

This document is a draft provided solely for the purposes of facilitating discussion at the June 7, 2011 meeting. This document IS NOT a rulemaking proposal from Cal/OSHA, or any other entity. Attachment A contains modifications that could be made to this standard if alternate control measures were to be permitted for certain acts.

## Section 5193.1 Sexually transmitted infections in the adult entertainment industry

### (a) Scope and Application.

- (1) This section applies to all occupational exposure to bloodborne pathogens and other sexually transmitted infections in the adult entertainment industry, as defined below.
- (2) Employers shall also comply with Section 5193 when employee activities include Intentional parenteral exposure, for example, when piercing the skin or providing injections.
- (3) The employer shall provide all safeguards required by this section, including the provision of personal protective equipment, training, and medical services, at no cost to the employee, at a reasonable time and place for the employee, and during the employee's working hours.

Note to subsection (a): This section supersedes the requirements of Section 5193 in establishments to which this section applies, except for employers who utilize sharps other than personal care sharps, as defined below.

### (b) Definitions. For purposes of this section, the following shall apply:

"Adult Entertainment" means the production of any film, video, multimedia, or other recorded or live representation in which performers actually engage in any activity that may result in exposure of the eyes, skin, mouth, anus, vagina, or other mucous membranes to the blood or OPIM—STI of another person if protective measures are not in place.

"Barrier" means a condom or other physical block that prevents the passage of blood and OPIM-STI to another person.

"Blood" means human blood, human blood components, and products made from human blood.

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

"Chief" means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

"Chlamydia" means the disease caused by the bacteria *Chlamydia trachomatis* (CT).

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM-STI) on a surface or in or on an item.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.

"Consortium PLHCP" means a PLHCP who provides medical services to one or more employers in accordance with this standard and who meets the requirements in subsection (e)(1)(B).

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

"Engineering Controls" means controls (e.g., sharps disposal containers, barrier protection, simulation) that isolate or remove the bloodborne pathogens exposure hazard from the workplace.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM-STI that results from the performance of an employee's duties.

"Genital herpes" means the disease caused by herpes simplex virus when it occurs in or on the genitals.

"Genitals" means the penis, vulva, vagina, urethra, and anus, and adjacent structures and mucous membranes.

"Gonorrhea" means the disease caused by the bacteria *Neisseria gonorrhoeae* (GC).

"HBV" means hepatitis B virus.

"HCV" means hepatitis C virus.

"HIV" means human immunodeficiency virus.

"HPV" means human papilloma virus

"Licensed Health Care Professional" is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

Local health officer (LHO). The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR. Note: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.

"NIOSH" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"Occupational exposure" means reasonably anticipated contact of the eye, mouth, genitals or other mucous membranes with genitals of another person, or with blood or OPIM—STI, that may result from the performance of an employee's duties. Simulated activities, in which there is no potential for actual contact of a person's eyes, skin, mouth or mucous membranes with a source individual's vagina, penis, or anus or with blood or OPIM—STI, are not considered to create occupational exposure.

"OPIM—STI" means pre-ejaculate, ejaculate, semen, vaginal secretions, fecal matter and rectal secretions, secretions from wounds or sores that are potentially infected with sexually transmitted pathogens, any other bodily fluid when visibly contaminated with blood or all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

"Parenteral Contact" means piercing mucous membranes or the skin barrier through such events as intentional piercing, needlesticks, human bites, cuts, and abrasions.

"Personal care sharps" means razors, scissors, and similar tools used by an individual to perform cosmetic procedures on herself or himself, such as shaving. Personal care sharps do not include tools intended for piercing the skin, or for the purpose of applying tattoos or other permanent cosmetics.

"Personal Protective Equipment" is any garment or equipment used to prevent contact of an employee's eyes, skin, mucous membranes, or genitals with the blood or OPIM-STI of another.

"Physician or other Licensed Health Care Professional" (PLHCP) means an individual whose legally permitted scope or practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by this section.

"Producer" means an employer who arranges for, finances, directs, records, broadcasts, displays, or edits a scene or combination of scenes. An employer who solely reproduces and distributes material obtained from another producer in its entirety, and who does not further edit or combine the material, is not considered a producer for the purposes of this section.

"Set" means the area in which the performance occurs.

“Sexually Transmitted Infection or “STI”” means any infection primarily spread by sexual contact, including but not limited to HIV/AIDS, gonorrhea, syphilis, chlamydia, hepatitis B, genital herpes, and human papillomavirus infection.

“Source Individual” means an employee or other individual whose blood or OPIM-STI may be a source of occupational exposure to an employee.

“Syphilis” means the disease caused by infection with *Treponema pallidum*.

“Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human bodily fluids are treated as if known to be infectious.

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., procedures for changing condoms, use of lubricant).

(c) Exposure Prevention and Response.

(1) Exposure control plan

(A) Each employer having any employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement, and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. A list of the tasks or activities that involve or may involve occupational exposure to blood or OPIM—STI if control measures are not implemented. This determination shall be made without regard to the use of personal protective equipment.
2. The control measures that will be used for each task or activity, or group of similar tasks or activities, as required by subsection (d).
3. The procedures for the evaluation of circumstances surrounding exposure incidents as required by subsection (e).
4. The schedule and method of implementation for medical services, including provision of vaccinations, periodic medical monitoring, and post-exposure evaluation as required by subsection (f).
5. The procedures for providing training, in accordance with subsection (g)
6. The procedures for recordkeeping in accordance with subsection (h).
7. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is available at the worksite at all times that employees are present.

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to ensure that effective control measures are

implemented for every task involving occupational exposure. Employees shall be involved in the plan review.

(E) The plan shall also be reviewed after each exposure incident to determine the cause of the incident and to determine whether any change in control measure is necessary.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee, upon request, for examination and copying.

(d) Methods of Compliance.

(1) General. Universal precautions shall be observed to prevent contact with blood or OPIM—STI. Under circumstances in which differentiation between bodily fluid types is difficult or impossible, all bodily fluids shall be considered potentially infectious materials.

(2) General control measures. Each employer engaged in the production of adult entertainment is required to maintain engineering and work practice controls sufficient to protect employees from exposure to blood and/or OPIM-STI.

Engineering and work practice controls include, but are not limited to:

(A) Simulation of sex acts using acting and production and post-production techniques;

(B) Ejaculation onto surfaces other than another person's body;

(C) Provision of and required use of condoms or other barrier protection to prevent genital contact of one person with the genitals of another person;

(D) The provision of condom-safe water-based or silicone-based lubricants to facilitate the use of condoms;

(E) Provision of and required use of condoms or other barrier protection to prevent genital and oral contact with the blood or OPIM—STI of another person;

(F) The employer shall develop and implement work practices for the use of condoms and other barriers. These procedures shall include:

1. Only latex, polyurethane, or other FDA-approved condoms will be used.

Barriers will be made of latex, polyurethane, or other non-permeable material.

2. Condoms that do not contain nonoxynol-9 and other spermicides shall be available at all times when work requiring condoms is performed.

3. Condoms will not be used with lubricants capable of compromising the integrity of the condom barrier (e.g. latex condoms will not be used with oil-based lubricants).

4. Condoms will be used with sufficient lubricant to minimize potential breakage. Lubricant shall not be irritating to mucous membranes.

5. No condom will be used that is past the marked expiration date.

Condoms (internal or external) will be used according to the manufacturer's instructions and FDA approval.

6. No condom or other barrier will be reused.

7. Barriers will be used so that only one side has contact with a performer's genitalia, anus, or OPIM—STI.

8. No condom will be used if the interior of the condom has contact with another performer's blood/ OPIM—STI prior to being put in place for use.

9. The same condoms or other barriers will not be used for different *anatomical sites* or different performers.

10. Condoms and other barriers will be put in place prior to any contact with blood or OPIM—STI.

(3) Other Prohibited Practices.

(A) Personal care sharps shall not be reused on a different individual, unless the items have been decontaminated in accordance with Section 5193.

(B) Objects that have become contaminated with blood or OPIM—STI at one anatomic site shall not be reused on another anatomic site, or on another person, unless the object has been appropriately disinfected.

(C) Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(D) The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

(E) Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

(4) Specific Control Measures

(A) Contaminated Sharps

1. The use, disposal, and disinfection of all contaminated sharps other than broken glass and personal care sharps shall be in accordance with section 5193.

2. Immediately, or as soon as possible after use, all contaminated personal care sharps and broken glass shall be disposed of in appropriate containers. These containers shall be rigid, puncture resistant, leakproof on the sides and bottom, and capable of being completely closed. These containers shall be closed and sealed prior to disposal.

(B) Contaminated Waste. Non-sharps waste contaminated with blood or OPIM—STI shall be disposed of in plastic bags or other impermeable containers, which are closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and closed prior to removal. If outside contamination of a container of contaminated waste occurs, it shall be placed in a secondary container that meets the requirements of this subsection.

(C) Cleaning and Decontamination of the Worksite.

1. The employer shall ensure that the worksite is maintained in a clean and sanitary condition.

2. The employer shall provide plastic coverings or other disposable materials to facilitate cleaning of the work area.

3. The employer shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

4. The method of cleaning or decontamination used shall be effective and shall be appropriate for the type of surface or equipment to be treated, the type of soil or contamination present, and the tasks or procedures being performed in the area.

5. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM—STI, at the end of each scene, and no later than at the end of each day of production.
  6. Employers shall ensure that cleaning and disinfection methods that are used for sex toys and other objects that may have contact with an employee's genitals, eyes, skin, or other mucous membranes do not cause irritation or other damage to the employee.
  7. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM—STI shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- (D) Hygiene.
1. Employers shall provide hygiene facilities, including toilet facilities, washing facilities, shower facilities, and change rooms meeting the requirements of Article 9.
  2. The employer shall establish work practices to ensure that body areas contaminated with blood or OPIM—STI are cleaned between sexual acts with the same or different persons.
  3. The employer shall ensure that soaps and other cleaners are not irritating to or otherwise damaging of the employee's skin or mucous membranes.
- (E) Laundry
1. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
  2. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
  3. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
  4. The employer shall ensure that laundry is processed in a manner that meets the requirements Title 22, Section 70825.
  5. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (g)(1)(A).
- (F) Personal Protective Equipment
1. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, condoms, gloves, and eye protection. Personal protective equipment will be considered "appropriate" only if it does not permit blood or OPIM—STI to

pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

2. The employer shall ensure that the employee uses appropriate personal protective equipment. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic materials shall be readily accessible to those employees who are allergic to the equipment normally provided.

3. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

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

5. Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM—STI, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of section 3384.

a. Disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

b. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must 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.

6. Barrier protection for the eye, skin, and mucous membranes. The employer shall not permit ejaculation onto the employee's eyes, skin, or mucous membranes. If work activities may expose the employee's eyes, skin, or mucous membranes to blood or OPIM—STI, the employer shall provide suitable barrier protection.

(e) Medical services and post exposure follow-up.

(1) General.

(A) The employer shall establish, implement and maintain a system of medical services and post-exposure evaluation and follow-up for all employees who have occupational exposure. All medical services required by this section shall be provided at no cost to the employee, made available at a reasonable time and

place and during the employee's working hours, performed by or under the supervision of a physician or other licensed health care professional (PLHCP), and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by subsection (f).

(B) Employers may contract with a consortium PLHCP to provide some or all of these services, and may make arrangements to share costs with other employers so long as none of these costs are borne by employees. The employer(s) shall only contract with a consortium PLHCP who agrees to do the following:

1. Report communicable diseases to the local health officer in accordance with Title 17, California Code of Regulations, and shall agree to cooperate with the local health officer to investigate and control communicable diseases.
2. For occupational injuries or illnesses, complete and file the Doctor's First Report of Occupational Injury or Illness in accordance with section 14006
3. Maintain the contact information for each contracting employer, and provide that information to the Chief, the local health officer, and the California Department of Public Health upon request.

(C) When such a consortium PLHCP is acting as the evaluating health care professional after an exposure incident, the employer shall advise the employee that the employee may refuse to consent to post-exposure evaluation and follow-up from the PLHCP. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a different PLHCP.

(D) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Vaccinations.

(A) General. The employer shall provide HBV and HPV vaccine to all employees who have occupational exposure.

(B) Each vaccination series required by this section shall be made available after the employee has received the training required in subsection (f)(2)(H)9, and prior to the employee's initial assignment to all employees who have occupational exposure, unless the employee has previously received the complete vaccine series as described in Appendix C. Vaccines need not be provided if the PLHCP determines that the vaccine is contraindicated for medical reasons.

(C) HBV vaccine need not be provided if serological testing reveals that the employee is immune. However, the employer shall not make participation in a prescreening program a prerequisite for receiving HBV vaccine.

(D) HPV vaccine shall be provided to each employee who meets the qualifications in the vaccine licensure by the United States Food and Drug Administration (FDA).

(E) If the employee initially declines an offered vaccine, but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available the vaccine available at that time.

(F) The employer shall assure that employees who decline to accept HBV vaccination offered by the employer sign the statement in Appendix A-1. The employer shall assure that employees who decline to accept HPV vaccination offered by the employer sign the statement in Appendix A-2.

(G) If a routine booster dose(s) of HBV vaccine or HPV vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section f)(1)(B).

(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred.

(B) The employer shall identify and document the source individuals involved in the exposure incident, unless the employer can establish that identification is infeasible or prohibited by state or local law. The employer shall provide the following medical services:

1. The blood of all source individuals shall be collected and tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, HIV, and syphilis infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When one of the source individuals is already known to be infected with HBV, HCV, or HIV, testing for that individual's known HBV, HCV, or HIV status need not be repeated.

2. If an employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. Each source individual shall be tested for other STI's by urine, and by culture swabs of appropriate areas, based upon the routes of exposure.

4. While guarding the source individual's anonymity, results of each source individual's testing shall be made available to the other exposed employees, and the employees shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

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

(C) The employer shall provide for post-exposure prophylaxis for exposed employees, when medically indicated, as recommended by the U.S. Public Health Service.

(D) The employer shall provide for counseling of employees, and evaluation of reported employee illnesses.

(E) The employer shall investigate all exposure incidents to determine whether control measures were in place, whether procedures for exposure incidents were followed, and whether control measures need to be modified to prevent further

incidents. These records shall be created and maintained in accordance with subsection (g)(3)(B).

(F) The employer shall ensure that all exposure incidents, post-exposure evaluations, and employee infections and illnesses are recorded in accordance with Title 8, California Code of Regulations, Division 1, Chapter 7.

(4) Information Provided to the PLHCP

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the PLHCP evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;
2. A description of the exposed employee's duties as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);
4. Results of the source individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) PLHCP's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B virus and/or human papilloma virus vaccination shall be limited to whether the vaccination(s) is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and
2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM—STI which require further evaluation or treatment.
3. Any recommended limitations on the employee's activities in relationship to this standard.

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

(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with subsection (g)(1) of this section.

(f) Communication of Hazards to Employees.

(1) Labels and sign. Where sharps, other than personal care sharps, are used, or where contaminated laundry is sent off-site, the employer shall comply with Section 5193(g)(1).

(2) Information and Training

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At or prior to the time of initial assignment to tasks where occupational exposure may take place and prior to performance of those tasks.
2. At least annually thereafter.
3. For employees who have received training on bloodborne pathogens and STIs in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(C) Annual training for all employees shall be provided within one year of their previous training.

(D) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(E) Employers shall conduct a safety meeting prior to beginning production on every scene. The employer shall provide information to all individuals who will participate in the production of the scene regarding the control measures to be used, and specific information regarding the employer's procedures for emergencies, exposure incidents, and post-exposure evaluation and follow-up.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain, at a minimum, the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology, Signs, and Symptoms. A general explanation of the epidemiology, signs, and symptoms of bloodborne diseases and STIs. This shall include how employees may perform self-examination for signs of STIs and recognize those signs in partners. This training shall also include the information that many STIs have no symptoms or visible signs even though they may be transmitted.
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens and STIs;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, administrative or work practice controls, and personal protective equipment. Where the employer is utilizing alternate control measures to comply with subsection (d)(2)(E), the employer shall explain how those procedures are implemented.

7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination, and disposal of laundry, personal protective equipment, sex toys, and other contaminated items;
  8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
  9. Vaccination. Information on the hepatitis B virus (HBV) vaccine and human papilloma virus (HPV) vaccine , including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccines and vaccinations will be offered free of charge;
  10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM—STI ;
  11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and, where relevant, the procedure for recording the incident on the Sharps Injury Log.
  12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
  13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and
- (H) Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.
- (I) Due to the intermittent nature of employment in this industry, one or more employers may arrange to conduct training as a consortium on the general elements of subsection (f)(2)(H), so long as each employer ensures that the training provided meets the following conditions:
1. Each individual who will participate in a production is trained prior to their first assignment involving occupational exposure, and at least annually thereafter.
  2. There is an opportunity for interactive questions and answers during each part of the training.
  3. The initial and annual training, as supplemented by the pre-production safety meeting, include all of the required elements, including the specific information required about the employer's control measures and the employer's procedures for exposure incidents and post-exposure evaluation and follow-up.
- (g) Recordkeeping.
- (1) Medical Records.
- (A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204. These records may be maintained with an off-site PLHCP, so long as the medical records are immediately available at all times when post-exposure evaluation may be necessary.
- (B) This record shall include:

1. The name and any employee identifying number, if one is used by the employer;
2. A copy of the employee's HBV and HPV vaccination status including the dates of all vaccinations and post vaccination testing, and any medical records relative to the employee's ability to receive vaccination as required by subsection (e)(2);
3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (e)(3);
4. The employer's copy of the healthcare professional's written opinion as required by subsection (e)(5); and
5. A copy of the information provided to the healthcare professional as required by subsections (e)(4) and (e)(6).

(C) Confidentiality. The employer shall ensure that employee medical records required by subsection (g)(1) are:

1. Kept confidential; and
2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204, Access to Employee Exposure and Medical Records.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Records of implementation of the Exposure Control Plan.

(A) Records of annual review of the Exposure Control Plan shall include the name(s) of the person conducting the review, the dates the review was conducted and completed, the name(s) and job categories of employees involved, and a summary of the conclusions. The record shall be retained for three years.

(B) Records of the evaluation of exposure incidents shall be retained and made available as employee exposure records in accordance with Section 3204. These records shall include:

1. The date of the exposure incident;
2. The names, and any other employee identifiers used in the workplace, of employees who were included in the exposure evaluation;
3. The type of work activity being performed and the employer's control measures for that activity.
4. A summary of how the exposure incident occurred, and whether exposure resulted from a lack of use of specified control measures, a failure of control measures, or other factors.

4. A statement as to whether the exposure was reported and appropriate medical follow-up was provided in a timely manner.
5. The date of the evaluation.
6. A description of any corrective action taken, and the date of that action. .

(4) Each producer shall maintain for each segment of footage produced or purchased the information listed in subsections (g)(4)(A) through (g)(4)(E) below. This information shall be furnished to the Chief and/or representatives of the Chief, NIOSH, the local health department, and the California Department of Public Health upon request. This requirement does not apply to materials purchased in whole from other producers, solely for the purpose of distribution. The records required by this subsection shall be maintained for a minimum of 5 years.

(A) The date the activities involving occupational exposure were performed.

(B) The street address, city and state of the filming.

(C) The stage name, legal name, residence address, and phone number for each person who participated in the filming, including production crew, actors, and directors.

(D) The name, address, and phone number of the entity responsible for filming the video, and the name, address and phone number of the entity to which the video was sold.

(E) A record of the engineering and work practice controls and personal protective equipment used during the production.

(5) Availability.

(A) The employer shall ensure that all records, other than the employee medical records more specifically dealt with in subsection (g)(5)(C), required to be maintained by this section shall be made available upon request to the Chief, NIOSH, the California Department of Public Health, and the local health officer for examination and copying.

(B) Employee training records, the exposure control plan, and records of implementation of the exposure control plan, other than medical records containing individually identifiable medical information, shall be made available as employee exposure records in accordance with section 3204(e)(1) to employees and employee representatives.

(C) Employee medical records required by this subsection shall be provided upon request to the subject employee, anyone having the written consent of the subject employee, the California Department of Public Health, the local health officer, the Chief, and NIOSH in accordance with section 3204 of these orders, Access to Employee Exposure and Medical Records, for examination and copying.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving the transfer of employee medical and exposure records that are set forth in section 3204, Access to Employee Exposure and Medical Records, of these orders.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Chief and NIOSH, at least three months prior to the disposal of the records and shall transmit them to NIOSH, if required by NIOSH to do so, within that three-month period.

(h) Appendices A1 and A2 to this section are incorporated as a part of this section and the provisions are mandatory.

#### Appendix A1-Hepatitis B Vaccine Declination (MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or other potentially infectious material – sexually transmitted Infections (OPIM-STI), 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

#### Appendix A2-Human Papilloma Virus Vaccine Declination (MANDATORY)

The employer shall assure that employees who decline to accept human papilloma vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or other potentially infectious material – sexually transmitted infections (OPIM--STI), I may be at risk of acquiring human papilloma virus infection. I have been given the opportunity to be vaccinated with human papilloma vaccine, at no charge to myself. However, I decline human papilloma vaccination at this time. I understand that by declining this vaccine, I

continue to be at risk of acquiring human papilloma virus, an incurable infection that may be transmitted to others, and may increase the risk that I may develop cancer. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with human papilloma vaccine, I can receive the vaccination series at no charge to me.

DRAFT