

KING GEORGE COUNTY SCHOOL SYSTEM
EXPOSURE CONTROL PLAN

INTRODUCTION

The OSHA/VOSH 1910.1030 Blood borne Pathogens Standards was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses, through routes like needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials in the course of their work. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent exposure of workers.

SUBJECT: Policy and procedures for implementation of "Exposure Control Plan" as indicated in OSHA's Blood borne Pathogens Final Standard Section 1910.1030.

This exposure control plan has been established by the King George County School System in order to minimize and to prevent, when possible, the exposure of our employees to disease-causing microorganisms transmitted through human blood and to comply with applicable OSHA/VOSH Blood borne Pathogen Standards. All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this program. This plan will be reviewed at least annually and updated as necessary by the Safety/Health Coordinator. Copies of this plan are available for review in the building Administrator's Office, School Board Office, Smoot Library, and also the Policy Manual in each school.

An employee may obtain a copy of this plan within fifteen (15) days of his/her request to the Safety/Health Coordinator.

REFERENCES

- Part II Department of Labor; Occupational Safety and Health Administration; 29 CFR pert 1910.1030, Occupational Exposure to Blood borne Pathogens; Final Rule; 6 Dec 91.

- King George Policy Manuals - Blood borne contagious or infectious diseases.
- OSHA Instruction CPL 2.2.44c.
- VOSH Program Directive 02-400.

DEFINITIONS

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 diseases in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), the Human Immunodeficiency Virus (HIV), syphilis, and Hepatitis.

CONTAMINATED: means the presence or the reasonably anticipated presence of blood or other potentially infectious materials.

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, 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 blood borne pathogens on the 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. If the item to be decontaminated is heavily soiled, prewashing will usually have to be performed before proceeding with decontamination.

ENGINEERING CONTROLS: means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogen hazard from the work place.

EXPOSURE INCIDENT: means a specific eye, mouth, other mucous membrane, non-intact skin (includes dermatitis, hangnails, cuts, abrasions, chafing, etc.), or parental contact with blood or other potentially infectious materials that occurs as a result of the performance of a worker's duties.

OCCUPATIONAL EXPOSURE: means reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that occurs as a result of the performance of a worker's duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM): means

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. An unfixed tissue or organ (other than intact skin) from a human (living or dead).

PARENTERAL: means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE): is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be PPE.

SOURCE INDIVIDUAL: means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to a worker.

UNIVERSAL PRECAUTIONS: is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

WORK PRACTICE CONTROLS: means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two handed technique).

BASIC COMPONENTS OF THIS EXPOSURE CONTROL PLAN INCLUDE:

- Exposure Determination
- Methods of Compliance
- Hepatitis B Vaccination Policy
- Procedures for Evaluation and Follow-up of Exposure Incidents
- Employee Training
- Record Keeping Procedures

EXPOSURE DETERMINATION

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (listed below) will be included in this exposure control plan.

Exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment.)

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)

Body Fluids

semen
vaginal secretions
cerebrospinal fluid

pleural fluid
pericardial fluid
peritoneal fluid
amniotic fluid

any body fluid visibly
Contaminated with blood

saliva in dental procedures

Other Material

Any unfixed tissue or organ
(other than intact skin) from
a human (living or dead)

HIV/HBV containing cell or
tissue cultures, organ
cultures, and culture medium

blood, organs or other tissues

from experimental animals infected
with HIV or HBV

SOME EMPLOYEES ARE EXPOSED

Job classifications in which some employees may have occupational exposure are included on this list. Since not all the employees in these categories are expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that would cause these employees to have occupational exposure are also listed. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>LIST A</u>	<u>Tasks/Procedures</u>
School Nurses and Clinic Aides	●	High-risk injuries (like hemophiliacs) Response to accidents, procedures such as catherizations, tracheotomy care, ostomy care, suctioning, etc.
Preschool Teachers and Preschool Aides	●	Feeding needs, toileting-diapering, bowel/bladder training, dental/oral hygiene
Preschool Bus Drivers and Aides Special Ed. Teachers and Aides	●	Procedures such as suctioning with tracheotomy care. Response to accidents.
Bus Drivers	●	Response to accidents.
Building Custodians	●	Response to spills such as vomiting, custodial duties in each school.
School Secretaries who work in School Clinics	●	Response to accidents.
P. E. Teachers and Coaches who are CPR qualified	●	Response to accidents.

METHODS OF COMPLIANCE

UNIVERSAL PRECAUTIONS

All blood or other potentially infectious materials (as described in II. Exposure Determination) shall be handled as if contaminated by a blood borne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

WORK PRACTICES CONTROLS

Engineering and Work Practices Controls shall be used to eliminate or minimize employee exposure. Except in emergency situations employees other than the nurse are discouraged from performing tasks which would result in exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Sharps containers and micro shields will be utilized. These engineering controls will be provided free of charge to appropriate personnel.

Controls will be maintained or replaced on a regular schedule. The nurse will review the effectiveness of the controls on a quarterly basis and replace sharps containers as needed, disposing of sharps containers in an appropriate manner. The micro shields will be replaced after each use.

HANDWASHING AND OTHER GENERAL HYGIENE MEASURE

Hand washing is a primary infection control measure which is protective of both the employee and the affected student. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible.

Hand washing facilities are contained in all of the bathrooms and each school clinic. In addition, all employees will be supplied with antiseptic towelettes for use where hand washing facilities are not immediately available, (e.g. certain classrooms.) Hands will still be required to be washed with soap and running water following exposure as soon as it is feasible to do so.

Hand cream application is permitted provided hands are thoroughly washed immediately prior to application. Since petroleum based hand creams can cause latex and vinyl gloves to rapidly deteriorate, hand cream should be carefully selected to assure it does not have a petroleum base.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

Employees shall use patience to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials. Nurses and Clinic Aides will wear PPE such as gloves, masks, glasses and disposable aprons to protect them from splashing, spraying or spattering from potential infectious materials as results of arterial bleeding, projectile vomiting with bleeding, generalized severe injuries, explosive diarrhea with bleeding, and high risk exposure such as ostomy care.

The type and amount of PPE which shall be chosen to protect against contact with blood or OPIM is based upon the type of exposure and the quantity of these substances which can be reasonably anticipated to be encountered during the performance of a task or procedure.

SHARPS MANAGEMENT

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps "containers". Contaminated broken glass is also to be placed in disposable sharps containers.
- The sharps container is located in the School Health Clinic. These containers will be red in color/labeled.
- Overfilling of the sharps container creates a hazard when needles protrude from openings. Nearly full containers must be promptly disposed of and replaced.
- The school nurse is responsible for maintaining the sharps container.
- Management of Contaminate Equipment is not applicable to the school system, but if equipment had to be shipped it would be decontaminated by the custodial staff before shipping for service or repair.

PERSONAL PROTECTIVE EQUIPMENT

GENERAL GUIDELINES

Personal protective equipment will be provided, repaired, cleaned, and disposed of by the school at no cost to employees. Employees shall wear personal protective equipment when performing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, aprons, face shields, masks, eye protection, mouthpieces, resuscitation bags, CPR micro shields are available. Employees who have allergies to regular gloves may obtain hypoallergenic gloves. King George will provide gowns, eye shields, masks, and CPR micro shields to appropriate personnel at no cost to employee. Protective equipment can be obtained from the employee's supervisor.

The clothing, which is provided, and the procedures requiring personal protective equipment are listed in Appendix A. The Safety/Health Coordinator/or designee will be responsible for the PPE distribution and replacement of PPE as needed.

If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work area; it shall be placed in biohazard containers and placed in a biohazard bag for storage, washing, decontamination or disposal. Employees are expected to put contaminated garments and other personal protective equipment in the plastic lined containers provided in the nurse's office upon leaving the work area.

PROTECTION FOR HANDS

Gloves shall be worn in the following situations:

- When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin.
- When handling or touching contaminated items or surfaces.
- Additional procedures in which gloves are required are listed in Appendix A.

DISPOSABLE GLOVES

- Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
- Do not wash or decontaminate single use gloves for re-use.

UTILITY GLOVES

- Discard after use.
- Discard when gloves are cracked, peeling, torn, punctured or shows signs of deterioration (whenever their ability to act as a barrier is compromised.)

PROTECTION FOR EYES/NOSE/MOUTH

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields whenever these conditions occur:

- Splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Exposure to OPIM (other potentially infectious material like arterial bleeding). Situations, which would require such protection, are listed in Appendix A.

PROTECTION FOR THE BODY

A variety of garments including gowns, aprons, lab coats, masks, goggles, gloves, etc., are to be worn in occupational exposure situations. Appendix A lists some situations, which require the use of PPE and the type of equipment designated.

PRECAUTIONS IN HANDLING SPECIMENS

Potentially infectious material shall be placed in a bio-hazardous covered container with a nonpermeable plastic bag, which prevents leakage during collection, handling and transport. The bag must be closed and double bagged before transport. The first bag inside is labeled with a red orange label than placed in a second bag for transport to the King George County Health Department. The High School, Middle School and Elementary Schools will use the King George County Health Department.

HOUSEKEEPING

GENERAL POLICY

The work place will be maintained in a clean and sanitary condition. A written housekeeping procedure guide which gives the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed must be followed. Guidelines will be available for each custodian and may be found in school's manual, School Board Manual and the Safety/Health Coordinator's Manual. The building maintenance supervisor will be responsible for dissemination of the housekeeping procedure guide.

All custodians must wear appropriate PPE when cleaning restrooms and when in contact with OPIM.

The germicide to be used for general disinfecting should be used in compliance with OSHA standards.

One part Bleach to ten (10) parts water should be used in clinics for general disinfecting for blood, blood products and OPIM contamination according to universal precautions. This bleach solution needs to be made daily.

Remove and replace protective coverings (e.g. aluminum foil, plastic wrap, etc.) over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if they become contaminated.

Regularly inspect/decontaminate all reusable bins, contaminated with blood and OPIM. If these articles become visibly contaminated; they should be decontaminated immediately or as soon as feasible. In the clinic area this responsibility rests with the Nurse or Clinic Aide. The custodian is responsible for other areas within the departments or buildings. In an academic environment or support department in general, the custodian will be the responsible party.

EQUIPMENT AND ENVIRONMENTAL AND WORKING SURFACES

Clean contaminated work surfaces with appropriate disinfectant:

- After completing procedures or treatments;
- Immediately or as soon as feasible when overtly contaminated or after any spill of blood or OPIM;
- If the surface may have become contaminated since the last cleaning.

SPECIAL SHARPS PRECAUTIONS

Clean up broken glass, which may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. DO NOT pick up directly with the hands.

Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner, which will expose employees to the risk of percutaneous injury. DO NOT reach by hand into a container which stores reusable contaminated sharps.

LAUNDRY

Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood and OPIM and utilize all other universal precautions during and after handling.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Do not sort/rinse laundry in location of use. Place in container/bag where it was used. Wet contaminated laundry, which may soak through, or cause leakage from bag or container will be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.

Bags/containers will be used.

Soiled clothing of employees will be laundered at their respective schools. If the clothing is a dry cleanable item, the bloodstain will be removed with cold water and the article of clothing returned to the employee to be cleaned at a dry cleaner of their choice. The employee will then submit a receipt to the School Board for reimbursement of the expense of cleaning the soiled item.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Employees will be informed of hazards through a training program, which is discussed in Section XI of this written plan.

King George Schools will practice universal precautions in its handling all laundry and specimens, labeling is not required. If the need arises however, to warn employees of hazards a bright orange red label will be affixed to the container or bag. The labels/color-coding described here are not required in the following instance:

When regulated waste has been decontaminated.

HEPATITIS B VACCINATION POLICY

GENERAL STATEMENT OF POLICY

All employees who have been identified as having exposure to blood borne pathogens (see II. Exposure Determination) will be offered the Hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.

All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service. A copy of the blood borne pathogens standard will be provided to the health care professional responsible for the employee's Hepatitis B vaccination. Vaccinations will be administered by the King George County Health Department.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Should U.S. Public Health or CDC change requirements in the future, boosters will be provided free of charge to workers with occupational exposure.

Participation in a prescreening program for detection of Hepatitis and prior exposure status will be mandatory.

KING GEORGE HEALTH DEPARTMENT

HEPATITIS B VACCINATION

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service or CDC change requirements in the future, boosters will be provided free of charge to workers with occupational exposure.

The vaccination will be made available to employees after they have attended training on blood borne pathogens and with ten (10) working days of initial assignment to a job category with exposure. The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated. Participating in a prescreening program for detection of Hepatitis and prior exposure status will not be mandatory.

Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement. (See Appendix B).

The Hepatitis B vaccination series will be made available to workers who initially decline vaccination, but later decide to accept vaccination.

All designated employees who choose to obtain Hepatitis B vaccination will be referred to the designated Health Care professional (King George County Health Department) who will evaluate the employee for any contraindications to vaccination. If no contraindications exist and the worker has no documentation of immunity, the employee will be allowed to start the vaccination series. The Health Care professional(s) shall provide a written opinion regarding Hepatitis B vaccination.

PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Employees who experience an exposure incident must immediately report their exposure to the School Principal or Designee and the Safety/Health Coordinator. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- Documentation of the route(s) of exposure, and the circumstance under which the exposure incident occurred;
- Identification and documentation of the source of individual unless identification is infeasible.

If the infective status of the source is unknown, the individual's blood will be tested as soon as feasible after consent is obtained. If the source individual's blood is available, and the individual's consent is not required by law the blood shall be tested and the results documented. The exposed employee will be informed of the results of the individual's testing.

The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV and HIV serological status. If the employee consents to baseline blood collections, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety (90) days. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

The exposed employee will be offered post-exposure prophylactics, when medically indicated, as recommended by the U.S. Public Health Service. (See Appendix C.) The exposed employee will be offered counseling and medical evaluation of any reported illnesses.

The following information will be provided to the health care professional evaluating an employee after an exposure:

- A copy of 1910.1030 blood borne pathogens standard;
- A description of the exposed employee's duties as they relate to the exposure incident;
- The documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

The King George County Schools shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within fifteen (15) days of the completion of the evaluation. The written opinion will be limited to the following information:

- The employee has been informed of the results of the evaluation;
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

**NOTE: All Other Findings Shall Remain Confidential
And
Shall Not Be Included In The Written Report.**

INVESTIGATION OF EXPOSURE INCIDENTS

The Safety/Health Coordinator and Building Supervisor will ensure that each exposure incident is fully investigated immediately.

An Incident Report, Workman's Compensation Form, will be completed by the employee or the Building Supervisor/Designee for the exposed incident, and submitted to the Safety/Health Coordinator.

Investigation will include evaluating the circumstances surrounding the exposed incident, as well as policies that may have contributed and any failures of controls that were being utilized. Recommendations will be made on how to prevent further such occurrences. The Building Supervisor is responsible for implementing whatever measures are necessary to prevent further occurrence.

EMPLOYEE TRAINING

Employees will be trained regarding blood borne pathogens at employee orientation or initial hire. Additional training will be provided whenever there are changes in tasks or procedures, which affect employees' occupational exposure; this training will be limited to the new exposure situation.

The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer. Safety/Health Coordinator/or designee is responsible for arranging and/or conducting training. (A variety of methods may be used e.g., lecture, demonstration, videotapes and written materials.)

The following content will be included:

- Explanation of the blood borne pathogens standard;
- General explanation of the epidemiology, modes of transmission and symptoms of blood borne diseases;
- Explanation of this exposure control plan and how it will be implemented;
- Procedures which may expose employees to blood or other potentially infectious materials.
- Control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials;
- Explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccination program including the benefits and safety of vaccination;

- Information of procedures to use in an emergency involving blood or other potentially infectious materials;
- What procedure to follow if an exposure incident occurs;
- Explanation of post-exposure evaluation and follow-up procedures;
- An explanation of warning labels and/or color-coding.

RECORDKEEPING PROCEDURES

Procedures are in place for maintaining both medical and training records. If King George County Schools should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three months prior to the disposal of records. The records will be transmitted to NIOSH if required by the Director, within the three-month period.

MEDICAL RECORDKEEPING

A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.20. The Personnel Technician of King George County School System will maintain confidential medical records for the duration of employment plus thirty (30) years. The record shall include the following:

- Name and social security number of the employee;
- A copy of the employee's Hepatitis B vaccination status with dates of Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of examination results, medical testing, and any follow-up procedures;
- A copy of the health care professional's written opinion;
- A copy of the information provided to the health care professional who evaluates the employee for suitability to receive Hepatitis B vaccination prophylactically and/or after an exposure incident.

CONFIDENTIALITY OF MEDICAL RECORDS

The medical record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the work place without the employee's express written consent, except as required by law or regulation. Employee medical records required under 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 19 CFR 1910.20.

TRAINING RECORDS

Training records shall be maintained for three (3) years from the date on which the training occurred. The following information shall be included:

- Dates of training sessions;
- Contents or a summary of the training sessions;
- Names and qualifications of trainers(s); and
- Names and job titles of all persons attending.

Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

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Revised: October 12, 1994, January 23, 2002, January 14, 2004, September 8, 2004, October 8, 2008, August 26, 2009

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Legal Refs.: OSHA Blood borne Pathogens Regulations section 1910.1030 Subpart Z
(Amended) 29 CFR, 29 USC 853