



Martin County School District Bloodborne Pathogen Exposure Control Program

Purpose

The following Martin County School District (MCSD) Bloodborne pathogen Exposure Control Program has been developed and implemented to meet the letter and intent of OSHA 29 CFR 1910.1030. Compliance with the Bloodborne Pathogens Standard will reduce occupational exposure to blood and other potentially infectious materials, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens.

Scope and Objectives

The Bloodborne Pathogens Exposure Control Program (BPECP) is to be applied to protect all MCSD employees who are potentially exposed to bloodborne pathogens as a result of their employment with MCSD.

The following principles must be applied when MCSD employees are potentially exposed to bloodborne pathogens:

- Minimize all exposures to bloodborne pathogens;
- Institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens;
- Routinely employ universal precautions when exposure to blood or potentially infectious materials is anticipated.

The objectives of the BPECP are to:

- Provide information on procedures and regulations regarding bloodborne pathogens;
- Protect employees from health hazards associated with bloodborne pathogens;

- Provide information to on appropriate treatment and counseling to employees exposed to bloodborne pathogens.

Definitions

The following is a list of common terms and their definitions as they are used in the BPECP.

Amniotic fluid: Fluid from the uterus.

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne pathogens (BBPs): 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), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Cerebrospinal fluid: Fluid from the spine.

Clinical laboratory: a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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 scissors, broken glass, and broken capillary tubes.

Decontamination: 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 causing disease. Thus, the surface or item is rendered safe for handling, use or disposal.

Engineering controls: Equipment that is designed to isolate or remove the bloodborne pathogen hazard from the workplace (i.e. sharps disposal containers, self-sheathing needles, blunt needles, plastic capillary tubes, biosafety cabinets, autoclaves).

Exposure incident: A specific eye, mouth, other mucous membrane, non-intact skin (includes skin with dermatitis hangnails, cuts, abrasions, chafing, acne, etc.), or parenteral contact with blood or other potentially infectious materials.

HBV: Hepatitis B virus; causes inflammation of the liver and may lead to long term liver damage including cirrhosis and cancer.

HCV: Hepatitis C virus; causes inflammation of the liver and can lead to long term liver damage including cirrhosis and cancer.

HIV: Human immunodeficiency virus; attacks critical cells of the immune system which leads to acquired immunodeficiency syndrome (AIDS), a life-threatening condition.

Licensed healthcare professional: A person whose legally scope of practice allows him/her to independently perform the activities required by the hepatitis B vaccination and post-exposure evaluation and follow-up section of this plan.

Occupational exposure: Reasonably anticipated (includes the potential for contact as well as actual contact with blood or OPIM) skin, eye, mucous membrane, non-intact skin, 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): Materials in addition to human blood that may be capable of transmitting bloodborne pathogens. These include:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, 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).
3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions as well as human cell cultures not shown to be free of bloodborne pathogens.
4. Blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral exposure: A situation in which mucous membranes or the skin barrier is pierced from a needle stick, human bite, cut or abrasion, or other mechanical means.

Pericardial fluid: Fluid surrounding the heart.

Peritoneal fluid: Fluid from the abdominal cavity that surrounds the major organs.

Pleural fluid: Fluid from lung tissue.

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, blouses) not intended to function as protection against a hazard are not considered personal protective equipment.

Post-exposure follow-up: In the case of an exposure incident, the mandatory course of action taken by the employer to provide medical services (i.e. medical assessment, vaccination, source testing, baseline testing, counseling) to the exposed worker in order to reduce the risk of infection.

Regulated waste: As defined by the Environmental Protection Agency (EPA) and the Florida Department of Environmental Protection (DER), liquid or semi-liquid 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: Needles, syringes, scalpels, and intravenous tubing with needles attached, as well as any contaminated object that can penetrate the skin such as: Pasteur pipettes, razor blades, capillary tubes, etc.

Source individual: Any individual, living or dead, whose blood or other potentially infectious materials is a source of occupational exposure to the employee.

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

Synovial fluid: Fluid from the joints such as the knees or elbows.

Universal precautions: An approach to infection control. According to the concept of universal precautions, all blood and certain human body fluids are treated as if known to be infectious for HBV, HCV, HIV, and other bloodborne pathogens.

Work practice controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

General Program Management

Areas of Responsibility

Five areas of responsibility are central to the implementation of the BPECP at Martin County School District and they include:

1. Risk Manager
2. Supervisory Personnel (including Principals, Plant Operators, and Directors.
3. Safety Officer
4. Employees
5. Student Nursing Trainees

Risk Manager

The Risk Manager will be responsible for management and support of the BPECP. The Safety Officer will assist the Risk Manager. Activities of the Risk Manager include:

- Overseeing implementation of the BPECP;
- Developing, in cooperation with administrators, any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this program;
- Revising, updating and improving the BPECP with a minimum of one year between revisions;
- Collecting and maintaining a suitable reference library related to bloodborne pathogens;
- Understanding current legal requirements concerning bloodborne pathogens;
- Conducting periodic organizational audits to maintain an up-to-date BPECP.

Supervisory Personnel (including Principals, Managers, and Plant Operators)

Supervisory personnel are responsible for compliance in their areas. They shall work with the Risk Manager, the Safety Officer and their employees to assure that:

- All employees in their area who are at risk of exposure to bloodborne pathogens receive initial training (including site specific training) and annual retraining in bloodborne pathogens as outlined in the “Training” section of this document;
- Proper control procedures are followed as outlined in the “Methods of Compliance” section of this document;
- Appropriate personal protective equipment is available and in good working condition for all employees at risk of exposure to bloodborne pathogens;
- Any employee who experiences an occupational incident to blood or other potentially infectious materials is provided with post-exposure medical services as outlined in the “Post-Exposure Evaluation and Follow-Up” section of this document.

Safety Officer

The Safety Officer will provide information and training to all employees who have an anticipated risk of exposure to bloodborne pathogens. The Safety Officer will:

- Maintain an up-to-date list of MCSD personnel positions requiring training and annual retraining;
- Develop suitable training/education programs for employees and trainers(Plant Operators);
- Schedule periodic training sessions for employees and review training sessions performed by other trainers;
- Maintain appropriate training records;
- Periodically review the training programs to include appropriate new information.

Training for employees will be offered through the Risk Management Office. In addition, designated qualified trainers may perform training in their departments. In order to meet OSHA regulatory requirements, departmental trainers must observe the following:

- The training must include all mandatory training topics as outlined in the “Training” section of this document in all training sessions;

- The trainer must generate records of training and submit this information to the Risk Manager as outlined in the “Training” section of this document;
- The trainer must submit an outline of the training curriculum to the Risk Manager for review and record keeping. In addition, the trainer should keep this information on file for regulatory review if necessary;
- The trainer must actively participate in a Bloodborne Pathogens Train-the-Trainer program (see Appendix D).

Employees

The employees are responsible for following procedures and practices as outlined in the BPECP. This includes, but is not limited to:

- Attending the bloodborne pathogen initial training session and annual retraining sessions;
- Demonstrating an understanding of which tasks have a potential occupational exposure to bloodborne pathogens;
- Conducting all operations in accordance with established work practice controls;
- Following universal precautions;
- Developing and maintaining good personal hygiene habits;
- Reporting all occupational exposure incidents.

Availability of Exposure Control Plan to Employees

The BPECP must be readily available to all employees through their Supervisor. Employees are to be advised of the availability of the plan during their education/training sessions. Copies of the BPECP are available for each supervisor in their areas where exposure to bloodborne pathogens can be anticipated. Employees must have access to this copy of the program. Although it is not necessary for each employee to have an individual copy, additional copies are available through Risk Management by request.

Review and Update of the Program

The BPECP will be reviewed and updated:

- Annually, on or before August 1 of each year
- When new or modified tasks and procedures are implemented which affect occupational exposure of employees;
- When new functional positions are established that may involve exposure to bloodborne pathogens.

Exposure Determination

Job classifications which have been determined to have a **reasonably anticipated risk of exposure** to bloodborne pathogens, either by the nature of the occupation or by specific tasks which an employee is required to perform as part of their job, are listed in Appendix A of this document.

Information regarding job classifications, which are covered by the provisions of the BPECP, will be updated annually based on information received from affected departments.

Note: If a supervisor has an employee who has a reasonably anticipated risk of bloodborne pathogen exposure but the employee's job classification is not included in Appendix A, the supervisor should notify the Risk Manager or Safety Officer as soon as possible.

Methods of Compliance

The Supervisors are responsible for ensuring compliance with the BPECP. The program addresses the following areas:

- Principles of Universal Precautions;
- Appropriate Engineering Controls;
- Appropriate Work Practice Controls;
- Personal Protective Equipment;
- Housekeeping Procedures;
- HBV Vaccination;
- Post-exposure incident response.

Each area will be reviewed with employees during their bloodborne pathogens training (see "Training" section of this document). In addition, employees will receive site-specific training related to BBP exposure control. This training will be performed by the employee's supervisor or designated trainer. This training will be documented using a checklist form (see Appendix D) to be signed by the trainer and the employee upon completion of site-specific training. The completed form should be sent to Risk Management for record keeping purposes. A copy of this form should be kept on file in the department for regulatory review if necessary.

Universal Precautions

Employees of MCSD will observe all universal precautions. All human blood and other potentially infectious materials (OPIM) are to be treated as if they are known to be infectious with HBV, HIV or any other bloodborne pathogens.

Universal precautions apply to blood and body fluids containing visible blood, tissues, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluid.

Universal precautions currently **do not** apply to feces, nasal secretions, sputum (spit), sweat, tears, urine, vomit or saliva **unless they are visibly contaminated with blood**. In circumstances where it is difficult or impossible to differentiate between body fluid types, all fluids are assumed to be potentially infectious.

Engineering Controls

Equipment such as hand washing facilities, eye wash stations, sharps disposal containers, biological safety cabinets, ventilating laboratory hoods, autoclaves, and safer medical devices are to be used when appropriate. Examples of safer medical devices include needleless systems and sharps containers with engineered sharps injury protection (e.g. self-sheathing needles on syringes). The Risk Management Department will review tasks and procedures performed to determine where engineering controls can be implemented or updated. Risk Management will upon request inspect:

- Areas where engineering controls are currently employed;
- Areas where engineering controls can be updated;
- Areas currently not employing engineering controls, but where engineering controls can be beneficial.

The following engineering controls are to be used throughout MCSD where applicable:

1. Hand washing facilities are readily accessible to all employees who have a potential for exposure to BBP. Waterless antiseptic hand cleansers or antiseptic towelettes must be available to employees at risk of exposure if running water is not available. If waterless cleansers or towelettes must be used, the employee must follow-up with a soap and water wash as soon as possible.
2. Emergency eye wash stations, where installed, should meet the following American National Standards Institute requirements:
 - Provide at least 0.4 gallons of water per minute for 15 continuous minutes, flushing both eyes simultaneously with hands free to hold eyes open.
 - Eye wash facilities must not exceed 95 pounds per square inch water flow pressure.

- It is recommended that the eye wash facility be flushed on a regular basis. A log documenting the recommended weekly five-minute flush is encouraged.
3. Sharps Containers are used to properly store and dispose of sharps. Approved sharps containers are designed to isolate the cut or puncture hazard associated with handling sharp items such as needles, scalpels or pipettes. Approved sharps containers are:
- Puncture resistant;
 - Red in color or labeled with an approved biohazard warning label;
 - Leak-proof on the sides and bottom;
 - Closable.

Containers for reusable sharps must meet the same requirements as containers for disposable sharps, with the exception that they are not required to be closable. Reusable sharps will not be stored or processed in a manner that requires reaching **into** containers of contaminated sharps.

4. Storage and/or transport containers are used to reduce the potential for an environmental release of potentially infectious materials. Primary containers should be designed to be leak-proof, puncture resistant, and capable of being closed. Single primary containers used for potentially infectious materials should be labeled with the biohazard symbol. If multiple primary containers are stored in a secondary container, only the secondary container must be labeled with the biohazard symbol. Secondary containers are used for additional protection against an environmental release and therefore must be leak-proof, puncture-resistant and capable of being closed. Labeling of secondary containers with emergency contact information is required. Use of secondary containers is required for any transportation or long-term storage of all potentially infectious materials.
5. Proper use of secondary containers for shipment of potentially infectious materials to destinations off site is essential. A minimal system includes a primary container as previously described, enclosed in a secondary container that contains enough shock-resistant, absorbent material to accommodate the contents of the primary container(s). The secondary container must then be placed in an appropriate shipping container that is labeled in accordance with applicable shipping regulations.

Work Practices

Supervisors or designees will oversee the implementation of Work Practice Controls in cooperation with Risk Management.

The following Work Practice Controls are to be implemented:

1. Employees will wash their hands:

- After removal of gloves or other personal protective equipment;
- When visible contamination with blood, body fluids, or other potentially infectious materials are present;
- When work is completed and before leaving the work area;
- Before eating, drinking, smoking, applying makeup, changing contact lenses or using the bathroom;
- Before activities that entail hand contact with mucous membranes, eyes or breaks in the skin.

Regular soap and warm water is adequate for hand washing. Use antiseptic soap where the removal of both transient and resident microorganisms is desired. If a waterless hand cleanser or antiseptic towelettes are used due to a lack of available running water, the employee must follow-up with soap and water as soon as feasible.

2. Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless:

- It can be demonstrated that there is no feasible alternative or
- The action is required by a specific medical procedure.

When recapping or removal of needles is required because there are no alternatives, a mechanical device or a one-handed method must be used.

3. Use mechanical means (tongs) when handling contaminated sharps when possible and eliminate hand-to-hand passing of sharp instruments.
4. Contaminated sharps must be placed in appropriate containers immediately or as soon as possible after use.
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is a potential for exposure to bloodborne pathogens.
6. Food and drink must not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present (see Appendix C).
7. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.

8. Minimize splashing, shaking, spraying or other actions generating droplets of blood or other potentially infectious materials during all procedures.
9. Primary containers of potentially infectious materials must be placed in puncture-resistant, leak-proof, closable secondary containers for transportation outside the work area.

When a new employee is hired or an employee changes jobs, the Supervisor must ensure the proper determination of the BBP risk associated with an employee's job classification. This includes:

- Identify tasks and procedures which will potentially expose the employee to blood or other potentially infectious materials;
- Provide on site training regarding work practice controls;
- Inform Risk Management so records can be updated.

Personal Protective Equipment

Personal protective equipment (PPE) will be provided by the employer at no cost to the employee with an occupational exposure to blood or potentially infectious material. This equipment may include: gloves, gowns, laboratory coats, face/shield/masks, safety glasses, goggles, mouth pieces, resuscitation bags, pocket masks, hoods and shoe covers.

The Supervisor will ensure that all work areas have appropriate PPE available to employees. Employees must be trained regarding the use of the appropriate PPE for their job classification and the tasks/procedures they perform. This training will be documented through the completion of site-specific training checklist form (see Appendix D).

PPE is considered to be appropriate only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee's work clothes, undergarments, skin, eyes, mouth or mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

An employer shall ensure that the PPE is available in appropriate sizes and accessible locations.

An employer shall ensure that an employee uses appropriate PPE unless the employer shows that the employee temporarily and briefly declined use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance the use of PPE 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 coworker.

When the employee makes this judgement, the circumstances shall be investigated and documented to determine if changes can be made to prevent further occurrences.

To ensure that PPE is not contaminated and is the appropriate condition to protect employees from potential exposure, the following practices are to be utilized:

- All PPE must be inspected periodically by the supervisor or designee and replaced or repaired as needed.
- Reusable PPE is cleaned, laundered and decontaminated as needed.
- Single-use PPE or equipment that can not be decontaminated is disposed of through existing appropriate waste removal practices.

The employees must adhere to the following practices when using PPE:

1. Any garments including PPE penetrated by blood or other infectious materials must be removed as soon as possible. These garments are to be collected in biohazard bags and decontaminated by an appropriate laundry service provider.
2. All PPE must be inspected prior to use to verify that it is in good working condition.
3. All PPE must be removed prior to leaving the work area.
4. Gloves must be worn:
 - When employees anticipate hand contact with potentially infectious materials;
 - When handling or touching contaminated items or surfaces.
5. Disposable gloves must be replaced as soon as possible after contamination or immediately when torn, punctured, or otherwise rendered unable to function as an exposure barrier.
6. Non-latex gloves must be provided when a health care provider has determined that an employee is allergic to the gloves usually provided.
7. Masks and eye protection must be used whenever there is a chance that a splash or spray may generate droplets of infectious materials.
8. Protective clothing must be worn whenever potential exposure to the body is anticipated.
9. Surgical caps/hoods and shoe covers/boots must be worn in any instances where gross contamination is anticipated.

Housekeeping

Custodians or other assigned employees must do the following:

1. Clean and decontaminate all equipment and surfaces with blood or other potentially infectious materials. Gross contamination must be cleaned up before decontaminating to ensure the disinfectant is completely effective. Clean and decontaminate:
 - After the completion of medical procedures;
 - Immediately (or as soon as feasible) when surfaces become contaminated;
 - After any spill of blood or infectious material;
 - At the end of the work shift, especially if the surface may have become contaminated.
2. Clean up spills of infectious materials as soon as possible. The following considerations should be made when treating and removing a spill of infectious material:
 - Wear appropriate PPE when cleaning up spills;
 - Spills should be covered with an absorbent material wiped up and disposed of in a biohazard bag. Add a disinfectant to the absorbent material if it does not contain one;
 - Surfaces should be wiped down with a disinfectant following a spill clean up. It is important to follow the manufacturer's instructions for contact time.

Spill kits designed for cleaning up small (less than 8 ounces) potentially infectious spills are approved for use.

Note: *Any department that has a potential for a spill of potentially infectious materials should have a spill response procedure and materials available for use. An example of a general response procedure and items for assembling a departmental spill kit are included in Appendix D.*

3. Remove and replace protective coverings as soon as it is possible when contaminated and also at the end of each shift.
4. Routinely inspect, clean and properly decontaminate all pails, bins, cans and other receptacles when visibly contaminated.
5. Pick up potentially contaminated glassware using mechanical means (such as dustpan and brush) and dispose of in an appropriate sharps container.

6. Inspect laundry to verify that it is free of sharps and other hazardous materials. Handle contaminated laundry as little as possible. Do not send contaminated clothing home with any student.
7. When disposing of contaminated biological waste:
 - Place containers for regulated waste within easy access to employees and as close as possible to the source of the waste;
 - Maintain containers in an upright position, replace routinely and do not overfill;
 - Close containers of regulated waste before disposal or transportation and place the container inside an appropriate secondary container;
 - Blood and body fluids may be disposed of by pouring liquid waste down the sanitary sewer system.

Note: *Infectious wastes are not to be held in the work area for more than 90 days. All infectious waste will be disposed of according to proper disposal procedures for such regulated waste.*

Hepatitis B Vaccination

The Martin County School District has implemented a vaccination program through the Martin County Health Department. This program is offered at no cost to employees who have occupational exposure to bloodborne pathogens.

The vaccination consists of a series of three inoculations over a six-month period and a post vaccination titer. At the time of bloodborne pathogen training or employee orientation, employees will receive information regarding the vaccination program. They will also receive a vaccination request form or waiver to be completed and returned to Risk Management. The BBP Standard requires that the Hepatitis B vaccine be made available to the employee within 10 days of employment.

If an employee has received the vaccination at another institution or work place, the employee will provide either documentation of the vaccine series or a completed medical release form (see Appendix B). The medical release form must include the name of the institution or work place and the dates of the series.

Post-Exposure Evaluation and Follow-up

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, the employee should seek medical consultation and treatment expeditiously. In these instances, actions should include the following:

- ❖ Wash the area for 15 minutes with soap and water if contact with blood or other potentially infectious material occurs on skin with cuts, rashes, acne or dermatitis.
- ❖ Flush the area for 15 minutes with water or normal saline if blood or other potentially infectious material splashes in the eyes or on mucous membranes.

Note: *In the case of the contact of blood or OPIM with intact skin, the employee should clean the skin immediately with soap and water. If the contact was prolonged, or if there is any doubt regarding the condition of the contaminated skin, the employee must be medically evaluated as described in this section!*

- Report the incident to a supervisor if available.
- Initiate medical follow-up immediately.
- The supervisor refers the employee and the source, if available, to Martin Memorial Medical Center or one of the Medi-Centers for immediate care and follow-up. (After hours/weekends: refer to Martin Memorial Medical Center).
- Complete, with supervisor, the Employer's First Report of Injury and follow-up with Risk Management.
- Risk Management will schedule follow-up appointment to review the employee's medical status.
- Risk Management will evaluate all bloodborne pathogen exposure incidents and record the following information:
 1. Date of Incident
 2. Time of Incident
 3. Name of Employee
 4. Department
 5. Job Title
 6. Supervisor
 7. Whether an incident was completed
 8. Route of exposure
 9. Description of device in use
 10. Incident description
 11. Engineering controls used
 12. Work practice controls used
 13. PPE used
 14. Date of last bloodborne pathogen training
 15. Comments/Recommendations/Corrective Action

Note: This information shall be obtained through interviews and incident report reviews.

Medical Record Keeping

The MCSD must establish and maintain employee medical records. All information is confidential. Information will not be disclosed without the employee's written consent, except as require or permitted by law.

Information and Training

All employees who have the potential for exposure to bloodborne pathogens must attend a comprehensive training program.

Employees will be retrained at least annually to keep their knowledge current. All new employees, as well as employees changing jobs or job functions, will be given any additional training their position requires by their new supervisor prior to beginning their new job assignments.

Risk Management will maintain documentation for all employees who have potential exposure to bloodborne pathogens and have received training.

Training Topics

Bloodborne pathogens training for new employees who will have occupational exposure to bloodborne pathogens will include the following mandatory topics:

1. OSHA's Bloodborne Pathogens Standard;
2. Epidemiology, symptoms and modes of transmission of bloodborne diseases including HIV, HBV and HCV;
3. Existence of other bloodborne diseases;
4. MCSD's Exposure Control Plan;
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. A review of the use and limitations of methods that will prevent or reduce exposure including:
 - Engineering controls
 - Work practice controls
 - Personal protective equipment

7. Selection and use of personal protective equipment including:
 - Types available
 - Proper use
 - Limitations
 - Location
 - Removal
 - Handling
 - Decontamination
 - Disposal
8. Visual warning of biohazards including labels, signs and color-coded containers;
9. Proper procedures and materials involved in the cleanup of spills of potentially infectious materials;
10. Information on the Hepatitis B Vaccine, including:
 - availability
 - its efficacy
 - its safety
 - the method of administration
 - the benefits of vaccination
 - MCSD's vaccination program
11. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
12. Procedures to follow if an exposure incident occurs, including incident reporting;
13. Post-exposure evaluation and follow-up including medical consultation;
14. Recommendations specific to a particular department and unique threats posed by potentially infectious materials in that department.

Note: Site-specific training must be completed in each department. It must be administered by the employee's supervisor or the supervisor's designated trainer.

This training must be documented through the use of the site-specific training checklist form shown in Appendix D.

Training Methods

Training presentations make use of several techniques including:

- Personal instruction
- Videotape programs
- Computer aided interactive training
- Training manuals/employee handouts
- Employee review sessions

Opportunities for employees to ask questions will be provided.

Record Keeping

To facilitate the training of our employees, as well as to document the training process, training records will be maintained and will include the following:

1. Dates of all training sessions;
2. Contents/summary of the training sessions;
3. Names and qualifications of the instructors;
4. Names and job title of employees attending the training sessions.

The training instructor will send a copy of the sign-in form to Risk Management for record keeping purposes.

If you have any questions regarding the Bloodborne Pathogen Exposure Control Plan or other safety and health concerns, contact;

**Risk Management Department at 219-1200 ext. 30206 or the
Safety Officer at 219-1200 ext. 30364.**