

EXPOSURE CONTROL PLAN

Revised 03/08/11

General Policy

I. SCOPE: This policy applies to all Virginia Commonwealth University departments whose employees may reasonably anticipate contact with or exposure to potentially infectious materials during the performance of their duties.

II. POLICY: In compliance with the Occupational Safety & Health Administration (OSHA) [Bloodborne Pathogen Standard](#) requires all departments that fall within the scope of this policy to minimize employee risk from exposure and infection by implementing Exposure Control Plans (ECP) in the form of departmental policy.

III. PROCEDURE

A. EXPOSURE DETERMINATION: Supervisors will determine/document which employees are occupationally exposed to bloodborne pathogens by reviewing job classifications and specific tasks and procedures. Employees determined to be at reasonable risk of occupational exposure to human blood/blood products will qualify for various provisions of the ECP.

B. HEPATITIS B IMMUNIZATION PROGRAM: The hepatitis immunization series will be provided free of charge to any employee determined to be at-risk from occupational handling human body substances.

C. POST-EXPOSURE EVALUATION AND FOLLOW-UP: In the event of employee occupational exposure to human blood or body substances, evaluation, follow-up, and counseling will be provided free-of-charge.

D. ANNUAL REVIEW AND UPDATE: The ECP will be reviewed and updated annually or as necessary.

E. SCHEDULE AND METHOD OF IMPLEMENTATION: Compliance with the Bloodborne Pathogens Standard was mandated in 1992, for all tasks with potential for exposure to human body substances.

F. METHODS OF COMPLIANCE: Exposure control methods including: administrative controls, engineering controls, and personal protective equipment will be implemented as standard operating procedures.

G. HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES: Specialized control methods are required for work environments that present an exceptional exposure risk to employees.

H. COMMUNICATION OF HAZARDS TO EMPLOYEES: Workplace risks associated with human body substances must be effectively communicated to at-risk employees. Prudent practices and mandatory safety procedures in the laboratory ECP must be described in detail.

I. RECORDKEEPING: Employee records concerning training, exposures, medical surveillance, etc., must be maintained per OSHA criteria.

Section II: Exposure Determination

I. **POLICY:** Researchers utilizing human body substances must make a determination as to which employees regularly handle these hazardous materials and are potentially exposed. At-risk employees may be described by name, position, or task that involves the handling of human body substances. Employees with reasonable risk of exposure must be provided with training, protective equipment, and hepatitis B vaccination to reduce risk.

II. PROCEDURE

A. Exposure determination must be made without regard to the use of personal protective equipment.

B. The occupational exposure risk of employees must be determined by the following methods:

1. Form 1. Preparation of a list of all job descriptions/categories/titles in which ALL employees handle human body substances and are at reasonable risk of occupational exposure to bloodborne pathogens (Appendix A).

2. Form 2. Preparation of a list of all job descriptions/categories/titles in which SOME employees handle human body substances and may be at reasonable risk of occupational exposure to bloodborne pathogens (Appendix B).

3. Form 3. Preparation of a list of all tasks and procedures (or groups of closely related tasks and procedures) in which human body substances are handled by employees with job classifications listed on Form 1 (Appendix C).

4. Form 4: All employees whose job/position descriptions/categories/titles are listed on Form 1 are entitled to the protection of the Bloodborne Pathogens Standard and this policy. Some employees with Form 2 designation (those performing duties and procedures posing reasonable risk of occupational exposure) may also be entitled to the protection of the Bloodborne Pathogens Standard and this policy depending on employer's exposure determination. Form 4 (Appendix D) must include the names and titles of all employees at reasonable risk of occupational exposure to bloodborne pathogens.

C. Research and clinical employees whose job/position descriptions/categories/titles are not listed under any of the criteria in paragraph IIIB1 above are entitled to protection under other OSHA Standards including, but not limited to:

1. 29 CFR 1910.1200, "Hazard Communication."

2. 29 CFR 1910.1450, "Laboratory Safety Standard."

Section III: Methods of Compliance

I. **POLICY:** Researchers using human body substances will minimize employee risk from bloodborne pathogens by selecting appropriate control measures from the list below, and implementing them as standard written procedures in the lab.

II. PROCEDURE

A. **General Administrative Controls:** Standard precautions must be followed to limit contact with blood or other potentially infectious materials. Under standard precautions, all human blood and body fluids are treated as if they are potentially infectious for bloodborne pathogens regardless of origin. For clinical faculty/staff who have research appointments, body substance isolation (BSI) is a method of infection control in which all body fluids and substances are considered to be infectious. Since BSI incorporates not only the fluids and materials covered by the Bloodborne Pathogens Standard, but expands coverage to include all body fluids and substances, BSI is an acceptable alternative to standard precautions; provided facilities utilizing BSI adhere to all other provisions of this standard.

B. **Engineering and Work Practice Controls:** Engineering and work practice controls will be used to reduce or eliminate potential employee exposures to human blood and body fluids. Where occupational exposure remains after institution of these controls, personal protective equipment must also be used. Engineering controls must be reviewed and updated on a yearly schedule or as required to ensure their effectiveness. Readily accessible hand washing facilities must be provided to employees. When provision of hand washing facilities is not feasible in a work area, employees must be provided with either an appropriate antiseptic hand cleanser in conjunction with paper towels or antiseptic towelettes. Supervisors must ensure employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

1. Supervisors must ensure that employees wash any exposed skin with soap and water and flush mucous membranes with water immediately following contact of such body areas with blood or other potentially infectious materials.

2. Bending, shearing, or breaking of contaminated needles and other contaminated sharps is prohibited. University policy prohibits recapping of needles unless PI has been granted a [Needle Recapping Waiver](#) from the Institution Biosafety Committee.

3. Eating, drinking, smoking, applying cosmetics or lip balm, or handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

4. All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

5. Utilization of a biological safety cabinet (BSC) is required for all procedures with a potential for creating infectious aerosols or droplets, this may include: centrifuging, grinding, blending, vigorous shaking or mixing, sonic disruption (sonication), and opening containers of infectious materials with internal pressures that may differ from ambient pressures. Such materials may be centrifuged in open laboratory if sealed rotor heads or centrifuge safety cups are used, and if these rotors or safety cups are opened only in a BSC.

6. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
7. Specimens of blood or other potentially infectious materials must be placed in containers that prevent leakage during collection, handling, processing, storage, transport, or shipping. Procedures with potential for generating infectious aerosols (centrifuging/opening of safety cups, sonication, vigorous shaking, etc.) will be conducted within a BSC.
8. When standard precautions are used for handling specimens within a facility and the specimens are not destined to leave the facility, labeling or color-coding of containers as biohazardous is not necessary provided the containers are easily recognizable as containing specimens. When such specimens and containers are destined to leave the facility, they must be labeled with the internationally recognized biohazard logo and the word "BIOHAZARD."
9. If outside contamination of the primary container occurs, the primary container must be placed inside a second container that prevents leakage and is properly labeled as containing biohazardous materials. If the specimen could puncture the primary container, the container must be placed within a second container that is puncture-resistant in addition to the above characteristics.
10. Equipment that may become contaminated with blood or other potentially infectious materials must be examined prior to servicing or shipping and will be decontaminated as necessary, unless it can be demonstrated that the decontamination of such equipment or portions of such equipment is not feasible. A readily observable label containing the internationally recognized biohazard logo and the word "BIOHAZARD" must be attached to the equipment stating which portions remain contaminated. The departmental management must ensure that information pertaining to the contamination status of a piece of equipment is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping, so that appropriate precautions will be taken.

C. Personal Protective Equipment

1. When a potential for occupational exposure exists, employees must be provided, at no cost to the employee, appropriate personal protective equipment such as, but not limited to gloves, gowns, laboratory coats, face shields or masks, and eye protection. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials 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.
2. Laboratory management must ensure that employees use appropriate personal protective equipment and that equipment in appropriate sizes is readily accessible at the worksite or is issued to employees. Employees who demonstrate sensitivity to certain personal protective items, such as [latex gloves](#), will be supplied with hypoallergenic versions of the equipment, protective liners, or alternative equipment that allows the same level of performance of duties.
3. Cleaning, laundering, and disposal of personal protective equipment will be provided by the laboratory at no cost to employees. The department must repair or replace personal protective equipment as needed to maintain its effectiveness at no cost to the employees. If blood or other potentially infectious materials penetrate a garment, the garment will be removed immediately or as soon as feasible.
4. All personal protective equipment must be removed prior to leaving the work area. When personal protective equipment is removed it must be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

5. Gloves must be worn when it is reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin; and when handling or touching contaminated items or surfaces. Disposable (single use) gloves, such as surgical or examination gloves, will 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.

6. Disposable gloves will not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, gloves must be discarded if they are cracked, peeling, torn, or punctured.

7. Employees will wear gloves during all phlebotomies they may perform. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, must be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated.

8. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments must be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots will be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, infectious animal dissection).

D. Housekeeping and Waste Disposal

1. The laboratory management must ensure that the worksite is maintained in a clean and sanitary condition. Management will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

2. All equipment and environmental and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated, or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

3. Protective coverings, such as plastic wrap, aluminum foil, or impervious-backed absorbent paper used to cover equipment and environmental surfaces will be removed and replaced as soon as feasible when overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

4. All bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

5. Broken glassware that may be contaminated will not be picked up directly with the hands. It will be removed using mechanical means such as a brush and dustpan, tongs, or forceps. Refer to lines II.D.8-10. for disposal instructions for infectious and noninfectious sharps material.

6. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach into the containers with their hands.

7. Instructions on research biomedical waste disposal can be found on OEHS's [Bloodborne Pathogen- Infectious Waste Management webpage](#).

8. Sharps Disposal: All discarded needles, scalpels, blades, and other sharp instruments whether having come in contact with potentially infectious materials or not, will be managed as infectious sharps materials (for special instruction on pipette disposal refer to line 9).

a. Sharps containers will be:

- (1). Closable.
- (2). Puncture-resistant.
- (3). Leak-proof on sides and bottom.
- (4). Labeled with the international biohazard logo and the word "BIOHAZARD."

b. During use, containers for contaminated sharps waste will be:

- (1) Easily accessible.
- (2) Located at the point of generation.
- (3) Maintained upright throughout use.
- (4) Replaced routinely and not allowed to be overfilled.

(5) When moving containers of contaminated sharps waste from the area of use, the containers will be closed securely prior to removal.

c. Discarded sharps containers will be placed in a double red bag-lined incineration box for ultimate disposal as regulated medical waste. Both red bags will be individually tightly sealed to prevent potential leakage.

d. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of needle sticks or cuts.

Section IV: HIV/HBV Research Laboratories

I. **POLICY:** HIV and HBV research laboratories and production facilities present increased risk for occupational exposure to bloodborne pathogens. All laboratories engaged in bloodborne pathogen infectious disease research will reduce employee exposure risk by providing additional administrative controls, protective equipment, information and training beyond that required for research laboratories not involved in such work.

II. **PROCEDURE:** Employees working in HIV and HBV research laboratories will adhere to standard microbiological safety practices as described in the CDC/NIH Guidelines for Biosafety in Microbiological and Biomedical Research Laboratories - Laboratories - Section III, Biosafety Level 2, Part A (available from OEHS). These standard practices offer limited control of hazards associated with microbiological research. The following special practices will be followed in HIV and HBV research laboratories and production facilities:

A. A biosafety manual must be prepared or adopted and periodically reviewed and updated as required or at least annually. Personnel must be advised of potential hazards, trained regarding standard practices and procedures, and must be required to follow protocols.

B. Before disposal, all contaminated waste must either be incinerated or decontaminated by an appropriate method, such as autoclaving, known to effectively destroy bloodborne pathogens.

C. Laboratory doors must remain closed when procedures involving HIV or HBV are in progress.

D. Contaminated materials that are to be decontaminated at a site away from the work area will be placed in a durable, leak proof, and properly labeled container that is securely closed before removal from the work area.

E. Access to the work area will be limited to authorized persons. Only persons who have been advised of the potential biohazard, who meet any specific entry requirement, and who comply with all entry and exit procedures will be allowed to enter the work areas.

F. Appropriate [biosafety sign](#) incorporating the universal biohazard symbol, the word "BIOHAZARD", [appropriate CDC Biosafety Level classification](#), and emergency contact information will be posted on all access doors.

G. All activities involving potentially infectious materials will be conducted in biological safety cabinets or other physical containment devices within the laboratory.

H. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing will be used in the work area and animal rooms. Protective clothing will not be worn outside the work area and will be decontaminated before being laundered.

I. Special care will be taken to avoid skin contact with potentially infectious materials. Gloves will be worn when handling infected animals and when making hand contact with potentially infectious materials is unavoidable.

J. A facility for hand washing and an emergency eyewash station will be readily available within the work area.

K. An autoclave will be available within the work area for the decontamination of biohazardous waste. Autoclave logs to include quality assurance and spore strip results will be

maintained and routinely reviewed by supervisors or laboratory managers to ensure efficacy of decontamination.

L. Vacuum lines will be protected with liquid disinfectant traps and high efficiency particulate air filters or filters of equivalent or superior efficiency and that are checked routinely and maintained or replaced as necessary.

M. Hypodermic needles and syringes will be used only for parenteral injection and aspiration of fluids from laboratory animals or diaphragm bottles.

N. Only needle-locking syringes or disposable syringe-needle units will be used for injection or aspiration of other potentially infectious materials. Extreme caution will be used when handling needles and syringes. Needles will not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe will be promptly placed in a puncture-resistant container and routed as waste to an incinerator.

O. Procedures/protocols requiring recapping of needles must be approved by the Institutional Biosafety Committee (IBC). Principal Investigators seeking IBC approval for needle recapping must complete a [needle recapping waiver form](#).

O. All spills will be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrate infectious materials. A spill or accident that results in an exposure incident will be immediately reported to the laboratory director and Employee Health.

P. All activities or procedures with potentially infectious materials that pose a threat of exposure to droplets, splashes, spills or aerosols require a combination of personal protective equipment and primary containment such a respirator and biological safety cabinet, or special protective clothing and containment caging for animals. Biological safety cabinets will be certified when installed, when moved, and at least annually.

R. Personnel who work in HIV and HBV research laboratories will receive special training in addition to that required for employees who do not specifically handle known pathogenic agents. This extra training, detailed in Section VII of the ECP, will cover the following areas:

1. Proficiency in standard & special microbiological practices.
2. Prior experience in handling human pathogens.
3. Training program for employees with no prior experience.
4. Initial activities do not involve pathogens.
5. Progression of activities as proficiency develops.
6. Infectious agents handled only after proficiency is shown.

Section V: HBV Immunization Program

I. POLICY: Hepatitis B virus is entirely preventable through immunization. Employees must be offered immunization at the time they begin working with human blood and body substances. The research laboratory must cover the cost of the elective immunization series, administered through an approved occupational medical provider.

II. PROCEDURE

A. Immunization against hepatitis B virus (HBV) by means of immunization series must be made available, by the supervisor, to all employees who are determined to be “occupationally-exposed.”

B. Employee participation in the Immunization Program will be on a completely voluntary-basis and the program will be provided at no cost to them.

C. The Immunization Program consists of a series of three intramuscular injections administered at times zero, one month and six months.

D. Immunization must be made available by the supervisor within 10 working days of initial employee assignment; and after the employees have been given information on the HBV vaccine efficacy, safety, method of administration, the benefits of immunization, and that the vaccination series will be offered free of charge.

E. No post-vaccination testing of protective titer is indicated for this program.

F. No follow-up serology testing is necessary after immunization - lifetime immunity has been documented.

G. If the employee consents to participate in the Immunization Program, the vaccinations will be offered at a time and place convenient to the employee.

H. If the employee has previously received the complete HBV immunization series and/or antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons, the immunization series will not be offered.

I. If an occupationally exposed employee chooses not to participate in the immunization program, he/she is required to document the declination with a special form, included as Appendix E of this policy. The primary investigator/supervisor must retain a copy of this form for the duration of the employee's tenure.

J. If the employee initially declines to participate in the HBV immunization program, but at a later decides to become immunized; the immunization series will be made available at that time. HBV immunizations will be provided for employees through Employee Health.

Section VI: Post Exposure Evaluation & Follow-up

I. **POLICY:** All occupational exposures to human blood and body substances will be regarded as serious and must be immediately reported to [Employee Health](#) for evaluation and treatment.

II. PROCEDURE

A. Upon injury from a suspected exposure source, the employee will attempt to determine the nature of the exposure and any biohazardous material associated with it.

B. The employee will also attempt to carefully retain the exposure source and any biohazardous materials that may have constituted an exposure.

C. If necessary, first aid should be administered immediately for any cuts or punctures and any exposed skin should be washed with soap and water. The employee should report the injury to their supervisor as soon as possible.

D. The supervisor will assess the situation and determine if the incident constitutes an occupational exposure to a biohazardous material. The supervisor will then locate and complete any necessary accident forms and refer the employee to Employee Health.

E. The employee will present at Employee Health as soon as possible, a report that they have received an occupational injury of a potentially infectious nature, and provide them with injury report forms that their supervisor issued to them. These can be completed after-the-fact.

F. The employee will provide details on their injury to the occupational medical physician:

1. The type of injury the employee received.
2. Type of any known or suspected biohazardous material the employee was exposed to.
3. Circumstances under which the exposure occurred.
4. The hepatitis immunization status of the employee.
5. The physician will provide the employee with a confidential medical evaluation and follow-up of the incident.
6. Evaluation of the exposure risk of the incident based on the exposure source.
7. Providing the employee with a written list of recommended options for testing and preventative treatment explaining to the employee the rationale and benefits of these tests and treatments.
8. Testing options include HBV and HIV antibody testing of any samples of biohazardous material to which the employee was exposed, and base line testing of an employee blood sample for hepatitis panel and HIV Ab for determination of pre-exposure HBV and HIV status.
9. Preventative treatment options include hepatitis B immunoglobulin (H-BIG) – protective antibody product) for short-term protection and HBV immunization for long-term

protection against HBV. For the preventative treatments to be most effective the H-BIG must be given within 72 hours of exposure and HBV immunization must begin within seven days of exposure. At present, there is no federally approved preventative treatment for HIV.

10. Employee acceptance of these tests/treatments will be on a completely voluntary basis and services will be provided at no cost to them.

11. Employees Health Services will provide the university with a written opinion (physician's determination) within 7 days of the exposure incident. The report will summarize:

a. That the employee has been informed of the results of the evaluation and has been told about any medical conditions resulting from exposure to blood or other biohazardous materials that require further evaluation and treatment

b. Whether H-BIG or Recombivax was indicated for the employee, and if the employee has received such treatment

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

12. The university will provide the employee a copy of the Employee Health Services physician's determination within 15 days of the exposure incident. A copy of the report will be included in the employee's permanent medical records with the University.

13. If the employee eventually becomes ill or seroconverts as a direct result of occupational exposure to a bloodborne pathogen Health Services file a complete report with the university's Office of Risk Management which handles Worker's Compensation. The report will be confidential and will be sent to no other organization within the university.

Section VII: Communication of Hazards to Employees

I. **POLICY:** Employees must be informed of the risks associated with the human blood and body substances they use, and required precautions they must follow to protect themselves and fellow workers. Labels, signs, and other written information assure that employees are aware of the hazardous materials in their workplace. Use of this information and precautions will reduce the risk of employee exposure to bloodborne pathogens.

II. PROCEDURE

A. Labels and Signs

1. Warning labels must be affixed to or printed on containers and bags of biohazardous waste, refrigerators, and freezers containing blood or other potentially infectious material, and other containers used to store, or transport blood or other potentially infectious materials. Labels must include the internationally recognized biohazard logo and the word “biohazard.” The labels must be printed on stickers as black-on-orange and on bags as red-on-clear. Labels must be affixed at a conspicuous location on the container by direct print or adhesive.

2. Contaminated equipment must be labeled as biohazardous and indicate which parts are contaminated.

3. “Orange Bag” waste that has been rendered non-biohazardous (decontaminated) by steam (autoclave) sterilization must be marked with a [deactivation sign/decals](#) prior to disposal as municipal waste.

4. Signs that include the internationally recognized biohazard logo and the word “BIOHAZARD” will be posted at the entrance of HIV and HBV research laboratories and production facilities.

5. Information and Training

a. The laboratory manager must ensure that all employees with occupational exposure, including themselves, participate in a training program that must be provided during normal working hours. The training will be provided at the time of initial assignment and at least annually thereafter.

b. The laboratory manager must ensure that additional training is provided when changes such as modification of tasks or institution of new procedures affect employees’ occupational exposure.

c. Comprehensive/interactive [Laboratory Safety Training Modules](#) are available at the OEHS website which address the following concerns:

(1) Bloodborne Pathogens Standard purpose, policy, and responsibilities.

(2) Exposure Control Plan - means by which the employee may obtain a copy of the document.

(3) Tasks and other activities that may involve exposure to blood and other potentially infectious materials.

- (4) Methods that will prevent or reduce exposure - including appropriate engineering controls, work practices, and personal protective equipment.
- (5) Personal protective equipment - types, selection, proper use, storage location, removal, handling, decontamination, and disposal.
- (6) Hepatitis B immunization program - including information on the efficacy, safety, administration, and benefits of the vaccine and that the vaccine will be offered at no cost to the employees.
- (7) Appropriate actions to take and persons to contact in an emergency 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.
- (8) Post-exposure evaluation and follow-up that the department is required to provide for the employee following an exposure incident.
- (9) Labels, signs and color-coding pertaining to biohazards required by departmental policy.
- (10) Opportunity for interactive questions and answers.
- (11) Insurance that all laboratory employees receive full instruction regarding site-specific risks and prudent safety procedures for assigned tasks shall be the responsibility of the Principle Investigator/supervisor.

Section VIII: Recordkeeping

I. POLICY: University recordkeeping requirements in association with the implementation of each ECP will be in accordance with applicable Federal, state, and credentialing agency recommendations and guidelines.

II. PROCEDURE

A. Medical Records. Employee Health maintains records for each employee with occupational exposure. These records include:

1. The name and employee number.
2. A copy of the employee's hepatitis B immunization status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing, and exposure incident follow-up procedures.
4. A copy of the physician's written opinion concerning hepatitis B vaccination and post-exposure evaluation and follow-up.
5. The university will ensure that the employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace.
6. The university, through Employee Health, will maintain the employee medical records for at least the duration of employment plus 30 years.

B. Training Records

1. Training records for basic training in Bloodborne Pathogens given by OEHS will be maintained at OEHS.
2. Training records for site-specific training on laboratory procedures must be maintained by the laboratory manager and must include:
 - a. The dates of the training.
 - b. The contents or a summary of the training.
 - c. The names of person(s) conducting the training.
 - d. The names and job titles of all persons attending the training session.
3. Training records must be maintained for a period of three years after the training occurred.

C. Vaccination/Declination Records: Employee Health Services will maintain vaccination records. Declination forms will be maintained by the principle investigator and will be accessible for review by OEHS.

D. Availability:

1. The university will ensure that all medical records are made available upon request for examination and copying.

2. The university will ensure that all medical records will be provided upon request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

3. The principle investigator or laboratory manager will ensure that all training records are provided upon request for examination and copying to employees and to employee representatives.

APPENDIX A
Form 1, Job Category Definition

Job/Position Descriptions/Categories/Titles in which ALL employees have a reasonable potential
for occupational exposure to bloodborne pathogens (FOR COMPLIANCE WITH 29 CFR
1910.1030(2)(i)(A))

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APPENDIX B

Form 2, Job Category Definition

Job/Position Descriptions/Categories/Titles in which SOME employees have potential for
occupation exposure to bloodborne pathogens (FOR COMPLIANCE WITH 29 CFR
1910.1030(2)(i)(B))

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APPENDIX C

Form 3, Job Category Definition

Closely related groups of tasks and procedures in which reasonable risk of occupational exposure is present and that are performed by employees listed on Form 4 (FOR COMPLIANCE WITH 29 CFR 1910.1030(2)(I))

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APPENDIX D

Form 4: Listing of Employees with Reasonable Potential for Occupational Exposure

List names and titles of all employees assigned job/position descriptions, categories, tasks and/or procedures identified on Forms 1, 2, and 3 as posing reasonable potential for occupational exposure to bloodborne pathogens (FOR COMPLIANCE WITH 29 CFR 1910.1030(2)(i)(A))

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APPENDIX E
HEPATITIS B VACCINE DECLINATION FORM (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 immunized with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B immunization 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 immunized with hepatitis B vaccine, I can receive the immunization series at no charge to me at that time.

Employee Name _____

Employee Signature/Date _____

Supervisor Name _____

Supervisor Signature/Date _____