**Purpose:**

The Exposure Control Plan for Med-Care Ambulance has been developed in accordance with OSHA Title 29 Code of Federal Regulations Part 1910.1030 “Bloodborne Pathogens Standard”.

This plan identifies and defines:

- General hazards associated with exposure to blood or to other potentially infectious materials
- Specific tasks considered presenting a potential exposure to these hazards
- Job classifications of the personnel expected to perform these tasks
- Personal protective equipment and safe work practices designed to prevent exposure
- Vaccination requirements
- Exposure determination and follow up to include record keeping requirements

It is the intent of this plan to provide procedures which, when followed, will help prevent employee exposure to bloodborne infectious diseases. **For that purpose, strict adherence to this policy is mandatory for all personnel.**

Failure to adhere to the requirements of this plan will be considered a violation of Med-Care Ambulance policy and may result in appropriate disciplinary action including suspension and/or termination from Med-Care Ambulance.

**Plan Maintenance:**

The designated Infection Control Officer (ICO) is considered the custodian of the Infection Control Plan, and is responsible for its maintenance.

The Plan shall be reviewed by the ICO, at least annually, or more frequently if necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. All updates shall be made at that time.
**Definitions:**

**Blood:** Human blood, human blood components and products made from human blood.

**Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease to humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated:** The presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious materials or that may contain contaminated sharps.

**Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, and broken glass.

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

**Director of Operations (Chief or Operations):** This is the person dedicated and appointed by the Board of Directors to run the day-to-day operations of Med-Care Ambulance following the job description outlined in the Med-Care Ambulance Policy Manual.

**Engineering Controls:** Controls, (e.g. sharps disposal containers etc.) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident:** A specific eye, mouth, or other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials which result from the performance of employee’s duties.

**HBV:** Hepatitis B virus

**Healthcare Professional or Facility:** A person or facility who’s legally permitted scope or practice allows him/her or it to independently perform activities required for Hepatitis B vaccination and post-exposure evaluation and follow-up.

**HIV:** Human Immunodeficiency Virus

**Infection Control Officer, (ICO):** The person dedicated to the duties and responsibilities outlined by Maine EMS to perform as they pertain to controlling the spread of disease and promoting a safe workplace.
**Needless System:** A device that does not use needles for:
- Collection of body fluids after the initial venous/arterial access is established
- Administration of meds/fluids
- Any other procedure involving potential for exposure to BBP due to percutaneous injuries from contaminated sharps.

**Occupational Exposure:** Reasonable 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.

**Other Potentially Infectious Materials:** The following human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body visibly contaminated with blood, and all body fluids in situations in which differentiation between body fluids, any unfixed human tissue or organ is impossible.

**Parenteral:** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment:** Specialized clothing or equipment worn by an employee for protection against a hazard. (General work clothes not intended to function as protection against a hazard are not considered personal protective equipment).

**Personnel (person):** Includes all employees of Med-Care Ambulance, whose job entails direct patient care.

**PPE:** Personal protective equipment.

**Regulated Waste:** Liquid or semi-liquid or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and micro biological wastes containing blood or other potentially infectious materials.

**Sharps With Engineered Sharps Injury Protection:** Non-needle sharp or needle device used for withdrawing body fluids, accessing a vein or artery, or administering meds and/or fluids, with a built in safety feature or mechanism that effectively reduces the risk or exposure to BBP.

**Source Individual:** Any individual whose blood or other potentially infectious materials may be a source of occupational exposure.

**Sterilize:** The use of a physical or chemical procedure to destroy all microbial life including highly resistant endospores.
**Universal Precautions:** An approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.
**Personnel with Occupational Exposure:**

All active personnel of Med-Care Ambulance in the following job classifications have been identified as having occupational exposure as defined in 29 CFR 1910.1030.

**Ambulance Personnel:**

Include: All Drivers

All Emergency medical technicians (Basic, Intermediate, Paramedic)

Personnel in the above job classifications are covered by the requirements of this plan. These personnel must receive the appropriate training as outlined in the plan at least annually and prior to starting in one of these classifications.

Non-licensed employees (i.e. drivers) who respond to emergency medical calls intermittently may experience isolated instances of occupational exposure. However, since they are not medically licensed this inherently excludes their delivery of medical care. Any occupational exposure they experience is anticipated to be an isolated and unique incident and is not expected to be performed. Non licensed personnel who are not employees of Med-Care Ambulance will no perform emergency medical treatment beyond the scope of their training.

These people will receive appropriate training related to occupational exposure, and will receive the same treatment following an exposure incident, but will not be required to receive the HBV vaccine.

**List of Tasks:**

Listed are the expected tasks to be performed by the identified personnel as they relate to occupational exposure:

- Trauma treatment (bleeding control, wound care, etc.)
- Decontamination of surfaces contaminated with blood or other potentially infectious materials.
- Intravenous cannulation
- CPR
- Surgical airway procedures
- Endotracheal intubation
**Universal Precautions:**

It is Med-Care Ambulance’s policy that all human blood, body fluids and other potentially infectious materials as defined in 29 CFR 1910.1030 be treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

All proper exposure controls shall be observed whenever dealing with any of these materials.

An exposure incident which results from the willful disregard of the proper use of personal protective as stated in this policy will be considered a willfully reckless and negligent act.

Exception: The employee may temporarily and briefly decline to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee’s professional judgment that in the specific instances its use will prevent the delivery of appropriate health care, or will pose an increased hazard to the safety of the member or the crew.

When the employee makes this judgment, circumstances shall be documented by that person and investigated and documented by the ICO or his/her designee, in order to determine the validity of the decision and whether changes can be instituted to prevent such occurrences in the future.
**Engineering Controls:**

**Engineering controls shall be the first line of defense against occupational exposure.**

Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

- The container for storage, transport, or shipping shall be labeled and color-coded **RED** and closed prior to being stored, transported, or shipped. (trash can with garbage bag in the **Decontamination Area**).
- If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled and color-coded **RED**.
- If the specimen could puncture the primary container, the primary container shall be placed within a second container which is puncture resistant in addition to the above characteristics (i.e. a needle in a red bag)

Equipment that may become contaminated with blood or other potentially infectious materials must be examined by the ICO or Director of Operations prior to servicing or shipping and shall be decontaminated, as he/she deems necessary.

- A readily observable label shall be attached to the equipment stating which portions remain contaminated.
- The ICO shall ensure that his information is conveyed to all affected personnel, servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, and shipping so that the appropriate precautions will be taken (i.e. laundry service).

Contaminated needles and other sharps shall not be recapped, bent or removed; instead they are to be immediately, or as soon as possible, placed in appropriate containers until properly disposed of. These containers shall be:

- Puncture resistant
- Labeled and color coded **RED**
- Leak proof on the sides and bottom
- Closeable when full
- Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used
- Maintained upright throughout use
- Replaced routinely and not allowed to overfill
- These containers will be located on each ambulance where contamination may occur
These containers, when filled, will be sealed and labeled with Med-Care Ambulance’s Bio-Waste Generator Number #3032 and Med-Care Ambulance. These containers shall then be placed in the primary medical waste disposal container located in the Rumford Hospital Loading Dock location (along with the other biohazard waste). Prior to removing the container from the ambulance, the container should be:

- Closed and sealed with tape immediately prior to removal or replacement to prevent spillage or protrusion of the contents during handling or storage.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose personnel to the risk of percutaneous injury.
- Simultaneously replaced with a new container.

Disposable type items contaminated with blood or other infectious materials (i.e. bandages, gloves, gowns, towels) shall be removed from the ambulance and disposed of at the Emergency Department whenever possible. If this is not possible, these materials are to be placed in the appropriate RED disposal bags located in the ambulances and the Decontamination Area. These RED bags shall be:

- Labeled and color-coded RED
- Closed prior to removal to prevent spillage or protrusion of the contents during handling, storage, transport, or shipping.
- If outside contamination occurs, it shall be in a second container, or decontaminated if possible. This second container must conform to all listed requirements for the primary container
- RED plastic bags will be stored on each ambulance for the temporary storage of this contaminated material. Upon return to the station these RED bags, regardless of the amount of materials placed in them, will immediately be transferred to the primary disposal container located in the Decontamination Area.
- The primary medical waste disposal container consists of a trash can lined with a red plastic liner. When full, the liner is to be taped closed and then transported to Rumford Hospital for disposal. All personnel must be careful to make sure that only contaminated waste be put into the RED bags. If there is a question regarding what is contaminated and what is not, the employee shall ask the Shift Officer that is available at that time.
**Work Practice Controls:**

Work practice controls shall be adopted to complement adopted engineering controls.

- All personnel shall wash all potentially exposed 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. If hand washing facilities are not immediately available, personnel are to wipe exposed skin with the germicidal solution located in each truck. Hand washing shall occur at the earliest opportunity.

- Procedures requiring contaminated needles and other contaminated sharps to be bent, recapped, or removed, shall not be permitted. Shearing or breaking of contaminated needles is **strictly prohibited**.

- Immediately, or as soon as possible after use, contaminated sharps shall be placed in the appropriate disposal containers.

- Eating, smoking, applying lip balm or any cosmetics, and handling contact lenses is **prohibited** in the patient area of any ambulances or after any exposure until such time that hands can be thoroughly cleaned.

- Food, cosmetics, and tobacco products shall not be stored in the patient area of any ambulance or in the Decontamination Area.

- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

- Suctioning by mouth of blood or other infectious materials is prohibited. **Mouth to mouth resuscitation is prohibited without the use of a barrier device with a one-way valve.**

- All contact with blood or other infectious materials that is not necessary for the delivery of appropriate health care shall be avoided.

- **It is established procedure of Med-Care Ambulance that if an ALS provider attempts to or successfully establishes an intravenous line, or utilizes a sharp to perform any other procedure within the scope of practice of said provider’s licensure, it is the responsibility of that provider to assure that the now contaminated sharps is safely and properly disposed of in an approved sharps container.** Strict adherence to this policy will afford one more level of safety and protection to all employees and other responders.
**Personal Protective Equipment:**

Where occupational exposure exits, personal protective equipment (PPE) shall be utilized.

- PPE shall be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee’s work clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE shall be used.

- The following PPE is located on all ambulances and is readily available to all personnel:
  - Disposable gloves
  - Impervious gowns
  - Eye shields
  - Surgical masks
  - Resuscitation bags
  - Ventilation masks with one way valves
  - Type N-95 masks

- All personnel shall use the appropriate PPE unless the member or employee temporarily and briefly declines to use PPE when, under rare and extraordinary circumstances, it is the employee’s professional judgment that in the specific instances its use will prevent the delivery of health care or public safety services, or will pose an increased hazard to the safety of the worker or co-worker.

- All contaminated PPE shall be disposed of according to the requirements of the Plan.

- Any PPE found to be, or suspected of being in disrepair shall be appropriately discarded or turned over to the ICO or Director of Operations for repair or replacement.

- If blood or other potentially infectious materials penetrate a garment(s), the garment(s) shall be removed immediately or as soon as feasible

- All PPE shall be removed prior to leaving the Emergency Department and should be placed in the appropriate area per hospital protocol. Any disposable PPE should be properly disposed of at that time in the Emergency Department.

- When PPE is removed, it shall be placed in an appropriately designated container (RED or YELLOW bags respectively) for disposal or decontamination. These are located in the Decontamination Area and in each ambulance. Hospitals do have these bags in the event of an emergency but should not be routinely relied upon.
Disposable gloves shall be worn when:

- It can be reasonably anticipated that the personnel may have hand contact with blood or other potentially infectious materials, mucous membranes, non-intact skin.
- Performing vascular access (IV) procedures.
- Handling or touching contaminated items or surfaces.

Disposable gloves shall:

- Be replaced as soon as practical when contaminated or as soon as feasible or they are torn, punctured, or when their ability to function as a barrier is compromised.
- Be discarded in appropriate container as soon as possible after each patient contact.
- Not to be washed, decontaminated or re-used.
- Changed between patients, whenever practical. Utility gloves may be decontaminated for re-use if the integrity of the glove in not compromised.
- Gloves will be discarded before entering the cab of the ambulance.

Masks and eye shields: Masks in combination with eye shields with solid side shields shall be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, mucous, or mouth contamination can be reasonably anticipated.

Gowns and other protective body clothing shall be worn in occupational exposure situations to the degree determined by the task and degree of exposure anticipated.
Housekeeping:

The ICO, Director of Operations, Assistant Director of Operations, and Shift Officers shall ensure that the Decontamination Area is maintained in a clean and sanitary condition.

Shift Officers shall ensure that the ambulances are maintained in a clean and sanitary condition.

The Shift Officers shall implement a written schedule for their cleaning. This schedule shall be based on:

- Method of decontamination
- Type of surface to be cleaned
- Type of soil present
- Tasks being performed in the area

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with appropriate disinfectant immediately, or as soon as feasible, when surfaces are contaminated.

The ICO shall approve the specific type of decontamination solution before use. The solution may vary based on the various products on the market. However, for approval, the solution must meet the requirements for decontamination as defined in 29 CFR 1910.1030.

All bins, pails, wastebaskets, and similar receptacles intended for re-use 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 as determined by the cleaning schedule previously described, or as soon as feasible upon visible contamination.

Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, forceps, etc.

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

Contaminated laundry shall be handled as little as possible with a minimum of agitation. This laundry shall be bagged at the hospital, if possible. If the contaminated laundry cannot be bagged at the hospital, then:
• Contaminated laundry shall be placed and transported in plastic bags labeled and color-coded RED for disposal or yellow for re-usable if, and only if, the laundry is contaminated with blood or other potentially infectious materials.

• Personnel who have contact with contaminated laundry shall wear protective gloves or other appropriate PPE.

• All contaminated laundry bags shall be delivered and temporarily stored in a clearly labeled RED laundry bag/container located in the Decontamination Area prior to transport to Rumford Hospital.

• For clothing items, there are dissolving laundry bags that items can be placed in prior to their placement in the yellow contaminated laundry bags.
Communications of Hazards:

Warning labels shall be affixed to:

- Containers for medical waste
- Labels shall include the “Biohazard” placed on waste containers.
- Labels are to be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- **RED** bags or containers may be substitutes for labels
- Only waste contaminated with blood or body fluids will be placed in **RED** bags. All other waste will be placed in regular trash bags.
- Medical waste, which has been properly decontaminated, need not be labeled or color-coded.

Vaccinations:

Med-Care Ambulance shall make available the Hepatitis B vaccination series to all identified personnel in the listed job classifications. This vaccination series shall be provided at **no charge** to the employee, at a reasonable time and place

- The vaccination series, evaluation and immunity profile will be administered according to accepted medical protocol. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

The Hepatitis B vaccine shall be made available to all identified personnel after the person has received the training outlined in the Plan and within 10 working days of initial assignment to a job classification identified as having and occupational exposure. Unless the person has previously received the complete Hepatitis B vaccination series or an antibody testing revealed that the person is immune, or the vaccine is contraindicated for medical reasons.

The vaccination will be made available as outlined above and also if the person initially declines Hepatitis B vaccination but at a later date, while still covered under this plan, decides to accept the vaccination.

ICO shall ensure that personnel who decline the Hepatitis B vaccination offered by this Plan sign the appropriate declination statement.

Employees, who decline the vaccination, refuse to sign the declination statement, and who do not demonstrate immunity, will be removed from the job classification identified as occupationally exposed until such time he/she complies with the requirement of this plan.

All records relative to the vaccination series, follow up and immunity profile are to be stored in the employee’s medical file kept by the ICO.
**Exposure Incident:**

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

It is imperative that all personnel report any exposure incident to the receiving facility, Shift Officer, and ICO

Following exposure:

- The receiving facility shall evaluate the person at the earliest opportunity, per hospital protocol. This confidential medical evaluation and follow up shall be documented in the person’s medical record.

- The Shift Officer, ICO, Assistant Director of Operations, or Director of Operations will provide the employee with appropriate paperwork: exposure incident form and workers compensation form.

- The incident shall be investigated by the ICO and/or Assistant Director of Operations to determine cause and any appropriate corrective and/or disciplinary action.

In accordance with 29 CFR 1910.1030 the following elements shall be covered in the post exposure investigation:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.

- Identification and documentation of the source individual, unless that identification is not feasible.

- The degree that Work Practice and PPE controls were utilized.

The source individual’s blood shall be collected and tested as soon as feasible and after consent is obtained to determine HBV and HIV infection. In the event consent is not obtained, the receiving facility will establish and document that legal consent could not be obtained.

- When the source individual is already known to be infected with HBV and HIV, testing need not be repeated.

- Results of the source individual’s testing will be available to the exposed person, and the person shall be informed of applicable state law that regulates the disclosure of the source individual’s identity and infection status.
The exposed person’s blood shall be collected and tested as soon as feasible after consent is obtained.

- If the source individual consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the samples shall be preserved for at least 90 days. If within 90 days of the exposure incident, the person elects to have the baseline sample tested; such testing shall be done as soon as feasible.

- Post-exposure counseling and evaluation of reported illness shall be made available as medically indicated.

- The employee will be offered post exposure prophylaxis in accordance with the current recommendation of the U.S. Public Health Service and overseen by the service Medical Director.

**Paperwork:**

When and exposure incident occurs, the employee and Shift Officer will ensure that:

- An Exposure Incident Form is filled out by the exposed employee and is left at the healthcare facility.

- A copy of the Exposure Incident Form and the Run Form from the patient contact is turned in to the Administrative Assistant.

- A narrative statement is completed and signed by the affected employee and submitted to the office manager.

**Information Provided to the Healthcare Professional:**

The ICO will ensure that the post-exposure evaluation healthcare facility is provided with:

- A copy of 29 CFR 1910.1030

- A description of the exposed person’s duties as they relate to the exposure incident

- Documentation of the route of exposure and circumstances under which the exposure occurred.

- Results of the source individual’s blood testing, if available.

- All medical records relevant to the appropriate treatment of the person including vaccination status.
**Healthcare Professional’s Written Opinion:**

The healthcare facility shall obtain and provide the exposed person and the ICO with a copy of the evaluating healthcare professional’s written opinion with 15 days of the completion of the evaluation.

The healthcare professional’s written opinion for the Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for the person, and if the person has received such vaccination.

The healthcare professional’s written opinion for post-exposure evaluation and follow up shall be limited to the following information:

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

All other findings or diagnoses shall remain confidential and shall not be included in this written report.
Medical Records:

The ICO shall maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. This record shall include:

- The name and SSN of the person
- A copy of the person’s Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the person’s ability to receive this vaccination.
- Copies of all results of examinations, medical testing, and follow up procedures as required following an exposure incident.
- A copy of the healthcare professional’s written opinion as described in this Plan.
- A copy of the information provided to the healthcare professional as described in this Plan.

The ICO and Director of Operations shall ensure that the employees’ medical records required in this plan are kept confidential and are not disclosed or reported without the employee’s express written consent to any person within or outside of Med-Care Ambulance except as required by law. Med-Care Ambulance will maintain these records for at least the duration of employment, plus 30 years in accordance with 29 CFR 1910.1020.
Training:

Due to the inherent possibility of occupational exposure, ALL MED-CARE AMBULANCE PERSONNEL WILL RECEIVE THE FOLLOWING TRAINING:

Training Schedule:

- At the time of initial hiring
- At least annually thereafter
- When changes such as modification of tasks or procedures, or institution of new tasks or procedures affect the person’s occupational exposure. The additional training may be limited to addressing the new exposure.

Topics of Training:

- This Exposure Control Plan.
- General epidemiology and symptoms of bloodborne disease.
- Modes of transmission for bloodborne pathogens.
- The appropriate methods of recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- The use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE.
- The types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- The basis for selection of PPE.
- The Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- The appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow up that will be made available.
- The post exposure evaluation and follow up that the healthcare provider will provide the person following an exposure incident.
- The labeling requirements for medical waste.
- An opportunity for interactive questions and answers with the person doing the training.

Training Records:

Records for training required by this Plan shall include:

- The dates of training sessions
- The contents or summary of the training sessions
• The names and qualifications of persons conducting the training sessions
• The names and job titles of all persons attending the training sessions

**Availability and Transfer of Records:**

All records required to be maintained by this plan shall be made available, upon request, to the Assistant Secretary and the Director of the National Institute for Occupational Safety and Health or the U.S. Department of Health and Human Services, or their designated representative.

All personnel medical records required to be maintained by this plan shall be provided upon request for examination and copying to the subject personnel and or anyone having written consent of the subject person.