



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: Mercer County School System

Date of Preparation: 2010

The local school district shall develop and exposure control plan to eliminate or minimize district occupational exposure to bloodborne pathogens.

Bloodborne pathogens refer most commonly, in the school setting, to:

- Hepatitis B
- HIV

The most common modes of transmission in the work place include:

- Mucous membrane or non-intact skin contact (human bites)
- Sharp injuries such as cuts from broken glass
- Needle sticks

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (PPE) since employees are considered to be exposed even if they wear PPE. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category:

Higher Risk

JOB CLASSIFICATIONS

TASKS/PROCEDURES

School Nurses

Direct Patient Care

Designated First Aid Providers
(See attached list)

Direct Patient Care

All coaches and PE teachers

Direct Patient Care

MSD Staff

Direct Patient Care

Transportation/Maintenance/
Custodian

Clean Up of Sharps
Clean Up of Grounds
Contaminated trash
Potential for bites, cuts

Staff participating in safe crisis management

Staff members who are in the higher risk category may get the hepatitis B vaccine through their private physician or health department, and be reimbursed up to \$30 towards the cost of the vaccine.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or OPIM, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. These categories will include any employee to whom the act of rendering first aid has been implied to expressed, but in which the rendering of first aid is not their primary job functions. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace accidents, generally at the site of the accident.

Lower Risk

JOB CLASSIFICATION

TASK/PROCEDURES

Principals

First Aid Care

Teachers

First Aid Care
Biology/Science work with sharps

Counselors

First Aid Care

Ag. And Shop

First Aid Care

Secretaries

First Aid Care

Bus Drivers and Monitors

First Aid Care

Instructional Assistants

First Aid Care

Maintenance Workers
(Bus Garage)

First Aid Care

Food Service

Clean up Contaminated Trays

METHODS OF COMPLIANCE

In general, Universal Precautions are to be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials. In essence:

1. Treat all blood and body fluids as being potentially infectious.
2. Use appropriate barrier between any cuts or body spills preferably gloves.
3. Wash hands thoroughly with soap and water or antimicrobial towels if soap and water is not available before and after dealing with body fluids. If antimicrobial towels are used, hands are to be washed with soap and water as soon as possible.
4. Contaminated needles and other contaminated sharp instrument are not to be bent, broken, sharpened or recapped.
5. Contaminated sharp instruments are to be placed in appropriate containers. These containers are: puncture resistant; labeled and/or color coded; leak proof on the sides and bottom.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Provision

1. When there is occupational exposure, the district provides, at no cost to the employee, personal protective equipment such as gloves. Additional PPE may be necessary, including but not limited to, gowns, mask or resuscitation devices.

“Appropriate” means the equipment doesn’t permit blood or other potentially infectious material to pass under normal conditions of use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee’s professional judgment that in the specific instance its use would prevent the delivery of health care or public safety services would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine changes can be instituted to prevent occurrences in the future.

Accessibility

2. The district ensures that appropriate personal protective equipment is readily accessible at the work site or is issued to employees.
3. Cleaning, Laundering and Disposal – The district will clean, launder, and dispose of personal protective equipment at no cost to the employee.
4. Repair and Replacement – The district will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
5. If a garment is penetrated by blood or other potentially infectious materials, the garment is removed immediately or as soon as possible.
6. All personal protective equipment is removed prior to leaving the work area.
7. Gloves are worn when it can be reasonable anticipated that the employee may have contact with blood or other potentially infectious materials.
 - a. Disposable gloves are replaced as needed and are not washed or decontaminated for re-use.
 - b. Utility gloves may be decontaminated for re-use if the integrity of the gloves is not compromised. However, they must be discarded if they are cracked or exhibit signs of deterioration.
8. 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, sprays, spatters, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be anticipated.

Housekeeping

1. General
The district ensures that the worksite is maintained in a clean and sanitary condition. The district implements an appropriate written schedule for cleaning and methods of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
2. All equipment and environmental and working surfaces are cleaned and decontaminated after contact with blood or OPIM.

- a. Contaminated surfaces are decontaminated with an appropriate EPA disinfectant immediately.
- b. Protective coverings used to cover surfaces are removed and replaced as soon as possible.
- c. All bins, pails, and similar reusable receptacles which have a reasonable likelihood for becoming contaminated with blood or other infectious material are inspected and decontaminated on a regular scheduled basis and decontaminated immediately or as soon as possible.
- d. Broken glassware is cleaned us using mechanical means such as a brush and dust pan.
- e. Sharps contaminated with blood are not stored in a manner that requires employees to reach by hand into the container.

Regulated Waste

Contaminated Sharps Discarding and Containment

1. Contaminated sharps are discarded immediately in containers that are:
 - a. Closable
 - b. Puncture resistant
 - c. Leak proof on sides and bottom
 - d. Labeled or color coded
2. During use, containers for contaminated sharps are:
 - a. Easily accessible to personnel and located as close as is feasible to the immediate area;
 - b. Maintained upright throughout use; and
 - c. Replaced routinely and not allowed to overfill.
3. When moving containers of contaminated sharps, the containers are:
 - a. Closed immediately prior to removal to prevent leakage during handling; and
 - b. Placed in a secondary container if leakage is possible. The second container is closable, constructed to contain all contents and prevent leakage during handling, and appropriately labeled or color coded.

Reporting Procedure

1. All first aid incidents involving exposure to blood or OPIM are to be reported to building principal, the school nurse, or the designated first aid provider before the end of the work day during which the incident occurs.

2. Report of first aid incident must include:
 - a. Name(s) of the first aid provider(s)
 - b. Description of the circumstances of incident
 - c. Date of incident
 - d. Time of incident
 - e. Determination of whether an exposure incident as defined in the standard has occurred.

3. In the event that an exposure incident occurs the following guidelines are to be followed:
 - a. Remove any clothing that is blood soaked immediately or as soon as possible
 - b. If you have an exposure incident involving:
 1. Non-intact skin or parenteral contact – wash immediately with antimicrobial soap and water.
 2. Eye, mouth, or mucus membranes – flush with water for 15 minutes.
 - c. Follow “Exposure Incident Procedure” guidelines to report incident.

HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW UP

A: General

1. The district provides the Hepatitis B vaccine series for all employees who are designated in the occupational high risk exposure list, and post-exposure evaluation follow-up for all employees designated in the occupational list that have an exposure incident.
2. The district ensures that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series, post exposure evaluation, and follow-up and prophylaxis, are:
 - a. Made available at no cost to the employee;
 - b. Made available to the employee at a reasonable time and place;
 - c. Performance by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional; and
 - d. Provided according to recommendations of the US Public Health Service current at the time of these evaluations and procedures take place.
3. The district ensures that all laboratory tests are conducted by an accredited laboratory.

B: Hepatitis B Vaccination

1. Hepatitis B vaccination is available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or vaccine is contraindicated for medical reasons.
2. The district will not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.

3. If employee initially declines Hepatitis B vaccination, but at a later, date while still covered under the plan decide to accept the vaccination, the district provides for the Hepatitis B vaccination at that time at no cost to the employee.
4. The district assures that employees who decline to accept Hepatitis B vaccination offered by the district sign the following statement:

“I understand that due to my occupation exposure to blood and other potentially infectious material 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 to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.”

5. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the US Public Health Service at the future date, such booster dose(s) will be made available.

C: Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, the district will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

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, unless the district can establish that identification is infeasible or prohibited by state or local law:
 - a. The source individual’s blood is tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the district will establish that legally required consent cannot be obtained.
 - b. When the source individual is already known to the infected with HBV or HIV status need not be repeated.
 - c. Results of the source individual’s testing will not be made available to the exposed employee and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and in infectious status of the source individual.
3. Collection and testing of blood for HBV and HIV serological status:
 - a. The exposed employee’s blood will be collected as soon as feasible and tested after consent is obtained.
 - b. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serological testing, the sample will 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 one as soon as feasible.

4. Post-exposure prophylaxis, when medically indicated, as recommended by the US Public Health Services;
5. Counseling; and
6. Evaluation of reported illness.

D: Information Provided to the Healthcare Professional

1. The district ensured that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of the regulation.
2. The district ensured that the healthcare professional evaluation an employee after an exposure incident is provided the following information:
 - a. A copy of the regulation;
 - b. A description of the exposed employee's duties as they relate to the exposure incident;
 - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - d. Results of the source individual's blood testing, if available; and
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the district's responsibility to maintain,

E: Healthcare Professional's Written Opinion

The district will obtain and provide the employee with a copy of the evaluation healthcare professionals written opinion fifteen (15) days of completion of the evaluation.

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

Material appropriate in content and vocabulary to educational levels, literacy and language of employee shall be used.

COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and Signs

- a. Warning labels are affixed to containers of regulated waste containing blood or other potentially infectious materials.
- b. Labels have the following legend:

BIOHAZARD



- c. Labels are fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color.
- d. Labels are affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss of unintentional removal.
- e. Red bags or red containers may be substituted for labels.

B. Information and Training

1. The district requires employees with occupational exposure to participate in training program which is provided at no cost to the employee and during work hours.
2. Training is provided as following:
 - a. At the time of initial assignment to tasks where occupational exposure may take place; and
 - b. At least annually thereafter.
3. Annual training for all employees is provided within one year of their previous training.
4. The district provides additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposure created.
5. Materials are appropriate in content and vocabulary to educational level, literacy and language of employees.
6. The training program contains at a minimum the following elements:
 - a. An accessible copy of the standard regulatory texts and an explanation of its contents.
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and potentially infectious materials;

- f. An explanation of the use and limitations of methods that prevent or reduce exposure including appropriate engineering controls, work, practices, and personal protective equipment;
- g. Information on the types, proper use, location, removal, handling decontamination, and disposal or personal protective equipment;
- h. An explanation of basis for selection of personal protective equipment.
- i. Information on the Hepatitis B vaccine including information on this efficacy, safety, method administration, the benefits of being vaccinated, and that the vaccine and vaccinations offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in a an emergency involving blood or potentially infectious materials;
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and medical follow –up;
- l. Information on the post-exposure evaluation and follow-up for the employees following an exposure incident;
- m. An explanation of the signs and labels and/or color coding required; and
- n. An opportunity for interactive questions and answers with the person conducting the training session.
- o. The person conducting the training is knowledgeable in the subject matter covered by the elements combined in the training program as it related to the school.

RECORDKEEPING

A. Medical Records

- 1. The district maintains and accurate record for each employee with occupational exposure.
- 2. The record includes:
 - a. The name and social security number of the employee;
 - b. A copy of the employee’s Hepatitis B vaccination status including the dates of all the Hepatitis vaccinations and any medical records relative to the employee’s ability to receive vaccination as required.
 - c. A copy of all results of all examinations, medical testing, and follow-up procedures as required; and
 - d. The district’s copy of the healthcare professional’s written opinion as required; and
 - e. A copy of the information provided to the healthcare professional as required
- 3. Confidentiality – the district ensures that employee required medical records are:
 - a. Kept confidential; and
 - b. Are not disclosed or reported without the employee’s express written consent to any persona within or outside the work place except as required.

4. The district maintains the required records for a least the duration of employment plus thirty (30) years.

B. Training Records

1. Training records include the following information:
 - a. The dates of the training sessions;
 - b. The contents or summary of the training sessions;
 - c. The names and qualifications of persons attending the training sessions.
2. Training records are maintained for three (3) years from the date on which the training occurred.

C. Availability

1. All required records are available upon request to regulatory agency for examination and copying.
2. Employees training records are provided upon request for examination and copying to employees, to employee representatives, and to the regulatory agency.
3. Employee's medical records required by this paragraph are provided upon request for examination and copying consent to the subject employee, to anyone having written consent of the subject employee, and to the regulatory agency.

D. Transfer of Records

1. The district transfers employee records regarding the standard to comply with the requirements.
2. IF the district ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the district will notify the regulatory agency at least three (3) months prior to their disposal and transmit them, if required by the regulator agency to do so within that three (3) month period.

Universal Precautions in Schools

Universal Precautions are intended to prevent transmission of infection, as well as decrease the risk of exposure for school personnel and students. It is not currently possible to identify all infected individuals, thus precaution must be used with every individual. Universal Precautions pertain to blood and other potentially infectious material containing blood. These precautions do not apply to other body fluids and wastes such as saliva, sputum, feces, tears, nasal secretions, vomitus, and urine unless blood is visible in the material. However, these other body fluids and wastes can be sources of other infections and should be handled as if they are infectious. The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious material in routine as well as emergency situations. Based on the type of possible contact, school personnel should be

prepared to use the appropriate precautions prior to the contact. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and sharps, and proper decontamination of spills are essential techniques of infectious control. Using common sense in the application of these measures will enhance protection of school personnel.

Hand Washing

Proper hand washing is crucial to preventing the spread of infection.

1. Remove textured jewelry from hands and wrists.
2. Use running water to wet hands and wrists.
3. Lather with soap, using friction to clean all surfaces of the hands.
4. Rinse well with running water and dry hands with paper towels.

Hands should be washed before and after contact with an individual. If hands come in contact with blood or other potentially infectious material, wash hands immediately. Hands should be washed whether gloves are worn or not.

Barriers

Barrier use is intended to reduce the risk of contact with blood and body fluids as well as control the spread of infectious agents from individual to individual. Barriers anticipated to be used at school include disposable gloves, absorbent materials and resuscitation devices. In certain instances gowns, masks and goggles may also be used as appropriate when potential for exposure is present for special procedures and treatment. (Ex: changing colostomy, urostomy bags, feeding tubes if any signs of bleeding if evident.)

Clean Up

Spills of blood and other potentially infectious material should be cleaned up immediately.

1. Wear gloves.
2. Clean up spills with paper towels or other absorbent material.
3. Use a solution of one part household bleach to one one hundred parts of water (1:100), or other EPA approved disinfectant.
4. Wash the area well.
5. Dispose of gloves, soiled towels, and other waste in a plastic bag.
6. Clean and disinfect surfaces, reusable supplies and equipment, cleaning from the outside of area to the inside.

Laundry

Laundry with blood or other potentially infectious materials should be handled as little as possible with a minimum of agitation. It is bagged at the location and if it has the potential of releasing the substance when compacted, regulated waste guidelines should be followed. School personnel who have contact with the laundry should wear protective barriers.

Exposure

An exposure incident to blood or other potentially infectious material through contact with broken skin, mucous membranes, or by needle or sharp stick requires immediate washing, reporting, and follow up.

1. Always wash the exposed area immediately with soap and water.
2. If a mucous membrane splash (eye or mouth) or exposure of broken skin occurs, irrigate or wash the area thoroughly.
3. If a cut or needle stick injury occurs, wash the area thoroughly with soap and water.
4. Report the incident immediately.

First Aid Procedure – Bloodborne Pathogens
Mercer County Board of Education

In the event of an emergency, where there is a spill of blood or other potentially infectious material, follow the following procedures:

1. Remain calm.
2. Send the involved person to the office for treatment. If the involved person is unable to be moved, send a student or teacher to notify the school nurse and /or designated first aid provider in your school building. This person will take responsibility for the emergency.

The designated first aid providers in your building are:

See job classification section of exposure plan

3. If you feel that it is in the best interest of the victim you may start administering first aid. Use Universal Precautions to minimize the danger of transmission of bloodborne pathogens.
 - a. Wash hands.
 - b. Use proper personal protective equipment – example, disposable gloves, mask, gown, splatter shield.
 - c. Clean up immediately.
 - d. Report first aid incident to building principal, school nurse, or designated first aid provider before the end of the work day.
 - e. If an exposure incident occurs, follow guideline of exposure incident procedure.

Exposure Incident Procedure
Mercer County Board of Education

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

In the event that an exposure incident occurs the following procedures are to be followed:

1. Remain calm.
2. Remove any clothing that is blood soaked immediately or as soon as feasible.
3. If you have an exposure incident involving:
 - a. Non-intact skin – Wash the affected area with soap and water.
 - b. Eye, mouth or mucous membranes – flush with water for fifteen (15) minutes.
 - c. Parenteral contact – Wash affected area with soap and water.
4. The school nurse is responsible for the implementation of this plan during school hours. They may be contacted at their designated school(s). If they are not available, contact a first aid provider.
5. If an exposure occurs after school hours, during a school related activity, the school employee should go to James B. Haggin Hospital emergency room for post exposure medical follow-up.

**Source Individual Consent Form
Mercer County Board of Education**

I agree to have my blood drawn for serological evidence of infectious diseases including, but not limited to Hepatitis B and HIV. This consent is given because an employee of the Mercer County School District was accidentally exposed to my blood or other potentially infectious material. The potential physical problems to me are identified with the routine procedure of taking a blood sample. My signature confirms that I have read this consent form and understand the reasons the tests are needed, and I agree to have these tests completed. The bill for having this test done will be paid by the Mercer County Board of Education.

Source Individual

Date

Source Individual's Parent

Date

Witness

Date

I have read the consent form and understand why I have been asked to undergo these tests. However, I do not agree to these testes at this time.

Source Individual

Date

Source Individual's Parent

Date

Witness

Date

**Physician Opinion for Post-Exposure
Evaluation and Follow-Up**

Part 1 (to be completed by employee)

Name of employee _____

Type of Exposure _____

Location on Body _____

Part 2 (to be completed by physician)

Indicate Yes or No for each statement:

____ Hepatitis B vaccination is indicated.

____ The employee has received Hepatitis B vaccination.

____ The employee has been informed of the results of the evaluation.

____ The employee has been informed of the results of the evaluation.

____ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Physician signature _____

Date _____

Bloodborne Pathogen Post-Exposure Evaluation/Follow-Up

Date: _____

Employee's Name: _____

Social Security Number: _____

Date of Exposure: _____

Description of employee's duties as they relate to the exposure incident:

Route of exposure: _____

Circumstance of exposure incident: _____

Immediate Action Taken: _____

Source individual (unless the district can establish that identification is infeasible or prohibited by state or local law): _____

Permission obtained to test source individual: ___ yes ___ no

Source individual blood collected: ___ yes ___ no

Source individual known to be infected ___ yes ___ no

Source individual test result make available to employee: ___ yes ___ no

Employee informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual ___ yes ___ no

**Employee Consent form for Post-Exposure Blood Testing
Mercer County Board of Education**

Having had an exposure incident at school or while involved with a school activity, I give my permission for:

(Please indicate yes or no):

_____ Baseline Blood Collection

_____ HIV Serologic Testing

If I give consent to baseline blood collection, but not for HIV testing, I understand that the blood sample will be preserved for at least ninety (90) days. If within, 90 days of the exposure incident, I decide to have the baseline sample tested, such testing will be done as soon as feasible.

Employee Signature

Date

**Bloodborne Pathogens Information Provided to Healthcare Professional
Mercer County Board of Education**

1. Copy of regulation: ___ yes ___ no
 2. Copy of post-exposure evaluation/follow-up: ___ yes ___ no
 3. All medical records relevant to the appropriate treatment of the employee including vaccination status: ___ yes ___ no
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Healthcare Professional,

It is the school district's responsibility to obtain and provide the employee with a copy of the evaluation of the healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation. The written opinion must follow the guidelines listed below:

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

