Vaccine Information Statement for MMRV. Your health care provider can give you more information.

3 Some people should not get this vaccine

Tell your vaccine provider if the person getting the vaccine:

- **Has any severe, life-threatening allergies.** A person who has ever had a life-threatening allergic reaction after a dose of MMR vaccine, or has a severe allergy to any part of this vaccine, may be advised not to be vaccinated. Ask your health care provider if you want information about vaccine components.
- **Is pregnant, or thinks she might be pregnant.** Pregnant women should wait to get MMR vaccine until after they are no longer pregnant. Women should avoid getting pregnant for at least 1 month after getting MMR vaccine.
- **Has a weakened immune system** due to disease (such as cancer or HIV/AIDS) or medical treatments (such as radiation, immunotherapy, steroids, or chemotherapy).
- **Has a parent, brother, or sister with a history of immune system problems.**
- **Has ever had a condition that makes them bruise or bleed easily.**
- **Has recently had a blood transfusion or received other blood products.** You might be advised to postpone MMR vaccination for 3 months or more.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

- **Has tuberculosis.**
- **Has gotten any other vaccines in the past 4 weeks.** Live vaccines given too close together might not work as well.
- **Is not feeling well.** A mild illness, such as a cold, is usually not a reason to postpone a vaccination. Someone who is moderately or severely ill should probably wait. Your doctor can advise you.

4 Risks of a vaccine reaction

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

Getting MMR vaccine is much safer than getting measles, mumps, or rubella disease. Most people who get MMR vaccine do not have any problems with it.

After MMR vaccination, a person might experience:

Minor events:

- Sore arm from the injection
- Fever
- Redness or rash at the injection site
- Swelling of glands in the cheeks or neck

If these events happen, they usually begin within 2 weeks after the shot. They occur less often after the second dose.

Moderate events:

- Seizure (jerking or staring) often associated with fever
- Temporary pain and stiffness in the joints, mostly in teenage or adult women
- Temporary low platelet count, which can cause unusual bleeding or bruising
- Rash all over body

Severe events occur very rarely:

- Deafness
- Long-term seizures, coma, or lowered consciousness
- Brain damage

Other things that could happen after this vaccine:

- People sometimes faint after medical procedures, 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 routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions to a vaccine are 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 usually 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 and get to the nearest hospital. Otherwise, call your health care provider.

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 MMR Vaccine

2/12/2018

42 U.S.C. § 300aa-26



Office use only

BLOODBORNE / AIRBORNE PATHOGENS EXPOSURE CONTROL PLAN

POLICY

The Arc of Amador and Calaveras is committed to providing a safe and healthful work environment for our employees. The following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne or pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens," or to airborne pathogens. The ECP is a key document to assist The Arc in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- MMR vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Director of Operations is responsible for the implementation of the ECP. The Director of Operations will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures, and to reflect new or revised employee positions with occupational exposure.

Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM), must comply with the procedures and work practices outlined in this ECP.

All Arc Programs will maintain and provide all necessary personal protective equipment (PPE), engineering controls, labels, and hazardous waste bags/containers as required by the standard. Program Directors will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Director of Operations will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Director of Operations will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at The Arc of Amador and Calaveras in which **all** employees have occupational exposure:

JOB TITLE	DEPARTMENT/LOCATION
<i>Specialists</i>	<i>All Programs</i>
<i>Leaders</i>	<i>All Programs</i>
<i>Coordinators</i>	<i>All Programs & Administration</i>
<i>Directors</i>	<i>All Programs & Administration</i>

The following are **some** job duties in which occupational exposure may occur for above individuals:

JOB DUTIES

Trash Handling, Wound & Injury Care, Vomiting & Illness, Bathroom Assistance, Laundry Handling

Full-time, Part-time, Supplemental, temporary, contract and per diem employees are covered by the standard.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting their Program Director. If requested, The Arc will provide an employee with a copy of the ECP free of charge and within 15 days of the request. Airborne risks, such as Measles, will be discussed in initial training.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to pathogens. The specific engineering controls and work practice controls used are listed below:

- Needles are not to be handled by The Arc's Staff and are to be disposed of in accordance with hazardous waste guidelines
- Broken glass or other sharp objects are not to be handled with bare hands, use a broom and dust pan to sweep up jagged pieces
- Wear/Use PPE's whenever exposure to a pathogen is possible

The Arc identifies the need for changes in engineering control and work practices through changes in regulation and employee input. We evaluate new procedures regularly by subscribing to OSHA and other industry newsletters, subscribing to various Human Resource programs and talking to employees. The Director of Operations will ensure effective implementation of recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by Program Directors and/or the Director of Operations in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

- Gloves and goggles are located in all first aid kits (in all buildings and vehicles)
- Masks are available at each facility
- Resuscitation bags are located at each facility
- Additional supplies may be obtained through Program Directors and/or Coordinators
- The Director of Operations is responsible for ordering PPE and other supplies

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in the following procedure:
 - Carefully put contaminated PPE in a plastic bag or other container,
 - Tape the bag/container closed
 - Write "Hazardous Material" on the bag with a marker
 - Dispose of bag/container in the outside dumpster
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Immediately distribute and use masks for a suspected airborne pathogen.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.

- Use/Wear the appropriate PPE, such as gloves, when handling and/or sorting contaminated laundry

Labels

Label all bags/containers containing contaminated PPE's, blood or OPIM with a marker clearly stating what is in the bag/container.

HEPATITIS B VACCINATION

Program Directors and/or the Director of Operations will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series,
- 2) antibody testing reveals that the employee is immune, or
- 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Employee's HIPAA File, located in the Director of Operations office.

MEASLES VACCINATION

Program Directors and/or the Director of Operations will provide training to employees on Measles vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The Measles vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series or
- 2) antibody testing reveals that the employee is immune, or
- 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Employee's HIPAA File, located in the Director of Operations office.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact your Program Director, the Director of Operations and/or the Executive Director *immediately*. An immediately available confidential medical evaluation and follow-up will be conducted. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individual tested as soon as possible; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual's illness is already known, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident.
- If the employee does not give consent for serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Director of Operations ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Director of Operations will provide the employee a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Director of Operations will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, masks, etc.*)
- Location of the incident (*Kitchen, Bath Room, etc.*)
- Procedure being performed when the incident occurred
- Employee's training

The Director of Operations will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log. If it is determined that revisions need to be made, the Director of Operations will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne or airborne pathogens receive training conducted by the Director of Operations. All employees who have occupational exposure to bloodborne pathogens receive training on the transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the Measles vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM, or airborne pathogen exposure
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for The Arc are available with every Program Director, the Director of Operations and the Executive Director

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** in each Employee File and/or the Training Log located in the Director of Operations office.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Director of Operations.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Director of Operations is responsible for the maintenance of the required medical records. These **confidential** records are kept in Employee HIPAA files located in the Director of Operations office for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Director of Operations.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Director of Operations.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 myself. However, I decline hepatitis B vaccination at this time. I understand that 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. If I have been vaccinated or recently tested, I will provide records of vaccination or testing to keep in my employee file.

Printed Name: _____ Signed: _____ Date: _____

MEASLES VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Measles infection. I have been given the opportunity to be vaccinated with Measles vaccine, at no charge to myself. However, I decline Measles vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Measles, a serious disease, and that in the event of an exposure I will be excluded from work until either my immunity can be established or until I no longer present a substantial risk of developing Measles and/or transmitting it to others (which could be for up to 21 days after last exposure). If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Measles vaccine, I can receive the vaccination series at no charge to me. If I have been vaccinated or recently tested, I will provide records of vaccination or testing to keep in my employee file.

Printed Name: _____ Signed: _____ Date: _____