

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

**STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS**

Directive: 351.03

Subject: Bloodborne Pathogens Exposure Control Plan
Effective Date: November 30, 1992 **Review and Re-Issue Date:**
Supersedes: NEW **APA Rule Number:**

Recommended for approval by:		Authorized By:	
_____	_____	_____	_____
Signature	Date	Signature	Date

1. Authority:

1.1 In accordance with the Occupational Health and Safety Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030.

2. Purpose:

2.1 To establish guidelines for use by employees to limit all occupational exposure to bloodborne pathogens; i.e., HIV and Hepatitis B. "Good Samaritan" acts, such as assisting a co-worker with a nosebleed, would not be considered occupational exposure.

3. Applicability/Accessibility

3.1 All security staff and all medical staff.

3.2 Probation & Parole Officers.

4. Directive

4.1 Exposure Determination

4.1.1 OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

- 4.1.1.1** All Correctional Health Care Specialists (nurses)
- 4.1.1.2** All Correctional Officers (permanent and temporary staff)
- 4.1.1.3** All Correctional Shift Supervisors
- 4.1.1.4** Casework Supervisor – Facilities
- 4.1.1.5** Correctional Foreman A
- 4.1.1.6** Correctional Foreman B – Furniture
- 4.1.1.7** Correctional Foreman B - Metal Fabrication
- 4.1.1.8** Correctional Foreman B – Printing
- 4.1.1.9** Correctional Foreman B - Wood Products
- 4.1.1.10** Correctional Foreman C - Industrial Shop
- 4.1.1.11** Correctional Foreman C - Printing, Graphics
- 4.1.1.12** Correctional Security and Operations Supervisor
- 4.1.1.13** Corrections Infirmery Attendant
- 4.1.1.14** Corrections Medical Services Coordinator
- 4.1.1.15** Corrections Services Specialist – Facilities
- 4.1.1.16** Corrections Services Specialist - P&P
- 4.1.1.17** Corrections Services Specialist – Trainee
- 4.1.1.18** Intensive Supervision P&P
- 4.1.1.19** Patient Care Intern
- 4.1.1.20** Practical Nurse
- 4.1.1.21** P&P Officer

- 4.1.2** In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

cause these employees to have occupational exposure, they are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows.

<u>Job Classification</u>	<u>Tasks Procedures</u>
Medical	Blood drawing, injections, dressing changes, emergency response and treatment.
Correctional Officer	Response to emergency where blood is present. Strip searches, room searches.
Shift Supervisor	Response to emergency where blood is present. Strip searches, room searches.
Corrections Services Specialist (Caseworker)	Pat searches.
Casework Supervisor	Pat searches.
Corrections Services Specialist (P&P)	Pat searches/urine testing/breath-a-lizer.
Intensive Supervision P&P	Pat searches.
Correctional Foremen	Response to emergency where blood is present/pat searches.
Correctional Security and Operations Supervisor	Response to emergency where blood is present/pat searches/strip searches.

4.2 Compliance Methods

4.2.1 Universal precautions will be observed at all of the facilities and Field Offices in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source of the individual.

4.3 Engineering and Work Practice Control

4.3.1 General - All Facilities: Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at all the facilities. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At all facilities the following engineering controls will be utilized.

4.3.1.1 Sharps containers in Health Center and living units

4.3.1.2 Red plastic bags for potentially infectious linen or clothes from inmates

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

- 4.3.1.3 Protective goggles for security personnel to be kept readily accessible in each living unit and booking area
- 4.3.1.4 Gloves for all security staff readily accessible at all times
- 4.3.1.5 Lab jackets with long sleeves for medical staff
- 4.3.1.6 White uniform pants or white skirts for medical staff
- 4.3.1.7 Soiled medical security uniforms that are being sent out to laundry service must be placed in red plastic bags
- 4.3.1.8 Gloves for inmates working the facility laundry room
- 4.3.1.9 Protective goggles for all medical staff
- 4.3.1.10 Items will be controlled by security
- 4.3.2 Responsibility for assessing compliance with this requirement is: Chief of Security is ultimately responsible for assuring compliance with the controls above that apply to the operations of security. Central Office Coordinator of Medical Services will designate, in writing, individual work site responsibility for assuring compliance with controls administered by medical staff.
- 4.3.3 Hand washing facilities are also available to the employee who incurs exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Within the facilities, hand washing facilities are available in:
 - 4.3.3.1 Each living unit,
 - 4.3.3.2 Health Center,
 - 4.3.3.3 Staff bathrooms.
- 4.3.4 After proper removal of personal protective gloves, employees shall wash hands with soap and water and any other potentially contaminated skin area immediately or as soon as feasible.
- 4.3.5 If employees incur an exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as feasible following contact.
- 4.3.6 **Medical Staff:** Lab jackets and uniform pants/skirts will NOT leave the facility. Therefore, medical staff will change into uniform at work site, and change out of uniform before leaving the building. All uniforms must be laundered on site or at the professional laundry service under

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

contract. Soiled clothing must be removed immediately from the wearer and replaced with a clean uniform.

- 4.3.7 Security Staff:** Should a uniform of security staff become soiled with potentially contaminated material, the uniform will be removed immediately from that person, and replaced with a clean uniform.
- 4.3.8 Needles:** Contaminated needles and other contaminated sharps will not be bent, removed, sheared or purposely broken, nor will they be recapped. The following is an OSHA approved procedure for necessary recapping or removal: recapping the needle or removal of the needle by use of a mechanical device or a one-handed technique. Example of when this technique may be necessary: removal of needle from vacutainer.
- 4.3.9 Containers for Sharps:** Sharps include medical instruments, or any instrument that has the ability to cut a person, such as inmate razors.
- 4.3.9.1** Contaminated sharps will be placed immediately after use into appropriate sharps containers. At each facility, sharps containers are puncture resistant, labeled with biohazard label, and are leak proof.
- 4.3.9.2** Location of Proper Sharps Containers: Locked in a bracket that is secured to the wall in the Health Center. Sharp containers will also be located in each living unit for the disposal of inmate razors. The placement of sharps containers that are located in the living unit will be up to the discretion of the Chief of Security.
- 4.3.10 Work Area Restrictions:** In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees must not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages will not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
- 4.3.10.1** Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- 4.3.10.2** All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Gloves will be worn:
- 4.3.10.2.1** While drawing blood, taking urine samples, preparing blood or serum for transport to lab.
- 4.3.10.2.2** During all dressing changes.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

4.3.10.2.3 For any examination of injury involving open wounds.

4.3.10.2.4 When responding to emergencies inside or outside of the building.

4.3.10.2.5 Performance of CPR.

4.3.11 Specimens: Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

4.3.11.1 Facilities utilizing the services of New England Clinical Laboratories have been provided all the necessary containers meeting OSHA standards.

4.3.11.2 Any specimens in a primary container which can be punctured or broken will be placed within a secondary container I which is puncture resistant. New England Clinical Laboratories has provided all the necessary approved containers.

4.3.11.3 If your facility transports specimens to a local hospital, the specimens need to comply with the standard, and be contained in leak proof, puncture resistant packaging.

4.3.11.4 If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

4.3.12 Contaminated Equipment: Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

4.3.12.1 Equipment that is not recommended for sterilization/decontamination: ambu bag, CPR masks.

4.3.13 Personal Protective Equipment: All personal protective equipment used will be provided without cost to the employees. Personal protective equipment will be determined by the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

4.3.13.1 The following protective clothing and equipment will be provided to employees in the following manner.

4.3.14 MEDICAL STAFF

4.3.14.1 Correctional Health Care Specialist

4.3.14.1.1 Proper fitting latex gloves,

4.3.14.1.2 White uniform pants/skirt and lab jacket,

4.3.14.1.3 Goggles,

4.3.14.1.4 CPR mask,

4.3.14.1.5 Disposable ambu bag

4.3.14.2 Uniforms will be kept on work site; therefore, immediately upon reporting to work, you will need to change into uniform. When leaving work, your last task of the day will be to change out of uniform and place any soiled uniforms into the area designated for pick up by the contracted uniform company. Any uniform soiled with body fluids must be bagged in a red I plastic bag.

4.3.14.3 Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Security staff are required to carry gloves on their person at all times. Extra gloves for security staff are kept in the booking area. Gloves for medical staff are kept in the Health Center.

4.3.14.4 Disposable gloves used at the facility will not be washed or decontaminated for reuse and will be replaced as soon as practical when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Rubber utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

4.3.14.5 Masks, in combination with eye protection devices such as goggles or glasses with solid side shield or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at any facility which would require such protection are as follows.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

4.3.14.5.1 Any on-site surgery.

4.3.14.5.2 CPR will require use of goggles.

4.3.14.6 The OSHA standard also requires appropriate protective clothing such as lab jackets, gowns, aprons or similar outer garments. The following situations require that such protective clothing be utilized.

4.3.14.6.1 Lab jackets and white uniform pants/skirts - whenever on duty.

4.3.14.6.2 Gowns - while performing or assisting with on-site surgery.

4.3.14.6.3 Aprons - while performing or assisting with on-site surgery.

4.3.15 SECURITY STAFF

4.3.15.1 Proper fitting latex gloves, to be worn on belt.

4.3.15.2 Uniform, with available set for immediate change if soiled.

4.3.15.3 Personal CPR mask, to be worn on belt if requested by staff.

4.3.15.4 Protective eye wear available at each duty station.

4.3.15.5 CPR station in each living unit.

4.3.15.6 All personal protective equipment will be cleaned, laundered and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

4.3.15.7 All garments which are contaminated by blood will be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

4.3.16 FACILITY CLEANING

4.3.16.1 Security Staff and Inmates

4.3.16.1.1 Facilities will be cleaned and decontaminated according to the following schedule.

Booking cells will be cleaned and decontaminated immediately after inmate is removed from the cell, or immediately after spill of body fluids.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

Living units will be cleaned and decontaminated immediately after spill of body fluids.

4.3.16.1.2 Do not pick up any broken glassware. If glassware is broken, then it will be swept up directly into a dust pan and placed directly into the medical hazardous waste box that is in the Health center.

4.3.16.1.3 Health Center will be cleaned and decontaminated immediately after any spill of body fluids, and also will be cleaned regularly on a weekly basis.

4.3.16.1.4 Decontamination of any contaminated surface will be accomplished by utilizing the following: household bleach - 1 part bleach: 10 parts water.

4.3.16.2 Regulated Waste Disposal

All contaminated sharps will be discarded as soon as feasible in the designated sharps containers, which are located in the Health Center and living units.

Regulated waste, other than sharps, will be placed in appropriate containers. These containers are provided by Safety Medical Systems, Inc., and are located in the Health Center.

4.3.17 Laundry Procedures

4.3.17.1 Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will NOT be rinsed in the area of use.

4.3.17.2 All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

4.3.17.3 Inmate laundry is laundered on-site, so all clothes soiled with body fluid must be bagged in a red plastic bag before going to the laundry. If possible, have the inmate personally bag his own soiled laundry. If this is not possible, then gloves must be worn by the person doing the bagging of the soiled laundry.

4.3.17.4 All linen soiled with body fluids must be bagged in red plastic bags prior to being sent for laundering. The bagging in the red bags should be done at the unit level from

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

which the soiled linen originates. Whoever prepares the linen for the facility must wear protective gloves during this sorting and bagging process.

4.3.18 General for Field Offices

4.3.18.1 Hand washing Facilities: any public bathroom facilities with soap and running water are sufficient.

4.3.18.2 After proper removal of personal protective gloves, employees will wash hands with soap and water and any other potentially contaminated skin area immediately, or as soon as feasible.

4.3.18.3 If employees incur an exposure to their skin or mucous membrane, then those areas will be washed or flushed with water as soon as feasible following contact.

4.3.18.4 Should personal clothing become soiled with potentially contaminated material, the clothes will be removed as soon as possible and replaced with clean clothing. This may mean that the employee will have to leave the work site temporarily to comply.

4.3.19 Sharps – Containers

4.19.1 Each Field Office will have one sharps-a-gator in which needles, syringes, knives will be placed. When the container is full, bring it to the nearest Correctional Facility for proper disposal. The location of the sharps-a-gator will be left up the individual Field Office, but must be kept in a secure area.

4.3.20 Work Area Restrictions

4.20.1 In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees must not eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages will not be kept in refrigerator, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

4.3.21 Specimens

4.3.21.1 When obtaining urine for drug testing, always use the packaging provided by the laboratory; this will insure compliance with the OSHA Standard. Handle all urine samples with gloved hands.

4.3.22 Contaminated Equipment

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

4.3.22.1 Breath-a-lizer tubes - throwaway after each use.

4.3.23 Personal Protective Equipment

4.3.23.1 Field Officer: Proper fitting latex gloves will be worn when doing pat searches. Gloves will also be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials and mucous membranes.

4.3.23.2 Disposable gloves will not be washed or decontaminated for re-use, and will be replaced as soon as practical when they become contaminated, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. The field officer should always carry a pair of gloves on his/her person.

4.3.23.3 The District Manager will be responsible for assuring compliance with the controls as listed above for Field Offices.

4.3.24 Hepatitis B Vaccine

4.3.24.1 All employees who have been identified according to the Standard on Page 2 of this document, as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered to identified employees within 10 working days of initial assignment.

4.3.24.2 Employees who decline the Hepatitis B vaccine will sign the waiver appearing in **Appendix A**, attached hereto.

4.3.24.3 Employees who initially decline the vaccine but who later wish to receive it may do so at no cost.

4.3.24.4 Upon hiring, the Chief of Security, or his designee, and District Manager for P&P, will give to each new hire the Hepatitis information sheet with the "Staff Response to Employer Sheet." The new employee will complete and sign and deliver the "Staff Response Sheet" to the Health Center. The new employee will be informed where to report for the vaccine and the immunizations.

4.3.24.5 **Note:** Field Office "Staff Response Sheet" will be turned into the Health Center of the closest Correctional Facility

4.3.25 Post-Exposure Evaluation and Follow-up

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

- 4.3.25.1** Employees experiencing incidents exposing them to potentially infectious materials must report, in writing, to: Supervisor, Correctional Health Care Specialist, and Superintendent. A copy of the report will be kept in the employee's personnel .file and in the Health Center.
- 4.3.25.2** Reporting employees will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard which includes:
- 4.3.25.2.1** The exposure should be treated as a Worker's Compensation incident.
 - 4.3.25.2.2** The supervisor should complete an Employer's First Report of Injury Form, and the employee should contact the Vermont Health Care Review, Inc., to report his/her injury (1-800-639-8039).
 - 4.3.25.2.3** **Note:** Field Office personnel will report verbally and in writing any possible exposure incident directly to their Supervisor, with a copy going to the District Manager. The remainder of the post-exposure evaluation and follow-up apply.
 - 4.3.25.2.4** Documentation of the route of exposure and the circumstances related to the incident.
 - 4.3.25.2.5** If the source individual can be determined, obtain written consent from the individual to allow his or her health care provider to share his or her HIV /HBV status with the employee's health care provider. If the source individual consents and requires any laboratory tests or physical exam, the employer will arrange for payment of any charges.
 - 4.3.25.2.6** Results of testing of the source individual will be made available to the exposed employee, along with applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - 4.3.25.2.7** The exposed employee will be offered the option of having their blood collected for testing of the employees HIV /HBV serological status. The first sample only tells the employee his or her status prior to the incident. The employee will be offered the option of being re-tested at six months post exposure for evidence of the impact of the exposure incident. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.

4.3.25.2.8 The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows: **See Appendix B.**

4.3.25.2.9 The employee will be offered appropriate counseling concerning precautions to take during the period after the exposure incident. The Vermont Department of Health is possibly the best source to use for this.

4.3.25.2.10 The Superintendent has been designated to assure that the policy outlined here is effectively carried out, as well as to assist in maintaining records related to this policy.

4.3.26 Interaction with Health Care Professionals

4.3.26.1 Health Care professionals providing services for employees referred under this procedure will prepare for the Correctional Health Care Specialist at the referring facility a written report confined to the following.

4.3.26.2 The reason for the referral:

4.3.26.2.1 Hep B vaccine, or

4.3.26.2.2 Evaluation after an exposure incident.

4.3.26.3 If Hep B vaccine indicated, was vaccine administered?

4.3.26.4 If evaluation was for post exposure incident, was employee informed of results of evaluation, briefed on possible medical conditions resulting from the exposure to blood or other potentially infectious materials?

4.3.26.5 All paperwork concerning the above will be kept in the personnel record.

4.3.26.6 **Note:** Field Office personnel - the Health Care professional providing services for employees referred under this procedure will prepare the written report and send to the Supervisor.

5. Training Method

5.1 Training for **all designated employees** will be conducted by the Training Officer at each facility prior to initial assignment.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

5.2 Training for employees will include an explanation of the following:

- 5.2.1** The OSHA standard for Bloodborne Pathogens and how to obtain a copy of the Federal Regulations.
- 5.2.2** Epidemiology and symptomatology of bloodborne diseases.
- 5.2.3** Modes of transmission of bloodborne pathogens.
- 5.2.4** This Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.).
- 5.2.5** Procedures which might cause exposure to blood or other potentially infectious materials at the facility.
- 5.2.6** Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
- 5.2.7** Personal protective equipment available at this facility and who should be contacted concerning this equipment.
- 5.2.8** Post exposure evaluation and follow-up.
- 5.2.9** Signs and labels identifying hazardous waste used at the facility.
- 5.2.10** Hepatitis B vaccine program at the facility.

5.3 Record Keeping

- 5.3.1** There are two types of records that must be kept for employees who are reasonably expected to be at risk of exposure to bloodborne pathogens.
- 5.3.2** All records of actions taken required by the OSHA standard will be maintained by the administrative support person designated in writing by the Superintendent.
 - 5.3.2.1** Medical Records - each agency/department shall establish and maintain an accurate record for each employee with occupational exposure. These records shall be kept in the employee's official personnel file for the duration of his/her employment plus 30 years. These records shall include:
 - 5.3.2.1.1** Employee name and social security number.
 - 5.3.2.1.2** Copy of the employee's Hepatitis B vaccination status, including dates.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

- 5.3.2.1.3** Results of any examinations, medical testing and follow-up.
 - 5.3.2.1.4** Procedures in accordance with post-exposure evaluation and follow-up.
 - 5.3.2.1.5** Copy of the health care professional's written opinion of evaluation following an exposure incident.
 - 5.3.2.1.6** Copy of the information provided to the health care professional to include: a copy of the bloodborne pathogens federal regulations, a description of the exposed employee's duties relating to the exposure incident, documentation of the route and circumstances under which the exposure occurred, results of the source individual's blood testing, if available, and all relevant medical records regarding treatment of the employee.
- 5.3.2.2** Training records shall be maintained in the employee's official personnel file for three (3) years from the date on which the training occurred, and shall include the following.
- 5.3.2.2.1** Dates of training sessions.
 - 5.3.2.2.2** Contents or a summary of the training sessions.
 - 5.3.2.2.3** Names and qualifications of persons conducting the training;
 - 5.3.2.2.4** Names and job titles of all persons attending the training sessions.
- 5.3.2.3** Upon request, medical and training records must be made available to the Director of the National Institute for Occupational Health and Safety Administration. Training records must be made available to the employee or employee representative upon request, and with consent of the employee. Medical records may be made available to the employee or employee representative with the consent of the employee.

5.4 DATES

- 5.4.1** All provisions required by the standard will be implemented by: November 30, 1992.
- 5.4.2** Persons responsible for training will use a format provided by the Department. This will include videos, written material and handouts. The Training Officer will provide all designated annual refresher training.

6. Quality Assurance Processes

6.1.

Directive 351.03 Bloodborne Pathogens Exposure Control Plan

7. Financial Impact:

8. References

9. Responsible Director and Draft Participants

DIRECTIVE