

Tracer Protection Services

INTRODUCTION

The intent of the Occupational Safety and Health Administration (OSHA) standard is to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), which causes Hepatitis B, a serious liver disease, Human Immunodeficiency Virus (HIV), which causes Acquired Immunodeficiency Syndrome (AIDS) and other bloodborne pathogens. Based on a review of the information in the rule making records, OSHA has made a determination that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain pathogens. OSHA further concludes that this exposure can be minimized or eliminated by using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B Vaccination, signs and labels, and other provisions. The standard includes scope and application, definitions, exposure control, methods of compliance, Hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees, record keeping, and effective dates. Not included are the Research Laboratories and Production Facilities portion of the standard, which are not expected to be applicable in schools. This summary is not a substitute for the OSHA standard and for further clarification, refer to the OSHA standard, Federal Register, Volume 56, Number 235, Friday, December 6, 1991, pages 64004-64182, included at end of plan.

SCOPE AND APPLICATION

The federal law applies to all occupational exposure to blood and other potentially infectious materials.

DEFINITIONS

A. **Blood** means human blood, human blood components; i.e. plasma, platelets, and products made from human blood, i.e. serosanguineous fluids – exudates from wounds.

B. **Bloodborne Pathogens** mean pathogenic microorganisms that are present in human blood and can cause disease in humans, who are exposed to blood containing the pathogens. These pathogens include, but are not limited to, Hepatitis B virus (HBV), human immunodeficiency virus (HIV), hepatitis C, and syphilis.

C. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials, which is harmful or injurious to others on an item or surface.

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D. **Contaminated laundry** means laundry, which has been soiled with blood or other potentially infectious materials on an item or surface.

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

F. **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.

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G. **Director** means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, designated representative or regulatory agency.

H. **Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.

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

J. **Hand Washing Facilities** means a facility providing an adequate supply of running portable water, soap and single use towels or hot air drying machines.

K. **HBV** means hepatitis B virus.

L. **HIV** means human immunodeficiency virus.

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M. **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.

N. **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 from a human (living or dead); and (3) HIV- containing cell or tissue cultures.

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

P. **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) not intended to function as a protection against a hazard are not considered to be personal protective equipment.

Q. **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.

R. **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.

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- S. **Sterilize** means the use of a physical chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

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T. **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.

U. **Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

SCHOOL CORPORATION EXPOSURE CONTROL

A. Exposure Control Plan

The MSD of Warren Township establishes this written exposure control plan to eliminate or minimize corporation occupational exposure to bloodborne pathogens and to meet the requirements of the Indiana Division of Labor, Occupational Safety and Health Administration, 29 Code of Federal Regulations (CFR), Part 1910.1030. The corporation exposure control plan includes: exposure determination, schedule, and method of compliance, provision for plan copies to be accessible and available upon request and the review and updating of the plan.

B. Exposure Determination

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The school corporation and each building have identified the following classifications of employees who in the performance of their duties may have: 1) reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials such as blood, semen, vaginal secretions, internal body fluids, and body fluids visibly contaminated with blood, and 2) reasonable anticipated contact with all body fluids in situations where it is difficult or impossible to differentiate between body fluids. The exposure determination shall be made without regard to the use of personal protective equipment. The list of employees and tasks and procedures in this exposure plan includes:

1. Job classifications in which corporation employees have occupational exposure:

- a. School Nurse

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Tasks

1) Venipuncture

- 2) Wound Care

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- 3) Medication Administration/Injections

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- 4) Foley Catheter Care/Insertion
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- 5) Suture/Staple Removal
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- 6) Tracheotomy Care
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- 7) Collecting Specimens (wound, urine, feces, sputum, vaginal, gastric, nose/throat, etc.)
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- 8) All remaining direct contact procedures
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- b. Athletic Trainer
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Tasks

Treats injuries which may involve blood and/or other bodily fluids.

- c. Coach of Contact Sports (i.e., soccer, football, wrestling, basketball)
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Tasks

Comes in contact with injuries which may involve blood and/or other bodily fluids.

2. Job classifications in which specific building employees have a risk of occupational exposure:

- a. Occupational Therapist

Tasks

Oral stimulation for re-training feeding.

- b. Physical Therapist
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Tasks

Direct contact through assessment and therapy of "high risk" students.

- c. Speech Pathologists who Work with Handicapped Students
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Tasks

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Direct contact with oral cavity.

- d. Teachers and Instructional Assistants of Emotionally Handicapped (EH) Moderately Handicapped (MoMH), and Severely Mentally Handicapped (SMH) students
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Tasks

- 1) Change diapers
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- 2) Controlling student behaviors
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- 3) Respond to unanticipated secretions
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e. Custodians

Tasks

Direct contact through handling of contaminated material or surfaces.

- f. Bus Drivers and Bus Assistants of EH, MoMH, and SMH students
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Tasks

Direct contact by possible handling contaminated material.

- g. Laundry Personnel
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Tasks

Direct contact by possible handling contaminated material.

- h. Security Personnel
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Tasks

Controlling irrational behaviors and transporting students.

- i. All other employees with demonstrated need

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Tasks

1) Post exposure

2) Written request of need

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C. Schedule and Method of Compliance

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1. The plans for methods of compliance (universal precautions, engineering and work practice controls, personal protective equipment, housekeeping), Hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees (labels and signs and information and training), will be posted and available to all employees of the MSD of Warren Township.

2. Director of Personnel will be responsible for maintaining records of exposure incidents and vaccination documentation of all employees.

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D. Post-Exposure Evaluation and Follow-Up

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Following a report of an exposure incident, the corporation shall make immediately available to the exposed employee, a confidential medical evaluation as specified in the standard. Follow-up on the incident shall include documentation of the route(s) of exposure, the circumstances surrounding the exposure incidents, failures of control at the time of the exposure incident, and other elements as specified in the standard. It is recommended that employees who have an unexpected exposure and are not listed in the exposure determination follow the procedures outlined in the post exposure plan.

E. Copies of the Plan

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A copy of the plan will be available in employee work areas and available for examination and copying by employees and other persons upon request. The employee may obtain this plan from his Supervisor/Director.

F. Plan Review and Update

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The plan shall be reviewed and updated annually through the Director of Operations at the end of each school year to identify and reflect new or revised employee positions with occupational exposure.

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METHODS OF COMPLIANCE

A. General

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials.

B. Engineering and Work Practice Controls

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1. 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 is also used.
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2. Records of an "Exposure Control Plan Checklist" will be maintained by the Director of Facilities. (See Exposure Control Plan Checklist.)
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3. The corporation provides hand-washing facilities, which are readily accessible to employees.
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4. When provisions of hand washing facilities are not feasible, the corporation provides either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, hands are washed with soap and running water as soon as feasible.
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5. The corporation ensures that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
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6. The corporation ensures that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
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7. Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
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8. Immediately, or as soon as possible after use, contaminated reusable sharps are placed in appropriate containers until properly reprocessed. These containers are:
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a. puncture resistant;

b. labeled or color-coded;

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- - c. leak proof on the sides and bottom.
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- 9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food or beverages are not to be kept in refrigerators, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.
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- 10. All procedures involving blood or other potentially infectious materials are performed in such a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.
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- 11. Equipment, which may become contaminated with blood or other potentially infectious materials, is examined prior to serving or shipping and is decontaminated as necessary.
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- 12. Audiometric equipment, which may become contaminated with blood or other potentially infectious materials, is examined and appropriately decontaminated.
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C. Personal Protective Equipment

- - 1. Provision
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When there is occupational exposure, the corporation provides, at no cost to the employee, appropriate personal protective equipment such as gloves. Additional personal protective equipment may be necessary in some instances including, but not limited to, gowns or resuscitation devices. The personal protective equipment type and characteristics will depend upon the task and degree of exposure anticipated. "Appropriate" means the equipment does not permit blood or other potentially infectious materials to pass through under normal conditions of use.

- 2. Use
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The corporation ensures that the employee uses appropriate personal protective equipment unless the corporation shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances are investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

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3. Accessibility

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The corporation ensures that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued to employees. Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

4. Cleaning, Laundering and Disposal

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The corporation will clean, launder, and dispose of personal protective equipment at no cost to the employee. All laundering will be handled in compliance with universal precautions.

5. Repair and Replacement

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The corporation will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

6. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) is removed immediately or as soon as feasible.

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7. When personal protective equipment is removed it is placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

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8. All personal protective equipment is removed prior to leaving the work area.

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9. Gloves

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Form-fitting latex gloves are worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-contaminated items or surfaces.

- a. Disposable (single use) gloves are replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

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- b. Disposable latex form-fitting gloves are not washed or decontaminated for re-use.

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- c. Utility gloves used by maintenance may be decontaminated for re-use. However, they must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to

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function as a barrier is compromised.

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D. Housekeeping

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1. General - The corporation ensures that the work site is maintained in a clean and sanitary condition. The corporation implements an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

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2. All equipment and environmental and working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.

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a. Contaminated surfaces are decontaminated with 10% bleach solution immediately or as soon as feasible when surfaces are contaminated. This bleach solution must be prepared daily – it cannot sit for more than 24 hours.

- b. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated.

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- c. All bins, pails, wastebaskets, cans, and similar reusable receptacles which have a reasonable likelihood for becoming contaminated with blood or potentially infectious materials are inspected and decontaminated immediately or as soon as feasible upon visible contamination on a daily basis.

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- d. Broken glassware, which may be contaminated, is not to be picked up directly with the hands. It is cleaned up using mechanical means such as a brush and dustpan.

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- e. BODY SPILL SITES: employee will wear latex, form-fitting gloves or utility gloves. The spill will be absorbed with disposable towel and appropriately discarded. This site will be flushed with the designated 10% bleach solution followed by a dry absorbent towel.

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3. Regulated Waste

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a. Contaminated Sharps Discarding and Containment

- 1) Contaminated sharps are discarded immediately in containers that are:

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- a) closeable;
 - b) puncture resistant;
 - c) leak proof on sides and bottom; and
 - d) labeled or color-coded red.
- 2) During use, containers for contaminated sharps are:
- a) easily accessible to personnel and located as close as is feasible to the immediate area where the sharps are used;
 - b) maintained upright throughout use; and
 - c) do not allow to overfill.
- 3) When moving containers of contaminated sharps, the containers are:
- a) Closed immediately prior to removal to prevent spillage during handling.
 - b) Placed in a secondary container if leakage is possible. The second container is closeable; constructed to contain all contents and prevent leakage during handling; and appropriately labeled or color-coded.
- 4) Sharps containers are not reusable.
- b. "Stick-Drop" procedure is to be used – not to recap needles.
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 - c. Other Regulated Waste Containment
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1) Regulated waste is placed in containers, which are:

- a) closeable;
 - b) constructed to contain all contents and prevent spillage of contents during handling;
 - c) labeled, color-coded red; and
 - d) closed prior to removal to prevent spillage of contents during handling.
- 2) If outside contamination of the regulated waste container occurs, it is placed in a second container. The second container meets the above requirements under c. 1), 2) through d).
- d. Disposal of all regulated waste is in accordance with the applicable OSHA regulations.

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4. Laundry </

a. All contaminated laundry is handled in compliance with universal precautions.

1) Laundry is bagged or containerized at the location where it was used and is not sorted or rinsed in the location of use.

2) Laundry is placed and transported in bags or containers appropriately.
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3) Whenever laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry is placed and transported in bags or containers, which prevent soak-through and/or leakage to the exterior.
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b. The corporation ensures that employees who have contact with laundry wear protective gloves and other appropriate personal protective equipment.
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HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. General

1. The corporation provides the Hepatitis B vaccine and vaccination series for all employees who are designated in the occupational exposure list (4-B) and post-exposure evaluation and follow-up for all employees designated in the Occupational list (4-B) that have an exposure incident.

2. The corporation ensures that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series, post-exposure evaluation, follow-up, and prophylaxis, are:
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a. made available at no cost to the employee within 10 days of employment at a reasonable time and place;

b. made available to the employee at a reasonable time and place;
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c. performed by or under the supervision of another licensed health care professional; and
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d. provided according to recommendations of the u.s. public health service current at the time these evaluations and procedures take place.
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3. The corporation ensures that all laboratory tests are conducted by an accredited laboratory at no cost to the employee and will remain confidential.

B. Hepatitis B Vaccination

1. Hepatitis B Vaccination is available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- 2. The corporation will not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.
- 3. If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the plan decides to accept the vaccination, the corporation provided for the Hepatitis B vaccination at that time.
- 4. The corporation assures that employees who decline to accept Hepatitis B vaccination offered by the corporation sign the following statement: "I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me."
- 5. 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 Doses(s) will be made available at no cost to the employees.

C. Post-Exposure Evaluation and Follow-Up

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Following a report of an exposure incident, the corporation will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- 2. Identification and documentation of the source individual, unless the corporation can establish that identification is infeasible or prohibited by state or local law.

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- a. The source individual's blood is tested as soon as feasible and after consent (parent, student, or other) is obtained in order to determine BHV and HIV infectivity. If consent is not obtained, the corporation will establish that legally required consent cannot be obtained.
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- b. When the source individual is already known to be infected with BHV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
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- c. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. Indiana confidentiality law requires written consent to disclose results of the HIV testing.
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3. Collection and testing of blood for HBV and HIV serological status.

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- a. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
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- b. If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
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4. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

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5. Counseling.

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6. Confidential medical evaluation of reported illnesses.

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D. Information Provided to the Healthcare Professional

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1. The corporation ensures that the healthcare professional responsible for the employee's Hepatitis B vaccinations is provided a copy of this regulation, OSHA Standard, Fed. Registration, Volume 56, Number 235, Friday, December 6, 1991, pages 64004-64182.
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2. The corporation ensures that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

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- a. a copy of the regulation;
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- b. a description of the exposed employee's duties as they relate to the exposure incident;
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- c. documentation of the route(s) of exposure and circumstances under which exposure occurred;
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- d. medical records relevant to the employee's HBV vaccination status, which are the corporations responsibility to maintain.
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E. Healthcare Professional's Written Opinion

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1. The healthcare professional's written opinion for Hepatitis B vaccination is limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
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2. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
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 - a. That the employee has been informed of the results of the evaluation; and
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 - b. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
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3. All other findings or diagnoses remain confidential and will not be included in the written report.
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COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and Signs

Labels

Red badges or red containers may be substituted for labels.

B. Information and Training

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1. The corporation requires employees with occupational exposure to participate in a training program, which is provided at no cost to the employee and during working hours.

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2. Training is provided as follows:
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 - a. at the time of initial agreement to tasks where occupational exposure may take place; and
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 - b. annually thereafter.
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 3. Annual training for all employees is provided within one year of their previous training.
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 4. The district provides additional training when changes such as modification of tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposure created.
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 5. Materials are appropriate in content and vocabulary to educational level, literacy, and language of employees.
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 6. The training program contains at a minimum the following elements:
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 - a. An accessible copy of the standard regulatory test and an explanation of its content.
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 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
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 - c. An explanation of the modes of transmission of bloodborne pathogens.
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 - d. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
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 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
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 - f. An explanation of the use and limitations of methods that prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
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 - g. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
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- h. An explanation of the basis for selection of personal protective equipment.
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- i. Information of the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination is offered free of charge.
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- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
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- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up.
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- l. Information on the post-exposure evaluation and follow-up for the employee following an exposure incident.
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- m. An explanation of the signs and labels and/or color coding required. and
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- n. An opportunity for interactive questions and answers with the person conducting the training session.
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RECORDKEEPING

A. Medical Records

- 1. The Personnel Office maintains an accurate record for each employee with occupational exposure.
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- 2. This record includes:
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 - a. The name and social security number of the employee.
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 - b. A copy of the employee's Hepatitis B vaccination status, including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required.
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 - c. With the employees' written consent, a copy of all results of examinations, medical testing and follow-up procedures.
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 - d. The corporation's copy of the healthcare professional's written justification of treatment.
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 - e. A copy of the information provided to the healthcare professional as

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required.

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3. Confidentiality

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The corporation ensures that employee required medical records are:

a. kept confidential; and

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b. not disclosed or reported without the employee's express written consent to any person within or outside the workplace.

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4. The corporation maintains the required records for at least the duration of employment plus 30 years.

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B. Training Records

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1. Training records include the following information:

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a. the dates of the training sessions;

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b. the contents or a summary of the training sessions;

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c. the names and qualifications of persons conducting the training and the training format;

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d. the names and job titles of all persons attending the training sessions.

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2. Training records are maintained for three (3) years from the date on which the training occurred.

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C. Availability

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1. All required records are available upon request to the regulatory agency for examination and copying.

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2. Employee training records are provided upon request for examination and copying to employees, to employee representatives, and to the regulatory agency.

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3. Employee medical records are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the regulatory agency.

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D. **Transfer of Records**

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1. The corporation transfers employee records regarding the standard to comply with the requirements.

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2. If the corporation ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the corporation will notify the regulatory agency at least three months prior to their disposal and transmit them, if required by the regulatory agency to do so, within that three month period.

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