

## **Control of Occupational Exposure to Bloodborne Pathogens and Other Potentially Infectious Materials**

The Erie County Board of MRDD seeks to protect those employees who may be exposed to bloodborne pathogens in their performance of assigned duties as required by the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard (29 CFR part 1910.1030) and Ohio Revised Code (ORC) Chapter 4167. The purpose of the policy and plan is to provide safeguards to protect employees against the health hazards related to bloodborne pathogens and other potentially infectious materials.

The Erie County Board of MRDD shall develop an Exposure Control Plan and administrative policy, which will:

1. Identify employees whose duties create a reasonable anticipation of exposure to blood or other potentially infectious materials.
2. Provide “Bloodborne Pathogen: Preventing Disease Transmission” training to include bloodborne pathogen transmission, explanation of exposure control plan, how to recognize tasks that might result in occupational exposure, use and limitations of work practice and engineering controls and personal protective equipment, information on hepatitis B vaccination, who to contact and what to do in an emergency, how to report an exposure incident, the post exposure evaluation and follow up, and information on warning labels and signs.
3. Make the Hepatitis B Vaccine and vaccination series available (at no cost) to all employees who are at risk for occupational exposure as well as provide a post exposure evaluation and follow up to all employees who experience an exposure incident.
4. Establish procedure for the reporting, evaluation, and follow up to all incidents of occupational exposure to blood or other potentially infectious materials.
5. Provide for record keeping of all of the above which complies with both Federal and State laws.

**DEFINITIONS:**

**Board:** Erie County Board of Mental Retardation and Developmental Disabilities.

**Blood:** human blood, human blood components, and products from human blood.

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

**Contaminated:** the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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

**Contaminated Sharps:** any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, 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.

**Disinfect:** to wash thoroughly with a solution of common household chlorine bleach and water or other decontaminating agent in order to kill pathogens.

**Engineering Controls:** controls (e.g., sharps disposal containers, self-sheathing needles, and safer medical devices) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Control Plan:** Written document required by the OSHA standard on bloodborne pathogens, in which an employer specifies how the provisions of the standard will be met in a particular workplace and which employees there are covered by its provisions.

**Exposure Determination:** the identification and documentation of job classifications and tasks in which occupational exposure to blood or other potentially infectious materials can occur.

**Exposure Incident:** a specific eye, mouth, 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.

**Hand washing facilities:** a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**HBV:** hepatitis B virus.

**HCV:** hepatitis C virus.

**HIV:** human immunodeficiency virus.

**Licensed Healthcare Professional:** a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Erie County Board of MRDD policy on Bloodborne Pathogens.

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

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**OSHA:** Occupational Safety and Health Administration; a federal agency responsible for the development, administration and enforcement of employment-related health and safety regulations.

**Other Potentially Infectious Materials:** 1) the following human body fluids: 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, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead);

**Parenteral:** piercing mucous membranes or the skin barrier through such events as needle sticks, 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 a hazard 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.

**Source Individual:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**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.)

## **Procedure/ Exposure Control Plan:**

### **Responsibilities**

The Program Directors will act as the Exposure Control Officers and are responsible for overall management and support for the Board's Exposure Control Plan.

The Program Directors and their designees will be responsible for:

1. Monitoring compliance with the Exposure Control Plan,
2. Providing bloodborne pathogen training on an annual basis; and for all new employees during their orientation period.
3. Will act as the Board's liaisons during environmental inspections.

The Program Nurse will be responsible for

1. Organizing and providing the bloodborne pathogen training. The Program Nurse (RN) or other designated trainer will have attended a bloodborne pathogen train the trainer program and/or be knowledgeable in bloodborne pathogens. The Program Nurse (RN) or other designated trainer will be knowledgeable with the policies and procedures adopted and implemented by the Board.
2. Assist in maintaining required documentation of bloodborne pathogen training and submit training records to the personnel department for the maintenance of employee records.
3. Reviewing the plan at least annually and revising whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### **Exposure Control Plan Availability:**

The Exposure Control Plan shall be available to all employees. A copy of the Exposure Control Plan shall be located in the Superintendent's office, each Program Director's office, and in the main office of all Board operated facilities. A copy of the plan will be made available to an employee who requests a copy within fifteen (15) working days of the employee's request.

All new employees are required to read the plan during their orientation and sign a statement that they have read and understand the plan. All other staffs are required to review the plan annually and sign a statement that they have done so.

### **Exposure determination:**

All employees who come in direct contact with enrollees are at risk of possible exposure to blood or other potentially infectious materials.

The following is a list of some of the activities in which employee could be exposed to blood or other potentially infectious materials:

1. assisting with personal hygiene needs
2. toileting/perineal care/urinary catheterization and care
3. clean up of vomitus, saliva, and other body fluids
4. CPR/First Aid
5. cleaning/maintenance of facilities

6. handling soiled linen

### **Universal Precautions**

Universal Precautions shall be observed in order to protect employees from exposure to blood and other potentially infectious materials. Universal Precautions is a method of infection control that requires the employer and employee to assume that **all** human blood and specified human body fluids are infectious for hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV) and other bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, **all** body fluids shall be considered potentially infectious materials.

### **Engineering Controls/Work Practice Controls:**

Engineering and work practice controls will be utilized to eliminate or minimize the risk of exposure in the workplace. Engineering Controls shall be inspected for proper functioning by the Maintenance Supervisor or his/her designee at least once a month and repaired or replaced as needed. The Maintenance Supervisor is responsible for maintaining documentation on these inspections and corrective action (if needed) for at least three (3) years.

The following Engineering Controls are accessible to all employees throughout Double S industries/Betty Rinderle School:

1. Hand washing facilities, with antiseptic liquid cleansers and disposable towels.
2. Signs shall be posted at all hand washing facilities to encourage proper hand washing techniques. Employees should wash hands after removing disposable gloves and as soon as possible after skin contact with blood or other potentially infectious materials.
3. If hand washing facilities are not immediately available (i.e. during field trips) waterless antiseptic hand washing agent and disposable towels will be provided. When antiseptic hand cleaner is used, hands should be washed with soap and water as soon as feasible.
4. Disposable puncture resistant, leak proof, biohazard labeled sharps containers will be readily available for disposing of sharp items.

The following **Work Place Controls** are to be utilized by all employees to reduce the risk of an exposure incident. All employees shall:

1. Wash their hands thoroughly with soap and water immediately after skin contact with blood or other potentially infectious materials and after removing disposable gloves, using a utility or restroom sink (do not use sinks in a food preparation area). If soap and water are unavailable, an alcohol based waterless hand washing agent should be used. Hands should be washed with soap and water as soon as feasible.
2. Place sharp items (e.g. needles, knife blades, etc.) in puncture-resistant, leak proof and labeled containers.
3. Wash and/or flush the skin or mucous membranes, as appropriate, if an exposure incident occurs to those areas as soon as possible following contact.
4. Consult the program nurse prior to providing direct service if the employee has an open wound, skin condition, or dermatitis.

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5. Not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is a potential for exposure to blood or other potentially infectious materials.
6. Clean and disinfect equipment and work surfaces that have become contaminated with blood or other potentially infectious materials. If the equipment or work surface can not be cleaned and disinfected the employee shall mark the equipment and/or work surface with a biohazard label, which will state which portions of the equipment remain contaminated. (Labels shall be made available by the employee's supervisor.)

## **Personal Protective Equipment:**

Personal Protective Equipment appropriate for the work area will be provided (at no cost to the employee) and readily accessible for all employees. Appropriate personal protective equipment shall be used whenever occupational exposure may occur. All Personal Protective Equipment will be maintained, repaired, replaced, cleaned, laundered, or disposed of by the Board at no cost to the employee.

Employees shall observe the following precautions for safely handling and using personal protective equipment:

1. Remove all protective equipment before leaving the work area and/or after a garment becomes contaminated.
2. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
3. Wear gloves when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
4. Dispose of and replace single use gloves as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
5. Disposable gloves are never to be washed or decontaminated for reuse.
6. Wear appropriate face and eye protection such as goggles or glasses with solid side shields, or a chin-length face shield, whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Masks should be worn so they cover both the nose and mouth. Masks must be changed when it becomes moist in order to maintain an effective barrier.
7. Wear a fluid resistant gown when occupational exposure to body and clothing is anticipated. Gowns should be changed between each individual use.
8. Gloves, gowns and masks should be changed before caring for another individual.
9. Communicate hazards to employees as appropriate through the appropriate labeling of any container or bag containing contaminated materials or any area that is contaminated. (Where possible the warning label should be fluorescent orange or orange red, contain the word "BIOHAZARD" in a contrasting color, and be imprinted on the container (or bag) or be attached by string, wire, adhesive, or another method to prevent loss or unintentional removal of the label.)

## **Contaminated Laundry**

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In the event personal clothing becomes contaminated, the employee and/or enrollee may not leave the premises prior to having the program nurse determine if laundering or disposal is appropriate.

If it is necessary to dispose of the clothing, the employee's clothing will be replaced by the Board at no cost to the employee. If the clothing is to be laundered, the nurse shall provide appropriate laundering instruction. Contaminated laundry shall be handled as little as possible and placed in biohazard labeled or color coded (red) bags or containers.

Contaminated laundry, such as wash clothes, bibs, and/or enrollees clothing shall be placed and transported in biohazard labeled or color coded (red) bags or containers. If it is necessary to launder clothing or other items at a Board operated facility, the employees shall follow the laundering instructions provided by the nurse.

All employees who handle contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

## **Environmental Cleaning**

It is the responsibility of all staff to ensure that the work site is maintained in a clean and sanitary condition. The Program Directors or their designee shall 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.

1. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
2. Contaminated work surfaces shall 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. Broken glass which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or two pieces of cardboard
4. Procedure for blood spills or other potentially infectious materials will be as follows:
  - a. **Small spills**
    1. Wear gloves
    2. Blot with paper towel
    3. Spray with approved disinfectant (follow manufacturer's directions in order to maintain effectiveness)
    4. Wipe with paper towel
    5. Dispose of materials used to clean spill in an appropriate container.
  - b. **Large spills**
    1. Wear Personal Protective Equipment to include gown, gloves, mask, eye protection, and boots.
    2. Cover area using absorbent material (such as Voban).

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3. Sweep up or use paper towels to wipe up and dispose of in a labeled biohazard container.
4. Flood the area with approved disinfectant solution (One part bleach to 10 parts water) and allow to stand for at least 10 minutes. Then wipe up and dispose of materials in approved container.
5. All personal protective equipment and material used to clean an area following a spill or leak will be properly disposed of in appropriate containers.
6. Notify custodial staff for assistance if necessary.

An appropriate disinfectant will be at least a tuberculocidal and virucidal --- especially effective against HIV and HBV---) disinfectant.

## **Infectious/Regulated Waste**

Infectious waste within Erie County Board of MRDD facilities is defined by rules established by the Ohio Environmental Protection Agency (Ohio Revised Code Chapter 3734 and Ohio Administrative Code Chapters 3745 and 3745-37) effective May 1, 1990, and the Occupational Safety and Health Administration (Bloodborne Pathogens) Standard, 29 CFR 1910.1030; effective March 6, 1992.

The Board is a small generator of infectious waste (less than 50 pounds per month). A monthly log shall be maintained by the Maintenance Supervisor of all infectious waste generated during that calendar month... The Infectious Waste Logs (*Fm# OE 001*) are kept on file for three (3) years.

## **Sharps Discarding and Containment**

Staff cleaning up non-contaminated items that pose puncture potential (such as broken glass or other sharp objects) should be disposed of in an outside refuse container. Placing them in a trash can or plastic bag poses a danger or risk to cleaning staff. If staff is unable to remove the non-contaminated items they should notify custodial staff for immediate disposal and label the trash bag or container.

Staff shall properly dispose of contaminated sharps immediately or as soon as feasible in containers that are closeable and constructed to contain all contents and prevent leakage during handling and be labeled or color coded according to OSHA standard 29 CFR 1910.1030 (g) (1) (i).

Sharps containers shall be located in the clinic areas of Betty Rinderle School and Double S Industries. Sharps containers shall be inspected at least once a week and replaced when they are 3/4 full.

## **Hepatitis B Vaccination**

The Board will make available the Hepatitis B vaccine and vaccination series to all employees who are at risk for occupational exposure. The Board shall ensure that all medical evaluations and procedures including the Hepatitis B vaccination series, lab work and post-exposure evaluation, including prophylaxis, is:

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1. Made available to the employee;
2. The employee will utilize medical insurance first;
3. The Board will cover cost in excess of insurance including deductible when appropriate.
4. Performed by a licensed physician or licensed health care professional, and
5. Made available to the employee at a reasonable time and place;
6. Provided according to recommendations of the United States Public Health Services.
7. The Board shall designate the provider of the vaccination.

Upon initial employment, the Hepatitis B vaccination shall be made available after the employee has received Occupational Exposure training and within 10 working days of initial assignment, if the employee has the potential for occupational exposure.

All employees will be given information regarding the Hepatitis B vaccine. All employees shall sign a statement of acceptance/declination of vaccination (*FM#OE 002*) that will be kept in their personnel file.

If the employee initially declines the Hepatitis B vaccination but at a later date decides to accept the vaccination, the Board shall make available the Hepatitis B vaccination at that time.

## **Exposure Incident:**

If an exposure incident occurs to an employee, staff shall:

1. Provide first aid care as needed. Wash puncture wounds, cuts, and exposed skin with soap and water. Flush splashes of blood or other potentially infectious material to the nose or mouth with water. Irrigate eyes with clean water, saline or sterile irrigants.
2. Report incident immediately to supervisor or director. If the incident occurs outside of normal Board hours of operation, the on call staff shall be notified immediately using the Board's 24 hour crisis line.
3. If the exposed employee wishes to be evaluated by a licensed physician or health care professions, the Program Director (or designee in the Director's absence) will make the necessary arrangements. Employees are currently referred to Firelands Regional Medical Center Corporate health Clinic or emergency room. The employee will be given an Employee Exposure Referral (Fm# OE 003) completed and signed by the Program Director or Supervisor. The Program Director or Supervisor will obtain authorized written consent from the exposed employee for disclosure of information (This is located on the Employee Exposure Referral (Fm#OE 003). This form will need to be signed by the licensed physician or licensed health care professional after the employee has been evaluated; and the form is to be returned to the Program Director. The Program Director will complete the Employee Exposure Follow Up/Evaluation (Fm# OE 004).
4. If the exposed employee refuses the referral for post -exposure evaluation and treatment, the employee will need to sign the "Exposure Follow Up Refusal" on the Employee Evaluation/Follow Up (Fm# OE 004).
5. The exposed employee shall complete :
  - a. Report of Injury/Illness/Exposure (Fm# IR 001-front) and Report of Blood and Body Fluid Exposure (Fm#IR 001-back)
  - b. any/all necessary forms for workers compensation claims (*See "INCIDENT REPORTING POLICY/PROCEDURE"*)

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6. The Board shall ensure that the licensed physician or health care professional evaluating the employee after an exposure incident is provided the following information:
  - a. A copy of the OSHA bloodborne pathogen standards;
  - b. A copy of the employee's job description as it relates to the exposure incident;
  - c. A copy of the completed "Report of Injury/Illness/Exposure" (Fm#IR 001)
  - d. If available any results of the source individual's blood testing; (Source individual will not be identified by name.)
  - e. All medical records relevant to the appropriate treatment of the employee including vaccination status.
7. If the source individual is identifiable, the Program Director will contact the source individual's primary physician to inform the physician of the exposure incident. It is the physician's responsibility to obtain informed consent and to write the order for blood testing of the source individual. Consent for testing will be authorized not more than 24 hours after exposure.
  - a. If the source individual refuses consent, the Board shall establish that the legally required consent can not be obtained.
  - b. If the source individual is already known to be infected with Hepatitis B virus (HBV), or Hepatitis C virus (HCV), or Human Immunodeficiency virus (HIV), testing for the source individual's known HBV, HCV, or HIV status need not be repeated.
8. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
9. The exposed employee shall be provided with treatment, counseling, post exposure preventative treatment when medically indicated, and evaluation of potential illnesses for which to be alerted. These services will be provided by the health care professional at the Board's expense. (*See Hepatitis B Vaccination.*)
10. Health Care Professional's Written Opinion:
  - a. The Board shall obtain and provide the exposed employee with a copy of the evaluating health care professional's written opinion with in 15 days of the completion of the evaluation.
  - b. The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated or if the employee has received such vaccination.
  - c. The health care professional's written opinion for post-exposure evaluation and follow up shall be limited to the following information:
    - i. that the employee has been informed of the results of the evaluation, and
    - ii. that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.
  - d. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

## **Exposure Incident Reviews and/or Investigation:**

Management staff shall review each incident of exposure to assure that all procedural safeguards were in place and followed as outlined in the Board's policies and procedures.

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Management staff will review and evaluate each incident and make recommendations as necessary for changes or improvements in current safety measures.

Management staff shall document the completion of the review on the Employee Exposure Follow Up/Evaluation (Fm#OE 004).

## **Training:**

The Board shall ensure that all employees with potential for occupational exposure participate in a training program which will be provided at no cost to the employee during working hours.

1. The training will be provided prior to being assigned to tasks where occupational exposure may take place (during initial employee orientation period) and at least annually thereafter.
2. Additional training will be provided to all employees when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.
3. The training program shall contain at a minimum the following elements:
  - a. OSHA Bloodborne Pathogens Standard --- Employees will be provided with an accessible copy of the standard and an explanation of its contents
  - b. a general explanation of the epidemiology and symptoms of bloodborne diseases
  - c. explanation of the modes of transmission of bloodborne pathogens
  - d. an explanation of the Board's Exposure Control plan and where an employee can obtain a copy.
  - e. an explanation of the appropriate methods for recognizing tasks, definitions of terms, and other activities that may involve exposure to blood and other potentially infectious materials.
  - f. an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
  - g. information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  - h. an explanation of the basis for selection of personal protective equipment;
  - i. information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
  - j. information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - k. 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.
  - l. information on the post-exposure evaluation and follow up that the Board is required to provide for the employee following an exposure incident;
  - m. an explanation of the signs and labels and/or color coding required to communicate hazards to employees; and
  - n. an opportunity for interactive questions and answers.
4. All training sessions will be conducted by an instructor who is knowledgeable in the above subject matter as it relates to use in Board operated facilities.

### **Medical Record Keeping**

The Board will establish and maintain an accurate record for each employee with potential for occupational exposure. This information shall be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace.

This record will include:

1. Name and social security number of the employee
2. A copy of the employee's Hepatitis B vaccination 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 follow up procedures which took place as a result of an employee's exposure to blood or other potentially infectious materials;
4. The Board's copy of the health care professional's written opinion; and
5. A copy of the information provided to the health care professional as a result of any exposure including the "Report of Injury/Illness/Exposure" (FM# IR 001)

The Board will maintain these records for the duration of the employee's employment plus 30 years.

### **Training Records:**

Training records shall be maintained shall be maintained by the personnel department for seven (7) years from the date on which the training occurred.

Training records shall include the following:

1. Dates of the training sessions
2. Contents (objectives) or a summary of the training sessions
3. Name(s) and qualifications of person(s) conducting the training
4. Names and job titles of all persons attending the training sessions

### **Availability of Records**

The Board shall ensure that all records required to be maintained by this standard shall be made available upon request to the Program Director for examination and copying.

Employee training records required by the OSHA Standard (29CFR 1910.130) shall be provided upon request for examination and copying to employees, to employee representatives, or OSHA/U.S. Public Health Services Directors.

Employee medical records shall be provided upon request for examination and copying by the individual employee. All other individuals requesting this information must obtain the employee's express written consent for the release of these records.