

UNIVERSITY OF MARYLAND EASTERN SHORE

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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INTRODUCTION

In 1991, the Occupational Safety and Health Administration (OSHA) published the Bloodborne Pathogens Standard (29 CFR 1910.1030) in response to rising concern over transmission of HIV to healthcare workers. The OSHA BBP Standard refers to blood and Other Potentially Infectious Material (OPIM). OPIM includes the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood. It covers all employees who could be "reasonably anticipated" to contact blood and other potentially infectious material (OPIM) as a result of performing their job duties.

The standard requires:

- Development of a facility exposure control plan
- Exposure determination
- Annual Bloodborne Pathogens training
- Use of universal precautions
- Appropriate personal protective equipment
- Provision of hepatitis B vaccine at no cost to employee

Bloodborne pathogens (BBP) are organisms that are present in the blood and certain other body fluids of infected persons. They are transmitted by blood-to-blood contact, not by casual contact. Examples of bloodborne pathogens are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). The occupational routes of transmission of bloodborne pathogens are by 1) needlestick or cut from a contaminated sharp object; 2) splash to the eyes, nose, or mouth; and 3) contact with broken skin.

PURPOSE

The purpose of the Bloodborne Pathogens Exposure Control Plan (ECP) is to establish the process for compliance with the Occupational Safety and Health Administration (OSHA) regulation, "Occupational Exposure to Bloodborne Pathogens; Final Rule" (29 CFR Part 1910.1030) and its amendments.

REGULATORY REQUIREMENTS

29 CFR Part 1910.1030 and its amendments, Occupational Safety and Health Act (OSHA), "Occupational Exposure to Bloodborne Pathogens; Final Rule"

OSHA Directive CPL 2-2.44D: Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens

OSHA Needlestick Safety and Prevention Act

COMAR 26.13.11, Special Medical Wastes (Regulated by Maryland Department of the Environment)

RESPONSIBILITIES

Environmental Health and Safety (EHS) is responsible for the following:

- (a) Prepare and implement the *ECP*;
- (b) Maintain and annually review the *ECP* for effectiveness and update as necessary
- (c) Provide or coordinate training for all affected workers concerning occupational transmission of bloodborne pathogens, as required in the standard;
- (d) Maintain training records;
- (e) Assist departments in identifying employee job classifications in which occupational exposure to human blood or OPIM may occur;
- (f) Evaluate circumstances surrounding exposure incidents; and
- (g) Coordinate disposal of regulated waste.

Department Chairs/Directors/Supervisors are responsible for the following:

- (a) Provide, at no cost to the employee, all supplies and personal protective equipment (PPE) and vaccinations that are necessary for compliance with this *ECP*;
- (b) Ensure that the *ECP* is accessible to all employees in the worksite and that the employees comply with the requirements of the Plan;
- (c) Provide specific work practice training and maintain copies of those training records; and
- (d) Solicit input from non-managerial employees who are responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls and document the solicitation in the *ECP*.

University employees with occupational exposure to human blood or OPIM are responsible for the following:

- (a) Adhere to the requirements of the *ECP*;
- (b) Complete all safety training requirements and comply with documentation procedures; and
- (c) Report all suspected exposure incidents

DEFINITIONS

Blood – human blood, human blood components, and products made from human blood

Bloodborne pathogens - pathogenic microorganisms that are present in human blood that can cause disease in humans, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV)

Clinical Laboratory – a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated – the presence or the reasonable anticipated presence of blood or other potentially infectious materials on the item or surface.

Contaminated Laundry – laundry which has been soiled with blood or other potentially infectious materials

Contaminated Sharps – any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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

Engineering Controls - controls (e.g., safer medical devices, such as sharps with engineered sharps injury protections and needleless systems, sharps disposal containers, selfsheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace

Exposure Incident – a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities – a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

Licensed Healthcare Professional – a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

Needleless Systems - a device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, or (B) the administration of medication or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps

Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

Other Potentially Infectious Materials (OPIM) – (1) semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid *visibly* contaminated with blood; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against hazards are not considered to be personal protective equipment.

Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with Engineered Sharps Injury Protections - means non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a build-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize – the use of a physical or chemical procedure to destroy all microbial life including highly-resistant bacterial endospores.

Universal Precautions – an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

EXPOSURE DETERMINATION

The following University job classifications have been identified as ones in which employees have potential exposure (skin, eye, mouth, other mucous membrane, or parenteral) to bloodborne pathogens. This assessment is made without regard to the use of PPE.

Department	Category 1* Job Classification	Category 2** Job Classification	Category 2 Tasks
<i>Academic Departments</i>		Assistant Professor Associate Professor Faculty Research Assistant Graduate Assistant Graduate Student Postdoctoral Fellow Predoctoral Fellow Professor Research Associate Research Scientist Senior Research Scientist	Use of human material for research
<i>Athletics Department</i>	Coach Assistant Coach Athletic Trainer Assistant Athletic Trainer Equipment Manager Assistant Equipment Manager	Student Assistant	Handling contaminated laundry
<i>Health Center</i>	Physician Nurse Practitioner Nurse Healthcare Worker		
<i>Physical Plant Department</i>	EHS Staff Plumber Swimming Pool Technician	Groundskeeper	Handling Regulated Waste
		Housekeeping Supervisor	Handling Regulated Waste and Contaminated Laundry
		Housekeeper Lead	
		Housekeeper	
		Service Worker	Plumbing tasks, handling regulated waste
		Motor Pool – Bus Driver	Cleaning bus
<i>Public Safety Department</i>	Police Officer Sergeant Corporal Security Officer Police Aide		

***Category 1:** A list of all job classifications in which *all* employees in those job classifications have occupational exposure.

****Category 2:** A list of all job classifications in which *some* employees have occupational exposure, and a list of all tasks and procedures in which occupational exposure occurs.

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 view this plan at any time during their work shifts by contacting their supervisor. If requested, EHS will provide an employee with a copy of the *ECP* free of charge within 15 days of the request.

EHS is responsible for reviewing and updating the *ECP* annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

General Requirements

Procedures involving blood or other potentially infectious materials are performed using **Universal Precautions** and in a manner that minimizes spraying, splashing, and splattering.

Eating, drinking, smoking, application of cosmetics, and handling of contact lenses is prohibited in areas where there is a reasonable likelihood of occupational exposure.

Food and drink are not kept in refrigerators, freezers, shelves, cabinets, counter tops or bench tops, or other areas where potentially infectious materials are present.

Regulated wastes are disposed of in labeled, puncture-resistant, lined containers. Containers used for storage, transport, or shipping of regulated waste are properly labeled when necessary.

Mouth pipetting is prohibited.

Facilities for Flushing Eyes

A ready source of running water to flush the eyes or mouth is sufficient. A commercial eyewash system is not required.

Sharps Disposal

Contaminated needles must not be bent or recapped by hand.

Contaminated sharps are placed in appropriate containers as soon as feasible.

Sharps containers are located as close as practical to locations where sharps are being used or likely to be encountered.

Sharps are disposed of in labeled, puncture-resistant containers with leak-proof sides and bottoms that are located in all areas where patient care is provided.

Specimen Handling

Specimens of blood or other potentially infectious materials are placed in containers which prevent leakage during collection, transport, handling, storage, or shipping.

Specimen containers are labeled as biohazards.

If the exterior of the specimen container is contaminated, it must be placed inside a labeled secondary container which prevents leakage.

Hand Washing

Hands and other skin surfaces shall be washed immediately and thoroughly following contact with blood or other body fluids/substances. Hands shall be washed immediately after gloves are removed. If a person has a significant exposure to another person's blood or body fluids which are potentially infectious (as cited above), follow UHC guidelines pertaining to exposure to blood or bodily fluids. If hand washing is not feasible or facilities are not immediately available, antiseptic hand cleaners and paper towels are used.

Personal Protective Equipment

Personal protective equipment (PPE) is provided to our employees at no cost. All employees who have potential skin, eye, mouth, mucous membrane, or parenteral contact with human blood or OPIM must wear PPE that will act as a barrier to these materials. The type(s) of protective clothing or equipment used in a specific instance will depend on the job being performed. The following protective clothing and equipment will be made available for use depending upon the activity performed:

Gloves Gloves are worn when there is a possibility for direct hand contact with human blood or OPIM. There are several types of gloves available, and selection should be based upon the job being performed:

- **Thin latex or nitrile gloves** are used for operations involving delicate manipulations. These gloves are designed to fit tightly against the skin. The proper size should be selected to fit the worker's hands. Latex and nitrile gloves are available either powdered or powder-free. If an employee has a skin reaction from the gloves, hypo-allergenic and/or powder-free types must be provided. All such gloves are disposable and are not to be reused.
- **Polyvinyl chloride (PVC) gloves** are also disposable and should not be reused. They do not fit tightly against the skin and should not be used for activities requiring delicate manipulations. PVC gloves may be powdered or powder-free, and are available in a variety of sizes. PVC gloves are not recommended for work with human blood or OPIM because they do not always provide a leak-proof barrier.

- **Rubber, neoprene or other thicker reusable gloves** are more durable and are generally used for more strenuous activities, such as cleaning blood spills. They may be re-used if properly decontaminated following contact with potentially infectious materials. Reusable gloves should be periodically inspected to ensure there are no cracks, holes or breaks in the material; if any are found, they must be discarded.

<i>Eyewear</i>	Goggles with solid side shields or chin-length faceshields must be worn when there is a risk of splashing human blood or OPIM. This protective equipment reduces the potential for contact with the mucous membranes of the eyes.
<i>Masks</i>	The use of protective masks is intended to reduce the risk of splashing human blood onto the mucous membranes of the nose and mouth. If masks are disposable, they must be removed immediately following use and not be reused. Reusable masks and face shields must be properly handled, cleaned and decontaminated prior to reuse.
<i>Clothing</i>	Protective clothing must be worn when there is a risk of human blood or OPIM splattering a worker's skin or clothing. There are various types of suits, gowns and aprons available for this purpose. The type of protective clothing selected will depend upon the task and degree of exposure anticipated. Protective clothing should be resistant to fluids, and may be disposable or reusable. Reusable clothing must be properly laundered prior to reuse.
<i>Resuscitation Masks</i>	Personnel who perform cardiopulmonary resuscitation (CPR) should have resuscitation masks on hand for use in an emergency. Most resuscitation masks are disposable and should be handled as contaminated waste following use. The resuscitation mask allows for effective CPR without mouth-to-mouth contact. Most masks are also fitted with a one way valve which prevents the flow of materials from victim to rescuer.

All employees using PPE must observe the following precautions:

- 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.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove PPE after it becomes contaminated, and before leaving the work area.
- 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.
- Used PPE may be disposed of in plastic bags, then incinerated or autoclaved; never wash or decontaminate disposal gloves for reuse.
- 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.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

Housekeeping

Decontamination of Surfaces

Use a disinfectant labeled "tuberculocidal" or 10% bleach for decontamination of surfaces. If a bleach solution is used, it must be diluted fresh daily. Precautions must be taken by employees to prevent exposure during cleanup and disinfection of surfaces contaminated with human blood or OPIM. The level of personal protection should be appropriate for the anticipated exposure. Any procedure involving cleanup of human blood or OPIM should be done in a way that minimizes splashing, spraying, or spattering.

Small Spills (< 1 ft²)

- Don the appropriate PPE before beginning cleaning activities.
- A face shield or mask/goggles should be worn if splashing might occur, or if directed by the supervisor, and when decontaminating materials at or above waist level.
- Place contaminated sharp objects into sharps containers.
- Spread paper towels over the contaminated surface(s) and liberally apply disinfectant (10% bleach solution or tuberculocidal disinfectant) to the paper towels. Employees may also apply the disinfectant to the contaminated surface(s) with a spray bottle adjusted to deliver a fine mist. The disinfectant should remain in contact with the spilled material for the time period specified by the manufacturer before continuing with decontamination procedures.
- Pick up the paper towels, and wipe the surface with disinfectant-dampened paper towels until all visible traces of the contaminant are removed. If it is necessary to use a scrubbing device (e.g., scrubbing pad) to clean the contaminated surface, wear a faceshield or mask/goggles.
- After removal of all visible material, re-wipe the surface with clean paper towels and disinfectant, and allow surface to dry.
- Place cleanup materials that have touched the contaminated surface (including disposable gloves) into a biohazard disposal bag, and place bag in labeled rigid biohazard containers.
- Remove PPE in a manner that prevents skin contact with the potentially-contaminated outer surfaces and disinfect or discard as appropriate. Following disinfection, reusable equipment may be handled as noninfectious.

Larger Spills

- Larger spills usually require more vigorous methods of cleanup, and therefore more PPE.
- If strenuous hand activity is anticipated (e.g., mopping), use approved utility gloves.
- If cleaning efforts are likely to cause splashing of clothing, or if directed by the supervisor, fluid-resistant coveralls or aprons should be worn. Disposable clothing should be discarded into biohazard disposal bags. Disinfect all reusable equipment with disinfectant.
- If an employee's clothing becomes contaminated with human blood or OPIM, remove it as soon as possible, place in a biohazard disposal bag, and deliver to the supervisor for proper laundering. Employees may elect to have a change of clothing available at their offices.

Refuse Handling

Refuse receptacles that are reasonably likely to be contaminated with blood or other potentially infectious materials are inspected and decontaminated on a regularly scheduled basis.

Refuse receptacles are decontaminated as soon as feasible after they become visibly contaminated.

Contaminated, broken glassware is cleaned up using mechanical means such as tongs or dust pan and brush rather than picked up with the hands.

Regulated Waste

Regulated waste is sometimes also called Medical Waste or Biological Waste. The OSHA Bloodborne Pathogens Standard requires proper handling, storage, and disposal of regulated waste.

There are two primary types of regulated waste containers used for disposal:

- **Sharps container** - constructed of puncture-resistant material, leakproof, and designed for disposal of needles, razors, etc; labeled with the universal biohazard symbol
- **Biohazard disposal bag** - a large plastic bag that is usually red; labeled with the universal biohazard symbol.

The *Hazardous and Regulated Waste Management Manual* outlines the procedures for disposal and removal of regulated waste.

Laundry

The identification of contaminated clothing or bed linen is based upon the visible presence of human blood or OPIM. "Dirty" clothing or bed linen which is not visibly contaminated may be handled and laundered by employees not identified as having occupational exposure to Bloodborne Pathogens. Care must be taken, however, to ensure that these employees receive sufficient training to recognize potential contamination so they may defer this work to trained and protected workers.

Contaminated laundry or bed linen shall be handled as follows:

- Use PPE to minimize potential for exposure (includes gloves, face shield and/or mask and goggles if necessary) (e.g., when removing contaminated clothing from a biohazard disposal bag which contains visible free liquid)
- handle as little as possible with a minimum of agitation,
- properly bag and do not sort or rinse at its point of origin,
- place in appropriately-labeled and fluid-resistant container; Biohazard disposal bags are suitable for this purpose. The containers must be kept closed during transport and until clothing is removed for laundering.
- wash with detergent and water at a temperature of not less than 160° F for at least 25 minutes.

Contaminated PPE should be removed and handled as follows:

- Remove protective clothing in a way that prevents skin contact with contaminated surfaces.
- Place any disposable items that have come into contact with the contaminated clothing or bed linen (including disposable gloves and the empty biohazard disposal bag) into a biohazard disposal bag for proper disposal.
- If reusable utility gloves are used, discard as regulated waste, or disinfect with disinfectant before leaving the site.
- If surfaces of face shields or goggles have become visibly contaminated, disinfect with disinfectant or place in regulated waste containers.

Task Specific Procedures

Health Center

See the Health Center policy/procedure on Universal Precautions.

First Aid and CPR Providers

Employees who provide first-aid or cardiopulmonary resuscitation (CPR) as a function of their job must have protective equipment available when emergency response is needed.

- A resuscitation mask should be available for employees who administer CPR. The mask allows for mouth-to-mouth resuscitation without direct contact. A check valve in the mask prevents exposure to the victim's exhaled air or vomitus. Appropriate gloves should be available for use during emergency response activities

Other Activities

Groundskeeping activities include removal of human blood or OPIM occasionally found on campus. Materials may include sharps (needles, scalpels, razors, etc.) bandages, condoms, or other substances or objects that may be contaminated with human blood or OPIM. These materials should be removed and the grounds disinfected following the work practices and engineering controls outlined in the preceding section.

- Decontamination of outside surfaces (e.g., sidewalks) requires the same level of personal protection as described in the previous section.
- It is often not possible to completely remove all visible traces of a potentially infectious material without causing significant property destruction. In these cases, apply an approved disinfectant in a manner and quantity that allows for complete disinfection.

The following activities are not regulated under the OSHA Bloodborne Pathogens Standard; however they have the potential for occupational exposure to blood and OPIM:

- Sewage cleanup and drain repair
- Cleanup and disinfection in bathrooms and dormitories

HEPATITIS B VACCINATION

Employees identified in the exposure determination section of this plan may receive the hepatitis B vaccination series within 10 days of initial assignment, after training, and at no cost to the employee. 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.

The Hepatitis B vaccine and vaccination series, and a post-exposure evaluation and follow-up will be available to all employees who have had an exposure incident.

Vaccination will be provided by a licensed health care professional through Human Resources. Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

EHS will provide or coordinate annual training for employees that will include information about the hepatitis B vaccine, addressing its safety, benefits, efficacy, methods of administration, and availability.

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 by EHS.

EXPOSURE INCIDENTS

- If human blood or OPIM touches:
 - **intact skin**, immediately or as soon as possible wash the contaminated skin with soap and water for 15 minutes
 - **eyes, nose or mouth**, immediately flush the affected area(s) with water for 15 minutes contact the supervisor.
 - **"broken" skin or has penetrated intact skin**, immediately wash the affected area with soap and water for 15 minutes and contact the supervisor.
- Immediately following first aid, the employee must complete and submit a *First Report of Injury Form* to Human Resources for post-exposure evaluation and follow-up.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following an exposure incident, the employee will be referred to a health care professional or the nearest convenient emergency room for an immediately available confidential medical evaluation and follow-up. If the employee refuses the medical evaluation, the supervisor must document the circumstances and report the event to EHS.

Circumstances surrounding the exposure incident are evaluated and the following are made available to the exposed employee:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
2. Identification and documentation of the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 - With consent, the source individual's blood is collected and tested to determine HIV, HCV, and HBV infectivity. If consent is not obtained, UMES will establish such. If consent is not required by law, the source individual's blood, if available, will be tested and the results documented.
 - Testing is not repeated when the source individual is already known to be infected with HBV or HIV
 - Results of the source individual's testing are made available to the exposed employee, and the employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual (i.e. laws protecting confidentiality).
3. Collection and testing of the exposed employee's blood for HBV and HIV serological status, with consent, as soon as feasible.
 - If the employee does not give consent for HIV 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.
4. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, counseling, and evaluation of reported illnesses.

Information Provided to the Healthcare Professional

UMES ensures that the health care professional responsible for the employee's hepatitis B vaccination is provided a copy of OSHA's bloodborne pathogens standard. UMES also ensures that the health care professional evaluating an employee after an exposure incident receives the following information:

- a description of the employee's job duties, provided by his/her supervisor, relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- employee medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain

The employee will be provided with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

INFORMATION AND TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training. Training will be conducted in a manner appropriate to the educational level, literacy, and language of those employees receiving training. Training materials are available through EHS.

Training will include information on the epidemiology, symptoms, and 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 (provided by the supervisor)
- 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 appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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.

RECORDKEEPING REQUIREMENTS

Medical Records

Medical records will be maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

UMES is responsible for maintenance of the required medical records. These confidential records are maintained 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 Human Resources.

Training Records

Training records are maintained by EHS for each employee upon completion of training. Records include:

- (1) dates of training sessions
- (2) contents of training
- (3) names and qualifications of persons conducting the training
- (4) names and job titles of all persons attending the training sessions.

Training records will be maintained for 3 years from the date on which the training occurred. 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 EHS.

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 EHS.

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:

- (1) the date of the injury
- (2) the type and brand of the device involved
- (3) the department or work area where the incident occurred
- (4) 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 they cover. If a copy is requested, it must have any personal identifiers removed from the report.