

BLOODBORNE PATHOGENS TRAINING EXPOSURE CONTROL PLAN HOLDENVILLE PUBLIC SCHOOLS

This module is designed to serve as the required bloodborne pathogens training for all employees of Holdenville Public Schools. We are committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

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

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

How to receive credit for the training

Complete BBP training and quiz online. Submit signed verification of training and quiz to your building secretary by August 11, 2009.

Bloodborne Diseases Overview

Bloodborne Pathogens are pathogenic microorganisms that are present in human blood and other potentially infectious materials (OPIM) 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). "Hepatitis" means "inflammation of the liver".

Hepatitis B virus (HBV)

Centers for Disease Control and Prevention

<http://www.cdc.gov/ncidod/diseases/hepatitis/c/faq.htm>

<http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>

What is Hepatitis B?

- Hepatitis B is an inflammatory liver disease caused by the hepatitis B virus.
- Hepatitis B virus results in liver cell damage that can lead to scarring of the liver (cirrhosis) and increased risk of liver cancer in some people.
- It is 100 times more infectious than HIV, has no cure, and can be fatal.
- In a dried state, Hep B virus (HBV) may remain viable on surfaces for up to 1 week and maybe longer.
- It is the only bloodborne disease with a vaccine available for protection

Transmission

HBV is transmitted primarily through “blood to blood” contact, by accidental needle sticks or other contaminated sharps injuries, sexual contact, mucous membrane contact, and through open cuts. Risk most often occurs in unprotected direct or indirect contact with infected blood. It is not transmitted by casual contact.

Symptoms

- Many people with newly acquired hepatitis B have no symptoms at all or they may be very mild and flu-like – loss of appetite, possible stomach pain, nausea, fatigue, muscle or joint aches, mild fever, possible jaundice (yellowish tinge to the skin), and darkened urine.
- Symptoms may not become noticeable for 1-9 months, after exposure.

Disease Outcome

- **Acute infection:** 95% of infected adults develop antibodies and recover spontaneously within six months. Upon recovery, they develop immunity to the virus and they are not infectious to others.
- **Chronic infection:** 5% of infected adults become carriers of the virus, are chronically infected, and can infect others. The HBV virus remains in blood and body fluids – they may or may not show outward signs or symptoms.

Preventing HBV infection – Things you can do:

- Get the HBV vaccinations – vaccination provides protection for more than 15 years, and possible a lifetime. HBV booster shots are not recommended.
- Wear gloves and other personal protective equipment when cleaning up blood and other potentially infectious materials (OPIM)
- Cover any broken skin and rashes with bandages
- Clean up any blood spills with an EPA-registered tuberculocidal disinfectant. Call custodian for clean up of blood spills

Hepatitis C virus (HCV)

Centers for Disease Control and Prevention

<http://www.cdc.gov/ncidod/diseases/hepatitis/c/faq.htm>

<http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>

What is Hepatitis C?

- Hepatitis C virus (HCV) causes inflammation of the liver.
- Many infected individuals show no signs or symptoms.
- Hepatitis C is a slow-progressing disease that may take 10-40 years to cause serious liver damage in some people.

Transmission

- Injection drug use is the primary risk for HCV infection (60% of new cases).
- The hepatitis C virus is found mainly in blood.
- HCV is not spread through kissing or casual contact.
- Using razors, needles, toothbrushes, nail files, a barber's scissors, tattooing equipment, and body piercing or acupuncture needles may transmit HCV if these items are contaminated by blood of an infected person.
- Accidental needle sticks – needles contaminated with HCV-positive blood, may transmit HCV.
- HCV is not able to reproduce outside the human body.
- HCV is rarely spread through sexual contact.

Symptoms

- Most people who are infected with the HCV do not have symptoms and are leading normal lives.
- If symptoms are present, they may be very mild and flu-like – nausea, fatigue, loss of appetite, fever, headaches, and abdominal pain.
- Most people do not have jaundice although jaundice can sometimes occur.

Preventing HCV Infection

- There is no vaccine to prevent HCV. Vaccines for Hepatitis A and B do not provide immunity against hepatitis C.
- Avoid handling anything that may have the blood of an infected person on it.
- Handle needles and sharps with extreme caution – never recap, bend, or shear needles or separate the needle from syringe. Use sharps containers for disposal.

Human Immunodeficiency virus (HIV)

Source: Centers for Disease Control and Prevention

What is HIV?

- HIV (human immunodeficiency virus) is the virus that causes AIDS. AIDS stand for Acquired Immunodeficiency Syndrome. Acquired means that the disease is not hereditary but develops after birth from contact with a disease-causing agent (in this case, HIV). Immunodeficiency means that the disease is characterized by a weakening of the immune system. Syndrome refers to a group of symptoms that collectively indicate or characterize a disease. In the case of AIDS this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.
- AIDS weakens the body's immune system so that it cannot fight other deadly diseases. AIDS is a fatal disease. There is no cure and no vaccine for AIDS.

Transmission

- The HIV virus will not survive long outside of the human body. HIV particles are reduced by 90-99% within several hours upon drying.
- Employees providing first aid or medical care involving fresh blood are at-risk.
- Transmission may occur through accidental needle-sticks, sexual contact, open cuts, or mucous membranes of the eyes or inside of the nose.
- Biting is not a common way of transmitting HIV; however, severe trauma with extensive tissue tearing and damage and presence of blood would be of concern.
- Saliva, tears, and sweat – HIV has been found in saliva and tears in very low quantities from some AIDS patients. However, finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

- HIV is not spread by casual contact.

Symptoms

Many people who are infected with HIV do not have any symptoms at all for many years. Symptoms include:

- Rapid weight loss; dry cough; recurring fever or profuse night sweats; profound and unexplained fatigue; swollen lymph glands in the armpits, groin, or neck; diarrhea that lasts for more than a week; and white spots or unusual blemishes on the tongue, in the mouth, or in the throat.
- Pneumonia; red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids; and memory loss, depression, and other neurological disorders.

Modes of Transmission for all BBP

It is important to know how bloodborne diseases are transmitted so that you may take protective measures when providing first aid or cleaning up blood. Bloodborne pathogens are spread through infected human blood and other potentially infectious materials (OPIM) such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood. In situations where it is difficult or impossible to differentiate between body fluids - they are considered potentially infectious.

Basics of Infections

All of these factors must be present for a potential exposure to occur:

1. The infected source must have an infectious agent in the blood or other potentially infectious material.
2. An entry site must be present.
3. A potential route of transmission must be present – such as a contaminated sharp object.
4. An unprotected, susceptible person is contaminated through non-intact skin.

PROGRAM ADMINISTRATION

- The Bloodborne Pathogen Coordinator (School Nurse) is responsible for implementation of the ECP. This person will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Reed Elementary School 405-379-6618.

- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP. In the school setting we believe every employee is at some risk of exposure however some are at an increased risk and will be addressed later.
- Your school nurse will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Every teacher is given gloves at the beginning of each year. More will be provided upon request. She will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: Reed Elementary School 405-379-6618.
- The school nurse will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: Reed Elementary School 405-379-6618.
- The school nurse will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: Reed Elementary School 405-379-6618.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of the job classifications that may have an increased risk of occupational exposure:

JOB TITLE:

Nurse

First Responders/CPR trained

Secretaries/Office Staff (If they perform first aid)

Special Education Staff

Physical Education Staff

Coaches

Playground Supervisors

Custodial Staff

Bus Drivers

Preschool Staff

As stated previously all employees have some risk of occupational exposure and are fully covered under the Bloodborne Pathogen Standard.

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard.

METHODS OF IMPLEMENTATION & CONTROL

Universal Precautions:

All employees will utilize universal precautions. Never underestimate the dangers of bloodborne pathogens. Always practice "Universal Precautions" – treat all blood/body fluid as if it is infected. *If it's wet and it's not yours, don't touch it!!*

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. A copy is kept in the main office at each school, in the school nurse's office, and is available on the Holdenville Public School website at www.holdenville.k12.ok.us. All employees can review this plan at any time during their work hours by contacting their building principal. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Bloodborne Pathogens Coordinator 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

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The following engineering and work practice controls and policies are to be used:

Work Practices:

- Wear disposable gloves. Do not reuse disposable gloves and wash your hands with soap and water after removing gloves. If utility gloves are used, decontaminate them appropriately by washing with detergent and water and disinfecting according to procedure.
- Wear safety goggles if there is potential for contaminants splashing in the eyes.
- Wear a mask if there is potential for contaminants splashing in the mouth or nose.
- If your skin is not covered, wear additional protective clothing.

- Use an absorbent material (Paper towel/cloth) as a barrier between you and the blood source.
- In the event you become exposed to any blood or other potentially infectious materials (OPIM), wash the area with soap and water or flush mucous membranes immediately and report it to the supervisor or school nurse so an evaluation can be made and professional medical attention can be provided.
- If regulated waste is generated, it must be properly bagged, labeled and disposed of according to Infection Control Procedures.

Handwashing:

- Readily accessible facilities (running water with soap and single-use towels are available in all buildings, and shall be immediately utilized upon contact with blood or other potentially infectious material (OPIM).
- Where handwashing facilities are not feasible, we will provide an appropriate antiseptic hand cleanser. If an alternative for an acceptable handwashing facility is used; the hands shall still be washed as soon as feasible after use of the antiseptic cleaner.
- Proper handwashing procedures include the use of warm water. Hands shall be wetted and soap applied to hands and wrists to reach any organisms that may have traveled above the hand. Scrub between fingers. Scrub a minimum of 15 seconds. A single-use towel should be used to dry the hands.

Handling Sharps:

- Mechanical devices such as tongs or dustpan and broom will be available to pick up all sharps such as broken glass, to avoid any direct contact.
- Needles and other contaminated sharps shall **not** be bent, recapped or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
- As soon as possible after use, contaminated sharps shall be placed in appropriately marked storage/disposal containers.

Sharps Container:

- Sharps containers will be in locations as prescribed by the Bloodborne Pathogens Coordinator.

- Container will be puncture-resistant, labeled or color coded, leak-proof on sides and bottom, and be able to be closed after each use.
- Sharps disposal containers are inspected and maintained or replaced by school nurse as needed to prevent overfilling.

Blood/OPIM Spill Cleanup

- Cleanup shall be conducted as soon as possible.
- Use Gloves.
- Use paper towels and other absorbent materials to absorb spill.
- Immediately utilize proper disinfectant (registered with EPA) and follow procedures
- Dispose of waste in a proper container.
- Wash hands thoroughly with warm water and soap
- Supervisor or Bloodborne Pathogens Coordinator shall be informed and the exposure potential evaluated.

Cleanup of Objects Contaminated with Blood or OPIM (i.e. athletic equipment)

- Use gloves. Do not reuse disposable gloves. Utility gloves shall be properly decontaminated after use
- Discard contaminated items that cannot be cleaned into a lined container
- Wash objects using warm water and general purpose cleaner.
- Disinfect the object using approved disinfectant solution or a bleach solution (example: 1:65 bleach solution).
- If object is to be placed in mouth, e.g. mouth guard for football players, follow manufacturer's disinfectant directions or, if appropriate, use a diluted bleach solution of 1 tablespoon to 1 gallon water; soak in solution at least 2 minutes and allow to air dry.
- Notify supervisor or Bloodborne Pathogens Coordinator if exposure potential exists.

Self-Management:

- The principle of self-management is that the person whose blood or other body fluids are exposed shall themselves, if possible, manage, treat, clean and dispose of the contaminated materials, thereby avoiding contact by a second party.

First Aid/Healthcare:

- Use gloves or other personal protective equipment (PPE)
- Use paper toweling or other absorbent material to wipe injury and, if appropriate, allow person to rinse injury with running water.
- Place soiled materials into a lined waste container and direct person to perform as much of these procedures as possible
- Soiled clothing shall be removed and placed into a plastic bag.
- Assist in cleaning affected area; use cotton swabs to apply medicine, if appropriate.
- Follow other procedures for care in minimizing direct contact with blood or body fluids.
- Wash hands thoroughly.

If you are in a situation where you do not have standard PPE, improvise! Use a plastic bag, towel, or other barrier to avoid direct contact. You can also help the injured person to care for him/herself. Demonstrate how to do this, i.e. holding paper towels over bloody nose and applying pressure. Instruct person in cleanup of any blood spills. Place a barrier (e.g. paper toweling) between yourself and the injury if you need to provide assistance

Eating, Drinking, Other:

- Eating, drinking, applying cosmetics or lip balm and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink shall not be stored in close proximity to where blood or potentially infectious materials are present.

***We will monitor our facilities annually and assess for needed changes in engineering controls and work practices to ensure that exposures continue to be successfully reduced/eliminated.**

Personal Protective Equipment (PPE) PPE is provided to our employees at no cost to them. The school nurse provides training in the use of the appropriate PPE for specific tasks or procedures.

The types of PPE available to employees are as follows:

- Gloves- Used for first aid, cleanup, and when in contact with any blood or OPIM.
- Gowns – Advisable where the potential for blood splashing exists or contamination for handling materials. Not generally needed in school setting.
- Face shields/masks- may be used during a serious accident and cleanup to prevent the splashing of fluids, thereby protecting the mucous membranes from exposure.
- Eye protection-may be used where the potential for exposure to eyes for mucous membranes from blood splashing exists.
- Mouth pieces- to avoid direct contact with blood or saliva during resuscitation.

We will ensure that appropriate PPE is readily accessible at the work sites or issued to employees covered under the Standard. Employees will be informed of the location and accessibility of PPE.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used (contaminated) PPE may be disposed of in plastic-lined container with biohazard label. (Obtain from school nurse)
- Wear appropriate gloves when it is 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 or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Housekeeping

Regulated waste (typically not generated in school setting) is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: When sharps containers are being moved from an area of use, the containers should be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.

The procedure for handling other regulated waste is: All contaminated equipment; environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials (OPIM). Decontamination will involve the cleanup of all material by absorption using paper toweling or other absorbent material, and final disinfections with an EPA-approved disinfectant. Bleach and water solution may be used, recommended at 1:65 solution. If used the solution will be made fresh daily.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at Nurse's office at Reed Elementary School.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

No laundering of contaminated clothing will be done by our facility.

The following laundering requirements must be met:

- Wear gloves and other appropriate protective apparel.
- Handle soiled items as little as possible and with minimal agitation to prevent gross microbial contamination of the air and of others.

- Place soiled items in a plastic leak proof bag.
- Place a biohazard label on the bag as appropriate.

Labels

The following labeling methods are used in this facility:

Labels and signs are required for identifying contaminated materials. Outside of sharps containers, regulated waste is typically not generated in a school setting; however, this will be evaluated for each facility.

Regulated waste refers to:

- Any liquid or semi-liquid blood or other potentially infectious materials (OPIM)
- Contaminated item that would release blood or OPIM 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
- Pathological and microbiological wastes containing blood or OPIM

-Warning labels will be affixed to containers of regulated waste if any is generated or contaminated equipment that is transported and cannot be completely decontaminated prior to transport.

These labels are fluorescent orange, red, or orange-red. Bags used to dispose of regulated waste must be red or orange red, and they too, must have the biohazard symbol readily visible upon them. Both are available from the nurse's office and from custodians. Red bags are **only** to be used for regulated waste.

HEPATITIS B VACCINATION

The school nurse will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The 3-shot hepatitis B vaccination series is available at no cost after initial employee training to all employees. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the 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 at the administration office.

Vaccination will be provided by Hughes County Health Department in Holdenville. Contact the school nurse about this program.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Any employee who has an exposure incident should follow the post exposure protocol. It is our responsibility to provide a confidential medical evaluation and follow-up after an exposure incident has been reported. The protocol is as follows:

Exposed Employee shall:

1. Immediately wash exposed area or flush mucous membranes with running water, and
2. Contact supervisor/BBP coordinator (school nurse).

The School Nurse will:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
4. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
5. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
7. 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.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

We will ensure that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

We will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

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

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

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

We will review the circumstances of all exposure incidents to determine:

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

The school nurse will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary the Bloodborne Pathogens coordinator will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by Beth Barrett, R.N. She is Holdenville School's nurse and has been our Bloodborne Pathogens Coordinator for 6 years.

All employees who have occupational exposure to bloodborne pathogens receive training 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 OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the 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. Training materials for this facility are available in each main office, the nurses office and on the school website at www.holdenville.k12.ok.us

RECORDKEEPING

Training Records are completed for each employee upon completion of training. These documents will be kept for at least three years in the health office.

The training records include:

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

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

Medical Records

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

We shall maintain the required medical records. These confidential records are kept 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.

OSHA Record keeping

Exposure incidents will be evaluated to determine if the case meets OSHA's Record keeping Requirements (29 *CFR* 1904).

Sharps Injury Log

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

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

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

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (*Employee Name*)_____ Date:_____