

*Claiborne*

COUNTY SCHOOLS



**BLOODBORNE PATHOGEN**

**Exposure Control Plan**  
**(ECP)**

**FOR COMPLIANCE WITH OSHA STANDARD  
OSHA GENERAL RULES AND REGULATIONS  
29 CFR 1910.1030**

## **PURPOSE**

Claiborne County School System is committed to providing a safe and healthful work environment for its entire staff. Therefore, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens, such as Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The OSHA standard may be accessed at <http://www.osha.gov>.

All school system employees shall adhere to *Universal Precautions*. *Universal Precautions* is an approach to infection control. According to this concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. The exposure control plan offers guidelines for employees to prevent exposure and for follow-up action should exposure occur.

The ECP is a key document to assist our system in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal Precautions
  - Engineering and work practice controls
  - Personal Protective Equipment (PPE)
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

A copy of this plan will be placed at each school. It will also be available electronically on the school system's Coordinated School Health page. **This Plan is to be reviewed annually and revised as necessary.**

## **Definitions**

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

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

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

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

*Contaminated Sharps*: any contaminated object that can penetrate the skin including, but not

limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires

*Decontamination:* the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal

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

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

*Hand washing Facilities:* facilities providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines

*Licensed Healthcare Professional:* a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up

*HBV:* Hepatitis B virus

*HIV:* human immunodeficiency virus

*Needleless system:* a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps

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

*Other Potentially Infectious Materials (OPIM):* (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

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

human bites, cuts, and abrasions

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

*Regulated Waste*: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials

*Sharps with engineered sharps injury protections*: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident

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

*Sterilize*: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores

### **Exposure Determination**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The following job classifications are in this category:

1. School Nurses
2. School building secretaries who provide first-aid when the nurse is not available
3. Trained first-aid responders
4. Custodians
5. Special Education personnel
6. Athletic coaches and staff

In addition, OSHA requires a listing of job classifications in which some employee 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, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employee in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

1. Bus Drivers
2. Career and Technology teachers
3. Physical Education teachers

### **Implementation Schedule and Methodology**

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

#### **1. Compliance Methods**

Universal precautions will be observed at-all school facilities and functions in order to prevent contact with blood or other potentially infectious materials. These materials will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at all school system facilities. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following engineering controls will be utilized:

- sharps containers
- gloves
- red bags for biohazard waste
- covered waste baskets
- paper towels
- cleansing towelettes
- biohazard traveling kits for buses
- playground monitors and athletic department
- mini biohazard kits in each classroom

The above controls will be examined and maintained on a regular schedule as determined by the central office supervisor. The schedule for reviewing the effectiveness of the controls shall be conducted by:

- bus drivers for bus kits
- athletic department head coaches for athletic kits
- nurses in nurse/sick room supplies
- custodians over their supplies
- classroom teachers for classroom kits

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. If hand-washing facilities are not feasible, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.

The principal or designee in each school shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

The principal or designee in each school shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

## **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.

## **PROGRAM ADMINISTRATION**

- The director of schools will identify the individual responsible for implementation of the ECP. The designated employee will maintain, review, and update the ECP annually.
- Those employees who are determined to have occupation exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP.
- The Health Services Supervisor will ensure that adequate supplies of all necessary personal protective equipment (PPE) engineering controls (e.g., sharps containers), labels, and red bags as required by the standard are available in appropriate sizes. The designee is responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The director's designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and TOSHA representatives.

## **Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of the ECP during their initial training. It will also be reviewed in their annual required trainings. All employees can review this plan at any time on the Coordinated School Health (CSH) webpage. If requested, the school system will provide an employee with a copy of the ECP free of charge and within 15 days of the request. The ECP may also be downloaded from the CSH webpage.

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. All individuals should respond to situations practicing universal precautions.

### **□ Hand washing**

- Hand washing is crucial to preventing the spread of infection.
- To wash hands:
  - Use running water.
  - Lather with soap and use friction to clean all hand surfaces for at least 20 seconds.
  - Rinse well with running water and dry hands with paper towels.

- Hands should be washed before physical contact with individuals and after contact is completed.
- Hands should be washed after contact with any potentially contaminated equipment.
- If hands or other skin come into contact with blood or body fluids, wash immediately before touching anything else.
- Hands should be washed whether gloves are worn or not and after gloves are removed.
- The school system provides hand washing facilities which are readily accessible to employees.
- When access to hand washing facilities is not feasible, the system provides alcohol-based hand sanitizer. When hand sanitizer is used, hands are washed with soap and running water as soon as feasible.
- The system ensures that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

□ **Barriers**

- Barriers anticipated to be used at school include disposable gloves, absorbent materials and resuscitative devices. Their use is intended to reduce the risk of contact with blood and body fluids as well as to control the spread of infectious agents from individual to individual.
- Gloves should be worn when in contact with blood, other potentially infectious materials (OPIM) and other body fluids and wastes.
- Gloves should be removed without touching the outside and disposed of after each use.

□ **Disposal of Waste**

- Blood, other potentially infectious materials (OPIM), other body fluids and wastes, used gloves, barriers and absorbent materials should be placed in a plastic bag and disposed of in the usual procedure.
- When the blood or other potentially infectious material is liquid, semi-liquid, caked with dried blood, is not absorbed in materials, and is capable of releasing the substance if compressed, special disposal as *regulated waste* is required.
- A band-aid, towel, sanitary napkin, or other absorbed waste that does not have the potential of releasing waste if compressed would *not be* considered regulated waste.
- Needles, syringes, and other sharp, disposable objects should be placed in special puncture-proof containers and disposed of as regulated waste.
- Bodily wastes such as urine, vomitus, and feces should be disposed of in the sanitary sewer system.

- Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

□ **Other Measures**

- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Equipment which may 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 employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. A readily observable label shall be attached to the equipment stating which portions remain contaminated.

**Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by School Health Services.

The types of PPE available to employees, as needed, are as follows:

- Gloves
- Eye protection
- Face masks
- Pocket resuscitation masks

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, 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.

PPE is located in the Nurse's Office at each school and may be obtained through the school nurse for that school or the School Health Services Supervisor. The school system will clean and dispose of personal protective equipment at no cost to the employee. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.



- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated with blood or OPIM in such a way as to avoid contact with the outer surface.

### **Housekeeping**

The school system will ensure that the worksite is maintained in a clean and sanitary condition and will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

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

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

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 or at the end of the work shift if they may have become contaminated during the shift.

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

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

### **Regulated waste**

*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.

Regulated waste is placed in containers which are:

- closable

- constructed to contain all contents and prevent leakage
- appropriately labeled or color-coded (see the following section “Labels”), and
- closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are:

- closable
- puncture-resistant
- leak-proof on sides and bottoms
- appropriately labeled or color-coded

During use, containers for contaminated sharps shall be:

- easily accessible to personnel
- located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found
- maintained upright throughout use
- replaced routinely and not be allowed to overfill

Sharps disposal containers are to be inspected annually and maintained or replaced by the school nurse assigned to the school whenever necessary to prevent overfilling.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Sharps disposal containers are to be closed and transported to the Health Services Office when full, and then disposed of at a Rutherford County Emergency Medical Services station. They should be placed in a secondary container if leakage is possible. This secondary container is to be:

- closable
- puncture-resistant
- leak-proof on sides and bottoms
- appropriately labeled or color-coded

Replacement sharps disposal containers are available in the Nurse’s Health Office at each school and at the Central Office in the School Health Services Supervisor’s office.

### **Laundry**

- Linen soiled with blood or OMIP shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linen.
- All soiled linen shall be bagged at the location where it was used.
- It shall not be sorted or rinsed in the area.
- Soiled linen shall be placed and transported in bags that prevent leakage.
- The employee responsible for transported soiled linen should always wear protective gloves to prevent possible after removing the gloves, hands or other skin surfaces shall be washed thoroughly and immediately after contact with potentially infectious materials.

## **Labels**

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.



- Labels shall include the following legend:
- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

The Director of Schools' designee is responsible for ensuring that warning labels are affixed or red bags are used as required.

## **HEPATITIS B VACCINATION**

The Hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccine is kept in the personnel file. The following language is to be used when an employee is offered and declines the Hepatitis B vaccine:

“I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline 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 continue to 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.”

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact your immediate supervisor, the school principal, and Human Resources.

Following initial first aid (cleaning the wound, flushing eyes or other mucus membranes, etc.), the employee should:

- 1) Complete an “On-The-Job Injury” Employee Injury Statement.
- 2) Contact a physician for further health care, as with any job-related injury.
- 3) Document the routes of exposure and circumstances under which the exposure occurred.
- 4) Identify and document the source individual, unless prohibited by law.
- 5) Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV; document that the source individual’s test results were conveyed to the employee’s health care provided.
- 6) If consent is not obtained, it shall be noted that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- 7) If the source individual is already known to be HIVGF, HCV, or HBV positive, new testing need not be performed.
- 8) Assure that the exposed employee is provided with the source individual’s test results and regulation concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- 9) After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident and test blood for HIV, and HIV serological status. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

A confidential medical evaluation including the aforementioned testing and follow-up will be conducted by a physician.

After an exposure, the employee should be provided:

- post-exposure prophylaxis (vaccination), when medically indicated, as recommended by the U.S. Public Health Service
- counseling
- evaluation of reported illnesses

### **Information Provided to the Healthcare Professional**

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of this regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and

- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

### **Healthcare Professional's Written Opinion**

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - That the employee has been informed of the results of the evaluation
  - 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.
  - All other findings or diagnoses shall remain confidential and shall not be included in the written report.

### **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The director or designee will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (classroom, restroom, cafeteria, etc.)
- Procedure/activity being performed when the incident occurred
- Employee's training

The School Health Services Supervisor, will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

### **EMPLOYEE TRAINING**

All employees receive training on bloodborne pathogen diseases. This training is completed on hire and annually thereafter. The training program covers, at minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard;
- An explanation of the ECP and how to obtain a copy;
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident;
- An explanation of the use and limitations of engineering controls, work practices, and PPE;
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;

- An explanation of the basis for PPE selection;
- Information on the Hepatitis B vaccine;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- An explanation of the signs and labels and/or color coding required by the standard and used in the school system; and
- An opportunity for interactive questions and answers with the person conducting the training session.

Training materials are available at:

<http://web.claibornecountyschools.com/resources/annual-training/>

The school system will provide additional training if changes in the law or required procedures occur.

## **RECORDKEEPING**

### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in personnel file.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions

Employee training records are provided upon request to the employee.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

This record shall include:

- The name and social security number of the employee;
- 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;
- A copy of all results of examinations, medical testing, and follow-up procedures;
- The employer's copy of the healthcare professional's written opinion;
- A copy of the information provided to the healthcare professional.

### **Confidentiality**

The employer shall ensure that employee medical records are:

- Confidential;

- Not disclosed or reported without the employee's express written consent.

Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in the employee's personnel file for at least the duration of employment plus 30 years.

Employee medical records are provided upon requests of the employee or to anyone having written consent of the employee.

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

### **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. This log shall be maintained by the On the Job Injury contact person at each school. The school nurse must also be notified if an entry is made in this log.

All incidents must include at least:

- date of the injury;
- type and brand of the device involved (syringe, needle);
- department or work area where the incident occurred;
- explanation of how the injury occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy is requested from anyone, it must have personnel identifiers *removed* from the report.

**CCBOE Policy References: 5.400 – Health Examinations/Communicable Diseases  
5.401 – Acquired Immune Deficiency Syndrome  
5.402 – Hepatitis B**