



**SUNY College at Brockport**

**BLOODBORNE PATHOGENS**

**EXPOSURE CONTROL PLAN**

*Revised: October, 2016*

**ENVIRONMENTAL HEALTH & SAFETY OFFICE (EHS)**

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## PURPOSE OF THE PLAN

OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030, to "reduce occupational exposure to Hepatitis B Virus (BBV), Human Immunodeficiency\_Virus (HIV) and other bloodborne pathogens" that employees may encounter in their workplace.

SUNY College at Brockport has implemented this Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is threefold:

- To protect our employees from the health hazards associated with bloodborne pathogens,
- To educate our staff on bloodborne pathogens and ways to avoid exposure, and
- To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

Note: Student employees and non-employee students with potential for exposure to bloodborne pathogens are covered by this policy as well, with some caveats as noted in the text.

## GENERAL PROGRAM MANAGEMENT

### RESPONSIBLE PERSONS

There are four major "Categories of Responsibility" that are central to the effective implementation of SUNY College at Brockport's Exposure Control Plan. These are:

- Environmental Health and Safety
- Department Managers and Supervisors
- Education/Training Instructors
- SUNY Brockport Staff

The following sections define the roles played by each of these groups in carrying out the plan. Throughout this written plan, staff with specific responsibilities are identified.

### *Environmental Health and Safety (EHS)*

EHS is responsible for the overall management and support of SUNY Brockport's Bloodborne Pathogens Compliance Program. Activities which are delegated to EHS typically include, but are not limited to:

- Implementing the Exposure Control Plan.
- Working with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Revising and updating the plan as necessary.
- Knowing current legal requirements concerning bloodborne pathogens.
- Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.

To assist in carrying out these duties, each affected department/college will provide assistance and resources as necessary to comply with this plan and with applicable regulations.

### *Department Heads and Supervisors*

Department Heads and Supervisors are responsible for exposure control in their respective areas. They work directly with EHS and their staff to ensure that proper exposure control procedures are followed.

### *Education/Training Coordinator*

The EHS Office is responsible for providing or causing to provide information and training to all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of this Office include:

- Maintaining an up-to-date list of College personnel requiring training. This is achieved with assistance from management and the office of Human Resources.
- Developing suitable education/training programs.
- Scheduling periodic training for employees.
- Maintaining appropriate training documentation (e.g., sign-in sheets). Departments and offices must also maintain training information for their staff.
- Periodically reviewing the training programs (in cooperation with the Department Heads, Supervisors and any designated responsible persons) to include appropriate new information.

### *Employees<sup>1</sup>*

As with any SUNY Brockport activity our staff have the most important role in successfully complying with these regulations. Since the ultimate execution of much of the Exposure Control Plan rests in their hands, staff involved in this program are responsible for:

- Knowing which tasks they perform could have occupational exposure
- Attending the bloodborne pathogens training sessions
- Receiving, or declining to receive, the Hepatitis B vaccination series
- Planning and conducting all operation in accordance with our work practice controls
- Developing good personal hygiene habits
- Following universal precautions
- Reporting any possible blood/body fluid exposures

### *Departments with Student Employees and Non-employee Students with Potential for Exposure*

In the absence of a generally education related and compelling reason student employee and non-employee student responsibilities should be structured to avoid potential bloodborne pathogen exposure whenever practical. When potential exposure is justified the department must notify EHS and follow this procedure.

### **AVAILABILITY OF THE EXPOSURE CONTROL PLAN**

The College's Exposure Control Plan is available in writing at any time. Announcement of this availability is made during their education/training sessions. Copies of the Exposure Control Plan are kept in the locations listed below.

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<sup>1</sup> This term used throughout this policy may also include select student employees and non-employee students who have the potential for exposure.

- Environmental Health & Safety Office
- Human Resources Office
- On the college's web pages

## **REVIEW AND UPDATE OF THE PLAN**

This plan will be reviewed and updated under the following circumstances:

- Annually
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees
- Whenever the employees' Jobs are revised such that new instances of occupational exposure may occur
- Whenever new positions are created that may involve exposure to bloodborne pathogens, and
- Whenever OSHA changes or amends the original Standard.

## **EXPOSURE DETERMINATION**

SUNY College at Brockport has prepared the following lists:

- Job classifications in which all employees have occupational exposure to bloodborne pathogens
- Job classifications in which some employees have occupational exposure to bloodborne pathogens
- Tasks and procedures in which occupational exposure to bloodborne pathogens occur (these tasks and procedures are performed by employees in the job classification shown on the two previous lists.)

EHS will work with department managers and supervisors to revise these lists as tasks, procedures and classifications change.

\* Departments with student employees or non-employee students with potential for exposure to bloodborne pathogens must notify EHS.

## **METHODS OF COMPLIANCE**

### **OVERVIEW**

It is understood that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens at SUNY Brockport. The first five areas addressed in this plan are:

- The use of Universal Precautions
- Establishing appropriate Engineering Controls
- Implementing appropriate Work Practice Controls
- Using necessary Personal Protective Equipment
- Implementing appropriate Housekeeping Procedures.

Each of these areas is reviewed with our employees during their training related to bloodborne pathogens (see the "Information and Training" section of this plan for additional information).

## **UNIVERSAL PRECAUTIONS**

At SUNY Brockport, we observe the practice of "Universal Precautions" to prevent contact with blood and other potentially infectious materials. As a result, human blood and the following body fluids are treated as if they are known to be infectious with HBV, HIV, and/or other bloodborne pathogens.

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva
- Any other bodily fluid visibly contaminated with blood

In circumstances where it is difficult or impossible to differentiate between body fluid types, one assumes all body fluids to be potentially infectious. Note that urine and vomit are not considered carriers for bloodborne diseases unless they are visibly contaminated with blood.

The Department Head or Supervisor, in association with the Environmental Health and Safety Office, is responsible for overseeing the observance of Universal Precautions within their own department when appropriate.

## **ENGINEERING CONTROLS**

One of the key aspects of the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens.

EHS periodically works with Directors, Chairpersons, and Supervisors to review tasks and procedures performed at the college in which engineering controls can be implemented or updated.

Each of these lists is re-examined during an annual Exposure Control Plan review and opportunities for new or improved engineering controls are identified. Any existing engineering controls are also reviewed for proper function and needed repair or replacement every twelve (12) months.

In addition to the engineering controls identified on these lists, the following engineering controls are used throughout SUNY Brockport:

- Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated sharps are:
  - Puncture-resistant.
  - Color-coded or labeled with a biohazard warning label.
  - Leak-proof on the sides and bottom.
- Specimen containers which are:

- Leak-proof, Color-coded or labeled with a biohazard warning label. Puncture-resistant, when necessary.
- Secondary containers which are:
  - Leak-proof.
  - Color-coded or labeled with a biohazard warning label.
  - Puncture-resistant, if necessary.
- Sharps equipped with engineered sharps protection (e.g. self blunting or self-capping needles, needles with built-in capping devices, etc.)
- Table top shields
- Biosafety cabinets and fume hoods with the sash lowered to prevent splashes and sprays
- Autoclaves for sterilizing instruments

## **WORK PRACTICE CONTROLS**

SUNY Brockport has adopted the Work Practice Controls listed below as part of its Bloodborne Pathogens Compliance Program:

- Employees must wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They must also flush exposed mucous membranes with water.
- Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Instead, Self Sheathing Needles and sharps containers shall be used.
- Contaminated reusable sharps are placed in appropriate sharps containers immediately, or as soon as possible, after use.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Food and drink must not be kept in refrigerators, freezers, on counter tops, or in other storage areas where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- All procedures involving blood or other infectious materials minimize splashing, spraying, or other actions generating droplets of these materials.
- Specimens of blood or other materials are placed in designated leak-proof containers appropriately labeled for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, and appropriately labeled for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.)
- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
- An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions. Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer, and the equipment service representative prior to handling, servicing, or shipping.

When SUNY Brockport hires a new employee, or an employee changes jobs, the process outlined below is followed to ensure that they are trained in the appropriate work practice controls.

- The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task lists that have been identified in the Exposure Control Plan.
- If the employee is transferring from one job to another within SUNY Brockport, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
- Based on this "cross-checking" of the new job classifications or tasks, occupational exposure situations are identified.
- The employee is then trained regarding any work practice controls that the employee is not experienced with.

## PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment is our employees' "last line of defense" against bloodborne pathogens. Because of this, the college<sup>2</sup> provides (at no cost to its employees) the Personal Protective Equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to the items listed below.

- gloves
- gowns
- laboratory coats
- face shields/masks
- safety glasses
- goggles
- mouthpieces
- resuscitation bags
- pocket masks
- hoods
- shoe covers

Hypoallergenic gloves, glove liners, nitrile gloves or similar alternatives are readily available to employees who are allergic to the gloves our facility normally uses. Those who supervise employees are responsible for ensuring that their respective departments and work areas have appropriate personal protective equipment available to employees.

Employees covered under the Standard are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, as necessary, when an employee takes a new position or new job functions are added to their current position. Training on highly specific tasks must be provided by the department/office/researcher employing the staff.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the college adheres to the following practices:

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<sup>2</sup> In some cases, required PPE may be provided by the research foundation or through and by other college affiliates.

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for any reason, be decontaminated) is disposed of by placing it in the appropriate biohazard waste for commercial disposal.

To make sure that this equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed immediately or as soon as feasible.
- All personal protective equipment is removed prior to leaving a work area.
- Gloves are worn in the following circumstances:
  - o Whenever employees anticipate hand contact with potentially infectious materials,
  - o When performing vascular access procedures, and
  - o When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or have otherwise lost their ability to function as an "exposure barrier".
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed. Note that utility gloves alone are not sufficient protection from bloodborne pathogens. They must be accompanied by a 2<sup>nd</sup> layer of impermeable gloves.
- Masks and eye protection (e.g. goggles, face shields) are used whenever splashes or sprays may generate droplets of infectious materials.
- Protective clothing (e.g. gowns and aprons) is worn whenever potential exposure to the body is anticipated.
- Shoe covers/boots and/or turn out gear are used in any instances where "gross contamination" is anticipated (e.g. a major automobile accident).

## **HOUSEKEEPING**

Maintaining a clean and sanitary condition at the college is an important part of SUNY Brockport's Bloodborne Pathogens Compliance Program. To facilitate this, a written schedule for cleaning and decontamination of the various areas of the college has been developed. The schedule provides the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

Using this schedule, our housekeeping/environmental services staff employs the following practices:

- Protective coverings are removed and replaced:
  - when used
  - as soon as it is feasible when overly contaminated, or
  - at the end of the work shift if they may have been contaminated during the shift

- All pails, bins, cans, and other receptacles intended for use routinely are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.)
- Contaminated sharps are stored in containers that do not require "hand processing".

The College's Chief Janitor, in conjunction with the affected area Supervisors is responsible for setting up a cleaning and decontamination schedule and for making sure it is carried out throughout the college. In addition, staff within the affected areas clean and decontaminate surfaces regularly as needed and required. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:

- After the completion of medical procedures.
- Immediately (or as soon as feasible) when surfaces are overtly contaminated.
- After any spill of blood or infectious materials.
- At the end of the work shift or laboratory exercise if the surface may have been contaminated during that shift or exercise.

Employees must also be very careful when handling regulated infectious waste including contaminated sharps, laundry, used bandages, and other potentially infectious materials. The procedures for handling regulated waste are given below

Regulated infectious waste is discarded or "bagged" in containers that are:

- closeable,
- puncture-resistant,
- leak-proof if the potential for fluid spill or leakage exists,
- and red in color or labeled with the appropriate biohazard warning label.

Containers for regulated waste are located in appropriate areas throughout the college, within easy access of employees and as close as possible to the sources of the waste.

Waste containers are maintained upright, routinely replaced, and not allowed to overfill.

Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.

Whenever employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

Appropriate Housekeeping Staff, as determined by the Supervisor is responsible for the collection and handling of contaminated waste in their area. Housekeeping Staff transports the waste from each area to the designated holding area located in Building 11, Student Health. (Information on proper procedures is posted in area).

## **RESEARCH AND TEACHING LABORATORIES AND PRODUCTION FACILITIES**

Research, teaching laboratories and production facilities that use, handle, or process human blood or body fluids, human derived tissues, remains, or tissue cultures must comply with this program and any other requirements set by the College's Biosafety Committee. Use of certain other, non-human derived tissues, tissue cultures, pathogen concentrates etc. must also be reviewed and approved by the Bioafety Committee. The exception to these requirements are for work involving specimens that have been certified as pathogen-free.

## **HEPATITIS B VACCINATION**

To protect our employees as much as possible from Hepatitis B infection, SUNY Brockport has implemented a vaccination program. The Hepatitis B vaccination program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens. Vaccinations are performed under the supervision of a licensed physician or other healthcare professional through Strong West Occupational and Environmental Medicine. As part of their bloodborne pathogens training, employees have received information regarding the hepatitis vaccination, including its safety and effectiveness.

The vaccination program consists of a series of three inoculations over a six-month period followed by a titer test to determine immunity. The vaccine must be administered on a schedule as determined by the CDC/NIH. Staff eligible for vaccination and their supervisors are responsible for ensuring that the vaccinations are completed and are completed according to the schedule. If a first vaccination attempt is unsuccessful, the staff member will be offered a 2<sup>nd</sup> vaccine series, also at no cost, followed by a 2<sup>nd</sup> titer test. If after two vaccination cycles the titer test remains negative the staff person must be counseled that the vaccine was unsuccessful and they remain at risk of infection from Hepatitis B.

To ensure that all employees are aware of our vaccination program, it is thoroughly discussed in our bloodborne pathogens training. "Vaccination Program Notices" are sent to supervisors or department heads for distribution among their employees.

Student employees with potential for exposure to bloodborne pathogens are also eligible for vaccination at their department's expense. Non-employee students with potential for exposure are expected to be vaccinated at their own expense and to provide proof of that vaccination to their department.

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

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, efforts are immediately focused on:

- Making sure the employee receives medical consultation and treatment (if required) as expeditiously as possible.
- Investigating the circumstances surrounding the exposure incident.

The Director of EHS, or designee, investigates every exposure incident that occurs at the college. After this information is gathered, it is then evaluated, a written summary of the incident and its causes is prepared, and recommendations are made for avoiding similar incidents in the future.

In order to make sure that the employee receives the best and most timely treatment for exposures to bloodborne pathogens, SUNY Brockport has set up a comprehensive post-exposure evaluation and follow-up process. In cases of true, at-risk exposure to blood and body fluids quick follow-up is essential to best prevent the transmission of infections. First aid and follow-up care must be sought as soon as possible

Understanding that much of the information involved in this process must remain confidential, great care will be taken to protect the privacy of the people involved. Students and student employees will receive post-exposure

management through the Student Health Services located on the SUNY Brockport campus. Staff will receive post-exposure management through Strong West Occupational and Environmental Medicine, (go to the Emergency Room if Strong West or another nearby Occupational Health clinic is not open), or their primary care doctor. Note that the College strongly suggests that staff consult an occupational medicine specialist rather than their primary care doctor, as primary care physicians may not have the latest training and information available regarding blood and body fluid exposure follow-up and management.

As the first step in this process an exposed employee is provided with the following confidential information:

1. Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
2. Next, if possible, the source individual's blood is tested to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained.
3. At the time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.
4. Finally, the blood of the exposed employee is collected and tested for HBV and HIV status.

Once these procedures have been completed, an appointment with a qualified healthcare professional is arranged for the exposed employee to discuss the employee's medical status. This includes an evaluation of any reported illness, as well as any recommended treatment.

#### **INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL**

To assist the healthcare professional we forward a number of documents to them.

- A copy of the Bloodborne Pathogens Standard
- A description of the exposure incident
- The exposed employee's status with regard to the Hepatitis B Vaccination
- Other pertinent information

#### **HEALTHCARE PROFESSIONALS WRITTEN OPINION**

After the consultation, the healthcare professional provides SUNY Brockport with a written opinion evaluating the exposed employee's situation. A copy of this opinion is also furnished to the exposed employee.

In keeping with this process emphasis on confidentiality, the written opinion will contain only the following information:

- Whether or not a Hepatitis B Vaccination is indicated for the employee.
- Whether or not the employee has received a Hepatitis B Vaccination.
- Confirmation that the employee has been informed of the results of the evaluation.

All other findings or diagnoses will remain confidential and will not be included in the written report.

## **LABELS AND SIGNS**

The most obvious warning of possible exposure to bloodborne pathogens are biohazard labels.

Items at the college which are labeled include:

- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers, when appropriate.
- Other containers used to store, transport, or ship blood and other infectious materials.
- Laundry bags and containers.
- Contaminated equipment.

On labels affixed to contaminated equipment the portions of the equipment which are contaminated are also indicated.

Biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. Researchers are responsible for this, and other signage/labels. As required due to the nature of their research.

## **INFORMATION AND TRAINING**

All employees who have the potential for exposure to bloodborne pathogens are required to complete bloodborne pathogens training. Student employees must meet the same training requirements as other College employees. Non-employee students with potential for bloodborne pathogen exposure must be educated and informed about bloodborne pathogens, their risk and control measures by their department as part of their educational experience.

All new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment. Employees will be retrained at least annually to keep their knowledge current.

EHS and departments/offices with staff affected by this policy are responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive the required training. Other instructors knowledgeable on the topic may assist EHS.

### **TRAINING TOPICS**

The topics covered in the training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- SUNY Brockports Exposure Control Plan (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- A review of the use and limitations of methods that will prevent or reduce exposure, including:

- Engineering controls.
- Work practice controls.
- Personal protective equipment.
  
- Selection and use of personal protective equipment including:
  - Types available.
  - Proper use.
  - Location within the facility.
  - Removal.
  - Handling.
  - Decontamination.
  - Disposal.
  
- Visual warnings of biohazards within SUNY Brockport including labels, sign, and "color-coded" containers.

Information on the Hepatitis B Vaccine, including its:

- Efficacy
- Safety
- Method of Administration
- Benefits of Vaccination
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting
- Information on the post-exposure evaluation and follow-up.

### TRAINING METHODS

Training presentations make use of several training techniques including, but not limited to those checked below:

Classroom type atmosphere with personal instruction.

Videotape programs.

Training manuals/employee handouts.

Employee Review Sessions.

\_\_\_\_\_ (other, specify)

It should be noted that employees are given an opportunity to ask questions and interact with their instructors in each training session.

### TRAINING RECORDKEEPING

To facilitate the training of employees, as well as to document the training process, training records are maintained and contain the information listed below.

- Dates of all Training Sessions
- Content and Summary of the Training Sessions
- Names and Qualifications of the Instructors
- Names and Job Titles of Employees Attending the Training Sessions

#### 10/17 Changes

Corrected minor typographical errors. Added wording throughout for student employees and non-employee students with potential for bloodborne pathogen exposure.