Bloodborne Pathogens Exposure Control Plan

Purpose: This plan provides guidance for bloodborne pathogens exposure at the Ohio Department of Health Laboratory (ODHL). This exposure control plan (ECP) is written in accordance with adopted Ohio Public Employment Risk Reduction Program (PERRP) standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" (the standard) and section 4167.28 of the Ohio Revised Code, "Duties of employer concerning exposure incidents."

Principle: The ODHL is committed to providing a safe and healthful work environment for employees. The information in this exposure control plan is provided to minimize or eliminate occupational exposure to bloodborne pathogens, thereby protecting employees.

1. ECP Overview

1.1. This ECP includes:
- 1.1.1. Definitions;
- 1.1.2. Determination of employee exposure;
- 1.1.3. Description of various methods of exposure control, including:
  - 1.1.3.1. Universal precautions;
  - 1.1.3.2. Engineering and work practice controls;
  - 1.1.3.3. Personal protective equipment;
  - 1.1.3.4. Housekeeping;
  - 1.1.3.5. Laundry; and
  - 1.1.3.6. Labels.
- 1.1.4. Hepatitis B vaccination;
- 1.1.5. Post-exposure evaluation and follow-up procedures;
- 1.1.6. Procedures for evaluating circumstances surrounding an exposure incident;
- 1.1.7. Employee training; and
- 1.1.8. Recordkeeping.

2. Program Administration

2.1. The Laboratory Bureau Chief is responsible for the implementation of the ECP. Contact information: Building 4, Room 103, 614-644-4632

2.2. The Laboratory Safety Officer will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels and signs, biohazard disposal boxes, and red bags as required by the standard. The QA & Compliance/Safety Unit will ensure that adequate supplies of PPE are available in the appropriate sizes. Contact information: Building 4, Room 110, 614-728-0393

2.3. The QA & Compliance/Safety Unit is responsible for the following items. Contact information: Laboratory Safety Officer, Building 4, Room 110, 614-728-0393

2.3.1. Maintenance, review, and updates to the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

2.3.2. Ensuring that all medical actions required are performed and that appropriate employee health and PERRP records are maintained.

2.3.3. Training, documentation of training, and making the written ECP available to employees, Federal, and State representatives.

2.4. All employees that 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.

3. Definitions

3.1. **Blood** means human blood, human blood components, and products made from human blood.

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

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

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

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

3.6. **Decontamination** means 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.

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

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

3.9. **Hand washing Facilities** means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

3.10. **HBV** means hepatitis B virus.

3.11. **HIV** means human immunodeficiency virus.

3.12. **Occupational Exposure** means 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.

3.13. **Other Potentially Infectious Materials** means (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); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

3.14. **Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

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

3.16. **Regulated Waste** means 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.

3.17. **Source Individual** means 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.

3.18. **Universal Precautions** is 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.

3.19. **Work Practice Controls** means 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).

4. Employee Exposure Determination

4.1. The ODHL is required to list all job classifications in which all employees have occupational exposure. This determination is made without regard to the use of PPE. Job classifications in this category include:

- Administrative Professional 2
- Administrative Professional 3
- Biological Scientist
- Breath Testing Supervisor
- College Intern
- Customer Service Assistant 2
- Data Entry Operator 2
- Forensic Toxicologist
- Health Planning Administrator 1
- Health Planning Administrator 3
- Health Planning Administrator 4
- Information Technologist 3
- Infrastructure Specialist 2
- Inventory Control Specialist 1
- Inventory Control Specialist 2
- Laboratory Director
- Laboratory Scientist 2
- Laboratory Scientist 3
- Lead Biological Scientist
- Microbiology Supervisor 1
- Molecular Biologist
- Public Health Nurse Specialist

4.2. The ODHL is required to list all job classifications in which some employees under the classification have occupational exposure and a list of tasks and procedures in which occupational exposure occurs. This determination is made without regard to the use of PPE. Job classifications in this category include:

- None

4.3. The ODHL requires all job classifications in which employees do not have occupational exposure to receive the same training as the aforementioned employees due to their access to work areas where blood or OPIM are handled. Job classifications in this category include:

- Breath Testing Inspector

5. Methods of Implementation and Control

5.1. Employees covered by the standard receive an explanation of this ECP during their initial training session. It will also be reviewed in the annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the QA & Compliance/Safety Unit. If requested, the employee will be provided with a copy of the ECP free of charge within 15 days.

5.2. The QA & Compliance/Safety Unit is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. Updates to the ECP will document annual consideration of changes in technology that eliminate or reduce exposure to bloodborne pathogens. If more effective and safer engineering controls become commercially available, their implementation will be included in the ECP.

5.3. All employees will observe universal precautions to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

5.4. Engineering and work practice controls are used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.

5.4.1. The ODHL identifies the need for changes in engineering controls and work practices through the ODHL Safety Committee. Listserves and literature reviews are used to evaluate new products or new procedures. Laboratory staff and management officials are involved in this process by participating in the Safety Committee and having meetings with the Laboratory Safety Officer. The Laboratory Bureau Chief ensures effective implementation of recommendations.

5.4.2. The ODHL provides and maintains the following engineering controls:

5.4.2.1. Hand washing facilities;

5.4.2.2. Biological Safety Cabinets;

5.4.2.3. Chemical Fume Hoods;

5.4.2.4. Containers for contaminated sharps in accordance with 29 CFR 1910.1030(d)(4)(iii)(A)(1); and

5.4.2.5. Splash shields.

5.4.3. The ODHL adheres to work practice controls that reduce the likelihood of exposure. These practices include:

5.4.3.1. All employees will wash their hands with soap and water after removing PPE and immediately after contact with blood or OPIM.

5.4.3.2. Contaminated needles and other contaminated sharps will not be bent, recapped, or removed. Immediately or as soon as feasible, contaminated needles and other contaminated sharps are to be discarded in containers that are closable, puncture resistant, leak-proof on sides and bottom, and labeled with the word "BIOHAZARD" and the biohazard symbol. These containers are inspected and maintained or replaced by laboratory employees every week or whenever necessary to prevent overfilling.

5.4.3.3. All employees are prohibited from:

5.4.3.3.1. Shearing or breaking contaminated needles;

5.4.3.3.2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas;

5.4.3.3.3. Keeping food or drink (for consumption) in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops in work areas;

5.4.3.3.4. Mouth pipetting;

5.4.3.3.5. Handling broken glassware with hands; and

5.4.3.3.6. Storing or processing needles or sharps in a manner that requires reaching by hand into the container where they have been placed.

5.4.3.4. All procedures involving blood or OPIM will be conducted in a manner that minimizes splashing, spraying, spattering, and generation of droplets.

5.4.3.5. Equipment which may become contaminated with blood or OPIM will be examined prior to servicing or shipping and will be decontaminated if necessary. If decontamination of the equipment or portions of the equipment is not feasible, a label will be attached that states which portions remain contaminated and includes the word "BIOHAZARD" and the biohazard symbol.

5.5. Personal Protective Equipment

5.5.1. The ODHL will provide personal protective equipment (PPE) at no cost to the employee. The equipment will be in the appropriate size and readily accessible. The ODHL will clean, launder, dispose, repair, and replace PPE when necessary at no cost to the employee.

5.5.2. Employees are responsible for the maintenance of reusable PPE. If an employee determines the integrity is compromised, the PPE is to be disposed as described below and in section 5.7. A replacement of the disposed PPE will be provided by the Laboratory Safety Officer or the section supervisor.

5.5.3. All PPE will be removed prior to leaving the work area and immediately after contact with blood or OPIM. When PPE is removed, it will be placed in an appropriately designated area or container for storage, washing or decontamination. Used disposable PPE is to be disposed of in regulated waste containers. Procedures for handling used PPE are in the *ODHL Hazard Communication Manual*.

5.5.4. The QA & Compliance/Safety Unit or the individual laboratory section may provide training in the use of appropriate PPE for the tasks or procedures performed.

5.5.5. PPE is located in the work areas and in the office of the Laboratory Safety Officer (Building 4, Room 110) and may be obtained through supervisors or the Laboratory Safety Officer.

5.5.6. Hand Protection

5.5.6.1. Gloves will be worn when it can be reasonably anticipated that employees may have hand contact with blood or OPIM and when handling or touching contaminated items or surfaces. Hypoallergenic gloves, glove liners, powder-free gloves, or other similar alternatives will be provided for those with allergies.

5.5.6.2. 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 torn, punctured or when their ability to function as a barrier is compromised. These gloves may not be washed or decontaminated for reuse. They are to be disposed of in regulated waste.

5.5.6.3. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. They must be discarded if they show signs of cracking, peeling, tearing, puncturing or deterioration.

5.5.7. Face Protection

5.5.7.1. Eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose and/or mouth contamination can be reasonably anticipated.

5.5.7.2. Eye protection devices may be decontaminated for reuse if the integrity is not compromised. They must be discarded if they show signs of deterioration.

5.5.8. Body Protection

5.5.8.1. Appropriate protective clothing, such as lab coats, aprons, or similar outer garments will be worn in the work area.

5.5.8.1.1. Disposable and reusable laboratory coats are available in the hallway between the microbiology and newborn screening laboratories.

5.5.8.1.2. Disposable Tychem® aprons and sleeves are available in the radiochemistry laboratory.

5.5.8.2. Disposable protective clothing will be replaced as soon as practical when contaminated or as soon as feasible if torn, punctured or when their ability to function as a barrier is compromised. They may not be washed or decontaminated for reuse.

5.5.8.3. Reusable laboratory coats will be laundered per section 5.7.

5.6. Housekeeping

5.6.1. Cleaning and Decontamination

5.6.1.1. All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or OPIM.

5.6.1.2. Contaminated work surfaces will be decontaminated after completion of procedures, immediately or as soon as feasible when overtly contaminated or after a spill of blood or OPIM and at the end of the work shift if the surface may have become contaminated since the last cleaning.

5.6.1.3. Protective coverings used to cover equipment or environmental surfaces will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

5.6.1.4. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM will be decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

5.6.1.5. Broken glassware and other sharps will not be picked up directly with the hands, but using mechanical means, such as a brush and dustpan, tongs, or forceps.

5.6.1.5.1. If the brush and dustpan, tongs, or forceps become contaminated with blood or OPIM, they are to be cleaned and decontaminated. If decontamination is not feasible, they are to be disposed of in regulated waste.

5.6.2. Regulated Waste

5.6.2.1. Regulated waste is handled in accordance with 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" and Ohio Administrative Code (OAC) 3745-27, "Solid Waste and Infectious Waste Regulations."

5.6.2.2. Regulated waste containers are available in the work areas or by request from laboratory inventory control staff.

5.6.2.3. Contaminated sharps will be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom, and labeled.

5.6.2.3.1. During use, these containers will be easily accessible, in the immediate area where sharps are used, maintained upright throughout use, routinely replaced, and are not permitted to be overfilled.

5.6.2.3.2. When moving these containers from the area of use, they will be closed immediately prior to removal and placed upright in a regulated waste box to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

5.6.2.4. Other regulated waste will be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping and are appropriately labeled.

5.6.2.4.1. These containers will be closed prior to removal to prevent spillage or protrusion on contents during handling, storage, transport, or shipping.

5.6.2.5. If outside contamination of the regulated waste container occurs, it will be placed in a second container that that is closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, and is labeled.

5.7. Laundry

5.7.1. Reusable laboratory coats are laundered by a commercial vendor.

5.7.2. Laundry is managed in the hallway between the microbiology and newborn screening laboratories in building 22.

5.7.3. Coats needing to be laundered are to be placed in the dark colored bag on the left. This bag is labeled as soiled linen with the word "BIOHAZARD" and the biohazard symbol. There is a sign on the wall above this bag identifying it as the bag for launder and return.

5.7.3.1. Coats are to be laundered at least every other week. If an employee needs additional coats, they are to notify the Laboratory Safety Officer.

5.7.3.2. If a coat becomes contaminated with blood or OPIM, it is to be disposed of as regulated waste. The Laboratory Safety Officer is to be notified for replacement.

5.7.4. Damaged coats are to be placed in the dark colored bag on the right. This bag is also labeled as soiled linen with the word "BIOHAZARD" and the biohazard symbol. There is a sign on the wall above this bag identifying it as the bag for repair or replacement.

5.8. Labels

5.8.1. Warning labels are affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store, transport, or ship blood or OPIM.

5.8.2. Labels include the word "BIOHAZARD" and the biohazard symbol and are fluorescent orange, orange-red or predominantly so, with lettering and symbols in a contrasting color. They are affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

6. Hepatitis B Vaccination

6.1. The QA & Compliance/Safety Unit will provide training to employees on hepatitis B vaccinations; addressing the safety, benefits, efficacy, methods of administration and availability.

6.2. The vaccination series is available at no cost after training and within 10 working days of initial assignment to all employees who have occupational exposure. Vaccination will be provided by a commercial occupational health service. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available at no cost to all employees who have occupational exposure.

6.3. Vaccination is encouraged unless:
- 6.3.1. Documentation exists that the employee has previously received the series;
- 6.3.2. Antibody testing reveals that the employee is immune; or
- 6.3.3. Medical evaluation shows that vaccination is contraindicated.

6.4. Following a medical evaluation, a copy of the health care professional's written opinion will be provided to the employee. It will be limited to whether the employee requires the vaccine and whether the vaccine was administered.
- 6.4.1. The QA & Compliance/Safety Unit ensures that health care professionals responsible for the hepatitis B vaccinations are provided with a copy of the standard.

6.5. If an employee chooses to decline vaccination, they 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 Ohio Department of Health Office of Human Resources (ODH HR), 246 North High Street, Columbus, Ohio 43215.

7. Post-Exposure Evaluation and Follow-Up Procedures

7.1. If an exposure incident occurs, the employee will contact their supervisor and the Laboratory Safety Officer.

7.2. Following initial first aid (cleaning the wound, flushing eyes or other mucous membranes, etc.), the routes of exposure and how the exposure occurred will be documented.

7.3. The employee and their supervisor will fill out an Injury / Illness Report (ADM 4303) and the supervisor will complete an Ohio Department of Health Supervisor Accident Report (HEA0332).
- 7.3.1. The Laboratory Safety Officer will determine whether the exposure requires completion of the PERRP Sharps Injury Form (and) Needlestick Report (SH-12).

7.4. The employee will be provided with a CareWorks identification card by the Laboratory Safety Officer and an immediate medical evaluation and follow-up will be conducted by the Emergency Department at Mount Carmel East or another Ohio Bureau of Workers' Compensation (BWC) certified medical provider.

7.4.1. The QA & Compliance/Safety Unit ensures that health care professionals responsible for the post-exposure evaluation and follow-up are provided with a copy of the standard.

7.4.2. The Laboratory Safety Officer and ODH HR ensure that the health care professional evaluating an employee after an exposure incident receive the following:

7.4.2.1. A description of the employee's job duties relevant to the exposure incident;

7.4.2.2. Route(s) of exposure;

7.4.2.3. Circumstances of exposure;

7.4.2.4. If possible, results of the source individual's blood test (see 7.5. below); and

7.4.2.5. Relevant employee medical records, including vaccination status.

7.4.3. Additional information on the Ohio Department of Health Workers' Compensation Process is available in HR Letter 12 - Workers' Compensation Process.

7.5. When an exposure incident involves blood from a known source individual, the following activities will be performed by the BWC certified medical provider as required by the standard:

7.5.1. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law);

7.5.2. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine viral infectivity (if the source individual is already known to be positive, new testing need not be performed);

7.5.3. Document that the source individual's test results were conveyed to the employee's health care provider;

7.5.4. 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).

7.5.5. After obtaining consent, collect the exposed employee's blood as soon as feasible after the exposure incident, and test it for serological status.

7.5.5.1. 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 the testing as soon as feasible.

7.6. In addition to the medical evaluation following an exposure incident, the employee will also receive follow-up care, counseling, and an evaluation of any reported illnesses. The employee will also receive post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

7.7. Following the post-exposure evaluation and follow-up, a copy of the health care professional's written opinion will be provided to the employee. It will indicate that the employee has been informed of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

8. Procedures for Evaluating the Circumstances Surrounding and Exposure Incident

8.1. The Laboratory Safety Officer will review the circumstances of all exposure incidents to determine:

- 8.1.1. Engineering controls in use at the time;
- 8.1.2. Work practices followed;
- 8.1.3. A description of the device that was used (including type and brand);
- 8.1.4. PPE that was used at the time of the exposure incident;
- 8.1.5. Location of the incident;
- 8.1.6. Procedure being performed when the exposure incident occurred;
- 8.1.7. Employee's training.

8.2. This review will be documented on the Injury/Illness Report (ADM 4303). If this review reveals a need for changes in practices and/or procedures, the ECP and associated documentation will be revised.

- 8.2.1. Changes could include, but are not limited to, implementing safer devices or providing additional training.
- 8.2.2. When revisions are necessary, the Laboratory Bureau Chief and Laboratory Director will ensure that appropriate changes are made to existing documents and that affected employees are notified of the changes.

9. Employee Training

9.1. All ODHL employees receive initial and annual training on bloodborne pathogens and the ECP from the QA & Compliance/Safety Unit at no cost and during working hours. Employee participation in the training program is required. Additional training will be provided when changes, such as a modification of tasks or procedures, affect an employee's occupational exposure. This additional training may be limited to addressing the new exposures created.

9.2. All ODHL employees receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. Information about bloodborne pathogen training, or its contents, is available from the Laboratory Safety Officer. The training program is required to cover, at a minimum, the following elements:

- 9.2.1. A copy and explanation of the standard;
- 9.2.2. An explanation of the ECP and how to obtain a copy;
- 9.2.3. An explanation of methods to recognize tasks and activities that may involve exposure to blood or OPIM, including what constitutes an exposure incident;

9.2.4. An explanation of the use and limitations of engineering controls, work practices, and PPE;
9.2.5. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;
9.2.6. An explanation of the basis for PPE selection;
9.2.7. 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;
9.2.8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
9.2.9. 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;
9.2.10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
9.2.11. An explanation of the signs and labels required by the standard and used at the ODHL; and
9.2.12. An opportunity for interactive questions and answers with the person conducting the training session.

10. Recordkeeping

10.1. Training Records

10.1.1. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the office of the Laboratory Safety Officer (Building 4, Room 110). The **Ohio Department of Health Laboratory Bloodborne Pathogens Class Training Record** (Appendix A) includes:

10.1.1.1. The date of the training session;
10.1.1.2. The contents or a summary of the training session;
10.1.1.3. The name and qualifications of person conducting the training; and
10.1.1.4. The names and job titles of all persons attending the training session.

10.1.2. The **Ohio Department of Health Laboratory Bloodborne Pathogens Individual Training Record** (Appendix B) is provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Laboratory Safety Officer.

10.2. Medical Records

10.2.1. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." ODH HR is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

10.2.2. Employee medical records are provided upon request to the employee, or to anyone having written consent of the employee, within 15 working days. Such

requests should be sent to Ohio Department of Health, Office of Human Resources, 246 North High Street, Columbus, Ohio 43215.

10.3. Injury and Illness Recordkeeping

10.3.1. If an exposure incident occurs, the Laboratory Safety Officer will verify the completion of the Injury / Illness Report (ADM 4303) and the Ohio Department of Health Supervisor Accident Report (HEA0332) and will forward them to ODH HR for inclusion in the PERRP 300P Log and the PERRP 300AP Summary in accordance with OAC 4167-6-02, "Log and summary of work-related injuries and illnesses." The Log and Summary will be kept by ODH HR for five years following the year to which they pertain and will be reviewed by the Laboratory Safety Officer as part of the annual program evaluation.

10.3.2. In addition, all exposure incidents involving needle sticks or sharps will be recorded in accordance with OAC 4167-3-06, "Safe needle standards" using the PERRP Sharps Injury Form (and) Needlestick Report (SH-12). The Laboratory Safety Officer will determine whether the exposure requires completion of this form and will verify its completion if necessary.

11.Appendices

11.1 Appendix A – Ohio Department of Health Laboratory Bloodborne Pathogens Class Training Record

11.2 Appendix B – Ohio Department of Health Laboratory Bloodborne Pathogens Individual Training Records

Signature Approvals

Katherine Grandfield / 12/01/14
Originator Date

Reviewer / 12/1/14
Date

Laboratory Director / 12/1/2014
Date

Bureau Chief / 12/1/2014
Date

Appendix A

Ohio Department of Health Laboratory Bloodborne Pathogens Class Training Record

Instructor:_____

Title:_____ Date:_____

Qualifications:_____

The information covered in this training included:

- Explanation of 29 CFR 1910.1030 and its contents.
- Explanation that initial and annual training is required for all job classifications.
- General explanation of epidemiology, symptoms and modes of transmission of bloodborne pathogens.
- Explanation of the *Bloodborne Pathogens Exposure Control Plan* and how to obtain a copy.
- Identification of job classifications with occupational exposure and what constitutes an exposure incident.
- Explanation of use and limitations of engineering controls, work practices and personal protective equipment.
- Explanation of the types, uses, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information about the hepatitis B vaccine, including efficacy, safety, method of administration, benefits of being vaccinated and availability free of charge.
- Information on the actions to take and individuals to be notified in an emergency involving blood or other potentially infectious materials.
- Explanation of procedures to follow if an exposure incident occurs, including reporting and medical follow-up.
- Explanation of the required signs and labels.

PARTICIPANTS		
Name (Please print)	Job Title	Laboratory Section

Please choose one of each for the class training record	
Job Title	**Laboratory Section**
Administrative Professional 2	Administration
Administrative Professional 3	Newborn Screening
Biological Scientist	Microbiology
Breath Testing Inspector	Radiochemistry
Breath Testing Supervisor	
College Intern	
Customer Service Assistant 2	
Data Entry Operator 2	
Forensic Toxicologist	
Health Planning Administrator 1	
Health Planning Administrator 3	
Health Planning Administrator 4	
Information Technologist 3	
Infrastructure Specialist 2	
Inventory Control Specialist 1	
Inventory Control Specialist 2	
Laboratory Director	
Laboratory Scientist 2	
Laboratory Scientist 3	
Lead Biological Scientist	
Microbiology Supervisor 1	
Molecular Biologist	
Public Health Nurse Specialist	

Appendix B

Ohio Department of Health Laboratory Bloodborne Pathogens Individual Training Record

I have received training on bloodborne pathogens and the *Bloodborne Pathogens Exposure Control Plan*. I understand that the training and hepatitis B vaccine are provided to me at no cost due to my occupational exposure to blood or other potentially infectious materials. This training took place during work hours.

I had an opportunity for interactive questions and answers with the person conducting the training session. My training was conducted by [*Trainer*] and the topics covered included:

- Explanation of 29 CFR 1910.1030 and its contents.
- Explanation that initial and annual training is required for all job classifications.
- General explanation of epidemiology, symptoms and modes of transmission of bloodborne pathogens.
- Explanation of the *Bloodborne Pathogens Exposure Control Plan* and how to obtain a copy.
- Identification of job classifications with occupational exposure and what constitutes an exposure incident.
- Explanation of use and limitations of engineering controls, work practices and personal protective equipment.
- Explanation of the types, uses, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information about the hepatitis B vaccine, including efficacy, safety, method of administration, benefits of being vaccinated and availability free of charge.
- Information on the actions to take and individuals to be notified in an emergency involving blood or other potentially infectious materials.
- Explanation of procedures to follow if an exposure incident occurs, including reporting and medical follow-up.
- Explanation of the required signs and labels.

I understand that my medical records are kept confidential, and that these training records are provided upon request to me within 15 working days.

Employee Signature:_____ Date:_____

Employee Name (Please print):_____

Trainer:_____ Title:_____

Laboratory Safety Officer:_____

Ohio Department of Health Laboratory Bloodborne Pathogens Individual Training Record

I have received training on bloodborne pathogens and the *Bloodborne Pathogens Exposure Control Plan*. I understand that the training and hepatitis B vaccine are provided to me at no cost due to my access to work areas where blood or other potentially infectious materials are handled. This training took place during work hours.

I had an opportunity for interactive questions and answers with the person conducting the training session. My training was conducted by [*Trainer*] and the topics covered included:

- Explanation of 29 CFR 1910.1030 and its contents.
- Explanation that initial and annual training is required for all job classifications.
- General explanation of epidemiology, symptoms and modes of transmission of bloodborne pathogens.
- Explanation of the *Bloodborne Pathogens Exposure Control Plan* and how to obtain a copy.
- Identification of job classifications with occupational exposure and what constitutes an exposure incident.
- Explanation of use and limitations of engineering controls, work practices and personal protective equipment.
- Explanation of the types, uses, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information about the hepatitis B vaccine, including efficacy, safety, method of administration, benefits of being vaccinated and availability free of charge.
- Information on the actions to take and individuals to be notified in an emergency involving blood or other potentially infectious materials.
- Explanation of procedures to follow if an exposure incident occurs, including reporting and medical follow-up.
- Explanation of the required signs and labels.

I understand that my medical records are kept confidential, and that these training records are provided upon request to me within 15 working days.

Employee Signature:_____ Date:_____

Employee Name (Please print):_____

Trainer:_____ Title:_____

Laboratory Safety Officer:_____