

# **Lake Superior State University**

## **Bloodborne Pathogen Program**

Revised

October 2015

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# Definitions

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|---|---|
| <i>Autoclave</i>                        | To sterilize using superheated steam under pressure, common steam-sterilizing temperatures are 121°C (250°F) and 132°C (270°F). The length of time required is dependent on the equipment used.   |
| <i>Biologically Hazardous Condition</i> | Equipment, containers, rooms, materials, experimental animals, animals infected with HBV or HIV virus, or combinations thereof that contain, or are contaminated with, blood or other potentially infectious material.  |
| <i>Biohazardous Contamination</i>       | The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.  |
| <i>Biohazardous Waste</i>               | A universally recognizable term used to describe different types of waste that might contain infectious agents.   |
| <i>Blood</i>                            | Human blood, human blood components, and products made from human blood.  |
| <i>Bloodborne Pathogens</i>             | Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).  |
| <i>Contaminated</i>                     | The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.  |
| <i>Contaminated Laundry</i>             | Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.   |
| <i>Contaminated Sharps</i>              | Any contaminated object that can penetrate the skin, including any of the following: <ul style="list-style-type: none"><li>• Needles.</li><li>• Scalpels.</li><li>• Broken glass.</li><li>• Broken capillary tubes.</li><li>• Exposed ends of dental wires.</li></ul>   |
| <i>Decontamination</i>                  | Rendering biohazardous waste safe for routine handling as solid waste.  |
| <i>Disinfect</i>                        | To inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms, on inanimate objects.  |
| <i>Exposure</i>                         | 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. "Exposure" does not include incidental exposures that may take place on the job, that are neither reasonably nor routinely expected, and that the worker is not required to incur in the normal course of employment. |

|                            |  |
|----------------------------|--|
| <i>Exposure Incident</i>   | A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.  |
| <i>Infectious Agent</i>    | A pathogen that is sufficiently virulent so that if a susceptible host is exposed to the pathogen in an adequate concentration and through a portal of entry, the result could be transmission of disease to a human.  |
| <i>Medical Waste</i>       | <p>Defined as any solid waste which is generated in the diagnosis, treatment, (e.g. provision of medical services), or immunization of human beings in research and healthcare pertaining thereto, or in the production or testing of biologicals, as well as categories defined by the <i>Michigan Medical Waste Regulatory Act</i> (MMWRA).</p> <p>Any of the following that are not generated from a household, a farm operation or other agricultural business, a home for the aged, or a home health care agency:</p> <ol style="list-style-type: none"> <li>a) Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.</li> <li>b) Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids.</li> <li>c) Pathological waste</li> <li>d) Sharps</li> <li>e) Contaminated wastes from animals that have been exposed to agents infectious to humans, these being primarily research animals.</li> </ol> |
| <i>Pathological Waste</i>  | Human organs, tissues, body parts other than teeth, products of conception, and fluids removed by trauma or during surgery, autopsy, or other medical procedure, and not fixed in formaldehyde. Pathological waste does not include a fetus or fetal body parts.   |
| <i>Point of Generation</i> | The point at which biohazardous waste leaves the producing facility site.  |
| <i>Producing Facility</i>  | A facility that generates, stores, decontaminates, or incinerates biohazardous waste.  |
| <i>Regulated Waste</i>     | <p>As defined by the Michigan Occupational Safety Health Administration (MIOSHA) Part 554: Bloodborne Infectious Diseases Standard including:</p> <ul style="list-style-type: none"> <li>• Liquid or semi-liquid blood or potentially infectious materials;</li> <li>• Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid</li> </ul>   |

- 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 which includes any contaminated object that can penetrate the skin;
- Pathological and microbiological wastes containing blood or other potentially infectious materials.

*Response Activity*

An activity necessary to protect the public health, safety, welfare, and the environment, and includes, but is not limited to, evaluation, cleanup, removal, containment, isolation, treatment, monitoring, maintenance, replacement of water supplies, and temporary relocation of people.

*Sharps*

Means needles, syringes, scalpels, and intravenous tubing with needles attached.

*Storage*

The containment of biohazardous waste in a manner that does not constitute disposal of the biohazardous waste.

*Transport*

The movement of biohazardous waste from the point of generation to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of biohazardous waste from a health facility or agency to another health facility or agency for the purposes of testing and research.

*Universal Precautions*

A method of infection control that treats all human blood and other potentially infectious material as capable of transmitting HIV, HBV, and other bloodborne pathogens.

# Introduction

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## Background

In our continuing pursuit of a safe and healthy workplace, Lake Superior State University (LSSU) has developed and instituted this Bloodborne Pathogen Program (BBP). Universal precautions are best utilized to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials. Bloodborne pathogens are transmitted when the pathogens from infectious body fluids enter the bloodstream through cuts, breaks in the skin, or through mucus membranes. This program is designed to give LSSU employees the information needed to work safely with potentially infectious materials.

## Purpose

This program applies to all LSSU personnel and visitors in applicable facilities and/or operations and is aimed to eliminate or minimize employee occupational exposure to human blood or other infectious body fluids. This program will help identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and outline protection guidelines for these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

## Responsibilities

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

- Serve as the Program Administrator of the Bloodborne Pathogen Program.
- Revise and update the program as outlined in this program.
- Evaluate routine and reasonably anticipated tasks and procedures to determine whether there is actual or reasonably anticipated employee exposure to blood or other potentially infectious material.

### Supervisor

- Ensure that all employees under their supervision follow the program and receive training as outlined in this document.
- Maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required.

## Employee

- Attend all required training courses as determined by LSSU.
- Follow all LSSU policies and procedures related to or outlined in this program.
- Use personal protection equipment as required and in accordance with training received and per the manufacturer requirements.

## Program Evaluation and Update

- The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented and effective.
- The evaluations will include regular consultations with impacted employees and their supervisors, site inspections, and a review of records.
- The Program Administrator will perform an annual review of the program to identify and address program deficiencies.

# Exposure Determination

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All routine and reasonably anticipated tasks and procedures must be evaluated to determine whether there is actual or reasonably anticipated employee exposure to blood or other potentially infectious material. Based on this evaluation, all employees/Classifications/Tasks will be categorized either into Category A or B as described below.

## Category A

Occupations that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment.

## Category B

Occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. Employees in occupations in this category do not perform or assist in emergency medical care or first aid and are not reasonably anticipated to be exposed in any other way.

The results of the exposure determination for job tasks identified as Category A for all employees in a specific job classification are listed in Table 1. Job tasks where only some employees in a specific job classification risk occupational exposure are outlined in Table 2. A review of the exposure determination must be made on an annual basis to ensure of job tasks and employees are in the appropriate category.

**Table 1: Job Classifications for which ALL Employees Risk Occupational Exposure**

| Job Classification          | Department/Task/Procedure that may have occupational exposure                           |
|-----------------------------|---|
| Athletic Staff              | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Carpenters                  | Performing maintenance and repairs on equipment contaminated with infectious materials. |
| Child Care worker/teacher   | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Clinical Faculty            | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Coach                       | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Custodian                   | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Electrician                 | Performing maintenance and repairs on equipment contaminated with infectious materials. |
| Equipment Room Attendant    | Cleanup of materials that may contain infectious materials.                             |
| First Responders (Any)      | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| General Maintenance Workers | Performing maintenance and repairs on equipment contaminated with infectious materials. |
| Groundskeeper               | Performing maintenance and repairs on equipment contaminated with infectious materials. |
| Health CARE Staff           | Providing First Aid; Cleanup of materials that may contain infectious materials.        |

|                                      |   |
|--------------------------------------|---|
| Laundry                              | Cleanup of materials that may contain infectious materials.                             |
| Life Guard                           | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Medical Assistant                    | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Nursing (Clinical and Instructional) | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Plumber                              | Performing maintenance and repairs on equipment contaminated with infectious materials. |
| Trainer                              | Providing First Aid; Cleanup of materials that may contain infectious materials.        |
| Vehicle Maintenance Personnel        | Performing maintenance and repairs on equipment contaminated with infectious materials. |

**Table 2: Job Classifications for which SOME Employees Risk Occupational Exposure**

| <b>Job Classification</b>           | <b>Department/Task/Procedure that may have occupational exposure</b>    |
|-------------------------------------|---|
| Directors, Managers and Supervisors | Handling or cleanup of materials that may contain infectious materials. |
| Faculty                             | Handling or cleanup of materials that may contain infectious materials. |
| Graduate Assistants                 | Handling or cleanup of materials that may contain infectious materials. |
| Instructors (All)                   | Handling or cleanup of materials that may contain infectious materials. |
| Laboratory Staff                    | Handling or cleanup of materials that may contain infectious materials. |
| PI's                                | Handling or cleanup of materials that may contain infectious materials. |
| Research Assistants                 | Handling or cleanup of materials that may contain infectious materials. |
| Researchers                         | Handling or cleanup of materials that may contain infectious materials. |
| Student Employees                   | Handling or cleanup of materials that may contain infectious materials. |
| Technicians                         | Handling or cleanup of materials that may contain infectious materials. |

# Exposure Control Methods

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LSSU will utilize the **Universal Precautions** guidelines developed by the Center for Disease Control across the campus. These guidelines state that all human blood or other potentially infectious body fluids be treated as if known to be infectious. All LSSU employees and contractors must understand and follow the exposure control methods.

## Engineering and Work Practice Procedures

Engineering and Work Practice controls must be used to eliminate or minimize employee exposure to blood borne pathogens. Engineering and Work Practice controls will be regularly examined, maintained, updated, or replaced on an annual basis to ensure their effectiveness.

- Following tasks which present a biohazardous exposure, hands are always washed with soap and water immediately after removing personal protective equipment.
- LSSU will provide readily accessible hand washing facilities for employees use. When hand washing facilities are not possible, appropriate antiseptic hand cleanser or antiseptic towelettes will be provided.
- Immediately after use all needles must be placed into an appropriately labeled sharps container.
- Contaminated needles and other contaminated sharps are never to be bent, recapped, or removed by hand. All bending, recapping, or needle removal must be accomplished through the use of a mechanical device or self capping needles.
- All eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens and chemical exposures.
- Food and drinks will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials may be present.
- All procedures involving blood or other potentially infectious material must be performed in a manner as to minimize splashing, spraying, splattering, and generation of droplets.
- Mouth pipetting of any liquid on campus is strictly prohibited.

## Laundry

- Any garment contaminated with BBPs will be removed immediately or as soon as it is feasible to do so.
- Materials which have been infected or soiled with potential infectious material must be handled as little as possible and with minimum agitation.
- Contaminated materials must be bagged at the contamination location and must not be rinsed where public exposure is possible.

- Contaminated materials must be transported by properly trained staff in leak proof bags or containers labeled or color coded in accordance with the LSSU Hazardous Communication Program.
- Contaminated materials/laundry must be handled by employees in accordance with Universal Safety Precautions and wearing appropriate personal protection equipment.

## Housekeeping

- Equipment and working surfaces shall either be protected by protective coverings such as plastic wrap or plastic backed absorbent paper, or be cleaned and appropriately decontaminated at the end of each work session, when surfaces are contaminated, or immediately after potentially infectious materials are spilled.
- Prior to use or maintenance of equipment which has been potentially contaminated, equipment must be regularly decontaminated as part of general house keeping procedures.

# Cleanup Procedures

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For larger spills that result from onsite trauma or emergency response situations, please contact the LSSU Physical Plant Director prior to any clean up activity.

## Small Spill and General Clean Up Procedures:

- Prior to clean up, select the proper PPE that will be required, such as:
  - Rubber or Latex gloves
  - Safety glasses with side shields or goggles.
  - Protective long sleeve and long pants clothing.
  - Closed foot wear.
- Cover the spill area with a paper towel and then pour freshly mixed 10% bleach (or similar commercially prepared chemical) and water solution on top of towel. Allow solution to soak into the contaminated material.
- Work from the outside edges of the spill inward when applying the disinfectant solution. Allow the solution to sit on the potentially infectious material for a minimum of 10 minutes or as directed by the manufacturer.
- Broken glassware must be picked up using mechanical devices **ONLY** such as brush/dust pan, tongs, forceps, etc.
- Wipe up disinfected materials with paper towels or absorbent pads. It may be necessary to use a scrub brush to remove the material if it is impacted on a semi permeable surface such as concrete. If porous surfaces, such as a carpet have been contaminated, an outside vendor may be needed to clean the area.
- Place the disinfected material, gloves and other disposable materials into a properly labeled biohazard bag and place into either another labeled biohazard bag or container. Ensure lids are firmly sealed on all waste containers.

# Personal Protective Equipment (PPE)

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For additional information regarding the use of personal protective equipment please refer to the [LSSU Personal Protection Equipment Program](#).

- PPE and safety clothing will be provided for LSSU employees in accordance with related regulatory standards.
- Supervisors must ensure proper utilization and disposal of PPE which has become contaminated.
- Selected PPE must not permit blood or other potentially infective material to pass through and contaminate the employees' work/street clothes, undergarments, skin, or mucus membranes under normal conditions for the duration of work required and must be replaced as needed.
- Any garment contaminated with BBPs will be removed immediately or as soon as it is feasible to do so.
- Based on the condition, all personal protective equipment will be segregated and contained on-site in a properly designated container labeled as storage, decontamination, or disposal.
- Any contaminated PPE must not leave the designated work area and may not be transported by the employee off site.

# Regulated Waste Disposal

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For more detailed information please refer to the [LSSU Biohazardous Waste Program](#).

- All contaminated waste must be placed in leak proof, closable containers or in bags that are color coded or labeled as required by the LSSU Hazard Communication Program.
- If spillage from the original container occurs, the container must be packaged in a second leak proof, closable container or a leak proof bag, that is properly labeled.
- Sharps must be disposed of immediately after use in leak proof, closable, puncture resistant, disposable, properly labeled containers.
- Sharps containers must be readily available to all necessary employees and must be located in the immediate vicinity where sharps are likely to be used.

# Hazardous Communication

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For more detailed information please refer to the [LSSU Hazard Communication Program](#).

- Signs must be posted at the entrance to any area where contamination is reasonable or at the worksite where any cleanup of bloodborne pathogens or other infectious materials is taking place.
- Signs must include a biohazard warning image and the following information:
  - Name of infectious agent.
  - Special requirements for entering area.
  - Name and Telephone number for the responsible person.
- Signs must be fluorescent orange-red with lettering and symbols in a contrasting color.
- Any warning labels must be in compliance with the following:
  - Warning labels must be secured and visible on all containers of regulated waste, refrigerators and freezers that contain blood or other potentially infectious material, and other containers used to store potentially infectious material.
  - Labels must be fluorescent orange-red with lettering and symbols in a contrasting color.
  - Labels shall either be printed on the container/bag or must be affixed to container or bag as safely as possible with a method that prevents the loss of label.
- Red bags or red containers may be substituted for labels.
- Containers of blood or blood components must be labeled as to their contents.
- Labels on containers containing contaminated equipment must describe which portions of the equipment are contaminated.
- Regulated waste that has been decontaminated need not be labeled or color coded.

# Vaccinations and Post-Exposure Follow up

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LSSU will ensure that all vaccinations, medical follow ups, and post-exposure examinations will be provided by a licensed medical professional and all laboratory tests will be conducted by an accredited lab at no cost to the employee and at a time convenient to the employee's schedule.

LSSU will ensure that employees will receive appropriate counseling regarding all benefits and any risks of any medical procedure or vaccinations post-exposure. Documentation and written opinion from the medical professional will be provided to the exposed employee within 15 working days of the evaluation completion date.

## Vaccinations

LSSU will make the Hepatitis B (HBV) vaccination available to all identified employees within 10 working days after assignment and after the employee receives the proper training. If an employee declines the vaccination but at a later date, while still an at risk employee, decides that they would like to receive the vaccination, the vaccination will be made available.

If an employee has completed the HBV vaccination series, is found to be immune to HBV, or cannot receive the HBV vaccination due to medical circumstances, then LSSU is not required to provide the vaccination to that employee. An employee may opt out of participation with the vaccination; however the employee must provide a signed waiver.

A copy of the HBV Declination Form can be found in [Attachment #1: Hepatitis B \(HBV\) Vaccination Declination Form](#)

## Exposure/Post-Exposure

During an exposure incident the first response should be to immediately administer basic first aid. Next the employee should contact LSSU Public Safety and their supervisor to notify them of the event. If immediate medical care is needed the employee should go to the nearest Hospital Emergency Room for treatment.

LSSU will provide each exposed employee with an opportunity to have a confidential medical evaluation and follow-up subsequent to a reported occupational exposure incident involving blood or other potentially infectious material. This evaluation and follow-up will include, at a minimum, confidential medical evaluation documenting the circumstances of exposure; identifying and testing the source individual, if feasible (at department expense); testing the exposed employee's blood, if he/she consents; post exposure prophylaxis; and/or counseling and evaluation of reported illnesses.

LSSU will ensure that the healthcare professional responsible for the employee's medical evaluation is provided with:

- A copy of the MIOSHA Bloodborne pathogen regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- Vaccination status and/or any other medical records relevant to appropriate treatment.

LSSU will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. This opinion shall be limited to whether the Hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination. The written opinion for post exposure evaluation and follow-up shall be limited to informing the employee of the results of the evaluation and any further treatment or evaluation that is recommended. All diagnosis will remain confidential unless the employee files a claim requesting the information.

# Recordkeeping

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## Medical Records

LSSU will maintain the confidential employee medical records for the duration of their employment plus thirty years. Supervisors are responsible for notifying the Human Resource Department when an employee is terminated. Medical records will be made available to the employee and the Michigan Department of Labor upon request. Written and signed employee releases or court orders are required for all other access. These records will include information as prescribed under federal and state laws.

## Training Records

LSSU will generate and maintain training records for a minimum of 3 years past the employee training date. All training records will be available upon request to employees and representatives of the Department of Licensing and Regulatory Affairs. At a minimum, employee training records will include:

- Dates of training.
- Contents or a summary of the training sessions
- Trainer's name and qualifications.
- Names and job titles of attendees.

## Exposure Incident Report

LSSU will maintain records of any BBP exposure or sharps related incident. Immediately after any exposure incident, both the exposed employee and the employee's supervisor must complete an exposure incident form. These records will remain confidential in order to protect all parties involved and will be retained for a period of 30 years. The incident report must contain, at a minimum:

- Type of device or contaminant involved.
- The department or specific location of incident.
- Narrative of how the incident occurred.

A copy of this form can be found in [Attachment #2: Exposure Incident Report.](#)

## HIV and HBV Research

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The culture, production, concentration, experimentation, and manipulation of Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV) is not permitted in any facility at LSSU. Special permission must first be obtained from the Physical Plant Director prior to any activities related to HIV and HBV research.

# Employee Training

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- The bloodborne pathogen training program shall be conducted annually, when an at risk employee reports for initial assignment, or within 90 days of the effective date of this policy.
- Information provided in the training program shall be updated to be consistent with changes in protective equipment and work processes.
- LSSU shall provide additional training to accommodate Program updates, modifications, or the institution of new tasks which would impact a *Category A* employee's exposure to potentially infectious material.
- Supervisors must ensure that all employees who have the potential to be exposed to bloodborne pathogens are trained in the following topics:
  - An explanation of and accessibility to related MIOSHA regulations and the LSSU Bloodborne Pathogen Program.
  - A general discussion on bloodborne diseases and their transmission.
  - Provisions that have been made for engineering and work practice controls.
  - Use of personal protective equipment and personal hygiene practices.
  - Availability of Hepatitis B vaccination, post exposure, and follow-up programs.
  - Methods to respond to infectious material emergencies and incidents.
  - Explanation of the LSSU Hazardous Communication Program.
- Employees will be given ample time to ask questions during training.
- Employees must demonstrate understanding of the topics covered in the training through hands-on exercises or a written test before being allowed to perform work.

## Retraining

- Retraining shall be performed when the following situations occur:
  - Changes in the workplace or procedures that make previous training obsolete.
  - Inadequacies in the employee's knowledge or demonstration that indicate that the employee has not retained the requisite understanding or skill.
  - Other situations that arise in which retraining appears necessary to ensure safe working conditions.

## Training Certification

- The Program Administrator or their representative must certify that the required training has been accomplished. This certification shall contain the following:

- Employee's names, signatures, and job classification.
  - Signatures or initials of the trainers.
  - The dates of training.
  - Copies of the training materials used.
- The certification shall be available for inspection by employees and their authorized representatives.
- Training records must be maintained for a minimum of 3 years.

# Resources

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## Regulations

Those involved with the Bloodborne Pathogen Program should also be familiar with the following regulations:

- Michigan Occupational Health Standard Part 554. Bloodborne Infectious Diseases.

# Attachment #1: Hepatitis B (HBV) Vaccination Declination Form

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# Hepatitis B (HBV) Vaccination Declination Form

## Lake Superior State University

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**Employee Name (print):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Job Classification:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Last 4 digits of Social Security Number:** \_\_\_\_\_

Vaccination Declination Form wording is directly from Appendix B: Sample Waiver Statement When An Employee Declines The Hepatitis B Vaccination of the Michigan Occupational Health Standard Part 554. Bloodborne Infectious Diseases

## Attachment #2: Exposure Incident Report

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# LSSU Exposure Incident Report

|                             |             |                     |         |
|-----------------------------|-------------|---------------------|---------|
| Date of Incident:           |             | Time of Incident:   |         |
| Address:                    | City:       | State:              | Zip:    |
| Specific Incident Location: |             | Building:           | Room #: |
| Name:                       | Department: | Job Title:          |         |
| Supervisor's Name:          |             | Supervisor's Title: |         |

|  |       |
|--|-------|
| Potential Infectious Material Involved:  |       |
| Route of Exposure (skin, eyes, nose, mouth, etc.):   |       |
| Specific location of exposure (left eye, right arm, etc.):                                     |       |
| Were any sharps involved (needles, broken glass, etc.)?  |       |
| Personal Protective Equipment worn during the exposure:  |       |
| Activities being performed during exposure:  |       |
| How did the exposure occur?  |       |
| Actions taken at the time of the exposure incident (first aid, supervisor notification, etc.): |       |
| Employee Signature:  | Date: |
| Supervisor Signature:  | Date: |

| Official EH&S Use Only          |       |
|---------------------------------|-------|
| Recommended Corrective Measure: |       |
| EH&S Signature:                 | Date: |