

**Supplemental Attachment C**  
**Model Exposure Control Plan for**

**Academic Units at The University of Alabama**

*To be completed by each Administrative Unit with employees or students at risk for occupational or academic exposure to bloodborne pathogens. Completed plans shall be submitted to Environmental Health & Safety (EHS). This is intended to be a guideline for creating each individual exposure control plan (ECP).*

**As The University of Alabama is committed to providing a safe and healthful working environment for its employees and students, the following ECP is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." This ECP has been prepared in accordance with The University of Alabama Bloodborne Pathogens Policy. This Plan will be the focus of annual personnel development training and new employee orientation for all affected employees.**

**Employees and students are urged to study all provisions of the Plan very carefully. All questions or comments should be directed to EHS at 205-348-5905. We encourage your input and involvement in this program so that we can continue to make our workplace a safe and healthful environment for everyone.**

**Definitions** - For the purpose of this policy, the following definitions shall apply:

**"Administrative Unit"** means the units identified which are responsible for conducting annual risk appraisals and implementing the Bloodborne Pathogens Policy.

**"Biological Cabinet"** means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

- Class I: A ventilated cabinet for personnel protection with a non-recirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

- Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection
- Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

**"Blood"** means human blood, human blood components, and products made from human blood.

**"Bloodborne Pathogens"** means 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), hepatitis C Virus (HCV) and human immunodeficiency virus (HIV).

**"Clinical Laboratory"** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**"Contaminated"** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

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

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

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

**"Engineering Controls"** means controls (e.g., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

**"Engineered Sharps Injury Protection"** means either:

- A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms.

- A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

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

**"Handwashing Facilities"** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

**"HBV"** means hepatitis B virus.

**"HCV"** means hepatitis C virus.

**"HIV"** means human immunodeficiency virus.

**"Licensed Healthcare Professional"** is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

**"Needle" or "Needle Device"** means a needle of any type, including, but not limited to, solid and hollow-bore needles.

**"Needleless system"** means a device that does not utilize needles for:

- The withdrawal of body fluids after initial venous or arterial access is established.
- The administration of medication or fluids.
- Any other procedure involving the potential for an exposure incident.

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

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

**"One-Hand Technique"** means procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

**"OPIM"** means other potentially infectious materials.

**"Other Potentially Infectious Materials"** means:

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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body

fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- Any of the following, unless known to be free of bloodborne pathogens:
  - o Cell, tissue, or organ cultures from humans or experimental animals.
  - o Blood, organs, or other tissues from experimental animals.
  - o Culture medium or other solutions.

**"Parenteral contact"** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**"Personal Protective Equipment"** is specialized clothing or equipment worn or used 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.

**"Production Facility"** means a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

**"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.

**"Research Laboratory"** means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

**"Sharp"** means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

**"Sharps Injury"** means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needle sticks.

**"Sharps Injury Log"** means a written or electronic record, which is a record of each exposure incident involving a sharp.

**"Sterilize"** means the use of a physical or chemical procedures to destroy all microbial life including highly resistance bacterial endospores.

**"Student Academic Exposure"** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the student's participation in academic assignments.

**"Source Individual"** means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical 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.

**"Universal Precautions"** is an approach to infection control. According to the concept of Universal Precautions, all human blood and human body fluids are treated as if known to be infectious for HIV, HBV, or HCV, and other bloodborne pathogens.

**"Work Practice Controls"** means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

**ECP Steps**

**Step 1: Identifying Employees and Students at Risk (Exposure Determination)**

Attach a copy of the Risk Appraisal Survey completed annually by your administrative unit or department. See Attachment A of the Supplemental Bloodborne Pathogen Plan documents for more information.

**Step 2: Developing a Specific Control Plan (Document)**

**Step 3: Methods of Implementation and Control (Compliance)**

All employees/students shall utilize universal precautions.

**A. Engineering Controls and Work Practices**

Whenever possible, engineering controls will be utilized to reduce potential exposure.

Listed below are controls put in place in this administrative unit or department.

Control	Location	Installation Date	Maintenance Due Date
1. Handwashing Facilities			
2. Needleless Systems			
3. Sharps Injury Protection Mechanism			
4. Containers for Sharps			
5. Containers for Infectious Materials			
6. Other _____ _____			

(insert name or title) will be responsible for inspection and maintenance of these controls. Records will be maintained for each inspection and repairs made as needed to maintain the controls in place and properly functioning.

- Handwashing facilities shall be readily accessible to all employees and students. Employees and students shall wash their hands immediately after removal of gloves or other PPE using an appropriate disinfectant soap.
- Administrative units or departments shall ensure that employees/students wash immediately following contact of body areas with blood or OPIM, using an appropriate disinfectant soap.
- If conditions are such that handwashing facilities are not available, antiseptic hand cleaners or hand sanitizers are to be used. Because this is an interim measure, employees/students are to wash hands at the first available opportunity.
- Contaminated needles and sharps shall not be bent, recapped, broken or removed.
- If recapping or removal is required by a specific medical procedure, documentation of this necessity must be maintained in the departmental or administrative unit's ECP and forwarded to EHS for review and inclusion into the overall ECP. Recapping or removal must be with the use of a mechanical device or a one-handed technique.
- Contaminated sharps shall be placed in appropriate containers immediately or as soon as possible after use. The sharp containers shall be:
  - o Puncture resistant.
  - o Labeled or color coded as described in this policy.
  - o Leak proof on the sides and bottom.
  - o Constructed in such a manner, so it is not necessary for a person to reach into the container to retrieve sharps.
  - o Inspected and maintained or replaced immediately to prevent overfilling as those utilizing the containers note the fullness of the container.
- Specimens of blood or potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, or transport.
- Any specimen containers leaving the facility must be labeled or color-coded in accordance with the communication of hazards section of the Medical Waste Management Plan prior to being stored or transported.
- If the primary container begins leaking or if outside contamination of the primary container is likely, then a secondary leak proof container which meets all of the construction and labeling requirements shall be placed over the first and closed to prevent leakage during handling, storage or transport. If puncture of the primary container is likely, it shall be placed within a leak proof, puncture-resistant secondary container.

- Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping, and decontaminated as necessary.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a possibility of occupational or academic exposure.
- Food and drink shall not be consumed or stored in areas where blood or OPIM are present.
- All procedures involving blood or OPIM shall be performed in a manner that minimizes splashing, spraying, or generation of droplets.
- Mouth pipetting or suctioning of blood or OPIM is prohibited.
- Needleless systems shall be used for withdrawal of body fluids after initial venous or arterial access is established, administration of medications or fluids, and any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.
- If needleless systems are not used, needles with engineered sharps injury protection shall be used for withdrawal of body fluids, accessing a vein or artery, administration of medications or fluids, and any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.
- Non-needle sharps shall include engineered sharps injury protection when sharps other than needle devices are used.
- The following hygienic work practices will also apply:

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*(Attach additional pages as needed)*

## **B. Personal Protective Equipment (PPE)**

Where occupational and academic exposure remains after the institution of engineering and work practice controls, PPE is provided to employees and students at no cost to them. Departments and administrative units shall provide appropriate PPE in appropriate sizes. The appropriately sized PPE shall be readily accessible at the worksite or shall be issued to employees. The PPE will be adequate only if it does not permit blood or OPIM to reach the employee's or student's work clothes, skin, eyes, mouth, or other mucous membranes. Appropriate PPE may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves or liners normally provided.



PPE supplies may be obtained at the following locations:

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All PPE must be removed immediately upon leaving the work area, or as soon as possible. If overtly contaminated, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Never wash for re-use disposable items such as disposable gloves. Disposable gloves shall not be re-used. Gloves must also be discarded, and replaced, as soon as their ability to function as a barrier is compromised (example, torn, punctured, or contaminated). Any garment contaminated by blood or OPIM shall be removed immediately or as soon as feasible in such a way as to avoid contact with the outer surface. Disposal of contaminated PPE will be provided at no cost to employees or students. 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.

Listed below are types of PPE available for employees and students use along with the circumstances under which it must be used. For a review of PPE selections contact EHS at 205-348-5905.

ITEM	PROCEDURE

*(Attach additional pages as needed)*

Decontamination of PPE will be performed in the following manner:

EQUIPMENT	CLEANSER/DISINFECTANT	FREQUENCY

*(Attach additional pages as needed)*

### C. Housekeeping

Each worksite shall be maintained in a clean and sanitary condition. All equipment and surfaces shall be cleaned and decontaminated as soon as possible after contact with blood or OPIM no later than at the end of the shift. Protective covering shall be removed and replaced as soon as possible after decontamination. Receptacles with a possibility of contamination shall be inspected and decontaminated on a regularly scheduled basis and decontaminated as soon as

possible upon visible contamination. Broken glassware shall be cleaned up using a mechanical means such as a dustpan and brush. Bins and pails (e.g., wash or emesis basin) are cleaned and decontaminated as soon as feasible after visible contamination. Reusable items contaminated with blood or OPIM shall be decontaminated prior to washing and/or reprocessing. It is the responsibility of (insert name or title here) to assure that the worksite is maintained in a clean and sanitary condition. Facilities will be cleaned and disinfected with an appropriate agent according to the following schedule:

LOCATION	CLEANSER/DISINFECTANT	FREQUENCY

*(Attach additional pages as needed)*

#### **D. Waste Disposal**

All infectious waste destined for disposal shall be placed in closable, leak proof containers or bags that are color-coded or labeled as described in The University of Alabama Medical Waste Management Plan with biohazard labels. It is the responsibility of (insert name or title here) to assure that waste is properly disposed, and the following guidelines are observed.

If outside contamination of any infectious waste container or bag is likely to occur, then a second leak proof container or bag which is closable and labeled with the biohazard label or color-coded (as per the Medical Waste Management Plan) will be placed over the outside of the first and closed to prevent leakage during handling, storage and transport. Immediately after use, sharps shall be disposed of in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Each department or administrative unit is responsible for maintaining and making sharp containers accessible to all personnel. Sharps containers are to be located as close as is feasible to the immediate area where sharps are used so that sharps are easily discarded. Sharps containers are to be maintained upright throughout use and replaced routinely as to not allow overfilling. Employees/students must not have to insert hands into the container in order to dispose of a sharp. When moving containers of sharps from the area of use they must be closed for removal or transport. Containers may not be opened, emptied, or cleaned manually or in any other manner which would pose the risk of percutaneous injury. Once the sharps container is filled, it is closed and sealed to prevent the container from being reopened without great difficulty. In accordance with other applicable federal, state, and local regulations concerning medical waste, the following disposal procedures will be observed:

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*(Attach additional pages as needed)*

Additionally, disposal of contaminated PPE will be provided at no cost to employees or students.

**E. Laundry**

Handle all contaminated laundry as little as possible, with minimal agitation. Contaminated laundry shall be bagged at the area of use and not sorted or rinsed. Wet contaminated laundry shall be placed in leak-proof, labeled, or color-coded containers before transport. Red bags or bags marked with the biohazard system shall be used for transporting contaminated laundry. Employees or students who come in contact with contaminated laundry wear appropriate gloves and other appropriate PPE. Laundering of PPE is to be provided by the administrative unit at no cost to employees or students. For more information regarding the laundering of contaminated laundry contact first the administrative unit or department responsible for oversight of the laundering or EHS. Persons responsible for ensuring the proper handling, storage, or cleaning of contaminated laundry are:

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Additional requirements pertaining to the handling of laundry are as follows:

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*(Attach additional pages as needed)*

**F. Hepatitis B Vaccination**

EHS will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and as soon as possible after initial assignment to all employees identified in the exposure determination section of this plan as employees who are at risk for occupational exposure. Vaccination is encouraged unless one of the following exists:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contraindicated

If an employee declines the vaccination, the employee must sign a declination form. See Attachment E in the Bloodborne Pathogen Policy. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the personnel or student file at the administrative unit or department.

Vaccinations will be provided to subject employees by University Medical Center, and any students listed under an ECP can receive the hepatitis B vaccination at the Student Health Center, both of which are located on campus. Employees or students determined to be subject to the hepatitis B vaccination shall be evaluated by a health care professional prior to initial vaccination to determine if contradictions exist. If contradictions are apparent the employee or student shall be immediately informed.

### **G. Exposure Evaluation and Follow-Up**

Immediately following an incident where there may be occupational or academic exposure to bloodborne pathogens, the individual involved should immediately clean the wound or flush eyes or other mucous membranes.

Following the incident, employees should immediately contact their direct supervisor, while students must contact the university representative responsible for the course or sponsored activity. Employees/students must complete an [Injury or Illness Form](#). These forms are used to document any possible exposures or incidents on campus and are also collected at University Medical Center or Student Health Center where the medical evaluation and follow-up is conducted.

A confidential medical evaluation and follow-up will be immediately conducted at University Medical Center or Student Health Center. If the possible exposure occurs outside of the normal operating hours for University Medical Center or Student Health Center then the individual involved should seek medical evaluation at DCH Emergency Room at 809 University Blvd. East, Tuscaloosa, AL 35401. Following this medical evaluation at DCH Emergency Room, the employee or student must also follow-up with Risk Management, and University Medical Center or Student Health Center (respectively) on the next available date of operation. This allows a timeline for follow-up to be determined by the attending health care professionals at University Medical Center or Student Health Center. If the incident occurs off-campus resulting in occupational or academic exposure to BBPs, the individual involved should seek medical attention at the nearest medical provider. Again, following up with Risk Management and University Medical Center or Student Health Center (respectively) on the next available date of operation.

As stated previously, a confidential medical evaluation and follow-up will be conducted by the health care professional reviewing the patient who received possible occupational or academic

exposure to bloodborne pathogens. Following initial first aid required (clean the wound, flush eyes, or mucous membrane, etc.) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity.
- Document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV 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.

EHS ensures that the health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The health care professional evaluating an employee after an exposure incident also receives the following:

- A description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure.
- Circumstances of exposure.
- If possible, results of the source individual's blood test.
- Relevant employee medical records, including vaccination status.

University Medical Center or Student Health Center will provide employees or students with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation regarding the possible occupational or academic exposure to bloodborne pathogens.

## H. Communication of Hazards and Employee Training

All employees/students who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by EHS, the department responsible for oversight and implementation of the Bloodborne Pathogen Policy and the resulting ECP. Additional training specific to the worksite is provided by the supervisor responsible for the department or administrative unit. All training is provided at no cost to the employee/student and is completed during normal working hours. Refusal to attend a required training session will result in the following disciplinary actions:

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All employees/students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the University of Alabama bloodborne pathogen policy.
- An explanation of our 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, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- 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 of 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 at this facility. For example:
  - Signs shall be posted at the entrance to any work areas in HIV or HBV research laboratories or production facilities, bearing the International Biohazard symbol in a fluorescent orange-red color.
  - Hazard signs will be posted at the entrance to the following areas:

AREA	PROCEDURE

Signs shall bear the International Biohazard Symbol in florescent orange-red color.

- The required labels shall be the International Biohazard Symbol (IBS) including, "BIOHAZARD," written under the symbol.
- Labels shall be affixed, in a way as to prevent loss or removal, to containers of waste, refrigerators, freezers, or other containers used to store, transport, or ship blood or OPIM with the following exceptions:
  - Red bags or containers may be substituted for labels.
  - Containers of blood, blood products or components released for transfusion or other clinical use.
  - Individual containers of blood or OPIM that are in a labeled container during storage, transport, shipment, or disposal.
- Any items removed from UA facilities must remain labeled and comply with The University of Alabama Medical Waste Management Plan.
- The person responsible for ensuring that containers of biohazardous waste are properly labeled is \_\_\_\_\_ (insert name or title here) \_\_\_\_\_.
- Regulated waste that has been decontaminated need not be labeled or color-coded.
- An opportunity for interactive questions and answers with the person conducting the training session.

Training materials regarding the Bloodborne Pathogen Policy are available from EHS (1500 Warrior Drive, Tuscaloosa, AL 35487) and from the EHS website at [www.ehs.ua.edu](http://www.ehs.ua.edu). See Supplemental Attachment F in the Bloodborne Plan used

to document training in personnel and student files held within administrative units or departments.

## **I. Recordkeeping**

Both training records and medical records must be maintained for each student or employee considered part of the Bloodborne Pathogen Program and provided to the employee or student upon request. Any exposure incident is also evaluated to determine if the case meets any additional recordkeeping requirements. This determination and the recording activities are completed by EHS. In addition to the 1904 Recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded into a Sharps Injury Log.

Training records are completed for each employee/student upon completion of training. These documents will be kept for at least three years at EHS, or within the personnel or student records within the administrative unit or department.

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The University Medical Center is responsible for maintenance of the required medical records of employees. These confidential records are kept on file for at least the duration of employment plus 30 years. The medical records of students, also confidential and will be maintained by Student Health Center. They shall be maintained for the duration of enrollment plus thirty years.