

Michigan Municipal Workers' Compensation Fund Safety and Health Resource Manual

Sample Exposure Control Plan (MIOSHA R325.70001)

This sample exposure control plan is intended to provide general information on bloodborne pathogens. It is intended to be used as a guide to develop your own plan, specific to your operations and needs. It is not intended to be a substitute or to be used solely to comply with all applicable laws.

Only a person who has knowledge of applicable control practices shall be authorized to write and review an exposure control plan.

PURPOSE To reduce the risk of occupational exposure to bloodborne pathogens, and/or other potentially infectious materials, in compliance with federal and state regulations.

GENERAL [Name of Municipality] has developed this written plan in partial fulfillment of the requirements of MIOSHA's Bloodborne Pathogens Standard (Rule 325.70001).

This plan, as the Act specifies, covers all employees whom we expect or might reasonably expect to have occupational exposure to blood or other potentially infectious materials.

All affected employees may review this plan during regular work hours at their work locations.

The locations of this written Exposure Control Plan are:

- (list locations)
-
-
-

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EXPOSURE DETERMINATION

[Name of Municipality] defines occupational exposure as:

Reasonably anticipated skin, eye, mucous membrane, or "parental" contact with blood or other potentially infectious materials that may result from the performance of an employer's duties.

- A. [Name of Municipality] determined occupational exposure for all its employees by analyzing the duties and tasks that might result in exposure to blood or other potentially infectious material. During this analysis, [Name of Municipality] used:
- Job descriptions
 - Evaluation of routine and reasonably anticipated tasks and procedures
 - Evaluation of procedures or tasks in non-routine situations as a condition of employment.
- B. [Name of Municipality] made this exposure determination without regard to the use of personal protective clothing and equipment.
- C. After completing the exposure determination process, [Name of Municipality] has classified employees as being either in Category A or Category B.

Category B employees are those whose occupational-related tasks do not involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. They do not perform or assist with emergency medical care. They are not reasonably anticipated to be exposed in any other way.

Category A employees are those that perform procedures or occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other infectious material or that involve a 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.

The following chart indicates, by job title, Category "A" employees and the reason they have been designated as such.

HAZARD DETERMINATION FOR CATEGORY A EMPLOYEES		
Job Title	Duties	Tasks/Procedures

All other employees not specified in this chart are Category B employees.

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RULES AND PROCEDURES

The following sections of this written Exposure Control Plan document:

- The MIOSHA mandated rules and procedures
- The actions taken to be in full compliance with MIOSHA Bloodborne Infectious Diseases standards.

UNIVERSAL PRECAUTIONS

- A. [Name of Municipality] requires employees to observe universal precautions to prevent contact with blood and other potentially hazardous material.

The only exception to this rule is if the use of precautions would interfere with the delivery of health care or public safety services in extraordinary or unexpected situations that threaten the life or safety of a patient or employee.

- B. [Job Title] is responsible for assuring that all employees of [Name of Municipality] comply with this policy.
- C. This policy is communicated to all affected employees during orientation and mandatory training.

ENGINEERING CONTROLS

- A. It is the policy of [Name of Municipality] to implement appropriate engineering controls to prevent employee contact with blood or other potentially infectious materials. These controls may include, but are not limited to, the following:

- ventilation systems
- glove boxes
- ventilated cabinets
- laboratory hoods and tight fitting lids
- self-retracting needles
- self-sealing capillary tubes
- break resistant tubes

- B. [Job Title] is responsible for evaluating current controls and implementing any additional controls needed.

IMPLEMENTATION SCHEDULE		
Engineering Control	Change Needed	Date of Implementation

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- C. [Job Title] is responsible for assuring that the employees under his or her direct supervision use all engineering controls correctly.
- D. [Name of Municipality] has developed written standard operating procedures for all engineering controls (see Appendix A).

WORK PRACTICES

- A. [Name of Municipality] has developed and implemented appropriate work practices to prevent or minimize Category A employee contact with blood or other potentially infectious materials. Employees must adhere to the following practices:

They must

- read relevant portions of this plan.
- remove all overtly contaminated personal protective equipment (PPE) immediately (or as soon as possible) after leaving a work area.
- place contaminated PPE in an appropriately designated storage container for storage, washing, decontamination, or disposal.
- wash their hands promptly after removing gloves or other PPE.
- wash their hands or skin after contact with blood or other potentially infectious material.

[Name of Municipality] will provide an appropriate and readily available means of hand washing.

In addition,

- Employees will properly dispose of needles and sharps. They will NOT shear, bend, or break needles and sharps. They will resheath or recap needles and sharps only if other disposal methods are impractical and only if they use equipment or methods shown to decrease the risk of skin penetration.
- Employees may not eat, drink, smoke, apply cosmetics or lip balm or handle contact lenses in laboratories or other areas where blood or other potentially infectious materials are located.
- Employees may not keep food and drink in refrigerators, freezers, or other areas where blood or other potentially infectious materials are present.
- Employees will perform all procedures that involve blood or other potentially infectious materials using methods that minimize splashing, spraying, and aerosolization.
- Employees may not perform mouth pipetting or suctioning.

- B. [Job Title] is responsible for evaluating all current work practices and, if necessary, implementing new or revised ones.

IMPLEMENTATION SCHEDULE		
Work Practice	Change Needed	Date of Implementation

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- C. [Job Title] is responsible for making sure that employees under his or her direct supervision comply with all work practices.
- D. [Name of Municipality] has developed written standard operating procedures for all work practices. (see Appendix A).

PERSONAL PROTECTIVE EQUIPMENT

- A. It is the policy of [Name of Municipality] to evaluate the need for and provide, at no cost to the employee, appropriate personal protective equipment (PPE). All employees with occupational exposure must wear appropriate PPE.

[Name of Municipality]

- will make sure that appropriate personal protective equipment in appropriate sizes is readily accessible at the work site.
- will have a readily accessible supply of hypoallergenic gloves for employees who are allergic to the gloves normally issued.
- will provide for the cleaning, laundering or disposal of all required PPE.
- will repair or replace required PPE as needed to maintain their effectiveness.

PPE may include any or all of the following:

- | | |
|---|---------------------------|
| Gloves | Mouthpieces |
| Gowns | Resuscitation bags |
| Fluid-proof aprons | Pocket masks |
| Laboratory coats | Other ventilation devices |
| Head and foot coverings | |
| Face shields or mask and eye protection | |

- B. [Name of Municipality] will make sure that employees wear PPE appropriate to the specific exposure. For example, if employees may be reasonably anticipated to be exposed to splashes, they must wear face shield or protective eyewear and masks. In addition, employees must wear PPE in the following circumstances:
 - They are performing invasive procedures and have cuts, scratches, or other breaks in the skin.
 - They are at high risk of skin or mucous membrane contamination with blood.
 - They are performing finger or heel sticks in infants and children (in phlebotomy).
 - They are being trained in invasive procedures.
- C. The following are guidelines for the use of different types of PPE:

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GLOVES

Use

Employees must wear gloves when the following conditions exist or may exist:

- there is a reasonable anticipation for direct contact with blood or other potentially infectious materials, mucous membranes, or non-intact skin of patients, and
- when handling items or surfaces soiled with blood or other potentially infectious material.

Requirements

[Name of Municipality] will provide the appropriate type glove to employees. The gloves will meet current manufacturing standards for quality, including frequency of defects, dexterity, and resistance to penetration, tears, and laceration.

Employees must change gloves, regardless of type, between patient contacts.

Employees put on replacement gloves if disposable (single use) gloves, such as surgical or examination gloves, are visibly soiled, torn or punctured or when they are ineffective as barriers.

Employees may not wash or disinfect disposable gloves for reuse.

Employees will discard utility gloves if they are cracked, peeling, discolored, torn, punctured, or show other signs of deterioration. Employees may disinfect utility gloves for reuse if the integrity of the glove is maintained.

Employees must wear the tear and puncture-resistant gloves that [Name of Municipality] issues if they perform procedures that have a risk of laceration and do not require a high degree of dexterity.

MASKS, SHIELDS AND OTHER FACE/EYE PROTECTION

Use

Employees must wear mask and eye protection or chin-length face shields in situations where splashes, sprays, spatters, droplets, or aerosols of blood or other potentially infectious materials may occur and the likelihood for eye, nose, or mouth contamination exists.

Requirements

Employees must wear protective eyewear suitable for the assigned task if there is significant of eye protection breakage or unintended removal.

[Name of Municipality] will provide protective eyewear that conforms to the General Industry Safety Standard, Personal Protective Equipment developed by Occupational Safety and Health Administration.

PROTECTIVE CLOTHING AND EQUIPMENT

Use

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Employees must wear appropriate protective clothing when performing procedures in which they might reasonably expect contact with blood or other potentially infectious materials.

The type of clothing will depend on the task and the degree of expected exposure. In all cases, it must form a protective barrier.

Requirements

Employees must wear gowns, lab coats, aprons, or other similar clothing if the task they are performing might or will result in the contamination of their own clothes. The protective clothing must protect all areas of skin that are likely to be contaminated.

Employees must wear fluid resistant clothing when there is a likelihood of being splashed or sprayed with blood or other potentially infectious materials.

Employees must wear fluid-proof clothing and shoe covers if they can reasonably expect their own clothing and shoes to become soaked with blood or other potentially infectious materials.

Employees must wear caps or hoods, where appropriate, if they can reasonably expect that their heads will be splashed or sprayed with blood or other potentially infectious material.

[Name of Municipality] will provide pocket masks, resuscitation bags, or other ventilation devices to minimize the need for direct mouth-to-mouth resuscitation. {Name of Municipality} will issue these devices to key personnel and place them in strategic locations where the need for resuscitation is likely.

- D. [Job Title] is responsible for evaluating current personal protective equipment and for purchasing any additional items needed.

IMPLEMENTATION SCHEDULE		
PPE	Change Needed	Date of Implementation

- E. [Job Title] is responsible for assuring that employees under his/her direct supervision comply with all work practices.

- F. [Name of Municipality] has developed written standard operating procedures for all work practices.

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HOUSEKEEPING

- A. [Job Title] will assure that the work site is clean and sanitary and that employees under his/her direct supervision work in a clean and sanitary environment.
- B. [Name of Municipality] has developed a written schedule for cleaning and for the method of disinfection using the following criteria:
- Location within the facility
 - Type of surface to be cleaned
 - Type of soil present
 - Task/procedures being performed
- C. [Name of Municipality] has implemented the following housekeeping rules:
- Employees will clean all surfaces with appropriate cleaning and disinfecting agents.
 - (1) after completing procedures.
 - (2) when work surfaces are overtly contaminated.
 - (3) immediately when they have spilled blood or other potentially infectious materials.

Employees:

- may use coverings, as determined by [Name of Municipality], to protect equipment or environmental surfaces. They must remove these covers at the end of the work shift or remove and replace them when they become overtly contaminated.
 - will routinely check and decontaminate, as necessary, the inside and outside of any equipment that might be contaminated with blood or other potentially infectious materials before shipping or servicing it.
 - will regularly inspect, clean, and disinfect receptacles intended for reuse which are likely to be contaminated with blood or other potentially infectious material. They will clean and disinfect immediately (or as soon as possible) receptacles which are visibly contaminated. Receptacles include but are not limited to bins, pails, and cans.
 - will pick up any broken glassware that might be contaminated using mechanical means, such as a brush and dustpan, vacuum cleaner, tongs, cotton swabs, or forceps. **Employees must not use their hands to pick up broken glassware that may be contaminated.**
 - will place specimens of blood or other potentially infectious materials in a leak-proof container that can be closed. They will label and tag the container in the required manner (see Communication of hazards).
 - If the primary container might become contaminated, employees must place it inside a second leak-proof container. If the primary container might get punctured, they must place it inside a leak-proof, puncture resistant secondary container.
 - Employees will wash and decontaminate reusable items, including reusable sharps that have been contaminated with blood or other potentially infectious material before reprocessing.
- D. [Name of Municipality] will determine the washing and decontamination process that minimizes exposure to blood or other potentially infectious materials.

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- E. [Job Title] is responsible for evaluating current housekeeping practices and for making needed changes.

IMPLEMENTATION SCHEDULE		
Housekeeping Practice	Change Needed	Date of Implementation

- F. [Job Title] is responsible for assuring that employees under his or her direct supervision comply with all housekeeping practices.
- G. [Name of Municipality] has developed written standard operating procedures for all housekeeping practices. (see Appendix A).

INFECTIOUS WASTE DISPOSAL

- A. [Name of Municipality] has implemented the following rules for the disposal of infectious waste:

- Employees must place all **infectious waste for disposal** in color coded or properly labeled leak-proof containers or bags that can be tightly closed (see Communication of Hazards).
- If the primary container might become contaminated, employees must place it inside a second leak-proof container. If the primary container might get punctured, they must place it inside a leak-proof, puncture resistant secondary container.
- Employees must dispose of **disposable sharps** immediately after use by placing them in properly labeled or color-coded leak-proof, puncture-resistant, disposable containers that can be tightly closed. (see Communication of Hazards).

Containers must be located in the immediate area of use so that they are readily accessible to employees. The only exception is when employees will mechanically recap needles and transport them through non-public corridors to the container.

Employees will replace containers as needed so that they do not become overfilled.

[Name of Municipality] will dispose of all infectious waste in a manner that complies with all federal laws.

- B. [Job Title] is responsible for evaluating current infectious waste disposal practices and for making needed changes.

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IMPLEMENTATION SCHEDULE		
Infectious Waste Disposal	Change Needed	Date of Implementation

- C. [Job Title] is responsible for assuring employee compliance with all infectious waste disposal practices by employees under his/her direct supervision.
- D. [Name of Municipality] has developed written standard operating procedures for all infectious waste disposal practices. (see Appendix A).

LAUNDRY

- A. [Name of Municipality] has implemented the following rules for the handling of laundry:

Employees

- must place and carry all laundry that is or may be contaminated in bags.
- must place and transport contaminated laundry that is wet in leak-proof bags.
- must bag contaminated laundry at the location where it was used.
- may not sort or rinse contaminated laundry in patient care areas.
- must handle laundry that is soiled with blood or other potentially infectious material or that might contain sharps as little as possible with a minimum of agitation.

Laundry employees will wear protective gloves and other appropriate protective work clothing while handling contaminated laundry.

- B. [Name of Municipality] will assure the proper cleaning or laundering of all contaminated laundry to assure the inactivation and destruction of any bloodborne pathogens present.
- C. [Job Title] is responsible for evaluating current laundry practices and for making needed changes.

IMPLEMENTATION SCHEDULE		
Laundry	Change Needed	Date of Implementation

- D. [Job Title] is responsible for assuring employee compliance with all safe laundry practices by employees under his/her direct supervision.

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- E. [Name of Municipality] has developed written standard operating procedures for handling soiled laundry.

VACCINATIONS AND POST-EXPOSURE FOLLOW-UP

- A. Vaccinations, Medical Evaluations and Post-Exposure Follow-Ups for Category A Employees:

[Name of Municipality] has contracted with [Name of Medical Provider] (MD/DO/Hospital) to perform medical evaluations and with [Name of Laboratory], accredited by [Name of accrediting organization], to conduct laboratory tests.

[Name of Medical Provider] will consider the vaccination status and any medical problems that might interfere with an employee receiving a Hepatitis B vaccination when determining if an employee is a suitable candidate for vaccination.

[Name of Municipality] will provide all evaluations, procedures, vaccinations, and post-exposure prophylaxis at no cost to the employee. [Job Title] will schedule any medical evaluations/treatments for the employee at a reasonable time and place, and according to standard recommendations for medical practice.

[Name of Municipality] will provide all employees with appropriate counseling about the medical risks and benefits before they undergo any evaluations, procedures, vaccinations, or post-exposure prophylaxes.

- B. Before the time of initial assignment, [Name of Municipality] will make the following available to all Category A employees:

- (1) Hepatitis B Vaccination. If employees do not initially want the vaccination but later change their minds and these rules still cover them, [Name of Municipality] will provide the vaccination at that time. If additional doses or booster doses are recommended later, [Name of Municipality] will provide them.
- (2) HBV antibody testing to Category A employees if they want it before deciding if they wish to be vaccinated. If an employee undergoes such testing and the results indicate he or she is immune to HBV by virtue of adequate antibody titer, [Name of Municipality] will decide whether to offer the employee the vaccination.

Employees must sign a waiver if they decline the HBV antibody testing or HBV vaccination.

- (3) Prophylaxis tetanus diphtheria immunization or booster update.

- C. [Name of Municipality] will offer each employee who reports an occupational exposure the opportunity for a confidential medical evaluation and follow-up. The evaluation will, at a minimum,

- Document the route(s) of entry, the name of the source patient(s), if known, and the circumstances under which the exposure occurred.
- Provide for the collection and testing of the source patient's blood to determine HIV or HBV infection if the source patient is known and consents to testing.

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- Provide treatment according to standard recommendations for medical practices if the source patient is unknown or consent for testing cannot be obtained.
 - Provide follow-up of the exposed employee, including counseling and illness reporting, regardless of the HIV or HBV status of the source patient.
 - The counseling will cover risk reduction behaviors related to sexual contact, pregnancy, and other behaviors. It will also cover the risks and benefits of HIV testing in accordance with state law.
 - Provide for the collection and testing of employees' blood to determine HBV or HIV status as soon as possible after exposure incidents if, after counseling, they request it. Actual antibody testing of the blood may be done at the time of collection or at intervals that are optimal for the development of detectable antibody titers.
 - Provide safe and acceptable post-exposure prophylaxis for HIV and HBV.
- D. [Name of Municipality] will provide the evaluating physician with the following:
- A copy of the MIOSHA Rules concerning Bloodborne Infectious diseases.
 - A description of the affected employee's duties as they relate to the employee's exposure.
 - A description of any PPE used or to be used.
- E. [Name of Municipality] will obtain and give the employee a copy of the physician's written opinion within 15 working days of the completion of the post-exposure evaluation. This written opinion will provide the following information only:
- (1) The physicians recommended limitations upon the employee's use of PPE or clothing and ability to receive vaccinations.
 - (2) The physician's statement that he/she has told the employee the results of the medical evaluation and about any medical conditions which have resulted from exposure to blood or other potentially infectious materials and which require further evaluation or treatment.
- [Name of Municipality] will neither ask for nor receive specific findings or diagnoses that are unrelated to the employee's ability to wear PPE or clothing or receive vaccinations. Such findings and diagnoses are considered confidential.
- F. The employer shall maintain any medical records required by these rules in accordance with Recordkeeping guidelines of Section XII of this plan.
- G. [Job Title] is responsible for evaluating current procedures for post-exposure evaluation and for making needed changes.

IMPLEMENTATION SCHEDULE

Post Exposure Evaluation & Follow Up	Change Needed	Date of Implementation

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- H. [Name of Municipality] has developed written standard operating procedures for handling the reporting of exposures, counseling exposed employees and for providing medical treatment as mandated by these rules (see Appendix A).

COMMUNICATION OF HAZARDS TO EMPLOYEES

- A. [Name of Municipality] is responsible for assuring that all containers used for transporting, storing or disposing of blood or other potentially infectious materials have proper labels. These containers include, but are not limited to, refrigerators and freezers, bags, containers.
- B. [Name of Municipality] will provide the appropriate labels or approved substitute.
- C. All labels will contain the approved BIOHAZARD legend (see below) and be one of the following colors: fluorescent orange, orange-red, or predominantly orange or orange red. Lettering or symbols will be in a contrasting color.



- D. Red bags or red containers are approved substitutes. The Act does not allow any other substitutes.
- E. [Name of Municipality] will either provide containers that are pre-labeled or assure that employees fasten approved labels as close as safely possible to the container. Employees may use string, wire, adhesive or any other method that prevents the loss or unintentional removal of labels.
- F. [Name of Municipality] will make sure that any signs, labels, or other nonverbal means of communication used will identify biologically hazardous conditions and materials in compliance with this standard. Such nonverbal communication will employ the BIOHAZARD symbol on a background in one of the accepted colors (See C above).
- G. [Name of Municipality] will assure the consistent identification of all biologically hazardous conditions, using the approved BIOHAZARD symbol, if signs, labels, or other nonverbal means of communication are used.
- H. Each [Job Title] is responsible for assuring that all portable containers used in his or her work area are correctly labeled.

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- I. [Job Title] is responsible for evaluating current labeling procedures and for making needed changes.

IMPLEMENTATION SCHEDULE		
Biohazard Labeling Procedures	Change Needed	Date of Implementation

- J. [Name of Municipality] has developed written standard operating procedures for handling the reporting of exposures, counseling exposed employees and for providing medical treatment as mandated by these rules (see Appendix A).

RECORDKEEPING

- A. [Name of Municipality] has created and maintains a separate **medical record** for each Category A employee.
- B. These medical records contain, at a minimum, the following information:
- Employee's name and social security number
 - A copy of the employee's Hepatitis B vaccination records and medical history as they relate to (1) the employee's ability to wear protective clothing and equipment and receive vaccinations, and (2) the circumstances of an occupational exposure incident.
 - A copy of all results of physical examinations, medical testing, and follow-up procedures as they relate to (1) the employee's ability to wear protective clothing and equipment and receive vaccination, and (2) post-exposure evaluation after an occupational exposure incident.
 - The employer's copy of the physicians written opinion.
 - Written evidence that HBV antibody testing and/or HBV vaccination has been offered to Category A employees.
 - Documentation of all post-exposure evaluation and follow-up activities.
- C. [Name of Municipality] will maintain all medical records the Act requires in strictest confidence. [Name of Municipality] **will not disclose the contents of these records to any person within or without the workplace, except as the Act or law requires.**
- D. [Name of Municipality] will maintain employee medical record required by this Act **for not less than the duration of employment plus thirty (30) years.**
- E. [Name of Municipality] has created and maintains a training record for each Category A employee that includes:
- The employee's name and social security number

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- The dates of training sessions attended
 - The contents or a summary of the training sessions
 - The names of the persons who conducted the training
 - The names of all persons who attended the training sessions
 - Evidence of the trainee's competency.
- F. [Name of Municipality] will maintain training records for five years.
- G. [Name of Municipality] will provide employee training records, upon request, for examination and copying to employees, employee representatives, and the director.
- H. [Name of Municipality] will provide employee medical and training records, upon request, for examination and copying to the subject employee, to anyone who has the written consent of the employee, and to the director.
- I. [Name of Municipality] will assure that all records that are subject to these rules will be available, upon request, to representatives of the department or the director for examination and copying.
- J. [Name of Municipality] will assure the transfer of records in compliance with the provisions of the Act.
- K. If [Name of Municipality] ceases to operate and there is no successor employer to receive and retain the records for the prescribed period, [Name of Municipality] will notify the director not less than three (3) months before disposing of the records. [Name of Municipality] will transmit the records to the director if the director requires within that three-month period.
- L. [Job Title] is responsible for evaluating current recordkeeping procedures and for making needed changes.

IMPLEMENTATION SCHEDULE		
Biohazard Labeling Procedures	Change Needed	Date of Implementation

- M. [Name of Municipality] has developed written standard operating procedures (SOP's) for recordkeeping, including any waiver and request forms (see Appendix A).

EMPLOYEE INFORMATION AND TRAINING

- A. [Job Title and/or Department] will coordinate and maintain records of training for [class of employees].
- B. At the initial time of employment, or within 90 days after the effective date of these rules, each Class A employee will attend training. Thereafter, Class A employees will receive training annually.

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- C. The training program contains all the following elements:
- A copy of the MIOSHA rules and an explanation of these rules, including appendices.
 - A general explanation of epidemiology and symptoms of bloodborne diseases.
 - An explanation of modes of transmission of bloodborne diseases.
 - An explanation of the employer's exposure control program, including the standard operating procedures.
 - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
 - Information on personal protective clothing and equipment including:
 - types,
 - selection,
 - proper use,
 - limitations,
 - location,
 - proper removal,
 - handling,
 - decontamination, and
 - disposal.
 - An explanation of why [Name of Municipality] selected specific protective personal equipment and clothing.
 - Information on Hepatitis B vaccine and post-exposure prophylaxis, including information on its availability, efficacy, and safety and the benefits of being vaccinated.
 - Information on what the employee should do and whom he/she should contact in an emergency.
 - An explanation of the procedure the employee should follow if an occupational hazard occurs, including reporting methods, availability of medical follow-up, and medical counseling the employer provides.
 - An explanation of signs or color-coding or an explanation of awareness training.
- D. [Name of Municipality] will conduct its training program in the following manner:
- All Category A employees will receive a minimum of 2 hours of initial training and 1 hour of annual retraining. This training is mandatory. Longer initial and annual retraining shall be provided for occupations that involve higher levels of risk. Modified initial training will take place for new employees with proven competency as a result of prior employment or academic course work.
 - Training sessions will provide ample opportunity for discussion and for answering participants' questions by a knowledgeable trainer. Class size shall be limited to achieve this goal.
 - Training sessions will offer supervised practice with personal protective equipment and other equipment designed to reduce the likelihood for exposure and which will be used in the employee's work.
 - The training program will verify the competency of participant's through a combination of oral and written testing and direct observation of performance where appropriate.

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- The training program will modify the content and vocabulary of the program to the educational level, literacy and language background of targeted employees.
- E. The trainer, at a minimum, will have knowledge about:
- The information presented in the training session.
 - The employer's policies and SOP's.
 - The conditions in the work environment that affect implementation of SOP's.
- F. Annually, [Name of Municipality] will assure the competency of all Category A employees in exposure control knowledge and practices through a combination of written and oral testing and direct observation or other documentation of effective work practices to minimize exposure.
- G. [Name of Municipality] will be responsible for the maintenance of records documenting attendance at training and of the evaluation of competency for all employees.
- H. [Name of Municipality] may reduce the specified training time(s) to allow for the appropriate training of an employee who has received academic training or training in other employment. At a minimum, [Name of Municipality] shall evaluate and document the previous training and the employee shall receive workplace specific training that covers the exposure control plan and SOP's.
- I. [Job Title] is responsible for evaluating training needs and for designing and implementing an appropriate training program.
- J. [Job Title] is responsible for evaluating current training recordkeeping systems in cooperation with the individual designated in Section XII of this written plan and making any changes needed.

IMPLEMENTATION SCHEDULE

Recordkeeping Procedures	Change Needed	Date of Implementation

- K. [Name of Municipality] has developed written standard operating procedures for reporting new hires to the trainer, scheduling both initial and annual follow-up training, assessing trainee competency, and maintaining accurate training records. (See Appendix A).

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Sample Waiver

MIOSHA requires that employers have the following or a similar statement as part of the form that employees sign if they choose to decline the Hepatitis B vaccine.

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 myself. However, I decline Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue 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 a vaccination series at no charge to me.

Print Name: _____

Job Classification: _____

Signature

Date

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Listing Of Occupations with Potential for Exposure

barbers and beauticians
chiropractors
correctional officers
day care center workers
dentists
dental care workers
dialysis personnel
elder care center workers
emergency medical technicians
fire fighters
foster home workers
health care facility support staff
housekeepers
institutional home workers
janitors
laboratory workers
laundry workers
law enforcement employees
lifeguards
maintenance workers
medical assistants
mental health residential workers
morticians
nursing personnel (professional and nonprofessional)
optometrists
physicians
physicians' assistants
phlebotomists
plumbers
podiatrists
police officers
tattooists
wastewater treatment centers

and

any employee who administers first aid as part of his/her job as specified in the job description

any employee having exposure to blood and other potentially infectious material