

# DRAFT 12/2/05

HONOLULU COMMUNITY COLLEGE

UNIVERSITY OF HAWAII

## BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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University of Hawaii at Manoa  
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Updated: UH Health Committee  
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For: Honolulu Community College

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Annual Review Date:

**Honolulu Community College**

**University of Hawaii**

**Bloodborne Pathogens Exposure Control Plan**

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# HONOLULU COMMUNITY COLLEGE (HCC)

## BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

### 1. Policy

It is the policy of the College to provide a safe and healthful environment for the employees/students and to comply with the occupational health and safety standards.

All employees/students potentially exposed to bloodborne pathogens must follow these procedures:

- Minimize all exposures to bloodborne pathogens
- Institute engineering and work practice controls to eliminate or minimize exposure to bloodborne pathogens
- Practice universal precautions when exposure to blood or potentially infectious materials is anticipated

### 2. Purpose

This Bloodborne Pathogens Exposure Control Plan is in compliance with the Bloodborne Pathogens Standard, Hawaii Occupational Safety and Health, HRS 396, Title 12, Subtitle 8, Chapter 205.1. The Plan describes how occupational and instructional exposure to biological agents, blood, or other potentially infectious materials (OPIM) can be eliminated or minimized.

The objectives of the Exposure Control Plan are to:

- Provide information on procedures and regulations regarding bloodborne pathogens
- Protect employees/students from health hazards associated with bloodborne pathogens
- Provide information on appropriate treatment and counseling to employees exposed to bloodborne pathogens

### 3. Responsibilities

A. The *Vice Chancellor of Administrative Services* is responsible for:

- Implementing control methods to prevent or reduce the risk of employees' and students' exposure to biological agents, blood and other potentially infectious materials (OPIM). These control methods include engineering controls, work practice modifications, appropriate use of personal protective equipment, training and education, vaccination, prophylaxis, and post-exposure follow-up.
- Keeping the Chancellor informed of any occupational exposure incident

B. The *Deans* shall:

- Assure that all employee and students within their academic units are aware of and following this Exposure Control Plan.
- Identify all occupational/instructional activities with potential exposure to blood or OPIM.
- Direct potentially exposed personnel to follow policies and procedures indicated in the Exposure Control Plan.
- Immediately notify the *Vice Chancellor of Administrative Services* of any occupational exposure incident

C. Employees and students are responsible for:

- Complying with procedures established by the work supervisors in accordance with this Exposure Control Plan to minimize their infectious risk
- Promptly reporting any worksite/classroom blood exposure incident to the supervisor/instructor

### 4. Exposure Determination

The provision of HCC Exposure Control Plan apply to all employees with a potential occupational exposure to blood or OPIM. The following Table shows job classifications of employees who may have contact with blood or OPIM, regardless of whether they wear or use protective equipment.

<b>Category 1:</b> All employees in these job classifications, based on the nature of their work, have reasonably anticipated risk of exposure to bloodborne pathogens.	
<b>ACADEMIC UNIT</b>	<b>JOB CLASSIFICATION</b>
Operations & Maintenance	<ul style="list-style-type: none"> <li>• Security officer</li> <li>• Janitorial Staff</li> <li>• Maintenance and Repair Staff</li> <li>• Groundskeeping Staff</li> <li>• AC Repair and Maintenance Personnel</li> <li>• Janitor Supervisor</li> <li>• Maintenance Supervisor</li> <li>• Vice Chancellor of Administrative Services</li> </ul>
Health Office	<ul style="list-style-type: none"> <li>• Health Nurse</li> </ul>
Children's Center	<ul style="list-style-type: none"> <li>• Faculty Member</li> <li>• Administrative, Professional &amp; Technical Staff (APT)</li> <li>• Student Assistant</li> </ul>
<b>Category 2:</b> Some employees in the following job classifications, who are designated to perform the duty listed below, have reasonably anticipated risk of exposure to bloodborne pathogens.	
<b>JOB CLASSIFICATION</b>	<b>TASKS</b>
<ul style="list-style-type: none"> <li>• Faculty Member</li> <li>• Administrative, Professional &amp; Technical Staff (APT)</li> <li>• Civil Service Staff</li> <li>• Student Assistant</li> </ul>	<ul style="list-style-type: none"> <li>• Administering first-aid as the designated first-aid performer</li> </ul>

**5. Universal Precautions**

- A. Universal precautions will be used by all HCC personnel to prevent contact with biological agents, blood or OPIM. Materials will be considered potentially infectious when it is impossible to distinguish between these materials.
- B. Universal precautions apply to biological agents, blood and OPIM, i.e., body fluids containing visible blood, semen and vaginal secretions, human tissue, organs and the following fluids: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid.

**Materials will be considered potentially infectious when it is impossible to distinguish between body fluids. Precautions must be uniformly used with all persons regardless of whether their blood or body fluids are known to be infected.**

Standard precautions combine the important features of Universal (Blood and Body Fluid) Precautions (designed to reduce the risk of transmission of blood-borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of blood-borne pathogens from moist body substances). Standard Precautions are designed to reduce the risk of transmission of micro-organisms from both recognized and unrecognized sources of infection. Standard precautions apply to blood, all body fluids, OPIM, secretions and excretions except sweat, regardless of whether they contain visible blood, non-intact skin and mucous membranes.

- C. Protective barriers, such as gloves, gowns, respirators and protective eyewear (safety goggles) or face shields, reduce the risk of exposure to biological agents, blood, other fluids, and OPIM to which universal precautions apply. Although universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomits unless they contain visible blood, other methods of infection control apply to these potential pathogenic sources of zoonotic and community-acquired infections. Universal precautions should not replace procedures for routine infection control, such as handwashing and using personal protective equipment.
- D. Fluid resistant gowns or aprons should be worn during procedures that is likely to generate splashes or aerosols of biological agents, blood or OPIM. Gowns should be closed front or a coat with an overlapping front. Uniforms, laboratory coats, scrubs, if used as a PPE, must not be used outside of the containment facility.
- E. Practicing "**universal precautions**" consists of the following recommendations (Center for Disease Control and Prevention, CDC):
  - 1. Appropriate barrier precautions should be routinely used to prevent skin and mucous membrane exposure when contact with biological agents, blood or OPIM are anticipated.
    - a. Gloves should be worn:
      - for touching biological agents, blood and OPIM, mucous membranes, or non-intact skin
      - for handling items or surfaces soiled with biological agents, blood or OPIMGloves should be changed after contact with each potentially infectious materials and hands must be washed.
    - b. Masks, safety goggles, and face shields should be worn during procedures that are likely to generate droplets, aerosols , splashes of potentially infectious materials. This is to prevent the worker's mucous membranes (mouth, nose, eyes or open wounds) from the exposure.
  - 2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with biological agents, blood or OPIM. Hands should be washed immediately after gloves are removed.
  - 3. All "touch and splash" surfaces must be carefully disinfected with an intermediate or higher level EPA registered disinfectant.

4. Contaminated and potentially contaminated waste must be properly handled and disposed. Refer to Appendix A: Management and Disposal of Biohazardous Wastes Procedures.

## 6. Engineering and Work Practice Controls

### A. Engineering Controls

Every effort must be made to control or eliminate the bloodborne pathogens hazards from the workplace. These include sharps disposal containers, self-sheathing needles, safer medical devices, sharps with engineered sharps injury protections, needleless systems and other newer engineering controls.

Other engineering control methods such as biological safety cabinet, plastic shielding, etc., are to be used for appropriate containment of biological commodities to reduce exposure to biological agents, blood, and OPIM.

#### 1. Sharp's disposal:

- Use puncture resistant red-colored sharps disposal containers. Red sharps containers are for only biological contaminated sharps.
- Appropriately label the container.
- Keep the container as close as possible to the areas where sharps are used.
- Keep the container upright during use.
- Replace when the container is 7/8 filled (not reusable). Close the container when moving to prevent spillage. The container is not reusable.
- In the event that the container appears to be leaking, place it inside another closable, leak proof container with the appropriate color-coding or label.
- If sharps containers are mounted on walls, the height must be between 52 and 56 inches for correct ergonomically position.

#### 2. Disposal of regulated wastes

- Regulated wastes include used biological contaminated disposable gloves, blood contaminated items, or pathologic and microbiological wastes containing biological agents, blood or other potentially infectious materials (lancet, glass slide, covers slip, pipette tips, capillary tubes etc.).
- Immediately upon generation, transfer regulated wastes into a red biohazard bag held within a closable, leak-proof secondary container with biohazard labeling or color-coding. Bags will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. They will be closed prior to removal to prevent spillage or protrusion of contents at any time.
- Keep specimens of biological agents, blood or potentially infectious materials in leak-proof containers during collection, handling, processing, storage, transport, or shipping. Any specimen that could puncture a primary container will be placed within a secondary container that is puncture resistant.

- Keep soiled laundry in a closed laundry hamper that holds all contents without leakage during handling, storage, transport, and is color-coded or labeled.
- Decontaminate potentially contaminated equipment and instruments on a regular basis. If not possible, they must be labeled with the Universal Biohazard Symbol. All equipment needs servicing, must be decontaminated prior to repair or maintenance. If cannot be decontaminated, notify the service department.
- For disposal procedures of regulated biological contaminated wastes, refer to Appendix A: Management and Disposal of Biohazardous Wastes Procedures.

## **B. Work Practice Controls**

1. Handwashing facilities are readily accessible in all restrooms/sinks within each unit. Handwashing should be done with soap and running water as soon as feasible after contamination, and after removal of gloves or other personal protective equipment.
2. In the event of contact with biological agents, blood or OPIM to the eyes, nose, mouth or open wound, flush the areas with water immediately or as soon as feasible.
3. Contaminated needles and other contaminated sharps will not be bent, sheared, or purposely broken. Recapping is permitted if a procedure does not have a feasible alternative and the action is required by the specific medical procedure. If needle removal or recapping is necessary, removal or recapping must be done either by one-handed scooping (passive recapping) or through a removal device. All straight needles systems have been converted over to newer safer needle technology systems.
4. Reusable sharps contaminated with biological agents, blood or other infectious materials must be stored and processed in a way that does not require anyone to reach, by hand, into the containers where these sharps have been placed.
5. Mouth pipetting, or mouth suctioning of biological agents, blood or OPIM, is prohibited.
6. All procedures involving biological agents, blood or OPIM must be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
7. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses are prohibited in work areas where there is any risk of occupational exposure.
8. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on counter-tops or bench tops where biological agents, blood or OPIM are present.
9. Warning labels containing the universal biohazard symbol and the word "BIOHAZARD" will be used to warn employees who may have contact with areas and containers of the potentially hazardous materials. Labels are not required when red bags are used.
10. In an event of a biological agent or blood spill, area-specific contingency spill plan must be initiated. General example of a plan:
  - a. Flood spill with appropriate freshly made disinfectant, let sit for 20-30 minutes.
  - b. Absorb the spill with towels or spill pillows.
  - c. Place wastes in a red biohazard bag. Follow biohazardous waste disposal procedures as listed in Appendix A.
  - d. Re-disinfect spill area.

## **7. Personal Protective Equipment (PPE)**

- A. PPE will be chosen based upon the type of anticipated exposure to biological agents, blood or OPIM. The specific equipment for a situation will be determined by each unit in which the potential for occupational - instructional exposure occurs and may include gowns, aprons, lab coats, disposable gloves, utility gloves, chin-length face shields, face masks, respirators, eye protection (safety goggles), shoe covers, surgical caps, and mouthpieces or pocket masks.

*Note: Regular safety glasses will not provide protection if aerosols occurs.*

- B. PPE must prevent biological agents, blood or OPIM from passing through or reach the user's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment is used.
- C. All PPE must be cleaned, laundered, or properly disposed of by the unit. All garments that are penetrated by biological agents, blood or other infectious materials shall be removed as soon as feasible and laundered or properly disposed. Contaminated clothing must not be sent home with the worker for cleaning, unless person has been properly trained on proper transporting and laundering.
- D. Appropriate sizes of personal protective are available for use. At a minimum, gloves will be used whenever there is a reasonable anticipation of hand contact with biological agents, blood or OPIM. Hypoallergenic gloves, powderless gloves, glove liners, or other similar alternatives shall be readily accessible to those who are allergic to the gloves normally provided.
- E. Personnel shall discard any disposable equipment after use in the appropriate receptacle and properly decontaminated prior to disposal. Reusable PPE will be decontaminated and cleaned prior to storage in a designated are for future use. All PPE will be removed prior to leaving the work area.
- F. PPE will be replaced as often as necessary. At a minimum this will occur after each use where the equipment becomes contaminated and cannot be decontaminated effectively, and when equipment becomes old and ineffective.

## **8. Housekeeping**

- A. Work areas must be maintained in a clean and sanitary condition at all times. A written schedule for the manner in which and the time when the areas are cleaned and disinfected must be developed and implemented. This schedule shall include an explanation of the cleaning and decontamination of equipment, which has been in contact with biological agents, blood or OPIM.

SCHEDULE FOR CLEANING AND METHOD OF DECONTAMINATION		
ITEM/AREA	DECONTAMINATION METHOD	SCHEDULE
Work surfaces	Wash with 1:10 bleach solution or other disinfectants, for example, <i>ProSpray</i> , <i>Cidex</i>	<ul style="list-style-type: none"> <li>• After the completion of procedures or end of work shift that involved contamination</li> <li>• When surfaces become obviously contaminated.</li> </ul>

- B. Work surfaces must be decontaminated, with a hospital-grade, tuberculocidal, fungicidal, and virucidal disinfectant that is registered with the EPA at the intermediate or higher level, after completion of procedures, immediately or as soon as feasible after any spill of biological agents, blood or OPIM, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

*Unit's Disinfectant:* \_\_\_\_\_  
*MSDS of product is attached.*

- C. Reusable receptacles, such as bins, pails, and cans that have a likelihood for becoming contaminated, must be inspected and decontaminated with a hospital-grade disinfectant or autoclaved on a regular basis. When contamination is visible, receptacles should be cleaned and decontaminated as soon as feasible.
- D. Any broken glassware or other sharps that may be contaminated shall not be picked up directly with the hands. Tools used in the cleanup of broken glass (brush, dust pan, forceps, and/or tongs) must be decontaminated after use and the contaminated broken glass should be placed in a red sharps container. Vacuum cleaners are not appropriate for use in the cleanup of biological hazardous or contaminated broken glass.

## 9. Laundry

- A. Biologically contaminated laundry will be handled as little as possible. Sorting or rinsing of contaminated laundry will not be performed in instructional areas. Contaminated, soiled laundry will be placed and transported in biohazard labeled or color-coded red bags or containers.
- B. Contaminated laundry, which is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, will be stored and transported in double bags that prevent soak through and leakage of fluids to the exterior.
- C. Protective gloves, and other appropriate personal protective equipment as required, will be used by anyone who has contact with contaminated laundry.
- D. Laundry from the Health Office should be washed with detergent and water at a temperature of not less than 160 °F for at least 25 minutes.

## **10. Hepatitis B Vaccine**

- A. Hepatitis B vaccine is available at no cost to all HCC's employees who have been identified in this Plan as having occupational exposure. The vaccine series will be explained at an employee or student training session held within 10 days of initial assignment of duties or starts of instruction that may result in potential occupational - instructional exposure to bloodborne pathogens. Routine booster doses of the hepatitis B vaccine will be available if booster doses are recommended by the U.S. Public Health Service.
- B. Personnel identified in the exposure determination will be asked to complete and sign a copy of Hepatitis B Immunization Form (Appendix B) This form shall be included in the employee's confidential personnel record (and medical record if occupational exposure occurs).
- C. The hepatitis B vaccination will continue to be available without cost to any employee who initially declines the vaccination if that individual is still covered by the HIOSH standard and requests the vaccine series at a later date.
- D. The vaccination must be given at a reasonable time and place, be performed by or under the supervision of a licensed physician and provided according to the recommendations of the U.S. Public Health Service. All laboratory tests for antibody testing shall be conducted at no cost to the employee. Participation in pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

## **11. Exposure Incident Reporting, Evaluation, and Follow-up**

- A. Any exposure incident (e.g., needle stick, mucous membrane or open wound contamination) shall be promptly reported, investigated, and documented by the program liaison/instructor. The investigation report should be forwarded to the Vice Chancellor of Administrative Services.
- B. All percutaneous injuries from contaminated sharps must be logged on the sharp's injury log. Confidentiality of the injured employee must be insured. Included on the log must be the:
  - 1. Type and brand of device involved in the incident,
  - 2. Work unit where the exposure incident occurred, and
  - 3. Explanation of how the incident occurred. All records must be maintained for 30 years.
- C. Post-exposure medical evaluation and follow-up shall be made available immediately at no cost, to any employee who has experienced an occupational exposure incident. Post-exposure evaluations and management must be confidential.
- D. The exposed employee shall be offered blood collection and/or testing. This individual has the right to refuse either or both. However, if the exposed person

gives consent for blood collection but not for HIV testing, the blood shall be kept for 90 days, during which time the exposed person can choose to have the sample tested. In addition, laboratory tests performed in connection with an evaluation must be conducted at no charge to the exposed individual, including serological testing; i.e., HBV antibody titer and HCV antibody titer.

- E. The exposed employee shall have the choice of obtaining their medical evaluation with appropriate lab studies at the medical advisor of their choice, their personal physician's office, or a local emergency room. A physician with HIV expertise or consultant HIV physician shall be promptly available for preliminary evaluation and counseling upon request. Then, the exposed individual can make an informed choice regarding post-exposure medical evaluation and treatment. This exposed individual, additionally, shall have counseling and evaluation of any related, reported illnesses.
- F. The confidential medical evaluation should include at least the following:
  - 1. Documentation of the route of exposure. And the circumstances under which the exposure incident occurred.
  - 2. Identification and documentation of the exposure source, unless it can be established that identification is not feasible or prohibited by state or local law.
  - 3. Consent obtained from the exposure source and having the source individual's blood tested as soon as possible for hepatitis (HBV), HIV or other appropriate infectivity. If consent is not obtained, the head of the department must show that legally required consent could not be obtained. The source person's blood need not be tested if the source individual's HIV, HBV, etc., infection status is known.
  - 4. Results of the source individual's testing shall be made available to the exposed individual, and the exposed individual also be informed of the confidentiality laws protecting these results.
- G. The Division Chair or a designated responsible person shall ensure that the healthcare provider receives the incident report and following information:
  - 1. a copy of the HIOSH Part 8, Chapter 205.1,
  - 2. a written description of the job duties relevant to the exposure incident,
  - 3. documentation of the route(s) of exposure and circumstances under which exposure occurred,
  - 4. the results of the source individual's blood tests, if available, and
  - 5. all relevant employee medical records, including vaccination status.
- H. The Division Chair shall obtain and provide the exposed employee with a copy professional's written opinion within 15 days.
  - 1. The healthcare professional's written opinion for vaccination shall be limited to whether vaccination is indicated for the exposed individual, and if that individual received such vaccination.

2. The healthcare professional's written follow-up shall be limited to the following:
    - a. A statement that the exposed individual has been informed of the results of the evaluation; and
    - b. A statement that the exposed individual has been told about any medical conditions resulting from exposure to biological agents, blood or other potentially infectious materials which may require further evaluation or treatment,
  3. All other findings or diagnosis shall remain confidential and shall not be included in the written report.
- I. Post-exposure prophylaxis must be offer to the exposed employee. These may include Hepatitis B immune globulin (HBIG), Hepatitis B Vaccine, and/or other prophylactic anti-viral treatment for HIV. The recommendations of the current CDC guidelines on post-exposure prophylaxis treatment for HIV should be followed in the event of HIV exposure.

## **12. Labels and Signs**

- A. Each unit supervisor shall ensure for his/her section that biohazard labels shall be affixed to entry doorway, containers, refrigerators, storage areas and freezers containing biological agents, blood materials, OPIM, and other containers used to store, transport, or ship biological agents, blood, and other potentially infectious materials.
- B. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red color.
- C. Red bags or red sharps containers may substitute for labels. However, regulated wastes must be handled in accordance with applicable rules and regulations of the State Department of Health and County's wastes regulations.

## **13. Information and Training**

- A. The Division Chair is responsible for assuring that personnel receive training at the time of initial assignment (10 days within assignment) to tasks where occupational - instructional exposure may occur, and that training shall be updated every twelve months.
- B. When modifications of tasks or procedures occur after the training, the program liaison shall provide for additional necessary training. When necessary, the training program will be modified to accommodate the educational or language level of the employee.
- C. Training will be done at no cost to the employee and will be conducted during working/instructional hours or the employee. Student training should be part of the curriculum.

- D. The person(s) conducting the training shall be knowledgeable in the subject matter.
- E. Training records shall be maintained for three years from the date of training. These rosters will include the dates of the training sessions, an outline or summary describing the materials presented, the names and qualifications of persons conducting the training, and the names, signatures, and job titles of all persons attending the training sessions.
- F. Training will be interactive and cover the following:
- Explanation of the HIOSH standard's contents;
  - Discussion of the epidemiology and modes of transmission of biological agents and bloodborne pathogens;
  - Explanation of Department's Biological Agents and Bloodborne Pathogen Exposure Control Plan, location and availability of copies of this plan;
  - Recognition of tasks that may involve exposure;
  - Explanation of the use and limitations of methods to reduce exposure such as engineering controls, work practices, and the use of personal protective equipment;
  - Information on the types, use, location, removal, handling, decontamination, and disposal of PPE's;
  - An explanation of the basis of selection of PPE's;
  - Information on Hepatitis B vaccination (or other appropriate vaccination), including efficacy, safety, methods of administration, benefits, and that it will be offered free of charge;
  - Explanation of the procedures to follow in the event of an accidental exposure to biological agents, blood or potentially infectious materials, including reporting, evaluation, and follow-up;
  - Explanation of the signs, labels and color-coding systems.
  - New safer needle technologies.

#### **14. Recordkeeping**

- A. Confidential medical records are kept for all employees with occupational/ instructional exposure for the duration of employment plus 30 years.
- B. The information in these files related to exposure will not be disclosed or reported without the involved individual's written consent except as required by law.
- C. Medical records or laboratory studies obtained for exposures will be maintained by the practitioner or agency conducting the evaluation and/or providing care.
- D. All employees will be provided upon request for examination and copying to the subject employee, to anyone with written consent of the individual, and to the

authorized representatives of the Director of the State Department of Labor and Industrial Relations and U.S. OSHA, Assistant Secretary of Labor.

## **15. Plan Evaluation and Review**

- A. The *Director of Administrative Services*, assisted by the Health and Safety Coordinator, is responsible for annual review and revisions of the Plan, as well as evaluation of its effectiveness; including changes in technology that eliminate or reduce exposure to bloodborne pathogens, document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- B. This Plan will be revised whenever necessary to reflect new or modified tasks, procedures, exposures, rules that affect occupational exposure and to reflect new or revised employee positions with occupational/instructional exposure, at the University Health Services, CDC and Public Health Services recommendation and State and Federal law changes.
- C. Solicitations for inputs from employees must be documented.

## **References**

1. HIOSH Bloodborne Pathogens Standard -Title 12, Part 8, Chapter 205.1
2. OSHA-Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens  
[http://www.osha-slc.gov/OshDoc/Directive\\_data/CPL\\_2-2\\_69.html](http://www.osha-slc.gov/OshDoc/Directive_data/CPL_2-2_69.html)
3. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. Morbidity and Mortality Weekly Report. Recommendations and Reports, June 29, 2001/Vol. 50/No. RR-11  
<http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>