

Policy of the Lancaster Board of Education

Support

PREFACE

**Wisconsin Department of Industry, Labor and Human Relations (DIHLR)**

**Interpretation of the Occupational Safety  
and Health Administration's (OSHA)  
Bloodborne Pathogens Standard. 29 CFR 1910.1030**

**OSHA vs. DILHR**

In Wisconsin, DIHLR, not OSHA, monitors and enforces health and safety regulations for public employees. When OSHA was enacted in 1970 a provision was included in the act which exempted coverage for federal, state, and sub-branches of state government, which includes all public employees. Currently, Wisconsin Statute 101.055 requires DILHR to adopt and enforce health and safety standards equal to those offered private employees as administered by OSHA. Private schools are covered by OSHA, not DILHR.

**DILHR Health and Safety Standard Compliance**

If, on inspection, a DILHR compliance engineer finds a violation of state standards, abatement orders will be issued to the Employer. Orders issued by a compliance engineer generally have a 60 day period for abatement (time periods may vary). The employer shall post a copy of the orders at or near the site of the violation for 3 days or until the violation is corrected, whichever is longer. Copies of the order will be sent to the top elected official, the bargaining unit, and to the person requesting the inspection (if applicable). If orders remain unresolved after the compliance periods, a potential forfeiture of \$10.00 to \$100.00 may be imposed each day for each violation.

**OVERVIEW OF PLAN**

The Model Bloodborne Pathogens Exposure Control Plan has been prepared to assist local school districts in complying with the Wisconsin Department of Industry, Labor and Human Relations (DILHR) Health and Safety Standard (DIHLR 32.50 1910. 1030).

The Plan's format allows the key provisions of the DILHR Standard. School districts will need to complete the following tasks in conjunction with developing their own Exposure Control Plan:

1. Establish a written exposure control plan and develop a schedule for

implementing other provisions of the Standard.

2. Develop written procedures for cleaning, for handling contaminated materials, and for disposing of hazardous waste within all buildings and facilities in a district.
3. Provide appropriate personal protective equipment that is readily accessible to identified employees.
4. Provide (at no cost to the employees) hepatitis B vaccine under specific circumstances as defined by exposure determination, and medical follow-up for exposure incidents.
5. Provide warning labels or color-coded containers for use with hazardous waste.
6. Provide training to employees within 90 days of the effective date, said training be given initially to new employees and thereafter, annually.
7. Develop written procedures for meeting requirements for medical record keeping.
8. Provide for record keeping for the duration of employment, plus 30 years.

**Bloodborne Pathogens Exposure  
Control Plan For  
Lancaster Community School District**

Date of School Board adoption: May 26, 1993

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910. 1030 (See Appendices A and B), the following exposure control plan has been developed. Pursuant to State Statute 101.055, DILHR is required to adopt and enforce health and safety standards equal to those offered private employees as administered by the Occupational Safety and Health Administration (OSHA). Definitions relating to the exposure control plan are found in Appendix C.

**I. EXPOSURE DETERMINATION**

Job Classification in regard to this policy are categorized as Priority I, Priority II, and Priority III.

PRIORITY I - Primary job assignment would be rendering First Aid and/or cleaning up blood or OPIM spills.

PRIORITY II - Those employees who might render first aid only as a collateral duty.

PRIORITY III - Those employees whose job assignment does not include any exposure to blood or other body fluids containing blood in the course of their work.

**A. Job Classifications**

The Lancaster School District has identified the following job classifications as those in which employees of the district could be exposed to bloodborne pathogens in the course of fulfilling their job requirements:

A. Job Classification

PRIORITY I - Nurse, Building Principals, Designated First Aid Responders at each school, Custodians, Wrestling and Football Coaches and their Assistant Coaches.

PRIORITY II - Building Secretaries, Regular and Special Education Teachers,  
Substitutes, Teachers, Teacher Assistants, Occupational Therapist, Guidance Counselors, School Psychologist, Librarians, Library Aides, Housekeeping, Bus Drivers,

Bus Mechanic, Food Service  
Personnel.

PRIORITY III- Central Office Staff- Superintendent, and Athletic  
Director.

**B. Tasks and Procedures**

A list of tasks and procedures is categorized below by Priority I, Priority II, Priority III. This exposure was determined without regard to the use of personal protective equipment.

(1) PRIORITY I

- (a) Nurse, First Aid Responders, Building Principals, Wrestling/  
Football Coaches, Assistants

TASK/PROCEDURE

First Aid treatment  
Cleaning up blood or OPIM  
Disposing of waste contaminated with blood or OPIM

- (b) Custodians

TASK/PROCEDURE

Cleaning up blood or OPIM  
Disposing of waste contaminated with blood or OPIM

(2) PRIORITY II

- (a) Secretaries, Teachers, Teacher Assistants, Guidance Counselors,  
School Psychologist, Librarians, Library Assistants, Food Service  
Personnel, Substitute Teachers, Occupational Therapist.

TASK/PROCEDURE

First Aid for minor injuries that occur within a school setting.

- (b) Bus Drivers, Bus Mechanic

TASK/PROCEDURES

First Aid for minor injuries that occur on the bus  
Cleaning up blood or OPIM spills  
Disposing of waste contaminated with blood or OPIM

- (c) Coaches/ Assistant Coaches not included in Priority  
I

TASK/PROCEDURES

Care of an injured person during a sport activity  
Cleaning up blood or OPIM

Disposing of waste contaminated with blood or OPIM

- (d) Special Ed Teachers, Cognitive Disabilities 1, Cognitive Disabilities 2, Cognitive Disabilities 3, and Cognitive Disabilities Severe

**TASK/PROCEDURES**

Care of students who may need assistance in daily living skills that might include toileting, hand-washing, dressing, etc.

First Aid minor injuries

- (e) Housekeeping

**TASK/PROCEDURE**

Laundering of waste contaminated with blood or OPIM

**NOTE**

Of course, all district personnel may have some chance of exposure during emergency situations. It is our policy to contact one of the employees listed above in Priority I Classification as it relates to the incident in regard to first aid and/or cleaning up blood or OPIM spills and/or disposing of waste contaminated with blood OPIM.

In emergency situations, however, where a breakdown occurs in this system and an employee is exposed to blood or OPIM, actions will be taken according to this policy.

**II. METHODS OF COMPLIANCE**

(All of the following methods of compliance are mandated by the standard and must be incorporated into the school district exposure control plan. A committee to determine district guidelines for cleaning, decontamination and waste disposal procedures needs to be established. Once guidelines are written they need to be posted in appropriate locations and their contents included in the training program. It may be desirable to request assistance from staff or the local health department or infection control unit of the local hospital.)

**A. Universal Precautions**

In this district universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluid shall be considered potentially infectious materials.

**B. Engineering/and Work Practice Controls**

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in this district and at least annually.

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needlesticks, or biting.

An exposure incident investigation form shall be completed each time an exposure incident occurs. (See Appendix F for a sample form; the information contained on this form shall be included using a different format.)

1. Handwashing

- a. This district shall provide handwashing facilities which are readily accessible to employees, or when provision for handwashing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- b. Employees shall wash hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- c. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Do not reuse gloves.

2. Housekeeping and Waste Procedures

- a. This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed. (See Appendix G)
- b. All equipment, materials, environmental and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
  - i. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of procedure/task/therapy, or as soon as feasible, when surfaces are overly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the school day if the surface may have become contaminated since the last cleaning.
  - ii. Protective coverings, such as plastic wrap, aluminum foil, or

imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

- a. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.
- b. Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be: affixed with a biohazard label and shall be located: Nurses station in each school. (On the advice of the Department of Health and Social Services, biohazardous waste for this standard's purposes shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood.)
  - c. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately. (A major blood or OPIM incident is one in which there will be biohazardous material for disposal).
- d. In this district, there shall be a marked biohazard container in the nurses station for the containment of all individual biohazard designated bags. Appropriate disposal of the contents of this container is as follows: Grant County Health Department, 111 South Jefferson, Lancaster, WI 53813. They will dispose of the schools biohazard material.
- e. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.
- f. Broken glass contaminated with blood or OPIM shall not be picked up

directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Broken glass shall be placed in a container or containerized. The custodian shall be notified immediately or through verbal or written notification before scheduled cleaning.

g. Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers. In this district the sharps containers shall be closable, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, i.e., art department, classrooms where dissections occur, nurses station. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for the material.

i. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

ii. In this district, the employee shall notify the head custodian when sharps containers become 3/4 full so that they can be disposed of properly. (The local hospital or district health department may provide assistance in determining appropriate disposal.)

iii. Contaminated needles shall not be bent, recapped, removed, sheared or purposely broken.

h. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Wisconsin and its political subdivisions (currently the Department of Natural Resources regulates waste disposal in Wisconsin.)

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

j. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/ suctioning of blood or OPIM is prohibited; e.g., sucking out snake bites.

k. Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection,



handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or be colored red.

- l. Equipment which may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.
- m. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or used in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled or colored red. In this district, contaminated laundry shall be placed in the custodian workroom - in a designated container.

In this district, laundry shall be washed at each school (Contaminated laundry that is to be sent to a commercial establishment for cleaning shall also meet the above requirements for biohazardous material.)

### **Personal Protective Equipment**

1. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protective equipment available in this district are:
  - Gloves
  - Face Shields (eye protection, CPR masks, etc)
  - Absorbent toweling
  - Antiseptic towelettes
  - Spray disinfectant
  - Body fluid clean-up kits
  - Sharps containers
  - Plastic bags with Biohazard Labels
- a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

- b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use (contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags).
  - c. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided upon employee notification of allergic conditions.
  - d. Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever 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, i.e., custodian cleaning a clogged toilet, nurses or aides who are performing suctioning.
  - e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
2. This district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to the employees.
- Personal protective equipment is available in the following locations: Nurses office in each school, custodial storage area in each school.
- Personal protective equipment shall be given to: staff potentially exposed to bodily fluids as described above for priority I or II employees.
- a. This district shall clean, launder and dispose of personal protective equipment, at no cost to the employee.
  - b. This district shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or

disposal.

4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.
5. This district shall ensure that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed increased hazard to the employee, or others, this district shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. (Appendix F)

### **III. HEPATITIS B VACCINATION (Appendix B)**

- A. Hepatitis B vaccine is available for employees whose designated job assignment includes the rendering of first aid, or who have occupational exposure to blood or OPIM.
  1. This district shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated. The vaccine and vaccinations shall be offered free of charge.
  2. This district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure.
  3. The hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician according to the most current recommendations of the U.S. Public Health Service. This district assures that the laboratory tests are then conducted by an accredited laboratory.
  4. This district shall not make participation in a preemployment screening program a prerequisite for receiving the hepatitis B vaccine.
  5. If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, this district shall make available the hepatitis B vaccine at that time.
  6. This district shall assure the employees who decline to accept the hepatitis B vaccine offered by this district sign the declination statement established under the standard. (Appendix H).
  7. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U. S. Public

Health Service at a future date, such booster dose(s) shall be made available at no charge to the employee.

8. Records regarding HBV vaccinations or declinations are to be kept by School Nurse.
9. This district shall ensure that the health care professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

**B.** Hepatitis B vaccine is available for employees who render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

1. This district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ONLY in the case that they render assistance in any situation involving the presence of blood or OPIM (as identified in Appendix D).
2. All first aid incidents involving the presence of blood or OPIM shall be reported to the school district's designee: building Principal by the end of the work day on which the incident occurred or by 10:00 a.m. the following work day.
3. The district's exposure incident investigation form (see Appendix F) must be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred (see Appendix I).
4. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the Standard. (Appendix I)
5. The full hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.
6. The hepatitis B vaccination record or declination statement shall be completed (see Appendix H). All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.
7. This investigation form shall be recorded on a list of such first aid incidents. It shall be readily available to all employees.
8. This reporting procedure shall be included in the training program.

#### IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. Following a report of an exposure incident, the district shall make immediately available to the exposed employee a confidential medical examination and follow-up, including at least the following elements (see Appendix I):
  - 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - 2. Identification and documentation of the source individual, if possible, unless this district can establish that identification is infeasible or prohibited by state or local law;
    - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained.
    - b. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - 3. The exposed employee's blood shall be collected as soon as possible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible;
  - 4. For post-exposure prophylaxis, follow recommendations established by the U.S. Public Health Service (see Appendix B and I) ;
  - 5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis;
  - 6. There shall be an evaluation of reported illnesses.
- B. The district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost, and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by or under the supervision of a licensed physician and laboratory tests shall be conducted in accredited laboratories.
- C. Information provided to the health care professional who evaluates the employee shall include (see; Appendix I):
  - 1. A copy of the DILHR Health and Safety Standard, Wisconsin State Statute

101.055, (Appendix A);

2. A description of the employee's duties as they relate to the exposure incident;
3. Documentation of the route of exposure and circumstances under which exposure occurred;
4. Results of the source individual's blood testing, if consent was given and results are available;
5. All the medical records relevant to the appropriate treatment of the employee, including vaccination status which are this district's responsibility to maintain.

D. The district shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

1. The health care professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - a. This employee has been informed of the results of the evaluation; and
  - b. This employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and/or treatment.
3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

## V. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

### A. WARNING LABELS

**Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Exception: Red bags or red container may be substituted for labels.**

1. Labels required by this section shall include the following legend:

(Label)

2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
3. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
4. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

### B. INFORMATION AND TRAINING

1. This district shall ensure that all employees with potential for exposure participate in a training program at no cost to the employees.
2. Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
  - a. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were not included need be provided.
  - b. Annual training for all employees with potential for occupational exposure shall be provided within one year of their previous training.
3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employees potential for occupational exposure. The additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. (Appendix K contains the required minimum content for trainings.)



5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace.

## VI. RECORDKEEPING

### A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (See Appendix J):
  - a. Name and social security number of employee;
  - b. Copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B;
  - c. If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;
  - d. If exposure incident(s) have occurred, district's copy of the health care professional's written opinion;
  - e. If exposure incident(s) have occurred, district's copy of information provided to the health care professional: i.e., exposure incident investigation form and results of the source individual's blood testing, if available, and consent has been obtained for release.
2. This district shall ensure that the employee's medical records are kept confidential and are NOT disclosed or reported without the employee's expressed written consent to any person within or outside of the district, except as required by law. These medical records shall be kept separate from other personnel records.
3. These medical records shall be maintained for the duration of employment plus 30 years.

### B. Training Records (See Appendix K)

1. Training Records shall include:
  - a. The date of the training session;

- b. The contents or a summary of the training sessions;
- c. The names and qualifications of persons conducting the training;
- d. The name and job titles of all persons attending the training session.

- 2. Training records shall be maintained for three years from the date the training occurred.

C. Availability of Records

- 1. This district shall ensure:
  - a. All records required to be maintained by this standard shall be made available upon request to the Department of Industry, Labor and Human Relations (or designee) for examination and copying.
  - b. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Industry, Labor and Human Relations (or designee).
  - c. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee, and/or designee, to anyone having written consent of the subject employee and to the Department of Industry, Labor and Human Relations.
- 2. This district shall comply with the requirements involving the transfer of records set forth in this standard.

Approved      May 26, 1993