CENTRAL MICHIGAN UNIVERSITY

Bloodborne Pathogen Exposure Control Plan

For Central Michigan University Employees

RISK MANAGEMENT, ENVIRONMENTAL HEALTH & SAFETY
Motor Pool, Central Michigan University
1303A West Campus Drive
Mount Pleasant, Michigan 48859
P 989-774-7398 | F 989-774-1303

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Guidelines and Procedures for Prevention of HIV and Other Bloodborne Pathogens in the University Setting

EXPOSURE CONTROL PLAN

PURPOSE

One of the primary goals of the Michigan Occupational Safety and Health Administration (MIOSHA) is to regulate facilities where work is carried out and to promote safe work practices to minimize the incidence of illness and injury experienced by employees. Regarding this goal, MIOSHA has enacted the Bloodborne Pathogens Standard, codified as Rule 325.70001-.70018 (Part 554). The Bloodborne Pathogens Standard aims to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter.

Central Michigan University believes several sound general principles should be followed when working with bloodborne pathogens. These include:

- Risk of exposure to bloodborne pathogens should never be underestimated.
- It is prudent to minimize all exposure to bloodborne pathogens.
- Departments should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

This Exposure Control Plan is implemented to meet the MIOSHA Bloodborne Pathogens Standard requirements and ensure all CMU employees have a safe workplace environment.

The objectives of the Exposure Control Plan are:

- To protect employees from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling if an employee is exposed to bloodborne pathogens.
- To provide employees with timely and appropriate training information on bloodborne pathogen related diseases.

GENERAL PROGRAM MANAGEMENT

RESPONSIBLE PERSONS

Five major categories of responsibility are crucial to effectively implementing the Exposure Control Plan. They include:

- The Exposure Control Officer (Manager, Risk Management, Environmental Health & Safety)
- Deans, Department Chairpersons, Directors, Managers, and Supervisors
- Department Exposure Control Coordinator
- Education/Training Coordinators (Manager, Risk Management, Environmental Health & Safety)
- Employees

The following sections outline the roles of the groups in implementing the plan. If a new employee or department is assigned any of these responsibilities, the Exposure Control Officer must be notified so that records can be updated.

Exposure Control Officer

The Exposure Control Officer will be responsible for overall management and support of the Exposure Control Plan. Activities which are delegated to the Exposure Control Officer include, but are not limited to:

- Overall responsibility for implementing the Exposure Control Plan for the entire University and ensuring all contract agreements with outside contractors who have reasonably anticipated exposure to blood or bloodborne pathogens while performing their tasks at CMU comply with the bloodborne pathogen standard.
- Collaborating with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of the Exposure Control Plan.
- Seeking ways to improve the Exposure Control Plan and revise and update it when necessary.
- Knowing current legal requirements regarding bloodborne pathogens.
- Conducting periodic organization audits to maintain an up-to-date Exposure Control Plan.

The Manager, Risk Management, Environmental Health & Safety, will serve as the University Exposure Control Officer.

Deans, Department Chairpersons, Directors, Supervisors, and Managers

- Deans, Department Chairpersons, Directors, Supervisors, and Managers are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officer, University Health Services, and the employees to ensure proper exposure control procedures are followed.

Department Exposure Control Coordinator

The Exposure Control Coordinator for each department of the University that generates infectious waste is responsible for assuring that the waste is appropriately collected, bagged, labeled, and transported to a designated University biohazardous waste collection site. The following departments have identified exposure control coordinators:

- Athletics – Wesley Sohns and Kenneth Deangelis Jr.
- Biology – Steve Gorsich
- Human Resources – Allie Strong
- CMU Police – Cameron Wassman
- College of Health Professions – Kristen Neubecker and Carol Stevens
- Facilities Management –Ellie Roethlisberger, Richard Judge, Sarah Delong, and Michael Billsby
- Residence Life – Alex Martinez
- University Health Services – Drew Kenny
- University Recreation – Scott Harrington

Education/Training Coordinator

The Education/Training Coordinator is the Manager, Risk Management, Environmental Health & Safety.

Activities falling under the responsibility of the coordinator include:

- Maintaining an up-to-date list of CMU personnel requiring training.
- Developing suitable education/training programs.
- Scheduling periodic training programs for employees
- Maintaining appropriate training documentation, such as sign-in sheets, etc.
- Periodically reviewing the training programs with the Deans, Directors, Chairpersons, etc., to include appropriate new information.

Employees

The employees have the most crucial role in the bloodborne pathogens compliance program, as the ultimate effectiveness of the Exposure Control Plan rests in their hands. Employee responsibilities include:

- Knowing what tasks they perform that have occupational exposure.
- Attending the bloodborne pathogens training programs.
- Planning and conducting all operations following the work practice controls.
- Developing and maintaining good personal hygiene habits, such as hand washing.

AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES

Central Michigan University's Exposure Control Plan is available to CMU employees at any time to assist them with their efforts. Employees are informed of this availability during their educational and training sessions. The Bloodborne Pathogen Exposure Control Plan can be found on the Risk Management, Environmental Health & Safety Website under "Written Plans."

REVIEW AND UPDATE OF THE PLAN

It is essential to keep the Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually.
- Whenever new or modified tasks and procedures that affect employees' occupational exposure to bloodborne pathogens are implemented.
- Whenever employees' jobs are revised and a new occupational exposure may occur.
- Whenever new functional positions involving exposure to bloodborne pathogens are established.

EXPOSURE DETERMINATION

One key to successfully implementing the Exposure Control Plan is identifying the exposure situations that employees may encounter. The Exposure Control Committee performed the exposure determination using a questionnaire distributed to Deans, Department Chairpersons, Directors, Managers, and Supervisors. The determination was made without regard to the use of personal protective equipment.

Appendix A contains the following information:

- CATEGORY A: Job classifications in which all or some employees have occupational exposure to bloodborne pathogens.

METHODS OF COMPLIANCE

Several areas must be addressed to effectively eliminate or minimize exposure to bloodborne pathogens. Deans, Department Chairpersons, Directors, Managers, and Supervisors are responsible for ensuring compliance with the CMU Exposure Control Plan. Areas covered in the plan are:

- Training and Education.
- Following Universal Precautions.
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using necessary Personal Protective Equipment.
- Proper Disposal of Infectious Waste.
- Implementing appropriate Housekeeping Procedures.

Each area is reviewed with employees during their bloodborne pathogens-related training (see the "Training & Education" Section of this plan for additional information). Following the requirements of MIOSHA's Bloodborne Pathogens Standard in these seven areas is expected to minimize employees' occupational exposure to bloodborne pathogens as much as possible.

UNIVERSAL PRECAUTIONS

The term "Universal Precautions" refers to a method of infection control developed by the Centers for Disease Control and the National Institute of Health in which blood and body fluids of all people are handled as if they contain bloodborne pathogens.

Body fluids to which Universal Precautions apply:

- Blood and other body fluids containing visible blood. (Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting.)
- Semen and vaginal secretions.
- Body fluids. (Spinal fluid, joint fluid, fluid surrounding the heart and lungs, or amniotic fluid.)
- Any undetermined body fluid. (When it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious.)

At Central Michigan University, Universal Precautions are observed to prevent contact with blood and other potentially infectious materials. All human blood and body fluids are treated as if they are known to be contagious for HBV, HIV, and other bloodborne pathogens.

Below are body fluids that do not transmit bloodborne diseases unless contaminated with blood. Because these fluids can transmit other infections, Universal Precautions must still be followed.

- urine
- feces
- sweat
- vomitus
- nasal secretions
- sputum, phlegm (lung secretions)
- tears
- saliva

Materials in addition to human blood that may be capable of transmitting bloodborne pathogens are known as other potentially infectious material (OPIM). These include:

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, (any) body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions, as well as human cell cultures not shown to be free of bloodborne pathogens.
- Organs or other tissues from experimental animals infected with HIV or HBV.

ENGINEERING CONTROLS

Engineering Controls are used to eliminate or minimize employee exposure to bloodborne pathogens. Equipment such as sharps disposal containers, biological safety cabinets, and ventilating laboratory hoods are used as appropriate. In addition, the Exposure Control Officer may inspect areas, as needed, to identify the following, but is not limited to:

- Areas where engineering controls are currently employed.
- Areas where engineering controls can be updated.
- Areas currently not employing engineering controls, but where engineering controls could be beneficial.

The following engineering controls are to be used throughout the University:

- **Hand washing facilities** (or antiseptic hand cleansers or antiseptic towelettes) are readily accessible to all employees with potential exposure. If waterless hand cleansers or towelettes are used, the employee must follow up with a soap and water wash as soon as feasible.

- **Safer sharps devices** must be used where appropriate to reduce the risk of injury from needlesticks and other sharp instruments. (See Section: Sharps Injury Protection Program). **Note:** Needles that will not become contaminated during use (e.g., those used to withdraw medication from vials) are exempt from requiring engineering controls.

- **Sharps containers** for contaminated sharps are located in areas where sharps (needles, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires, or any other material/object that could penetrate the skin) are used and have the following characteristics:

    - Puncture-resistant
    - Color-coded and/or labeled with a biohazard warning label.
    - Leak-proof on the sides and bottom
    - Closable

Containers for reusable sharps must meet the exact requirements as containers for disposable sharps, except that they are not required to be closable.

Reusable sharps will not be stored or processed in a manner that requires reaching into containers of contaminated sharps.

- **Storage containers** are used to reduce the possibility of an environmental release of potentially infectious materials. Primary containers should be designed to be:

    - Leak-proof
    - Puncture resistant.
    - Closable
    - Labeled with the biohazard symbol.

Examples of containers that must be labeled as biohazardous if storing blood or potentially infectious materials:

    - Refrigerator
    - Freezer
    - Liquid nitrogen tank
    - Incubator

- **Transport containers** are secondary containers used to reduce the possibility of an environmental release of potentially infectious materials when transporting biological materials between campus facilities and over roadways.

    - Use primary containers designed to contain the material being transported.
    - For transport, place the primary sample containers into a leak-resistant, securely covered secondary container (e.g., a cooler with a latchable lid).
    - If sample materials contain liquids, place enough absorbent material (i.e., paper towels) in the secondary container to absorb all free liquids in case of breakage or leakage.
    - Package primary containers in the secondary container to reduce shock and/or rupture. (Bubble wrap or similar shock-absorbing “spacer” materials may be used.)
    - Label secondary containers with a brief description of the contents and an emergency contact name and phone number. Containers used for transporting blood specimens (regardless of source), or specimens known to or suspected to contain a pathogen (affecting humans or animals) should be additionally labeled with the biohazard symbol.
    - Use a University-owned vehicle for transport. Store and secure the transport container in a location within the vehicle where, in the event of an accident, the container or its contents would not pose an exposure risk to the driver or the environment.

- When preparing potentially infectious materials to be moved off campus, use a primary container as described previously, enclosed in a secondary container that contains enough shock-resistant, absorbent material to accommodate the contents of the primary container.
- The secondary container must then be placed in an appropriate shipping container labeled in accordance with applicable shipping regulations. For more information and assistance regarding packaging potentially infectious materials for off-campus shipment, contact Steve Gorisch at 989-774-1865.

- Some departments have **autoclaves** available to decontaminate solid biohazardous waste. The departments are responsible for monitoring the equipment to ensure proper sterilization. Proper instrumentation will verify that time, temperature, and steam are adequate. Additionally, Facilities Management will conduct an annual inspection of all autoclaves on campus used for decontaminating biological waste.

- **Emergency eyewash stations** are located near workstations where employees perform tasks that produce splashes of potentially infectious materials. Eyewash stations should meet the following ANSI requirements.
  - Provide at least 0.4 gallons of water per minute for 15 continuous minutes, flushing both eyes simultaneously with hands free to hold eyes open.
  - Eye wash facilities must not exceed 95 psi (pounds per square inch) water flow pressure.
  - Eye wash facilities are flushed regularly. A log documenting the recommended weekly 5-minute flush is encouraged.

- **Appropriate containers for other regulated waste** are used.
- **Mechanical pipettes** are used. (MIOSHA specifically prohibits pipetting by mouth.)
- **Laboratory equipment specific to the type of work involved** is used.
- **Self-retracting needles** will be used in all situations where needles are to be used. This shall include, but is not limited to, drawing blood and administering shots, etc.
- **Trunk Pack.** Each CMU Police car is equipped with a trunk pack containing personal protective equipment and a biohazard waste bag. Additional biohazard materials are stored in the first aid cabinet in the storage room.

WORK PRACTICE CONTROLS

Several Work Practice Controls help eliminate or minimize employee exposure to bloodborne pathogens. Supervisors are responsible for overseeing the implementation of these controls. They implement the plan with deans, directors, chairpersons, managers, designees, and the training coordinator.

The following Work Practice Controls are part of the Bloodborne Pathogens Compliance Program.

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited on work surfaces with inherent potential for contamination. Food and drink must not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored. Such storage equipment must be clearly labeled to prevent this possibility.

- Hands and other skin surfaces contaminated with potentially biohazardous material must be washed immediately and thoroughly with soap and water. Hands must be washed immediately after removing gloves, even if the gloves appear intact. Following any contact with blood or other infectious materials on the body, employees will wash the affected area and any exposed skin with soap and water as soon as possible. They will also flush exposed mucous membranes with water.
- Precautions shall be taken to prevent injuries caused by needles, scalpels, or other sharp instruments. Used needles shall not be bent, broken, reinserted into their original sheaths, removed from disposable syringes, or otherwise manipulated by hand. After use, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in a puncture-resistant container. Puncture-resistant containers shall be located as close as practical to the use area. They shall be available to all persons using needles (including diabetic students, faculty, and staff on campus). These containers shall be labeled "Biohazard."
- All persons with open wounds or weeping skin rashes shall refrain from all direct patient/client care, potentially hazardous laboratory procedures, and handling patient-care equipment until the condition resolves. Cuts or abrasions shall be protected with a dressing and gloves before any procedure involving contact with potentially infectious materials.
- Pregnant persons shall be especially familiar with and strictly adhere to Universal Precautions. Infection in the mother places the fetus at risk of acquiring the infection.
- Blood spills shall be cleaned promptly with a disinfectant solution such as a fresh 1:10 dilution (1 part bleach to 10 parts water) of liquid chlorine bleach (5.25% sodium hypochlorite), or an approved hospital disinfectant. Studies have shown that HIV is inactivated rapidly after being exposed to commonly used chemical germicides. Germicides vary in their activity against infectious agents and the time needed for disinfection. Manufacturer's guidelines shall be followed.
- Large work areas contaminated by blood or body fluids must be thoroughly cleaned, flooded with a liquid germicide, cleaned again, and decontaminated with fresh germicide.
- Medical equipment that requires sterilization or disinfection shall be thoroughly cleaned before disinfection, and care must be taken to follow the manufacturer's guidelines for compatibility with the germicide.
- Contaminated laundry shall be placed in labeled or color-coded, leakproof containers at the location where it was used. Employees who come into contact with contaminated laundry will wear the appropriate personal protective equipment. Contaminated footwear shall be autoclaved, laundered, or discarded as a Biohazardous Waste.
- HBV vaccine shall be offered, at department expense, to all persons whose occupational tasks place them at risk of exposure to blood or other potentially infectious materials.
- All Deans, Department Chairpersons, Directors, Supervisors, and/or Managers shall be responsible for informing persons of any special precautions pertinent to their area.
- No human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus, or other bloodborne pathogen shall be used for research purposes on campus without prior approval of the Institutional Biosafety Committee (IBC) and the Institutional Review Board (IRB) when appropriate. All National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) guidelines shall be followed. The University Exposure Control Officer shall notify the Director of Risk Management, Environmental Health & Safety, and the CMU Police Department whenever bloodborne pathogens are used for research at Central Michigan University.
- All procedures involving blood or other infectious materials should be conducted in such a manner as to minimize splashing, spraying, or other actions generating droplets of these materials.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled for handling and storage. (If the specimen can puncture the primary container, the secondary container must also be puncture-resistant.)

- Self-retracting needles shall be used in all situations where needles are to be used, such as drawing blood and administering shots.
- Broken glassware must be picked up mechanically, not directly with the hands. Broken glassware shall also be placed in a “sharps” container or other puncture-resistant container.
- Contaminated needles and other contaminated sharps are not bent, recapped, or removed. They shall be placed in a puncture-resistant container labeled Biohazard. These containers are located throughout the University.
- When dealing with a patient who is actively coughing and there is the possibility of splattering blood or body fluids, goggles/glasses and a disposable mask will be worn.
- A mechanical device (BVM, pocket mask with one-way valve, or Micro shield mouth-to-mouth Resuscitation Barrier) will be used for all respiratory assistance or resuscitation.
- To preserve contaminated criminal evidence, it will be collected and placed in a closed, labeled/color-coded container to prevent leakage, such as a plastic bag or a pan with a lid for transport to the evidence room. The material will be removed from the container and air-dried upon receipt in the evidence room. The law enforcement officer performing this task will utilize protective clothing such as gloves. When the evidence is dry, it will be placed in a proper closed specimen container and labeled Biohazardous. The original container will be autoclaved, decontaminated, or disposed of as Biohazardous Waste.
- Contaminated equipment is examined before servicing or shipping and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
    - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
    - Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer, and the equipment service representative before handling, servicing, or shipping.

When a new employee enters the department or an employee changes jobs within the department into a Category A position, the following process takes place to ensure that they are trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classification and Task Lists identified in the Exposure Control Plan, as those in which occupational exposure occurs.
- If the employee transfers from one job to another within the department, the job classifications and tasks/procedures of their previous position are also checked against these lists.
- Based on this "cross-checking," the new job classifications and/or tasks and procedures that will expose the staff member to occupational exposure situations are identified.
- The university’s Education/Training Coordinator then offers employee training on any work practice controls that the employees are unfamiliar with.
- HBV vaccine shall be offered, at department expense, to all persons whose occupational tasks place them at risk of exposure to blood or other potentially infectious materials.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is the employee's last defense against bloodborne pathogens. Personal protective equipment must be provided at no cost to employees to protect them against such exposure. Equipment may include, but is not limited to:

- Gloves
- Gowns
- Laboratory coats
- Face shields/masks
- Safety glasses
- Goggles
- Mouthpieces
- Resuscitation bags
- Pocket masks
- Hoods
- Shoe covers.

The Dean(s), Department Chairperson(s), Director(s), Supervisor(s), and/or Manager(s) is/are responsible for ensuring that all work areas have appropriate personal protective equipment available to employees.

Employees are trained to use appropriate personal protective equipment for their job classifications and tasks/procedures. Initial training about personal protective equipment is completed when the department's Exposure Control Plan is implemented. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

Any training should be coordinated with the Manager, Risk Management, Environmental Health, and Safety. This will enable a single, universal type of training used by all departments on campus. It will also allow better record-keeping and tracking of employee training records. The Manager does not have to be part of the training class, but should be aware that it is being conducted.

To determine whether additional training is needed, the employee's supervisor and the Exposure Control Officer will compare the employee's previous job classification and tasks with those of any new job or function they undertake. Working with the Exposure Control Officer, the department manager or supervisor provides any needed training.

Protective barriers reduce the risk of a person's skin or mucous membranes being exposed to fluids that require Universal Precautions. The following are required protective barriers.

- Gloves shall be worn for touching human blood, body fluid, mucous membranes, or skin with open wounds or weeping rashes; for touching items or surfaces soiled with blood or body fluids; for performing venipuncture or other procedures that enter blood vessels.
    - Latex or nitrile exam gloves shall be used for all medical and laboratory procedures. Hands shall be washed, and gloves shall be changed between patient contacts. Latex or nitrile gloves shall NOT be washed. The use of soap compromises their protective ability.
    - Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an exposure barrier.
    - General-purpose utility gloves (rubber household gloves) shall be used for housekeeping chores involving potential blood contact and for instrument clean-up or decontamination procedures. Gloves extending beyond the wrists are preferable.
    - Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are to be disposed of.
- Masks, protective goggles, and face shields shall be worn if aerosolization, splashing, spraying, or spattering of droplets of infectious materials is likely to occur.
- Gowns or fluid-proof aprons, laboratory coats, or other protective clothing shall be worn if blood spattering is likely.
- Any garments, including uniforms, penetrated by blood or other infectious materials must be removed immediately if feasible or as soon as possible. Garments shall be placed in biohazardous waste bags for cleaning or disposal.
- Surgical caps/hoods, and/or shoe covers/boots are used when gross contamination is anticipated.
- Disposable personal protective equipment shall be disposed of properly and not reused. Reusable equipment shall be decontaminated appropriately as soon as possible after use.
- All personal protective equipment shall be removed before leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- An employee shall wash their hands immediately after removing gloves or other protective clothing, as soon as possible after hand contact with blood or other potentially infectious material, and upon leaving the work area. Handwashing shall be completed using the appropriate facilities, such as utility or restroom sinks.

HOUSEKEEPING

Departments and units, with the assistance of Facilities Management or other trained employees, will adhere to the following practices:

- All equipment and surfaces are cleaned and decontaminated immediately after contact with blood or other potentially infectious materials.
- Spill Kits designed for cleaning spills of blood and/or other potentially infectious materials will be readily accessible to custodians.
- Protective coverings are removed and replaced:
    - As soon as it is feasible, when it is overly contaminated.
    - At the end of the work shift, if the surface may have been contaminated during that shift.
- If visibly contaminated, all pails, bins, cans, and other receptacles intended for routine use are inspected, cleaned, and decontaminated as soon as feasible.
- Potentially contaminated broken glassware is picked up using mechanical means, such as a dustpan and a brush.
- Contaminated reusable sharps are placed in containers that do not require hand processing.
- Facilities Management is responsible for setting up cleaning and decontamination schedules and ensuring the work is conducted.

INFECTIOUS WASTE DISPOSAL

- Infectious waste is defined as follows:
    - Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.
    - Liquid human and animal waste, including blood and blood products, and body fluids (as defined under Universal Precautions). This includes materials crusted or soaked with blood or body fluids, but does not include urine.
    - Pathological waste (human organs, tissues, body parts, fluids).
    - Contaminated sharps (needles, scalpels, syringes, etc.).
    - Contaminated wastes from animals that have been exposed to agents infectious to humans, these being primarily research animals.
- The Department Exposure Control Coordinator for each department of the University that generates infectious waste is responsible for assuring that the waste is appropriately collected, bagged, labeled, and transported to a designated University biohazardous waste collection site. The Department Chair or their designee monitors the disposal of infectious waste at Central Michigan University. The disposal of infectious waste shall be in accordance with applicable federal, state, and local regulations.
- Medical, biological, and other infectious wastes must be disposed of in designated containers or bags that are color-coded, labeled, and tagged as "biohazard". Questions regarding safe disposal shall be directed to the Department Chair.

All types of regulated waste shall be discarded and "bagged" in containers that are:

- Closeable.
- Puncture-resistant.
- Leak-proof, if the potential for fluid spill or leakage exists.
- Red or labeled with the appropriate biohazard warning label.
- Waste containers are maintained upright, routinely replaced, and not overfilled.
- Contaminated laundry is handled only when wearing proper PPE and is not sorted or rinsed where it is used.
- Whenever employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage from the first container is possible.

SHARPS INJURY PROTECTION PROGRAM

Supervisors of all departments who have employees with a risk of occupational exposure to bloodborne pathogens are responsible for:

- Considering and, where appropriate, using adequate engineering controls, including safer sharps devices, to reduce the risk of injury from needlesticks and other sharp medical instruments.
- All sharps injuries must be entered in the *Sharps Injury Log* and reported in the OSHA 300 log.

Note: An appropriate safer sharps device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated. Employee evaluation is required; please provide input and feedback to your supervisor.

For more information on safer sharps devices and manufacturers, contact University Health Services at 989-774-3944 or healthservices@cmich.edu.

HIV, HBV, OR HCV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

HIV and HBV research laboratories present an increased risk for occupational exposure to bloodborne pathogens. All laboratories engaged in bloodborne pathogens infectious disease research will reduce employee exposure risk by providing additional administrative controls, protective equipment, information, and training beyond that required for research laboratories not involved in such work. At the time of this update, CMU does not have HIV or HBV research laboratories on campus.

HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION, AND FOLLOW-UP

Exposure incidents can occur even with good adherence to exposure prevention practices. A Hepatitis B Vaccination Program and procedure for post-exposure evaluation and follow-up have been established. (See Appendices B, C, G, and K).

VACCINATION PROGRAM

Central Michigan University has implemented a vaccination program at University Health Services. This program is offered at no cost to all employees who have occupational exposure to bloodborne pathogens. It consists of a series of three inoculations administered over a period of six months. As part of their bloodborne pathogens training, the employees have received information regarding hepatitis B vaccination, including its safety and effectiveness.

Employees who complete the vaccine series are tested for hepatitis B surface antibody (anti-HBs) 1 to 2 months after the third dose. If anti-HBs is negative, three more doses are given with the same spacing, and the employee is retested 1 to 2 months after the last dose. If they then test positive for anti-HBs, no further treatment is necessary. If anti-HBs is again negative, the employee is considered a non-responder and should be evaluated to determine if hepatitis B surface antigen (HBsAg) is positive. Employees who are non-responders, HbsAG negative, and exposed should receive two doses of hepatitis B immune globulin (HBIG) 1 month apart.

Previously vaccinated employees with an anti-HBs negative test on file need no further treatment. Anti-HBs testing is not recommended for previously vaccinated employees without documentation of anti-HBs testing on file, unless there is an exposure.

University Health Services is responsible for setting up and operating the vaccination program, which is supervised by the Dean of the College of Medicine.

This plan lists employees identified as Category A for exposure purposes (Appendix D). The bloodborne pathogens training thoroughly discusses the vaccination program to ensure that all employees are aware of it.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, efforts should be focused on expediting medical consultation and treatment. **After immediately flushing the wound or site of exposure with water, the following procedure should be initiated:**

- The employee must report the incident to their supervisor, **who will then refer the exposed employee and the source individual, if available, to Health Services for immediate evaluation and treatment**. If Health Services is closed, the exposed employee will be directed to McLaren Hospital Emergency Room for initial assessment and care. When initial treatment is provided elsewhere besides Health Services, the exposed employee must report to Health Services the next business day for evaluation and follow-up.
- The supervisor must inform the Workers' Compensation Office of the exposure by calling 989-774-7177 (24-hour voice mail service) as soon as possible after the exposure incident.
- The Workers' Compensation Office will generate an Employee Accidental Personal Injury Report form and route it to the supervisor for review with the exposed employee and appropriate signatures.
- If the incident was a sharps injury, it must be entered in the *Sharps Injury Log* and reported in the OSHA 300 log (for employee injuries).
- University Health Services follows the procedure for HIV, HBV, and HCV Potential Exposure (Appendix L).
- University Health Services will schedule follow-up appointments to monitor the employee's post-exposure medical status.

The University Exposure Control Officer and the department's Exposure Control Officer, or their designee, investigate every exposure incident within the department. This investigation is initiated as soon as possible after the incident occurs. The supervisor or acting supervisor refers the exposed employee to University Health Services, where the investigation into the exposure incident begins.

After University Health Services (in collaboration with the department) evaluates the exposed employee's situation, an opinion report will be written documenting that the staff member was informed of: 1) evaluation results and the need for follow-up; 2) whether the Hepatitis B vaccine was indicated and received. Recommendations will be prepared to avoid similar incidents in the future.

To make sure that the University employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, the University has set up a comprehensive post-exposure evaluation and follow-up process, which includes:

Actions taken as a result of the incident:

- Employee decontamination.
- Cleanup.
- Notifications made.

Much of the information involved in this process must remain confidential, and every effort will be made to protect the privacy of the individuals involved.

INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

To assist the healthcare professional, the following documents will be forwarded to them:

- A copy of the Bloodborne Pathogen Standard (University Health Services will follow the OSHA Bloodborne Pathogen Standard, which is available online)
- A description of the exposure incident.
- The exposed employee’s relevant medical records.
- Any other pertinent information.

HEALTHCARE PROFESSIONAL’S WRITTEN OPINION

After the consultation, the healthcare professional provides the Workers’ Compensation Office with a written opinion evaluating the situation of the exposed employee. The exposed employee will also receive a copy.

In maintaining the confidentiality of the process, the Healthcare Professional’s Written Opinion will contain only the following information:

- Whether hepatitis B vaccination is indicated for the employee.
- Whether the employee has received hepatitis B vaccination.
- Confirmation that the employee has received the results of the evaluation.
- Confirmation that the employee has been informed of any medical condition resulting from the exposure incident that requires further evaluation or treatment.
- All other findings or diagnoses will remain confidential and not be included in the Healthcare Professional’s Written Opinion.

SOURCE INDIVIDUAL TESTING

According to Michigan State Law MCL 333.5204, a police officer, fire fighter, local correctional officer of other county employee, court employee, or other person making a lawful arrest who has an exposure to the blood or body fluids of an arrestee, inmate, parolee, or probationer to request that the person be tested for HIV, HBV, and/or HC.

In addition, MCL 333.20191 allows a police officer, fire fighter, medical first responder, emergency medical technician, emergency medical technician-specialist, paramedic, emergency medical services instructor-coordinator, or any individual assisting an emergency patient ("a good Samaritan"), to request HIV and or HBV testing of an emergency patient if there has been a percutaneous, mucous membrane, or open wound exposure to the blood or body fluids of the emergency patient.

MEDICAL RECORD KEEPING

University Health Services is responsible for setting up and maintaining these records, which may include the following information:

- Name of employee.
- Campus ID number of the employee.
- Copies of the results of the examinations, medical testing, and follow-up procedures due to the employee's exposure to the bloodborne pathogens.
- A copy of the information provided to the consulting health care professional due to exposure to bloodborne pathogens.

LABELS AND SIGNS

Biohazard labels are the most obvious warnings of possible exposure to bloodborne pathogens. University Stores will maintain a supply of the required biohazard labels and signs for use in campus facilities.

The following items are labeled:

- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport, or ship blood and other infectious materials.
- Laundry bags and containers.
- Contaminated equipment.

Biohazard signs must be posted at the entrances of bloodborne pathogen research laboratories and production facilities. The laboratories at Central Michigan University do not currently require special signage for their work. If the scope of work changes to include HIV/HBV or other BBP lab work, signage is required and must be posted.

TRAINING AND EDUCATION

All employees with the potential for exposure to bloodborne pathogens receive annual training. Additionally, all new employees and staff changing jobs or job functions will receive any necessary training for their new position at the time of their job assignment.

The Education/Training Coordinator is responsible for ensuring that employees who may be exposed to bloodborne pathogens receive this training. The University's Bloodborne Pathogen Education Committee will assist them.

TRAINING TOPICS

- Central Michigan University shall provide a formal training and education program for persons with exposure or potential exposure to blood or other potentially infectious body fluids (Category A).
- The training program shall contain the following elements:
- The Bloodborne Pathogens Standard.
- A general explanation of the epidemiology of HBV, HIV, and HCV symptoms associated with clinical illness from these viruses.
- An explanation of the modes of transmission of HBV, HIV, and HCV.
- An explanation of Central Michigan University’s Exposure Control Plan. This will include an explanation of Universal Precautions, Engineering and Work Practice Controls, and the use of Personal Protective Equipment.
- A detailed explanation of protective barriers and other personal protective equipment, the basis by which these are selected, and the limitations of these control methods in preventing exposure, as well as their proper use, location, removal, handling, decontamination, and disposal.
- An explanation of the signs, labels, tags, and color-coding used to denote biohazards.
- Information on HBV vaccine, including its indications, safety, efficacy, benefits, and CMU’s vaccination program.
- An explanation of the procedure to follow if accidental exposure occurs and the medical follow-up that will be made available.

TRAINING METHODS

Material appropriate to the content and vocabulary shall be used, and the educational level, literacy, and language background of the trained persons shall be matched.
Training presentations will make use of several training techniques, including, but not limited to, the following:

- Classroom environment with personal instruction
- Training manuals, educational printed materials
- Online training (please contact EH&S for any questions related to training)
- Employee review sessions
- Interactive hands-on demonstrations using personal protective equipment (PPE), biohazard bags, waste disposal, etc.

RECORD KEEPING

The Central Michigan University Office of Risk Management, Environmental Health & Safety, is responsible for maintaining documentation that all CMU employees who may be exposed to bloodborne pathogens have received training. Medical records must be retained for 30 years post-employment. Training records must be retained for a minimum of three years.

Appendix A – Exposure Determination

All occupations that require procedures or occupation-related tasks that involve exposure or the potential for exposure to blood or other potentially infectious material, or that involve a potential for spill or splashes of blood or other potentially infectious material, are included in this exposure determination. This includes procedures or tasks conducted in non-routine situations as a condition of employment.

CATEGORY A

JOB CLASSIFICATION IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE

ATHLETIC TRAINING EDUCATION PROGRAM

- Faculty
- Head Athletic Trainer
- Assistant Athletic Trainer
- Graduate Assistant Athletic Trainer

ATHLETICS

- Assistant Coach
- Athletic Trainer, Certified
- Equipment Room Personnel
- Equipment Room Student Worker/Usher
- Head Coach
- Sports Camp Coach/Counselor
- Team Physician
- Physician Assistant

BIOLOGY

- Faculty/Staff Instructor
- Faculty/Staff Researcher
- Laboratory Assistants
- Graduate Students

CHEMISTRY

- Faculty/Staff Instructor
- Faculty/Staff Researcher
- Laboratory Assistants
- Graduate Students

CHILD DEVELOPMENT AND LEARNING LABORATORY

- Laboratory Director
- Lead Teacher
- Food Service Facilitator
- Program Assistants
- Classroom Assistants

COLLEGE OF HEALTH PROFESSIONS

- Manager, Carls Center
- Student Assistants, Carls Center
- Coordinator/Business Services, Dean's Office
- Coordinator/Security & Events, Dean's Office
- Regular Faculty, Physical Education & Sport, Physical Therapy, & Communication Disorders
- Full-Time Temporary Faculty, Physical Education, Sport & Physical Therapy, & Communication Disorders
- Part-Time Temporary Faculty, Physical Education, Sport & Physical Therapy, & Communication Disorders
- Graduate Assistants, Physical Education & Sport
- Teaching & Research Graduate Assistants, School of Health Sciences, Communication Disorders
- Regular Faculty, School of Health Sciences
- Regular Faculty, Physician's Assistant
- Full-Time Temporary Faculty, Physician's Assistant
- Part-Time Temporary Faculty, Physician's Assistant
- Clinical Supervisor/SP Language Pathology, Communication Disorders
- Clinical Supervisor/Coordinator, Special Programs, Communication Disorders
- Clinical Supervisor/Audiology, Communication Disorders
- Director/Clinical Instructor/Audiology, Communication Disorders
- Director/Clinical Instruction-Sp Language Services, Communication Disorders
- Coordinator/Animal Facility, Vivarium
- Student Assistants, Vivarium

COLLEGE OF MEDICINE

COMMUNICATION AND DRAMATIC ARTS

- Costume Shop
- Dance Company
- Scene Shop

CMU POLICE

- Chief of Police
- Captain
- Lieutenant
- Sergeant
- Police Officer
- Detective

DINING SERVICES

- Cashier
- Catering Cook
- Cook
- Food Service Worker
- Head Cook
- Management
- Relief Employee
- Supervisor

FACILITIES MANAGEMENT

- Architectural Trades Supervisor
- Electrical & Maintenance Mechanics Supervisor
- Building Services Supervisors
- Senior Caretakers
- Caretakers
- Architectural Trades Helper
- Carpenter, Journeyman
- Custodial Repair Technician
- Custodians
- Director of Facilities Operations
- Electrician, Journeyman
- Electrician Helper
- Kitchen Equipment & Mechanics
- Auto/Equipment Repair Journeyman
- Locksmith Journeyman
- Refrigeration & Controls Journeyman
- Maintenance Mechanic, Journeyman
- Mason, Journeyman
- Painter, Journeyman
- Powerhouse Operator, Journeyman
- Preventive Maintenance Technician
- Beaver Island Maintenance Coordinator
- Fire Alarm Technician
- Welder/Maintenance Mechanic Journeyman
- Water Quality Specialist
- Lead Maintenance Mechanic
- Faculty

PHYSICAL EDUCATION

- Faculty
- Graduate Assistant
- Graduate Student
- Undergraduate Student

PSYCHOLOGY

- Faculty
- Clinic Director
- Manager ST
- Post-Doctoral Fellows
- Research Scientist
- Temporary Faculty
- Staff – Office Professionals
- Graduate Assistant
- Student Employee
- Student Teaching Assistant
- Students working in faculty labs.

RESIDENCE LIFE

- Director, Residence Life
- Associate Director, Residence Life
- Assistant Director, Residence Life
- Residence Hall Director
- Multicultural Advisor
- Residence Assistants
- Building Maintenance Worker, Journeyman
- Desk Receptionists
- Fitness Center Employees (Towers & East Center Complex)
- Building Maintenance Worker Assistants (Students)

UNIVERSITY HEALTH SERVICES

- Licensed Practical Nurse
- Medical Assistant
- Nurse Practitioner
- Physicians
- Physician Assistants
- Registered Nurses

UNIVERSITY RECREATION

- All University Recreation professional and student employees must hold a current CPR/AED certification as a condition of employment.

CMU HEALTH
CENTRAL MICHIGAN UNIVERSITY

Screening Checklist for Contraindications to Vaccines for Adults

Patients Name: _____ Date of Birth _____/_____/_____

For patients: The following questions will help us determine which vaccines you may be give today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't know
1. Are you sick today?	☐	☐	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	☐	☐	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system disorder?	☐	☐	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☐	☐
7. Have you had a seizure or a brain or other nervous system problems?	☐	☐	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☐	☐

I have read the information in the vaccine information statement(s) about the vaccines being received today. I have had a chance to ask questions and they were answered to my satisfaction. I believe that I understand the benefits and risks of the vaccine(s) and ask that the vaccine be given to me or the person named below for whom I am authorized to make this request. I agree to wait 20 minutes after receiving the injection to be observed for any adverse reactions to the vaccine.

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Did you bring your immunization record card with you? **Yes** ☐ **No** ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

Appendix C – Vaccination Declination Form (HS238D)

CENTRAL MICHIGAN UNIVERSITY
HEALTH SERVICES
HEPATITIS B

VACCINATION DECLINATION FORM

Employee Name: _____Department_____

Vaccination against the Hepatitis B virus (HBV) is provided to Central Michigan University (CMU) employees who, during their regular duties, may have exposure to human blood, blood products, certain human body fluids, tissues, organs, and primary cell lines. The HBV vaccination is a series of three shots administered over a period of six months.

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B (HBV) infection.

By signing this form, I certify that I have been allowed to receive a vaccination against the Hepatitis B virus at no charge to myself. I understand that if I decline this vaccine, I will continue to be at risk of acquiring Hepatitis B, a severe disease. If I continue to have occupational exposure to blood or OPIM and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge by contacting my direct supervisor to make the necessary arrangements.

- ☐ YES, I would like to receive the Hepatitis B Vaccination.
- ☐ I have already been vaccinated against Hepatitis B.
- ☐ I DECLINE the Hepatitis B Vaccine at this time.

_____	_____
Printed Name of Employee	Campus ID Number
_____	_____
Employee Signature	Date
_____	_____
Printed Name of Department Representative	Title
_____	_____
Department Representative Signature	Date

Cc: Original: Employee's Dept. Personnel File (BBP training only) or
Patient's Medical Record (Post-Exposure Incident)
Risk Management, Environmental Health & Safety environmental@cmich.edu (BBP Training Only)

Appendix D – Work Activities Involving Potential Exposure to BBP

Below are listed the tasks and procedures in which human blood and other potentially infectious materials are handled and, therefore, may result in exposure to bloodborne pathogens:

TASK/PROCEDURE	JOB CLASSIFICATION/DEPARTMENT
	CMU Police
Medical assistance	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Auto Accident	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Special events (dances, parades, football, basketball, and other athletic activities)	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Suspect search	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Criminal investigations	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Investigation of a serious felony and follow-up, delivery of the offender taken into custody	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Police training	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Obtaining evidence and identification, such as the disposition of dangerous drugs, blood, clothing, and sexual assaults	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Investigation of major fires and follow-up	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers

Pursuit and emergency driving apprehension of offenders.	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Search of police cars	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Cleaning police cars	Journeymen Auto, Equipment Repair, Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Disturbances, riots, loud parties, domestic violence, restraint & control of crowds	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers
Lost & found pick-up and delivery to the lost & found office	Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers

College of Medicine

Provide Patient Care	College of Medicine

Dining Services

Custodial Duties	Cashier, Catering Cook, Cook, Food Service Worker, Head Co Management, Relief Employee, Supervisor
Serving Customers	Cashier, Catering Cook, Cook, Food Service Worker, Head Co Management, Relief Employee, Supervisor
Cooking/Prepping & Managing food service establishment	Cashier, Catering Cook, Cook, Food Service Worker, Head Co Management, Relief Employee, Supervisor

Facilities Management

Transfers biohazardous waste	Caretakers, custodians
Repairs and maintains piping systems	Journeyman Maintenance Mechanic & Helper Metal Worker
Works in bathrooms and kitchens	Maintenance Mechanic Supervisor Journeyman Carpenter Journeyman Painter Apprentice Painter Journeyman Maintenance Mechanic
Performs repairs on plumbing fixtures, unclogs stools and drains	Journeyman Building Maintenance Workers, Journeyman Mason & Helper Journeyman Maintenance Mechanic

Unplugs commodes, urinals, sink drains	Custodial, Journeyman BMW, Journeyman Mainte Mechanic & Helper
Cleans restrooms	Custodial
Spot wash the walls	Custodial
Floor maintenance (spills)	Custodial
Makes beds and changes linen in the guest rooms	Custodial
Collects and disposes of waste materials	Custodial

Health Services

Biopsy	Licensed Practical Nurse, Medical Assistant, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
CPR	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Emesis	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Epistaxis	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
I & D	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
IV	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Laceration Repair	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Pelvic Exam	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Nail Excision	Licensed Practical Nurse, Medical Assistant Nurse Practitioner, Physician, Physician Assistant, Registered Nurse

Wart Treatment	Licensed Practical Nurse, Medical Assistant, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse Licensed Practical Nurse, Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Biohazardous Waste Collection	Licensed Practical Nurse, Medical Assistant, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Housekeeping Duties	Licensed Practical Nurse, Medical Assistant, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Spill Cleanup	Licensed Practical Nurse, Medical Assistant, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
Wound Irrigation	Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse
First Aid for Bleeding, Lacerations/ Abrasions, etc.	Licensed Practical Nurse, Medical Assistant, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse

Residence Life

Bleeding control with minimal bleeding	Director, Residence Life Associate Director, Residence Life Assistant Director, Residence Life Residence Hall Director Building Maintenance Worker
Bio-Hazard transport to secondary pick-up site	Director, Residence Life Associate Director, Residence Life Assistant Director, Residence Life Residence Hall Director Building Maintenance Worker

Sports Medicine

CPR	Certified Athletic Trainer, Graduate Assistant
Mouth-mouth respiration	Certified Athletic Trainer, Graduate Assistant
Wound Management	Certified Athletic Trainer, Graduate Assistant
Skin lesion inspection	Certified Athletic Trainer, Graduate Assistant
Blister Care	Certified Athletic Trainer, Graduate Assistant
Compound Fracture/Dislocation	Certified Athletic Trainer, Graduate Assistant
Callus/Skin Care	Certified Athletic Trainer, Graduate Assistant
Scar Management	Certified Athletic Trainer, Graduate Assistant
Nosebleed	Certified Athletic Trainer, Graduate Assistant
Head Injury	Certified Athletic Trainer, Graduate Assistant
Vomit	Certified Athletic Trainer, Graduate Assistant
Housekeeping	Certified Athletic Trainer, Graduate Assistant
Regulated Waste Transport	Certified Athletic Trainer, Graduate Assistant

Appendix E – Definitions

The following is a list of standard terms and their definitions as they are used in the Bloodborne Pathogen Exposure Control Plan.

Amniotic fluid: Fluid from the uterus.

Blood: Human blood, human blood components (e.g., plasma, platelets), and products made from human blood (e.g., immune globulins, albumin).

Bloodborne pathogens (BBPs): Pathogenic organisms present in human blood or other potentially infectious materials (OPIM) that can infect and cause disease in persons exposed to blood containing the pathogen. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Cerebrospinal fluid: Fluid from the spine.

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

Decontamination: 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.

Engineering controls: Equipment that is designed to isolate or remove the bloodborne pathogen hazard from the workplace (e.g., sharps disposal containers, biosafety cabinets, autoclaves, and safer medical devices such as sharps with engineered sharps injury protections, needleless systems, blunt suture needles, plastic capillary tubes, and mylar-wrapped capillary tubes).

Exposure incident: A specific eye, mouth, or other mucous membrane, non-intact skin (includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), or parenteral contact with blood or other potentially infectious materials that results from the performance of the employee's duties.

HBV: Hepatitis B virus; causes inflammation of the liver and may lead to long-term liver damage, including cirrhosis and cancer.

HCV: Hepatitis C virus; causes inflammation of the liver and can lead to long-term liver damage, including cirrhosis and cancer.

HIV: Human immunodeficiency virus; attacks critical cells of the immune system, which leads to acquired immunodeficiency syndrome (AIDS), a life-threatening condition.

Needleless Systems: A device that does not use needles for: 1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; 2) the administration of medication or fluids; or 3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps (e.g., intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a blunt cannula or other non-needle connection, jet injection systems that deliver subcutaneous or intramuscular injections of liquid medication through the skin without the use of a needle).

Occupational exposure: Reasonably anticipated (includes the potential for contact as well as actual contact with blood or other potentially infectious material) skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.

Other potentially infectious materials (OPIM): Materials in addition to human blood that may be capable of transmitting bloodborne pathogens. These include:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, (any) body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions, as well as human cell cultures not shown to be free of bloodborne pathogens.

4. Blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral exposure: Exposure that occurs after piercing the skin barrier or mucous membrane, such as exposure through subcutaneous, intramuscular, intravenous, or arterial routes resulting from needlesticks, human bites, cuts, abrasions, or other mechanical mechanisms.

Pericardial fluid: Fluid surrounding the heart.

Peritoneal fluid: Fluid from the abdominal cavity that surrounds the major organs.

Pleural fluid: Fluid from the lung tissue.

Personal protective equipment (PPE): Specialized clothing or equipment worn by an employee to protect against a hazard. General work clothes (e.g., uniforms, pants, shirts, blouses) are not designed to protect against risks and are therefore not considered personal protective equipment.

Post-exposure follow-up: In the event of an exposure incident, the employer's mandatory course of action is to provide medical services (e.g., medical assessment, vaccination, source testing, baseline testing, counseling) to the exposed employee to decrease the risk of infection.

Production facility: Facility engaged in industrial-scale, large-volume, or high-concentration production of bloodborne pathogens (e.g., HIV).

Regulated waste: Any of the following: 1) liquid or semi-liquid blood or other potentially infectious materials (OPIM); 2) contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; 3) items that are caked with dry blood or OPIM and are capable of releasing these materials during handling; 4) contaminated sharps; and 5) pathological and microbiological wastes containing blood or OPIM.

Research laboratory: A laboratory producing or using research laboratory-scale amounts of bloodborne pathogens, but not in the volume found in production laboratories.

Sharps: means any contaminated object that can penetrate the skin, including any of the following: needles, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires, or any other material/object that could penetrate the skin.

Sharps with Engineered Sharps Injury Protection (Safer Sharps Devices):
A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other body fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident (e.g., syringes with a sliding sheath that shields the attached

needle after use, shielded or retracting catheters used to access the bloodstream for intravenous administration medication or fluids, and intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering). Employee feedback on the evaluation of safer sharps products is required. Please inform your supervisor of any input you have.

Source individual: Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure for an employee.

Sterilize: Using a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Synovial fluid: Fluid from the joints, such as the elbows, knees, or shoulders.

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

Work practice controls: Controls that reduce the likelihood of exposure to bloodborne pathogens by altering how a task is performed.

Appendix F – Authorization for Payment for Hepatitis B Vaccine

CENTRAL MICHIGAN UNIVERSITY

HEPATITIS B VACCINATION PROGRAM

AUTHORIZATION TO BILL DEPARTMENT

Department: _____ Account Number: _____
Supervisor: _____ Signature: _____
Date: _____ Address: _____

	Print first and last name:	Campus ID Number	Job Title/Class.	Dose 1	Dose 2	Dose 3	Titer
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

AT LEAST ONE WEEK BEFORE EMPLOYEES ARE TO RECEIVE THE HEPATITIS B VACCINE, COMPLETE AND RETURN THIS FORM TO THE PRIMARY CARE SUITE COORDINATOR, HEALTH SERVICES, FOUST 200.

Cc: Primary Care Suite Coordinator Health Services, Business Office

Appendix G – Guidelines for Management of Bloodborne Pathogen Exposure Incidents

Central Michigan University - Health Services

Guidelines for Management of Bloodborne Pathogen Exposure Incidents

The physician is responsible for determining whether actual potential exposure to bloodborne pathogens has occurred and for initiating immunizations and/or prophylactic treatment.

The Registered Nurse, in consultation and collaboration with a UHS Physician, will utilize the following guidelines in managing the care of CMU students, staff, and faculty who have sustained potential bloodborne pathogen exposure incidents.

Initial evaluation

1. Initiate the evaluation as soon as possible after the exposure.
2. Clean the exposed area immediately with soap and water while encouraging bleeding.
3. Flush exposed mucosal and conjunctival sites with large quantities of water.
4. Evaluate the wound to determine whether there was actual potential for exposure to bloodborne pathogens and document that determination on page 2 of the “exposed individual report” and on the HealthCare Professional’s written opinion form #HS 106A.
5. Complete the Exposed Individual Report
6. Unless contraindicated, administer a Td or Tdap immunization if none has been given in the past 5 years.
7. Inquire whether an Accidental Personal Injury Report has been completed by the supervisor or by the Workman’s Comp office, ext. 7177.
8. If the report has not been completed, have the patient call after treatment.
9. Determine the patient's Hepatitis B status.
    a. Inform the patient of the possible consequences of hepatitis B infection and discuss vaccination.
    b. Document the patient's decision regarding testing and immunization in the medical record.
    c. If the patient declines vaccination, if indicated, have them sign the hepatitis B vaccination declination form HS238D.
10. Inform the patient of the possible consequences of HIV infection if indicated by exposure.
11. Discuss HIV testing with the patient following CDC guidelines.
12. Follow-up monitoring:
    a. Schedule periodic follow-up visits to monitor progress.
    b. Instruct the patient to report and seek medical evaluation for any acute febrile disease within twelve weeks of the exposure incident.
13. Evaluate the Source patient if available by following page 4 of the Exposed Individual Report.
14. Complete Bloodborne Pathogen Potential Exposure Incident Follow-Up Instructions HS 107A.
15. If the patient incident was related to a sharp, please complete the Sharps Injury Log HS 346.

Appendix H – “Near Miss" Form

BLOODBORNE PATHOGEN PROGRAM
“NEAR MISS" FORM

This form will be used when exposure to bloodborne pathogens is narrowly avoided.

Date: _____

Time: _____

Location: _____

Description of the incident: _____

_____

_____

_____

What personal protective equipment was being worn? _____

_____

_____

_____

How could the incident have been avoided? _____

_____

_____

_____

_____ _____

Employee Supervisor

cc: Risk Management, Environmental Health & Safety environmental@cmich.edu

MIOSHA-STD-1501 (09/21)
32 Pages

For further information
Ph: 517-284-7740
www.michigan.gov/mioshastandards

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

DIRECTOR'S OFFICE

MIOSHA SAFETY AND HEALTH STANDARD

Filed with the Secretary of State on February 25, 1976 (as amended May 7, 1979) (as amended November 15, 1983) (as amended December 17,1986) (as amended June 6, 2000) (as amended December 12, 2001) (as amended November 25, 2002) (as amended May 20, 2015) (as amended November 10, 2016) (as amended September 12, 2019) **(as amended September 16, 2021)**

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(9) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the department of labor and economic opportunity by section 69 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1069, and Executive Reorganization Order Nos. 1996 2, 2003 1, 2008 4, 2011 4, and 2019-3, MCL 445.2001, 445.2011, 445.2025, 445.2030, and 125.1998)

R 408.22102a, R 408.22103, R 408.22104, R 408.22107, R 408.22133, R 408.22151, and R 408.22156 of the Michigan Administrative Code are amended, as follows:

PART 11. RECORDING AND REPORTING OF OCCUPATIONAL INJURIES AND ILLNESSES

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R 408.22101 Scope.

Rule 1101. These rules provide for recordkeeping and reporting by public and private employers covered under the act as necessary or appropriate for enforcement of the act, for developing information regarding the causes and prevention of occupational injuries and illnesses, and for maintaining a program of collection, compilation, and analysis of occupational safety and health statistics. R 408.22103 lists employers who are partially exempted from keeping work-related injury and illness records.

R 408.22102 Intent.

Rule 1102. (1) These rules are substantially identical to the federal occupational safety and health act (OSHA) recordkeeping and reporting requirements, as contained in 29 C.F.R., 1904 "Recording and Reporting of Occupational Injuries and Illnesses" amended 2016, as adopted in R 408.22102a, to assure that employers maintaining records pursuant to these rules are in compliance with the federal requirements and need not maintain additional records or submit additional reports pursuant to the federal regulations. R 408.21119 of this standard pertains to the use of OSHA forms.

(2) This standard does not supersede the recordkeeping and reporting requirements prescribed by sections 18 and 24 of Public Law 91-596, 29 U.S.C. 667 and 673.

(3) If an employer creates records to comply with another government agency's injury and illness recordkeeping requirements, MIOSHA will consider the records as complying with these rules if OSHA or MIOSHA accepts the other agency's records under a memorandum of understanding with that agency, or if the other agency's records contain the same information as these rules requires an employer to record. For help in determining whether an employer's records meet MIOSHA's requirements, an employer may contact the MIOSHA Management Information Systems Section at www.michigan.gov/recordkeeping, or telephone 517-284-7788.

R 408.22102a Adopted and referenced standards.

Rule 1102a. (1) The following federal standards are adopted by reference in these rules:

(a) 29 CFR 1903.2, "Posting of notice; availability of the Act, regulations and applicable standards," amended July 1, 2016.

(b) 45 CFR 164.512, "Uses and disclosures for which an authorization or opportunity to agree or object is not required," amended May 12, 2016.

(2) The standards adopted in these rules are available from the United States Government Printing Office website: www.ecfr.gov, at no charge as of the time of adoption of these rules.

(3) The standards adopted in these rules are available for inspection at the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, P.O. Box 30643, Lansing, Michigan, 48909-8143.

(4) The standards adopted in these rules may be obtained as shown in these rules or may be obtained from the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, P.O. Box 30643, Lansing, Michigan, 48909-8143, plus $20.00 for shipping and handling.

(5) The following MIOSHA standards are referenced in these rules. Up to 5 copies of these standards may be obtained at no charge from the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, P.O. Box 30643, Lansing, Michigan, 48909-8143 or via the internet at website: www.michigan.gov/mioshastandards. For quantities greater than 5, the cost, as of the time of adoption of these rules, is 4 cents per page.

(a) Occupational Health Standard Part 380. "Occupational Noise Exposure in General Industry," R 325.60101 to R 325.60128.

(b) General Industry Safety and Health Standard Part 554. "Bloodborne Infectious Diseases," R 325.70001 to R 325.70018.

R 408.22103 Exceptions; applicability; petitions.

Rule 1103. (1) Both of the following provisions apply to exemptions based on employee numbers and industry classifications:

(a) If your company had 10 or fewer employees at all times during the last calendar year, you do not need to keep MIOSHA injury and illness records unless MIOSHA, the United States Bureau of Labor Statistics (BLS), or the United States Department of Labor Occupational Safety and Health Administration (OSHA), informs you, in writing, that you must keep records according to R 408.22141, R 408.22141a, R 408.22141b, or R 408.22142. However, as required by R 408.22139, all employers covered by the act shall report to MIOSHA any workplace incident that results in a fatality, inpatient hospitalization, amputation, or loss of an eye.

(b) If your company had more than 10 employees at any time during the last calendar year, you must keep MIOSHA injury and illness records unless your establishment is classified as a partially exempt industry under this rule.

(2) Both of the following provisions apply to implementation of employee number based exemptions:

(a) Is the partial exemption for size based on the size of my entire company or on the size of an individual business establishment? The partial exemption for size is based on the number of employees in the entire company.

(b) How do I determine the size of my company to find out if I qualify for the partial exemption for size? To determine if you are exempt because of size, you must determine your company's peak employment during the last calendar year. If you did not have more than 10 employees at any time in the last calendar year, then your company qualifies for the partial exemption for size.

(3) Both of the following provisions apply to basic requirements for partial exemption for establishments in certain industries:

(a) If your business establishment is classified in a specific industry group listed in Appendix A, you do not need to keep MIOSHA injury and illness records unless MIOSHA, the United States Bureau of Labor Statistics (BLS), or the United States Department of Labor Occupational Safety and Health Administration (OSHA), informs you, in writing, that you must keep the records according to R 408.22141, R 408.22141a, R 408.22141b, or R 408.22142. However, all employers must report to MIOSHA any workplace incident that results in an employee's fatality, inpatient hospitalization, amputation, or loss of an eye as required by R 408.22139.

(b) If 1 or more of your company's establishments are classified in a nonexempt industry, then you must keep MIOSHA injury and illness records for all of such establishments unless your company is partially exempted because of size under these rules.

(4) Is the partial industry classification exemption based on the industry classification of my entire company or on the classification of individual business establishments operated by my company? The partial industry classification exemption applies to individual business establishments. If a company has several business establishments engaged in different classes of business activities, some of the company's establishments may be required to keep records, while others may be partially exempt.

(5) How do I determine the correct North American Industry Classification System (NAICS) code for my company or for individual establishments? You may determine your NAICS code by using 1 of the following methods, or you may contact your nearest OSHA office or state agency for help in determining your NAICS code:

(a) You may use the search feature at the U.S. Census Bureau NAICS main Web page: http://www.census.gov/eos/www/naics/. In the search box for the most recent NAICS, enter a keyword that describes your kind of business. A list of primary business activities containing that keyword and the corresponding NAICS codes will appear. Choose the 1 code that most closely corresponds to your primary business activity, or refine your search to obtain other choices.

(b) Rather than searching through a list of primary business activities, you may also view the most recent complete NAICS structure with codes and titles by clicking on the link for the most recent NAICS on the U.S. Census Bureau NAICS main Web page: https://www.census.gov/naics. Then click on the 2-digit sector code to see all the NAICS codes under that sector. Then choose the 6-digit code of your interest to see the corresponding definition, as well as cross-references and index items, when available.

(c) If you know your old standard industrial classification (SIC) code, you can also find the appropriate 2002 NAICS code by using the detailed conversion (concordance) between the 1987 SIC and 2002 NAICS available in Excel format for download at the ''Concordances'' link at the U.S. Census Bureau NAICS main Web page: https://www.census.gov/naics.

(6) The department of labor and economic opportunity shall supply copies of the forms provided for in these rules and compile, correct, and analyze data obtained pursuant to these rules. The department shall process petitions for exceptions to these rules from public employers. The Occupational Safety and Health Administration (OSHA) of the United States Department of Labor shall process petitions for exceptions from private employers to ensure uniformity between federal and state rules.

R 408.22104 Definitions; A to D.

Rule 1104. (1) "Act" means the Michigan occupational safety and health act (MIOSHA), 1974 PA 154, MCL 408.1001 to 408.1094.

(2) "Affected employee" means an employee who is affected by the granting or denial of an exception, or an authorized representative as defined by the act.

(3) “Amputation” means the traumatic loss of a limb or other external body part. Amputation includes all of the following:

(a) A part, such as a limb or appendage, that has been severed, cut off, or amputated, either completely or partially.

(b) Fingertip amputations with or without bone loss.

(c) Medical amputations resulting from irreparable damage.

(d) Amputations of body parts that have since been reattached. Amputations do not include avulsions, enucleations, deglovings, scalpings, severed ears, or broken or chipped teeth.

(4) "Department" means the department of labor and economic opportunity.

(5) "Director" means the director of the department of labor and economic opportunity.

R 408.22105 Definitions; E, F.

Rule 1105. (1) “Employer” means an individual or organization, including the state or a political subdivision, which employs 1 or more person.

(2) “Establishment” means a single physical location where business is conducted or where services or industrial operations are performed. For activities where employees do not work at a single physical location, such as construction; transportation; communications; electric, gas, and sanitary services; and similar operations, the establishment is represented by main or branch offices, terminals, stations, and the like that either supervise the activities or are the base from which personnel carry out the activities. The following are examples of an establishment:

(a) Factory.
(b) Mill.
(c) Store.
(d) Hotel.
(e) Restaurant.
(f) Movie theater.
(g) Farm.
(h) Ranch.
(i) Bank.
(j) Sales office.
(k) Warehouse.
(l) Central administrative office.
(m) Single school within a school district.
(n) City garage within the department of public works.
(o) Branch office of the department of state.
(p) Police station within the police department of a city.

(3) “First-aid” means any of the following:

(a) Using a nonprescription medication at nonprescription strength. For medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is considered medical treatment for recordkeeping purposes.

(b) Administering tetanus immunizations. Other immunizations, such as hepatitis B vaccine or rabies vaccine, are considered medical treatment.

(c) Cleaning, flushing, or soaking wounds on the surface of the skin.

(d) Using wound coverings such as bandages, Band-aids^{tm}, gauze pads, or the like; or using butterfly bandages or Steri-strips^{tm}. Other wound closing devices, such as sutures, staples, and the like, are considered medical treatment.

(e) Using hot or cold therapy.

(f) Using any nonrigid means of support, such as elastic bandages, wraps, nonrigid back belts, or the like. Devices that have rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes.

(g) Using temporary immobilization devices while transporting an accident victim, such as splints, slings, neck collars, backboards, and the like.

(h) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.

(i) Using eye patches.

(j) Removing foreign bodies from the eye using only irrigation or a cotton swab.

(k) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.

(l) Using finger guards.

(m) Using massages. Physical therapy or chiropractic treatment is considered medical treatment for recordkeeping purposes.

(n) Drinking fluids for relief of heat stress.

R 408.22106 Definitions; H to M.

Rule 1106. (1) “Hospitalization” means the inpatient admission to a hospital for treatment, observation, or any other reason.

(2) “Inpatient hospitalization” means the formal admission to the inpatient service of a hospital or clinic for care or treatment.

(3) "Medical treatment" means the management and care of a patient to combat disease or disorder. For the purposes of these rules, "medical treatment" does not include any of the following:

(a) Visits to a physician or other licensed health care professional solely for observation or counseling.

(b) The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes, for example, eye drops to dilate pupils.

(c) "First-aid" as defined in R 408.22105(3).

R 408.22107 Definitions; O to Y.

Rule 1107. (1) "Occupational injury or illness" means an abnormal condition or disorder. Occupational injury is a result of a work accident or from an exposure involving a single incident in the work environment and includes, but is not limited to, a cut, fracture, sprain, or amputation. Occupational illnesses include both acute and chronic illnesses, including, but not limited to, a skin disease, respiratory disorder, or poisoning. Injuries and illnesses are recordable only if they are new, work-related cases that meet 1 or more of the recording criteria of these rules.

(2) "Other potentially infectious material" means other potentially infectious material as defined in General Industry Safety and Health Standard Part 554. “Bloodborne Infectious Diseases,” as referenced in R 408.22102a. These materials include the following:

(a) Human bodily fluids, tissues, and organs.

(b) Other materials infected with the HIV or hepatitis B (HBV) virus, such as laboratory cultures or tissues from experimental animals.

(3) "Physician or other licensed health care professional" means a physician or other licensed health care professional who is an individual and whose legally permitted scope of practice, that is, license, registration, or certification, allows him or her to independently perform, or be delegated the responsibility to perform, the activities described by these rules.

(4) "Recordable injuries and illness" means an injury or illness that meets the general recording criteria, and therefore is recordable, if it results in any of the following:

(a) Death.

(b) Days away from work.

(c) Restricted work or transfer to another job.

(d) Medical treatment beyond first-aid.

(e) Loss of consciousness.

An employer must also consider a case as meeting the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first-aid, or loss of consciousness.

(5) "Standard threshold shift" means a change in the hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear.

(6) "You" means an employer as defined in section 5 of the act, MCL 408.1005.

R 408.22109 Recording criteria.

Rule 1109. (1) Each employer required to keep records of fatalities, injuries, and illnesses must record each fatality, injury, and illness that involves all of the following:

(a) Is work-related.

(b) Is a new case.

(c) Meets 1 or more of the general recording criteria of R 408.22112 to R 408.22112f or the application to specific cases of R 408.22113 to R 408.22119.

(2) *What sections of this rule describe recording criteria for recording work-related injuries and illnesses?*

The following list indicates which rules address each topic:

(a) Determination of work-relatedness. See R 408.22110 to R 408.22110b.

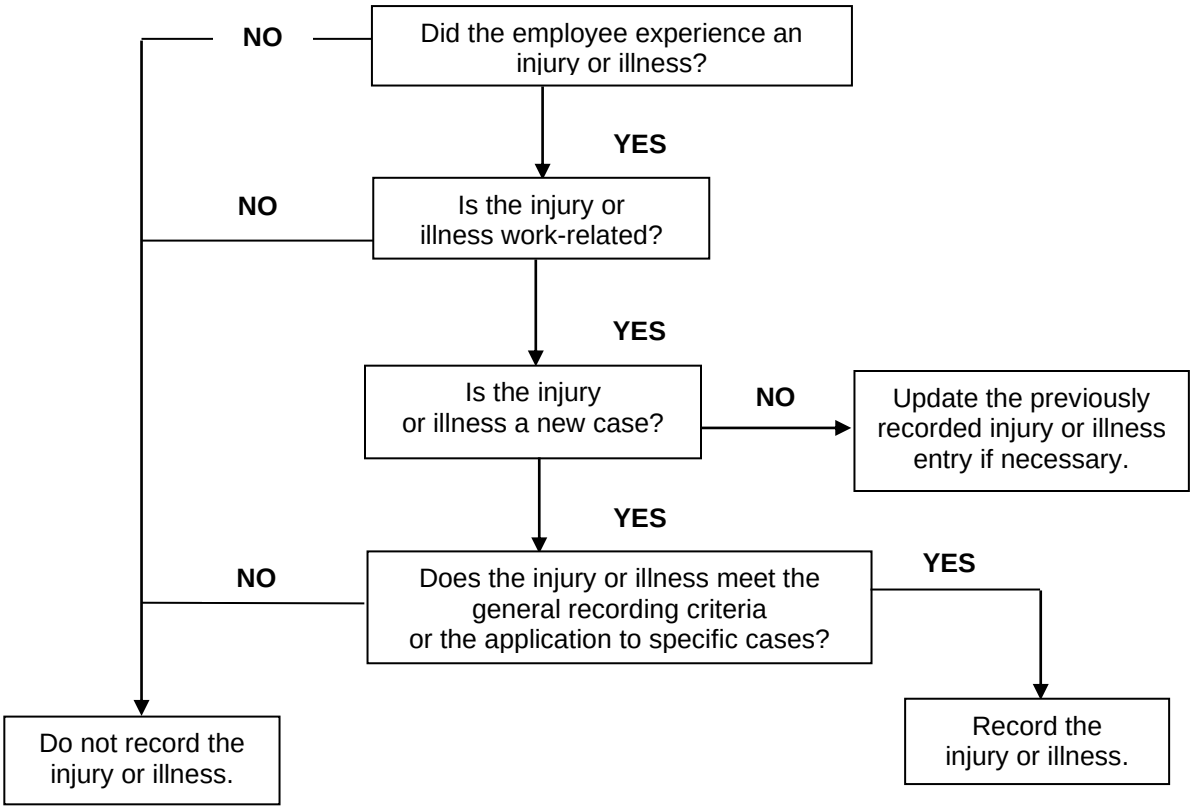
(b) Determination of a new case. See R 408.22111.

(c) General recording criteria. See R 408.22112 to R 408.22112f.

(d) Additional criteria such as needlestick and sharps injury cases, tuberculosis cases, and medical removal cases. See R 408.22113 to R 408.22119.

(3) *How do I decide whether a particular injury or illness is recordable?*

The following decision tree for recording work-related injuries and illnesses shows the steps involved in making this determination:



DETERMINATION OF WORK-RELATEDNESS

R 408.22110 Basic requirement.

Rule 1110. You must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a preexisting injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in R 408.22110a(5) specifically applies.

R 408.22110a Implementation.

Rule 1110a. (1) *What is the "work environment"?*

MIOSHA defines the work environment as “the establishment and other locations where 1 or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work.”

(2) *May 1 business location include 2 or more establishments?*

Normally, 1 business location has only 1 establishment. Under limited conditions, an employer may consider 2 or more separate businesses that share a single location to be separate establishments. An employer may divide 1 location into 2 or more establishments only when all of the following provisions apply:

(a) Each of the establishments represents a distinctly separate business.

(b) Each business is engaged in a different economic activity.

(c) A single industry description in the North American Industry Classification System Manual (NAICS) does not apply to the joint activities of the establishments

(d) Separate reports are routinely prepared for each establishment on the number of employees, their wages and salaries, sales or receipts, and other business information. For example, if an employer operates a construction company at the same location as a lumber yard, the employer may consider each business to be a separate establishment.

(3) *May an establishment include more than 1 physical location?*

Yes, but only under certain conditions. An employer may combine 2 or more physical locations into a single establishment only when all of the following provisions apply:

(a) The employer operates the locations as a single business operation under common management.

(b) The locations are all located in close proximity to each other.

(c) The employer keeps 1 set of business records for the locations, such as records on the number of employees, their wages and salaries, sales or receipts, and other kinds of business information. For example, 1 manufacturing establishment might include the main plant, a warehouse a few blocks away, and an administrative services building across the street.

(4) *If an employee telecommutes from home, is his or her home considered a separate establishment?*

No. For an employee who telecommutes from home, the employee's home is not a business establishment and a separate 300 Log is not required. An employee who telecommutes must be linked to 1 of your establishments under R 408.22130(4).

(5) *Are there situations where an injury or illness occurs in the work environment and is not considered work-related?*

Yes. An injury or illness occurring in the work environment that falls under any of the following exceptions is not work-related, and therefore is not recordable:

R 408.22110a(5)	YOU ARE NOT REQUIRED TO RECORD INJURIES AND ILLNESSES IF...
(a)	At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
(b)	The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
(c)	The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
(d)	The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption whether bought on the employer's premises or brought in. For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related. Note: If the employee is made ill by ingesting food contaminated by workplace contaminants, such as lead, or gets food poisoning from food supplied by the employer, then the case would be considered work-related.
(e)	The injury or illness is solely the result of an employee doing personal tasks, unrelated to his or her employment, at the establishment outside of the employee's assigned working hours.
(f)	The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
(g)	The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
(h)	The illness is the common cold or flu. Note: Contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work.
(i)	The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional who has appropriate training and experience, such as a psychiatrist, psychologist, psychiatric nurse practitioner, or the like, stating that the employee has a mental illness that is work-related.

R 408.22110b How to handle unusual cases.

Rule 1110b. (1) *How do I handle a case if it is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work?*

In these situations, you must evaluate the employee's work duties and environment to decide whether or not 1 or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a preexisting condition.

(2) *How do I know if an event or exposure in the work environment "significantly aggravated" a preexisting injury or illness?*

A preexisting injury or illness has been significantly aggravated, for purposes of MIOSHA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:

(a) Death, if the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.

(b) Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.

(c) One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.

(d) Medical treatment in a case where medical treatment was not needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

(3) *Which injuries and illnesses are considered preexisting conditions?*

An injury or illness is a preexisting condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment.

(4) *How do I decide whether an injury or illness is work-related if the employee is on travel status at the time the injury or illness occurs?*

Injuries and illnesses that occur while an employee is on travel status are work-related if, at the time of the injury or illness, the employee was engaged in work activities "in the interest of the employer." Examples of such activities include travel to and from customer contacts, conducting job tasks, and entertaining or being entertained to transact, discuss, or promote business. Work-related entertainment includes only entertainment activities being engaged in at the direction of the employer.

(5) Injuries or illnesses that occur when the employee is on travel status do not have to be recorded if the injuries or illnesses meet any of the following exceptions:

R 408.22110b(4)	If the employee has ...:	You may use the following to determine if an injury or illness is work-related.
(a)	Checked into a hotel or motel for 1 or more days.	When a traveling employee checks into a hotel, motel, or other temporary residence, he or she establishes a "home away from home." You must evaluate the employee's activities after he or she checks into the hotel, motel, or other temporary residence for his or her work-relatedness in the same manner as you evaluate the activities of a non-traveling employee. When the employee checks into the temporary residence, he or she is considered to have left the work environment. When the employee begins work each day, he or she re-enters the work environment. If the employee has established a "home away from home" and is reporting to a fixed worksite each day, you also do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.
(b)	Taken a detour for personal reasons.	Injuries or illnesses are not considered work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel, that is, has taken a side trip for personal reasons.

(6) *How do I decide if a case is work-related when the employee is working at home?*

Injuries and illnesses that occur while an employee is working at home, including work in a home office, will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting. For example, if an employee drops a box of work documents and injures his or her foot, the case is considered work-related. If an employee's fingernail is punctured by a needle from a sewing machine used to perform garment work at home, becomes infected and requires medical treatment, the injury is considered work-related. If an employee is injured because he or she trips on the family dog while rushing to answer a work phone call, the case is not considered work-related. If an employee working at home is electrocuted because of faulty home wiring, the injury is not considered work-related.

R 408.22111 Determination of new cases.

Rule 1111. (1) Basic requirement. You must consider an injury or illness to be a "new case" if either of the following applies:

(a) The employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body.

(b) The employee previously experienced a recorded injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

(2) Implementation. *When an employee experiences the signs or symptoms of a chronic work-related illness, do I need to consider each recurrence of signs or symptoms to be a new case?*

No, for occupational illnesses where the signs or symptoms may recur or continue in the absence of an exposure in the workplace, the case must only be recorded once.

Examples include occupational cancer, asbestosis, byssinosis, and silicosis.

(3) *When an employee experiences the signs or symptoms of an injury or illness as a result of an event or exposure in the workplace, such as an episode of occupational asthma, must I treat the episode as a new case?*

Yes, because the episode or recurrence was caused by an event or exposure in the workplace, the incident must be treated as a new case.

(4) *May I rely on a physician or other licensed health care professional to determine whether a case is a new case or a recurrence of an old case?*

You are not required to seek the advice of a physician or other licensed health care professional. However, if you do seek such advice, you must follow the physician or other licensed health care professional's recommendation about whether the case is a new case or a recurrence. If you receive recommendations from 2 or more physicians or other licensed health care professionals, you must make a decision as to which recommendation is the most authoritative (best documented, best reasoned, or most authoritative), and record the case based upon that recommendation.

GENERAL RECORDING CRITERIA

R 408.22112 Basic requirement.

Rule 1112. (1) You must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if the injury or illness results in any of the following:

(a) Death.
(b) Days away from work.
(c) Restricted work or transfer to another job.
(d) Medical treatment beyond first-aid.
(e) Loss of consciousness.

(2) You must consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first-aid, or loss of consciousness.

R 408.22112a Implementation.

Rule 1112a. (1) *How do I decide if a case meets 1 or more of the general recording criteria?*

A work-related injury or illness must be recorded if it results in 1 or more of the following:

(a) Death. See subrule (2) of this rule.
(b) Days away from work. See R 408.22112b.
(c) Restricted work or transfer to another job. See R 408.22112c.
(d) Medical treatment beyond first-aid. See R 408.22112d.
(e) Loss of consciousness. See R 408.22112e.
(f) A significant injury or illness diagnosed by a physician or other licensed health care professional. See R 408.22112f.

(2) *How do I record a work-related injury or illness that results in the employee's death?*

You must record an injury or illness that results in death by entering a check mark on the MIOSHA 300 Log in the space for cases resulting in death. You must also report any work-related fatality to MIOSHA within 8 hours, as required by R 408.22139.

R 408.22112b Record work-related injury or illness that results in days away from work.

Rule 1112b. (1) *How do I record a work-related injury or illness that results in days away from work?*

When an injury or illness involves 1 or more days away from work, you must record the injury or illness on the MIOSHA 300 Log with a check mark in the space for cases involving days away and an entry of the number of calendar days away from work in the number of days column. If the employee is out for an extended period of time, you must enter an estimate of the days that the employee will be away, and update the day count when the actual number of days is known.

(2) *Do I count the day on which the injury occurred or the illness began?*

No. You begin counting days away on the day after the injury occurred or the illness began.

(3) *How do I record an injury or illness when a physician or other licensed health care professional recommends that the worker stay at home but the employee comes to work anyway?*

You must record these injuries and illnesses on the MIOSHA 300 Log using the check box for cases with days away from work and enter the number of calendar days away recommended by the physician or other licensed health care professional. If a physician or other licensed health care professional recommends days away, you should encourage your employee to follow that recommendation. However, the days away must be recorded whether the injured or ill employee follows the physician or licensed health care professional's recommendation or not. If you receive recommendations from 2 or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

(4) *How do I handle a case when a physician or other licensed health care professional recommends that the worker return to work but the employee stays at home anyway?*

In this situation, you must end the count of days away from work on the date the physician or other licensed health care professional recommends that the employee return to work.

(5) *How do I count weekends, holidays, or other days the employee would not have worked anyway?*

You must count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those days. Weekend days, holidays, vacation days, or other days off are included in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.

(6) *How do I record a case in which a worker is injured or becomes ill on a Friday and reports to work on a Monday, and was not scheduled to work on the weekend?*

You need to record this case only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the weekend. If so, you must record the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

(7) *How do I record a case in which a worker is injured or becomes ill on the day before scheduled time off such as a holiday, a planned vacation, or a temporary plant closing?*

You need to record a case of this type only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the scheduled time off. If so, you must record the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

(8) *Is there a limit to the number of days away from work I must count?*

Yes. You may "cap" the total days away at 180 calendar days. You are not required to keep track of the number of calendar days away from work if the injury or illness resulted in more than 180 calendar days away from work or days of job transfer or restriction, or both. In such a case, entering 180 in the total days away column will be considered adequate.

(9) *May I stop counting days if an employee who is away from work because of an injury or illness retires or leaves my company?*

Yes. If the employee leaves your company for some reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, you may stop counting days away from work or days of restriction or job transfer. If the employee leaves your company because of the injury or illness, you must estimate the total number of days away or days of restriction or job transfer and enter the day count on the MIOSHA 300 Log.

(10) *If a case occurs in one year but results in days away during the next calendar year, do I record the case in both years?*

No. You only record the injury or illness once. You must enter the number of calendar days away for the injury or illness on the MIOSHA 300 Log for the year in which the injury or illness occurred. If the employee is still away from work because of the injury or illness when you prepare the annual summary, estimate the total number of calendar days you expect the employee to be away from work, use this number to calculate the total for the annual summary, and then update the initial log entry later when the day count is known or reaches the 180-day cap.

R 408.22112c Record work-related injury or illness that results in restricted work or job transfer.

Rule 1112c. (1) *How do I record a work-related injury or illness that results in restricted work or job transfer?*

When an injury or illness involves restricted work or job transfer but does not involve death or days away from work, you must record the injury or illness on the MIOSHA 300 Log by placing a check mark in the space for job transfer or restriction and an entry of the number of restricted or transferred days in the restricted workdays column.

(2) *How do I decide if the injury or illness resulted in restricted work?*

Restricted work occurs when, as the result of a work-related injury or illness, either of the following occurs:

(a) You keep the employee from performing 1 or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work.

(b) A physician or other licensed health care professional recommends that the employee not perform 1 or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

(3) *What is meant by "routine functions"?*

For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.

(4) *Am I required to record restricted work or job transfer if it applies only to the day on which the injury occurred or the illness began?*

No. You are not required to record restricted work or job transfers if you, or the physician or other licensed health care professional, impose the restriction or transfer only for the day on which the injury occurred or the illness began.

(5) *If you or a physician or other licensed health care professional recommends a work restriction, is the injury or illness automatically recordable as a "restricted work" case?*

No. A recommended work restriction is recordable only if it affects 1 or more of the employee's routine job functions. To determine whether this is the case, you must evaluate the restriction in light of the routine functions of the injured or ill employee's job. If the restriction from you or the physician or other licensed health care professional keeps the employee from performing 1 or more of his or her routine job functions, or from working the full workday the injured or ill employee would otherwise have worked, the employee's work has been restricted and you must record the case.

(6) *How do I record a case where the worker works only for a partial work shift because of a work-related injury or illness?*

A partial day of work is recorded as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began.

(7) *If the injured or ill worker produces fewer goods or services than he or she would have produced before the injury or illness, but otherwise performs all of the routine functions of his or her work, is the case considered a restricted work case?*

No. The case is considered restricted work only if the worker does not perform all of the routine functions of his or her job or does not work the full shift that he or she would otherwise have worked.

(8) *How do I handle vague restrictions from a physician or other licensed health care professional, such as that the employee engage only in "light duty" or "take it easy for a week"?*

If you are not clear about the physician or other licensed health care professional's recommendation, you may ask that person whether the employee can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is "yes," then the case does not involve a work restriction and does not have to be recorded as such. If the answer to 1 or both of these questions is "no," the case involves restricted work and must be recorded as a restricted work case. If you are unable to obtain this additional information from the physician or other licensed health care professional who recommended the restriction, then record the injury or illness as a case involving restricted work.

(9) *What do I do if a physician or other licensed health care professional recommends a job restriction meeting MIOSHA's definition, but the employee does all of his or her routine job functions anyway?*

You must record the injury or illness on the MIOSHA 300 Log as a restricted work case. If a physician or other licensed health care professional recommends a job restriction, you should ensure that the employee complies with that restriction. If you receive recommendations from 2 or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

(10) *How do I decide if an injury or illness involved a transfer to another job?*

If you assign an injured or ill employee to a job other than his or her regular job for part of the day, the case involves transfer to another job. Note: This does not include the day on which the injury or illness occurred.

(11) *Are transfers to another job recorded in the same way as restricted work cases?*

Yes. Both job transfer and restricted work cases are recorded in the same box on the MIOSHA 300 Log. For example, if you assign, or a physician or other licensed health care professional recommends that you assign, an injured or ill worker to his or her routine job duties for part of the day and to another job for the rest of the day, the injury or illness involves a job transfer. You must record an injury or illness that involves a job transfer by placing a check in the box for job transfer.

(12) *How do I count days of job transfer or restriction?*

You count days of job transfer or restriction in the same way you count days away from work, using R 408.22112b (2) to (9). The only difference is that, if you permanently assign the injured or ill employee to a job that has been modified or permanently changed in a manner that eliminates the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is made permanent. You must count at least 1 day of restricted work or job transfer for such cases.

R 408.22112d Recording injury or illness that involves medical treatment beyond first-aid.

Rule 1112d. (1) *How do I record an injury or illness that involves medical treatment beyond first-aid?*

If a work-related injury or illness results in medical treatment beyond first-aid, you must record it on the MIOSHA 300 Log. If the injury or illness did not involve death, 1 or more days away from work, 1 or more days of restricted work, or 1 or more days of job transfer, you enter a check mark in the box for cases where the employee received medical treatment but remained at work and was not transferred or restricted.

(2) *What is the definition of medical treatment?*

"Medical treatment" means the management and care of a patient to combat disease or disorder. For the purposes of these rules, medical treatment does not include any of the following:

(a) Visits to a physician or other licensed health care professional solely for observation or counseling.

(b) The conduct of diagnostic procedures, such as X-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes, such as eye drops to dilate pupils.

(c) "First-aid" as defined in subrule (3) of this rule.

(3) *What is "first-aid"?*

For the purposes of these rules, "first-aid" means any of the following:

(a) Using a nonprescription medication at nonprescription strength. For medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is considered medical treatment for recordkeeping purposes.

(b) Administering tetanus immunizations. Administering other immunizations, such as hepatitis B vaccine or rabies vaccine, is considered medical treatment.

(c) Cleaning, flushing, or soaking wounds on the surface of the skin.

(d) Using wound coverings such as bandages, Band-aids™, gauze pads, or the like; or using butterfly bandages or Steri-strips™. Using other wound closing devices, such as sutures, staples, or the like, is considered medical treatment.

(e) Using hot or cold therapy.

(f) Using any nonrigid means of support, such as elastic bandages, wraps, nonrigid back belts, or the like. Using devices that have rigid stays or other systems designed to immobilize parts of the body is considered medical treatment for recordkeeping purposes.

(g) Using temporary immobilization devices while transporting an accident victim, such as splints, slings, neck collars, back boards, and the like.

(h) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.

(i) Using eye patches.

(j) Removing foreign bodies from the eye using only irrigation or a cotton swab.

(k) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.

(l) Using finger guards.

(m) Using massages. Physical therapy or chiropractic treatment is considered medical treatment for recordkeeping purposes.

(n) Drinking fluids for relief of heat stress.

(4) *Are any other procedures included in first-aid?*

No. This is a complete list of all treatments considered first-aid for the purposes of these rules.

(5) *Does the professional status of the person providing the treatment have any effect on what is considered first-aid or medical treatment?*

No. MIOSHA considers the treatments listed in subrule (3) of this rule to be first-aid regardless of the professional status of the person providing the treatment. Even when these treatments are provided by a physician or other licensed health care professional, they are considered first-aid. Similarly, MIOSHA considers treatment beyond first-aid to be medical treatment even when it is provided by someone other than a physician or other licensed health care professional

(6) *What if a physician or other licensed health care professional recommends medical treatment but the employee does not follow the recommendation?*

If a physician or other licensed health care professional recommends medical treatment, you should encourage the injured or ill employee to follow that recommendation. However, you must record the case even if the injured or ill employee does not follow the physician or other licensed health care professional's recommendation.

R 408.22112e Record of work-related injury or illness case involving loss of consciousness recordable.

Rule 1112e. *Is every work-related injury or illness case involving a loss of consciousness recordable?*

Yes. You must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.

R 408.22112f "Significant" diagnosed injury or illness that is recordable,

Rule 1112f. *What is a "significant" diagnosed injury or illness that is recordable under the general criteria, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first-aid, or loss of consciousness?*

Work-related cases involving cancer, a chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other licensed health care professional.

Note: Most significant injuries and illnesses will result in 1 of the criteria listed in R 408.22112, such as death, days away from work, restricted work or job transfer, medical treatment beyond first-aid, or loss of consciousness. However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are certain significant progressive diseases, such as byssinosis, silicosis, and certain types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. Cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.

R 408.22113 Recording criteria for needlestick and sharps injuries.

Rule 1113. (1) You must record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material, as defined in Occupational Health Standard Part 554 "Bloodborne Infectious Diseases," as referenced in R 408.22102a. You must enter the case on the MIOSHA 300 Log as an injury. To protect the employee's privacy, you may not enter the employee's name on the MIOSHA 300 Log (see the requirements for privacy cases in R 408.22129(7) to (10).

(2) *What does "other potentially infectious material" mean?*

The term "other potentially infectious material" is defined in R 408.22107(2). These materials include the following:

(a) Human bodily fluids, tissues, and organs.

(b) Other materials infected with the HIV or hepatitis B (HBV) virus, such as laboratory cultures or tissues from experimental animals.

(3) *Does this mean that I must record all cuts, lacerations, punctures, and scratches?*

No, you need to record cuts, lacerations, punctures, and scratches only if they are work-related and involve contamination with another person's blood or other potentially infectious material. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or other potentially infectious material, you need to record the case only if it meets 1 or more of the recording criteria in R 408.22112 to R 408.22112f.

(4) *If I record an injury and the employee is later diagnosed with an infectious bloodborne disease, do I need to update the MIOSHA 300 Log?*

Yes, you must update the classification of the case on the MIOSHA 300 Log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

(5) *What if one of my employees is splashed or exposed to blood or other potentially infectious material without being cut or scratched? Do I need to record this incident?*

You need to record such an incident on the MIOSHA 300 Log as an illness if any of the following provisions apply:

(a) It results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C.

(b) It meets 1 or more of the recording criteria in R 408.22112 to R 408.22112f.

R 408.22114 Recording criteria for cases involving medical removal under MIOSHA standards.

Rule 1114. (1) Basic requirement. If an employee is medically removed under the medical surveillance requirements of an MIOSHA standard, you must record the case on the MIOSHA 300 Log.

(2) All of the following apply to implementation of subrule (1) of this rule:

(a) *How do I classify medical removal cases on the MIOSHA 300 Log?*

You must enter each medical removal case on the MIOSHA 300 Log as either a case involving days away from work or a case involving restricted work activity, depending on how you decide to comply with the medical removal requirement. If the medical removal is the result of a chemical exposure, you must enter the case on the MIOSHA 300 Log by checking the "poisoning" column.

(b) *Do all of MIOSHA's standards have medical removal provisions?*

No, some MIOSHA standards, such as the standards covering bloodborne pathogens and noise, do not have medical removal provisions. Many MIOSHA standards that cover specific chemical substances have medical removal provisions. These standards include, but are not limited to, lead, cadmium, methylene chloride, formaldehyde, and benzene.

(c) *Am I required to record a case where I voluntarily removed the employee from exposure before the medical removal criteria in a MIOSHA standard are met?*

No, if the case involves voluntary medical removal before the medical removal levels required by a MIOSHA standard, you do not need to record the case on the MIOSHA 300 Log.

R 408.22115 Recording criteria for cases involving occupational hearing loss, after January 1, 2003.

Rule 1115. (1) If an employee's hearing test (audiogram) reveals that the employee has experienced a work-related standard threshold shift (STS) in hearing in 1 or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear or ears as the STS, you must record the case on the MIOSHA 300 Log, column 5.

(2) What is a standard threshold shift?

A standard threshold shift, or STS, is defined in Occupational Health Standard Part 380 "Occupational Noise Exposure in General Industry" as referenced in R 408.22102a, as a change in hearing threshold, relative to the baseline audiogram for that employee, of an average of 10 decibels (dB) or more at 2000, 3000, and 4000 hertz (Hz) in 1 or both ears.

(3) *How do I evaluate the current audiogram to determine whether an employee has an STS and a 25 dB hearing level?*

(a) If the employee has never previously experienced a recordable hearing loss, then you must compare the employee's current audiogram with that employee's baseline audiogram. If the employee has previously experienced a recordable hearing loss, then you must compare the employee's current audiogram with the employee's revised baseline audiogram, which is the audiogram reflecting the employee's previous recordable hearing loss case.

(b) 25 dB loss. Audiometric test results reflect the employee's overall hearing ability in comparison to audiometric zero. Therefore, using the employee's current audiogram, you must use the average hearing level at 2000, 3000, and 4000 Hz to determine if the employee's total hearing level is 25 dB or more.

(4) *May I adjust the current audiogram to reflect the effects of aging on hearing?*

Yes. When you are determining whether an STS has occurred, you may age adjust the employee's current audiogram results by using Table 4, as appropriate, from Occupational Health Standard Part 380 "Occupational Noise Exposure in General Industry" as referenced in R 408.22102a. You may not use an age adjustment when determining whether the employee's total hearing level is 25 dB or more above audiometric zero.

(5) *Am I required to record the hearing loss if I am going to retest the employee's hearing?*

No. If you retest the employee's hearing within 30 days of the first test, and the retest does not confirm the recordable STS, you are not required to record the hearing loss case on the MIOSHA 300 Log. If the retest confirms the recordable STS, you must record the hearing loss illness within 7 calendar days of the retest. If subsequent audiometric testing performed under the testing requirements of Occupational Health Standard Part 380 "Occupational Noise Exposure in General Industry" as referenced in R 408.22102a, indicates that an STS is not persistent, then you may erase or line-out the recorded entry.

(6) *Are there any special rules for determining whether a hearing loss case is work-related?*

No. You must use the requirements in R 408.22110 to R 408.22110b to determine if the hearing loss is work-related. If an event or exposure in the work environment either caused or contributed to the hearing loss, or significantly aggravated a pre-existing hearing loss, you must consider the case to be work-related.

(7) If a physician or other licensed health care professional determines that the hearing loss is not work-related or has not been significantly aggravated by occupational noise exposure, you are not required to consider the case work-related or to record the case on the MIOSHA 300 Log.

(8) *How do I complete the MIOSHA 300 Log for a hearing loss case?*

When you enter a recordable hearing loss case on the MIOSHA 300 Log, you must check the 300 Log column for hearing loss.

R 408.22117 Recording criteria for work-related tuberculosis cases.

Rule 1117. (1) If any of your employees has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional, you must record the case on the MIOSHA 300 Log by checking the "respiratory condition" column.

(2) *Am I required to record, on the log, a positive TB skin test result obtained at a pre-employment physical?*

No. You are not required to record it because the employee was not occupationally exposed to a known case of active tuberculosis in your workplace.

(3) *May I line-out or erase a recorded TB case if I obtain evidence that the case was not caused by occupational exposure?*

Yes. You may line-out or erase the case from the log under any of the following circumstances:

(a) The worker is living in a household with a person who has been diagnosed with active TB.

(b) The department of community health has identified the worker as a contact of an individual with a case of active TB unrelated to the workplace.

(c) A medical investigation shows that the employee's infection was caused by exposure to TB away from work, or proves that the case was not related to the workplace TB exposure.

R 408.22118 Falsification, or failure to keep records or reports.

Rule 1118. (1) Whoever knowingly makes a false statement, representation, or certification in an application, record, report, plan or other document filed or required to be maintained pursuant to the act, or fails to maintain or transmit records or reports as required under the act, shall be subjected to the provisions of section 35(7) of the act.

(2) Failure to maintain records or file reports required by this part, or in the details required by forms and instructions issued under this part, is a violation of the act and may result in the issuance of citations and assessment of penalties as provided for in sections 33, 35, 41, and 42 of the act.

R 408.22119 Record keeping on federal OSHA forms.

Rule 1119. Records maintained by an employer pursuant to this standard on the federal record keeping forms shall be regarded as in compliance with the state requirements as provided in this standard. The OSHA forms are the following:

(a) OSHA Form 300A "Summary of Work-Related Injuries and Illnesses."

(b) OSHA Form 300 "Log of Work-Related Injuries and Illnesses."

(c) OSHA Form 301 "Injury and Illness Incident Report.".

R 408.22129 Forms.

Rule 1129 (1) You must use MIOSHA 300A, 300, and 301 forms, or equivalent forms, and shall complete the forms in the detail required by the forms and the instructions contained in the forms for the purpose of recording recordable injuries and illnesses. The MIOSHA forms are the following:

(a) MIOSHA Form 300A "Summary of Work-Related Injuries and Illnesses."

(b) MIOSHA Form 300 "Log of Work-Related Injuries and Illnesses."

(c) MIOSHA Form 301 "Injury and Illness Incident Report."

(2) *What do I need to do to complete the MIOSHA 300 Log?*

You must enter information about your business at the top of the MIOSHA 300 Log, enter a 1 or 2-line description for each recordable injury or illness, and summarize this information on the MIOSHA 300A at the end of the year.

(3) *What do I need to do to complete the MIOSHA 301 Incident Report?*

You must complete a MIOSHA 301 Incident Report form, or an equivalent form, for each recordable injury or illness entered on the MIOSHA 300 Log.

(4) *How quickly must each injury or illness be recorded?*

You must enter each recordable injury or illness on the MIOSHA 300 Log and 301 Incident Report within 7 calendar days of receiving information that a recordable injury or illness has occurred.

(5) *What is an equivalent form?*

An equivalent form is a form that has the same information, is as readable and understandable, and is completed using the same instructions as the MIOSHA form it replaces. Many employers use an insurance form instead of the MIOSHA 301 Incident Report, or supplement an insurance form by adding any additional information required by MIOSHA.

(6) *May I keep my records on a computer?*

Yes. If the computer can produce equivalent forms when they are needed as described under R 408.22135 and R 408.22140 you may keep your records using the computer system.

(7) *Are there situations where I do not put the employee's name on the forms for privacy reasons?*

Yes. If you have a "privacy concern case" you may not enter the employee's name on the MIOSHA 300 Log. Instead enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee a former employee or an authorized employee representative is provided access to the MIOSHA 300 Log under R 408.22135(3). You must keep a separate confidential list of the case numbers and employee names for your privacy concern cases so you can update the cases and provide the information to the government if asked to do so.

(8) *How do I determine if an injury or illness is a privacy concern case?*

You must consider all of the following injuries or illnesses to be privacy concern cases:

(a) An injury or illness to an intimate body part or the reproductive system.

(b) An injury or illness resulting from a sexual assault.

(c) Mental illnesses.

(d) HIV infection, hepatitis, or tuberculosis.

(e) Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material. See R 408.22113(2) and R 408.22107(2) for definitions.

(f) Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. Musculoskeletal disorders (MSDs) are not considered privacy concern cases.

(9) *May I classify any other types of injuries and illnesses as privacy concern cases?*

No. The list in subrule (8) of this rule is a complete list of all injuries and illnesses considered privacy concern cases for the purposes of these rules.

(10) *If I have removed the employee's name, but still believe that the employee may be identified from the information on the forms, is there anything else that I can do to further protect the employee's privacy?*

Yes. If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the MIOSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature. For example, a sexual assault case could be described as "injury from assault," or an injury to a reproductive organ could be described as "lower abdominal injury."

(11) *What must I do to protect employee privacy if I wish to provide access to the MIOSHA forms 300 and 301 to persons other than government representatives, employees, former employees, or authorized representatives?*

If you decide to voluntarily disclose the forms to persons other than government representatives, employees, former employees, or authorized representatives, as required by R 408.22135 and R 408.22140, you must remove or hide the employees' names and other personally identifying information, except for the following cases. You may disclose the forms with personally identifying information only as follows:

(a) To an auditor or consultant hired by the employer to evaluate the safety and health program.

(b) To the extent necessary for processing a claim for workers' compensation or other insurance benefits.

(c) To a public health authority or law enforcement agency for uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required under the United States Department of Health and Human Services Standards for privacy of individually identifiable health information, 45 C.F.R. §164.512 “Uses and disclosures for which an authorization or opportunity to agree or object is not required,” amended January 6, 2016, as adopted in R 408.22102a.

R 408.22130 Multiple business establishments.

Rule 1130. (1) You must keep a separate MIOSHA 300 Log for each establishment that is expected to be in operation for 1 year or longer.

(2) *Do I need to keep MIOSHA injury and illness records for short-term establishments, that is, establishments that will exist for less than a year?*

Yes. However, you are not required to keep a separate MIOSHA 300 Log for each such establishment. You may keep 1 MIOSHA 300 Log that covers all of your short-term establishments. You may also include the short-term establishments' recordable injuries and illnesses on a MIOSHA 300 Log that covers short-term establishments for individual company divisions or geographic regions.

(3) *May I keep the records for all of my establishments at my headquarters location or at some other central location?*

Yes. You may keep the records for an establishment at your headquarters or other central location if you comply with both of the following provisions:

(a) Transmit information about the injuries and illnesses from the establishment to the central location within 7 calendar days of receiving information that a recordable injury or illness has occurred.

(b) Produce and send the records from the central location to the establishment within the time frames required by R 408.22135 and R 408.22140 when you are required to provide records to a government representative, employees, former employees, or employee representatives.

(4) *Some of my employees work at several different locations or do not work at any of my establishments at all. How do I record cases for these employees?*

You must link each of your employees with 1 of your establishments, for recordkeeping purposes. You must record the injury and illness on the MIOSHA 300 Log of the injured or ill employee's establishment, or on a MIOSHA 300 Log that covers that employee's short-term establishment.

(5) *How do I record an injury or illness when an employee of 1 of my establishments is injured or becomes ill while visiting or working at another of my establishments, or while working away from any of my establishments?*

If the injury or illness occurs at 1 of your establishments, you must record the injury or illness on the MIOSHA 300 Log of the establishment at which the injury or illness occurred. If the employee is injured or becomes ill and is not at 1 of your establishments, you must record the case on the MIOSHA 300 Log at the establishment at which the employee normally works.

R 408.22131 Covered employees.

Rule 1131. (1) Basic requirement. You must record on the MIOSHA 300 Log the recordable injuries and illnesses of all employees on your payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers. You also must record the recordable injuries and illnesses that occur to employees who are not on your payroll if you supervise these employees on a day-to-day basis. If your business is organized as a sole proprietorship or partnership, the owner or partners are not considered employees for recordkeeping purposes.

(2) All of the following apply to implementation of subrule (1) of this rule:

(a) *If a self-employed person is injured or becomes ill while doing work at my business, do I need to record the injury or illness?*

No, self-employed individuals are not covered by these rules.

(b) *If I obtain employees from a temporary help service, employee leasing service, or personnel supply service, am I required to record an injury or illness occurring to one of those employees?*

You must record these injuries and illnesses if you supervise these employees on a day-to-day basis.

(c) *If an employee in my establishment is a contractor's employee, must I record an injury or illness occurring to that employee?*

If the contractor's employee is under the day-to-day supervision of the contractor, the contractor is responsible for recording the injury or illness. If you supervise the contractor employee's work on a day-to-day basis, you must record the injury or illness.

(d) *Must the personnel supply service, temporary help service, employee leasing service, or contractor also record the injuries or illnesses occurring to temporary, leased, or contract employees that I supervise on a day-to-day basis?*

No, you and the temporary help service, employee leasing service, personnel supply service, or contractor should coordinate your efforts to make sure that each injury and illness is recorded only once: either on your MIOSHA 300 Log if you provide day-to-day supervision or on the other employer's MIOSHA 300 Log if that company provides day-to-day supervision.

R 408.22132 Annual summary.

Rule 1132. (1) Basic requirement. At the end of each calendar year, you must do all of the following:

(a) Review the MIOSHA 300 Log to verify that the entries are complete and accurate, and correct any deficiencies identified.

(b) Create an annual summary of injuries and illnesses recorded on the MIOSHA 300 Log.

(c) Certify the summary.

(d) Post the annual summary.

(2) All of the following apply to implementation of subrule (1) of this rule:

(a) *How extensively am I required to review the MIOSHA 300 Log entries at the end of the year?*

You must review the entries as extensively as necessary to make sure that they are complete and correct.

(b) *How do I complete the annual summary?*

You must do all of the following:

(i) Total the columns on the MIOSHA 300 Log. If you had no recordable cases, enter zeros for each column total.

(ii) Enter the calendar year covered, the company's name, establishment name, establishment address, annual average number of employees covered by the MIOSHA 300 Log, and the total hours worked by all employees covered by the MIOSHA 300 Log.

(iii) If you are using an equivalent form other than the MIOSHA 300A Summary form, as permitted under R 408.22129(5), the summary you use must also include the employee access and employer penalty statements found on the MIOSHA 300A form.

(c) *How do I certify the annual summary?*

A company executive must certify that he or she has examined the MIOSHA 300 Log and that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete.

(d) *Who is considered a company executive?*

The company executive who certifies the log must be any of the following persons:

(i) An owner of the company, only if the company is a sole proprietorship or partnership.

(ii) An officer of the corporation.

(iii) The highest ranking company official working at the establishment.

(iv) The immediate supervisor of the highest ranking company official working at the establishment.

(e) *How do I post the annual summary?*

You must post a copy of the annual summary in each establishment in a conspicuous place or places where notices to employees are customarily posted. You must ensure that the posted annual summary is not altered, defaced, or covered by other material.

(f) *When am I required to post the annual summary?*

You must post the summary not later than February 1 of the year following the year covered by the records and keep the posting in place until April 30.

R 408.22133 Retention and updating.

Rule 1133. (1) Basic requirement. You must save the MIOSHA 300 Log, the privacy case list, if one exists, the annual summary, and the MIOSHA 301 Incident Report forms for 5 years following the end of the calendar year that these records cover.

(2) All of the following apply to implementation of subrule (1) of this rule:

(a) Am I required to update the MIOSHA 300 Log during the 5-year storage period? Yes, during the storage period, you must update your stored MIOSHA 300 Logs to include newly discovered recordable injuries or illnesses and to show any changes that have occurred in the classification of previously recorded injuries and illnesses. If the description or outcome of a case changes, you must remove or line out the original entry and enter the new information.

(b) Am I required to update the annual summary? No, you are not required to update the annual summary, but you may do so if you wish.

(c) Am I required to update the MIOSHA 301 Incident Report? No, you are not required to update the MIOSHA 301 Incident Report, but you may do so if you wish.

R 408.22134 Change in business ownership.

Rule 1134. If your business changes ownership, you are responsible for recording and reporting work-related injuries and illnesses only for that period of the year during which you owned the establishment. You must transfer your records under this standard to the new owner. The new owner must save all records of the establishment kept by the prior owner, as required by R 408.22133, but need not update or correct the records of the prior owner.

R 408.22135 Employee involvement.

Rule 1135. (1) Basic requirement. Your employees and their representatives must be involved in the recordkeeping system as follows:

(a) You must inform each employee of how he or she is to report a work-related injury or illness to you.

(b) You must provide employees with the information described in subrule (2)(c) of this rule.

(c) You must provide access to your injury and illness records for your employees and their representatives.

(2) *Implementation. What must I do to make sure that employees report work-related injuries and illnesses to me?*

(a) You must establish a reasonable procedure for employees to report work-related injuries and illnesses promptly and accurately. A procedure is not reasonable if it would deter or discourage a reasonable employee from accurately reporting a workplace injury or illness.

(b) You must inform each employee of your procedure for reporting work-related injuries and illnesses.

(c) You must inform each employee of both of the following:

(i) Employees have the right to report work-related injuries and illnesses.

(ii) Employers are prohibited from discharging or in any manner discriminating against employees for reporting work-related injuries or illnesses.

(d) You must not discharge or in any manner discriminate against any employee for reporting a work-related injury or illness.

(3) *Am I required to give my employees and their representatives access to the MIOSHA injury and illness records?*

Yes, your employees, former employees, their personal representatives, and their authorized employee representatives have the right to access the MIOSHA injury and illness records, with some limitations, as follows:

(a) *Who is an authorized employee representative?*

An authorized employee representative is an authorized collective bargaining agent of employees.

(b) *Who is a "personal representative" of an employee or former employee?*

A personal representative is either of the following:

(i) Any person who the employee or former employee designates in writing.

(ii) The legal representative of a deceased or legally incapacitated employee or former employee.

(c) *If an employee or representative asks for access to the MIOSHA 300 Log, when am I required to provide it?*

When an employee, former employee, personal representative, or authorized employee representative asks for copies of your current or stored MIOSHA 300 Log or Logs for an establishment the employee or former employee has worked in, you must give the requester a copy of the relevant MIOSHA 300 Log or Logs by the end of the next business day.

(d) *May I remove the names of the employees or any other information from the MIOSHA 300 Log before I give copies to an employee, former employee, or employee representative?*

No, you must leave the names on the 300 Log. However, to protect the privacy of injured and ill employees, you may not record the employee's name on the MIOSHA 300 Log for certain "privacy concern cases," as specified in R 408.22129(7) to (10).

(e) *If an employee or representative asks for access to the MIOSHA 301 Incident Report, when am I required to provide it?*

(i) When an employee, former employee, or personal representative asks for a copy of the MIOSHA 301 Incident Report describing an injury or illness to that employee or former employee, you must give the requester a copy of the MIOSHA 301 Incident Report containing that information by the end of the next business day.

(ii) When an authorized employee representative asks for copies of the MIOSHA 301 Incident Reports for an establishment where the agent represents employees under a collective bargaining agreement, you must give copies of those forms to the authorized employee representative within 7 calendar days.

You are only required to give the authorized employee representative information from the MIOSHA 301 Incident Report section titled "tell us about the case." You must remove all other information from the copy of the MIOSHA 301 Incident Report or the equivalent substitute form that you give to the authorized employee representative.

(f) *May I charge for the copies?*

No, you may not charge for these copies the first time they are provided. However, if one of the designated persons asks for additional copies, you may assess a reasonable charge for retrieving and copying the records.

R 408.22136 Prohibition against discrimination.

Rule 1136. In addition to R 408.22135, section 65 of the act prohibits you from discriminating against an employee for reporting a work-related fatality, injury, or illness. Section 65 of the act also protects the

employee who files a safety and health complaint, asks for access to the records under this part, or otherwise exercises any rights afforded by the act.

R 408.22137 Rescinded.

R 408.22138 Private sector variances from recordkeeping rule.

Rule 1138. (1) If you are a private employer and wish to keep records in a different manner from the manner prescribed by these rules, you may submit a variance petition to the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, Washington, DC 20210. You can obtain a variance only if you can show that your alternative recordkeeping system provides all of the following:

(a) Collects the same information as this standard requires.

(b) Meets the purposes of the act.

(c) Does not interfere with the administration of the occupational safety and health act of 1970, 29 U.S.C. §651 et seq.

(2) *What do I need to include in my variance petition?*

You must include all of the following items in your petition:

(a) Your name and address.

(b) A list of the state or states where the variance would be used.

(c) The address or addresses of the business establishment or establishments involved.

(d) A description of why you are seeking a variance.

(e) A description of the different recordkeeping procedures you propose to use.

(f) A description of how your proposed procedures will collect the same information as would be collected by these rules and achieve the purpose of the occupational safety and health act of 1970, 29 U.S.C. §651 et seq.

(g) A statement that you have informed your employees of the petition by giving them or their authorized representative a copy of the petition and by posting a statement summarizing the petition in the same way as notices are posted under 29 C.F.R. 1903.2 “Posting of notice; availability of the Act, regulations and applicable standards” rule (a), as adopted in R 408.22102a.

(3) *How will the assistant secretary handle my variance petition?*

The assistant secretary will take the following steps to process your variance petition:

(a) The assistant secretary will offer your employees and their authorized representatives an opportunity to submit written data, views, and arguments about your variance petition.

(b) The assistant secretary may allow the public to comment on your variance petition by publishing the petition in the Federal Register. If the petition is published, the notice will establish a public comment period and may include a schedule for a public meeting on the petition.

(c) After reviewing your variance petition and any comments from your employees and the public, the assistant secretary will decide if your proposed recordkeeping procedures will meet the purposes of the occupational safety and health act of 1970, 29 U.S.C. §651 et seq., will not otherwise interfere with the act, and will provide the same information as the 29 C.F.R. §1904 “Recording and Reporting of Occupational Injuries and Illnesses” as amended 2016, as adopted in R 408.22102a, regulations provide. If your procedures meet these criteria, the assistant secretary may grant the variance subject to such conditions as he or she finds appropriate.

(d) If the assistant secretary grants your variance petition, OSHA will publish a notice in the Federal Register to announce the variance. The notice will include the practices the variance allows you to use, any conditions that apply, and the reasons for allowing the variance.

(4) *If I apply for a variance, may I use my proposed recordkeeping procedures while the assistant secretary is processing the variance petition?*

No. Alternative recordkeeping practices are only allowed after the variance is approved. You must comply with the 29 C.F.R §1904 “Recording and Reporting of Occupational Injuries and Illnesses,” as amended 2016, as adopted in R 408.22102a, regulations while the assistant secretary is reviewing your variance petition.

(5) *If I have already been cited by MIOSHA for not following these rules, will my variance petition have any effect on the citation and penalty?*

No. In addition, the assistant secretary may elect not to review your variance petition if it includes an element for which you have been cited and the citation is still under review by a court, an administrative law judge (ALJ), or the MIOSHA review commission.

(6) *If I receive a variance, may the assistant secretary revoke the variance at a later date?*

Yes, the assistant secretary may revoke your variance if he or she has good cause. The procedures revoking a variance will follow the same process as OSHA uses for reviewing variance petitions, as provided in subrule (3) of this rule. Except in cases of willfulness or where necessary for public safety, the assistant secretary will do both of the following:

(a) Notify you in writing of the facts or conduct that may warrant revocation of your variance.

(b) Provide you, your employees, and authorized employee representatives with an opportunity to participate in the revocation procedures.

R 408.22139 Reporting fatalities, hospitalizations, amputations, and losses of an eye as result of work-related incidents to MIOSHA.

Rule 1139. (1) Fatalities. Within 8 hours after the death of any employee from a work-related incident, you must report the fatality by telephone to the MIOSHA toll-free central telephone number: 1-800-858-0397.

(2) Hospitalizations, amputations, and losses of an eye. Within 24 hours after the inpatient hospitalization of 1 or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, you must report the inpatient hospitalization, amputation, or loss of an eye to MIOSHA.

(3) You must report the inpatient hospitalization, amputation, or loss of an eye using 1 of the following methods:

(a) By telephone or in person to the MIOSHA office that is nearest to the site of the incident.

(b) By telephone to the MIOSHA toll-free central telephone number: 1-844-464-6742.

(c) By electronic submission using the reporting application located on MIOSHA's web site at www.michigan.gov/recordkeeping.

(4) *If the MIOSHA office is closed, may I report the inpatient hospitalization, amputation, or loss of an eye by leaving a message on MIOSHA's answering machine, faxing the bureau office, or sending an e-mail?*

No. If the MIOSHA office is closed, you must report the inpatient hospitalization, amputation, or loss of an eye using either the toll-free central telephone number: 1-844-464-6742 or the reporting application located on MIOSHA's web site at www.michigan.gov/recordkeeping.

(5) *What information do I need to give to MIOSHA about the fatality, inpatient hospitalization, amputation, or loss of an eye?*

You must give MIOSHA all of the following information for each fatality, inpatient hospitalization, amputation, or loss of an eye:

(a) The establishment's name.

(b) The location of the work-related incident.

(c) The time of the work-related incident.

(d) The type of reportable event, fatality, inpatient hospitalization, amputation, or loss of an eye.

(e) The number of employees who suffered a fatality, inpatient hospitalization, amputation, or loss of an eye.

(f) The names of the employees who suffered a fatality, inpatient hospitalization, amputation, or loss of an eye.

(g) Your contact person and his or her phone number.

(h) A brief description of the work-related incident.

(6) *Am I required to report the fatality, inpatient hospitalization, amputation, or loss of an eye if it resulted from a motor vehicle accident on a public street or highway?*

If the motor vehicle accident occurred in a construction work zone, you must report the fatality, inpatient hospitalization, amputation, or loss of an eye. If the motor vehicle accident occurred on a public street or highway, but not in a construction work zone, you are not required to report the fatality, inpatient hospitalization, amputation, or loss of an eye to MIOSHA. However, the fatality, inpatient hospitalization, amputation, or loss of an eye must be recorded on your MIOSHA injury and illness records, if you are required to keep such records.

(7) *Am I required to report the fatality, inpatient hospitalization, amputation, or loss of an eye if it occurred on a commercial or public transportation system?*

No. You are not required to report the fatality, inpatient hospitalization, amputation, or loss of an eye to MIOSHA if it occurred on a commercial or public transportation system, such as an airplane, a train, subway, or bus. However, the fatality, inpatient hospitalization, amputation, or loss of an eye must be recorded on your MIOSHA injury and illness records, if you are required to keep these records.

(8) *Am I required to report a work-related fatality or inpatient hospitalization caused by a heart attack?*

Yes. The MIOSHA director will decide whether to investigate the incident, depending on the circumstances of the heart attack.

(9) *What if the fatality, inpatient hospitalization, amputation, or loss of an eye does not occur during or immediately following the work-related incident?*

You must report a fatality to MIOSHA only if the fatality occurs within 30 days of the work-related incident. For an inpatient hospitalization, amputation, or loss of an eye, you must report the event to MIOSHA only if it occurs within 24 hours of the work-related incident. However, the fatality, inpatient hospitalization, amputation, or loss of an eye must be recorded on your MIOSHA injury and illness records, if you are required to keep these records.

(10) *What if I don't learn about a reportable fatality, inpatient hospitalization, amputation, or loss of an eye immediately?*

If you do not learn about a reportable fatality, inpatient hospitalization, amputation, or loss of an eye at the time it occurred, you must make the report to MIOSHA within the following time period after the fatality, inpatient hospitalization, amputation, or loss of an eye is reported to you or to any of your agents: 8 hours for a fatality, and 24 hours for an inpatient hospitalization, an amputation, or a loss of an eye.

(11) *What if I don't immediately learn that the reportable fatality, inpatient hospitalization, amputation, or loss of an eye was the result of a work-related incident?*

If you do not immediately learn that the reportable fatality, inpatient hospitalization, amputation, or loss of an eye was the result of a work-related incident, you must make the report to MIOSHA within the following time period after you or any of your agents learn that the reportable fatality, inpatient hospitalization, amputation, or loss of an eye was the result of a work-related incident: 8 hours for a fatality, and 24 hours for an inpatient hospitalization, an amputation, or a loss of an eye.

(12) *What is the definition of "inpatient hospitalization"?*

"Inpatient hospitalization" means a formal admission to the inpatient service of a hospital or clinic for care or treatment.

(13) *Am I required to report an inpatient hospitalization that involves only observation or diagnostic testing?*

No. You are not required to report an inpatient hospitalization that involves only observation or diagnostic testing. You must report to MIOSHA each inpatient hospitalization that involves care or treatment.

(14) *What is the definition of "amputation"?*

"Amputation" means the traumatic loss of a limb or other external body part. Amputation includes all of the following:

(a) A part, such as a limb or appendage, that has been severed, cut off, amputated, either completely or partially.

(b) Fingertip amputations with or without bone loss.

(c) Medical amputations resulting from irreparable damage.

(d) Amputations of body parts that have since been reattached. Amputations do not include avulsions, enucleations, deglovings, scalpings, severed ears, or broken or chipped teeth.

R 408.22140 Providing records to government representatives.

Rule 1140. (1) Basic requirement. When an authorized government representative asks for the records you keep under these rules, you must provide copies of the records within 4 business hours.

(2) All of the following apply to implementation of subrule (1) of this rule:

(a) *What government representatives have the right to get copies of my records as required by these rules?*

The government representatives authorized to receive the records are any of the following:

(i) A representative of the secretary of labor conducting an inspection or investigation under the act.

(ii) A representative of the secretary of health and human services, including the National Institute for Occupational Safety and Health--NIOSH conducting an investigation under section 20(b) of the occupational safety and health act of 1970, 29 U.S.C. 669.

(iii) A representative of MIOSHA responsible for administering a state plan approved under section 18 of the occupational safety and health act of 1970, 29 U.S.C. 667.

(b) *Am I required to produce the records within 4 hours if my records are kept at a location in a different time zone?*

MIOSHA will consider your response to be timely if you give the records to the government representative within 4 business hours of the request. If you maintain the records at a location in a different time zone, you may use the business hours of the establishment at which the records are located when calculating the deadline.

ELECTRONIC SUBMISSION OF INJURY AND ILLNESS RECORDS TO OSHA

R 408.22141 Basic requirement.

Rule 1141. (1) Annual electronic submission of MIOSHA or OSHA Form 300A "Summary of Work-Related Injuries and Illnesses" by establishments with 250 or more employees requires all of the following:

(a) If your establishment had 250 or more employees at any time during the previous calendar year, and this standard requires your establishment to keep records, then you must electronically submit information from MIOSHA or OSHA Form 300A "Summary of Work-Related Injuries and Illnesses" to OSHA or OSHA's designee.

(b) You must submit the information once a year, no later than the date listed in R 408.22141b of the year after the calendar year covered by the form (for example, 2019 for the 2018 form).

(2) Annual electronic submission of MIOSHA or OSHA Form 300A "Summary of Work-Related Injuries and Illnesses" by establishments with 20 or more employees but fewer than 250 employees in designated industries requires all of the following:

(a) If your establishment had 20 or more employees but fewer than 250 employees at any time during the previous calendar year, and your establishment is classified in an industry listed in Appendix B, then you must electronically submit information from MIOSHA/OSHA Form 300A "Summary of Work-Related Injuries and Illnesses" to OSHA or OSHA's designee.

(b) You must submit the information once a year, no later than the date listed in R 408.22141b of the year after the calendar year covered by the form.

(3) Electronic submission of records upon notification. Upon notification, you must electronically submit the requested information from your records to OSHA or OSHA's designee.

(4) Electronic submission of the Employer Identification Number (EIN). For each establishment that is subject to these reporting requirements, you must provide the EIN used by the establishment.

R 408.22141a Implementation.

Rule 1141a. (1) *Does every employer have to routinely submit this information to OSHA?*

No, only 2 categories of employers must routinely submit information. First, if your establishment had 250 or more employees at any time during the previous calendar year, and this standard requires your establishment to keep records, then you must submit the required information to OSHA once a year. Second, if your establishment had 20 or more employees but fewer than 250 employees at any time during the previous calendar year, and your establishment is classified in an industry listed in Appendix B, then you must submit the required information to OSHA once a year. Employers in these 2 categories must submit the required information by the date listed in R 408.22141b of the year after the calendar year covered by the form or forms (for example, 2019 for the 2018 form). If you are not in either of these 2 categories, then you must submit the information to OSHA only if MIOSHA or OSHA notifies you to do so for an individual data collection.

(2) *Do part-time, seasonal, or temporary workers count as employees in the criteria for number of employees in R 408.22141?*

Yes, each individual employed in the establishment at any time during the calendar year counts as 1 employee, including full-time, part-time, seasonal, and temporary workers.

(3) *How will MIOSHA or OSHA notify me that I must submit information as part of an individual data collection under R 408.22141(3)?*

MIOSHA or OSHA will notify you by mail if you will have to submit information as part of an individual data collection under R 408.22141(3). MIOSHA or OSHA will also announce individual data collections through publication in the Federal Register and the OSHA newsletter, and announcements on the OSHA Website or other means. If you are an employer who must routinely submit the information, then OSHA will not notify you about your routine submittal.

(4) *When do I have to submit the information?*

If you are required to submit information under R 408.22141(1) or (2), then you must submit the information once a year, by the date listed in R 408.22141b of the year after the calendar year covered by the form (for example, 2019 for the 2018 form). If you are submitting information because MIOSHA or OSHA notified you to submit information as part of an individual data collection under R 408.22141(3), then you must submit the information as specified in the notification.

(5) *How do I submit the information?*

You must submit the information electronically. OSHA will provide a secure website for the electronic submission of information. For individual data collections under R 408.22141(3), OSHA will include the website's location in the notification for the data collection.

(6) *Am I required to submit information if my establishment is partially exempt from keeping OSHA injury and illness records?*

If you are partially exempt from keeping injury and illness records under R 408.22103, then you are not required to routinely submit information under R 408.22141(1) or (2). You will have to submit information under R 408.22141(3) if OSHA informs you in writing that it will collect injury and illness information from you. If you receive such a notification, then you must keep the injury and illness records required by this standard and submit information as directed.

(7) *Am I required to submit information if I am located in a State Plan State?*

Yes, the requirements apply to employers located in State Plan States.

(8) *May an enterprise or corporate office electronically submit information for its establishment or establishments?*

Yes, if your enterprise or corporate office had ownership of or control over 1 or more establishments required to submit information under R 408.22141(1) or (2), then the enterprise or corporate office may collect and electronically submit the information for the establishment or establishments.

R 408.22141b Reporting dates.

Rule 1141b. (1) In 2017 and 2018, establishments required to submit under R 408.22141(1) or (2) must submit the required information according to Table 1 "Reporting Dates."

(2) Beginning in 2019, establishments that are required to submit under R 408.22141(1) or (2) will have to submit all of the required information by March 2 of the year after the calendar year covered by the form or forms.

TABLE 1
REPORTING DATES

Submission year	Establishments submitting under R 408.22141(1) must submit the required information from this form or these forms:	Establishments submitting under R 408.22141(2) must submit the required information from this form:	Submission deadline:
2017	300A	300A	July 1, 2017
2018	300A, 300, 301	300A	July 1, 2018

R 408.22142 Requests from the bureau of labor statistics for data.

Rule 1142. (1) Basic requirement. If you receive a survey of occupational injuries and illnesses form from the bureau of labor statistics (BLS), or a BLS designee, you must promptly complete the form and return it following the instructions contained on the survey form.

(2) Implementation.

(a) *Does every employer have to send data to the BLS?*

No, each year, the BLS sends injury and illness survey forms to randomly selected employers and uses the information to create the nation's occupational injury and illness statistics. In any year, some employers will receive a BLS survey form and others will not. You do not have to send injury and illness data to the BLS unless you receive a survey form.

(b) *If I get a survey form from the BLS, what do I have to do?*

If you receive a survey of occupational injuries and illnesses form from the bureau of labor statistics (BLS), or a BLS designee, you must promptly complete the form and return it, following the instructions contained on the survey form.

(c) *Do I have to respond to a BLS survey form if I am normally exempt from keeping MIOSHA injury and illness records?*

Yes, even if you are exempt from keeping injury and illness records under R 408.22103, the BLS may inform you in writing that it will be collecting injury and illness information from you in the coming year. If you receive such a letter, you must keep the injury and illness records required by R 408.22110 to R 408.22119 and make a survey report for the year covered by the survey.

(d) *Do I have to answer the BLS survey form if I am located in a state-plan state?*

Yes, all employers who receive a survey form must respond to the survey, even those in Michigan, a state-plan state.

R 408.22143 Rescinded.

R 408.22144 Rescinded.

R 408.22151 Public employer petition for alternate record maintenance.

Rule 1151. A public employer who wishes to maintain records in a manner different from that required by this part shall submit a petition containing the information prescribed in R 408.22153 to the Department of Labor and Economic Opportunity, MIOSHA, Box 30643, Lansing, Michigan 48909.

R 408.22152 Opportunity for comment.

Rule 1152. Affected employees or their representatives shall have an opportunity to submit written data, views, or arguments concerning the petition to the director within 10 working days following the receipt of notice prescribed in R 408.22153(e).

R 408.22153 Contents of petitions.

Rule 1153. A petition filed by a public employer shall include all of the following:

(a) The name and address of the applicant.

(b) The address of the place or places of employment involved.

(c) Specifications of the reasons for seeking relief.

(d) A description of the different record keeping procedures that are proposed by the applicant.

(e) A statement that the applicant has informed his or her affected employees of the petition by giving a copy of the petition to them, or to their authorized representative, and by posting a statement giving a summary of the petition. A statement posted pursuant to this subdivision shall be posted in each establishment in the same manner that notices are required to be posted under section 67(1) of the act, that is, in a central and conspicuous location or for normal observation by employees. The applicant shall state that he or she has informed his or her affected employees of their rights as prescribed in R 408.22152.

R 408.22154 Additional notices and conferences.

Rule 1154. (1) In addition to the actual notice provided for in R 408.22153(e), the director may provide or cause to be provided such additional notice of the petition as he or she deems appropriate.

(2) The director may afford an opportunity to interested parties for an informal conference or hearing concerning the petition.

R 408.22155 Action.

Rule 1155. After review of the petition and of comments submitted in regard to the petition, and upon completion of any necessary appropriate investigation concerning the petition, if the director finds that the alternative procedure proposed will not hamper or interfere with the purposes of the act and will provide equivalent information, he or she may grant the petition subject to any conditions as he or she may determine appropriate, and subject to revocation for cause.

R 408.22156 Notice of exception; publication.

Rule 1156. Notice that an exception has been granted as prescribed by this part must be published in the MIOSHA News, a quarterly publication of the department of labor and economic opportunity. This notice may summarize the alternative to the rules involved which the particular exception permits.

R 408.22157 Revocation.

Rule 1157. The director may revoke an exception granted under this part for failure to comply with the conditions of the exception. An opportunity for informal hearing or conference shall be afforded to the employers and affected employees or their representatives. Except in cases of willful noncompliance or where employee safety or health requires otherwise, before the commencement of an informal proceeding, the employer shall be notified in writing of the facts or conduct that may warrant the action and be given an opportunity to demonstrate or achieve compliance.

R 408.22158 Compliance after submission of petition.

Rule 1158. The submission of a petition, or a delay by the director in acting upon a petition, shall not relieve an employer from any obligation to comply with this part. The director shall give notice of the denial of a petition within a reasonable time.

APPENDIX A
PARTIALLY EXEMPT INDUSTRIES
NON-MANDATORY

Employers are not required to keep MIOSHA injury and illness records for any establishment classified in the following North American Industry Classification System (NAICS) codes, unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS.

All employers, including those partially exempted by reason of company size or industry classification, must report to MIOSHA any employee's fatality, in-patient hospitalization, amputation, or loss of an eye.

NAICS	CODE INDUSTRY
4412	Other Motor Vehicle Dealers.
4431	Electronics and Appliance Stores.
4461	Health and Personal Care Stores.
4471	Gasoline Stations.
4481	Clothing Stores.
4482	Shoe Stores.
4483	Jewelry, Luggage, and Leather Goods Stores.
4511	Sporting Goods, Hobby, and Musical Instrument Stores.
4512	Book, Periodical, and Music Stores.
4531	Florists.
4532	Office Supplies, Stationery, and Gift Stores.
4812	Nonscheduled Air Transportation.
4861	Pipeline Transportation of Crude Oil.
4862	Pipeline Transportation of Natural Gas.
4869	Other Pipeline Transportation.
4879	Scenic and Sightseeing Transportation, Other.
4885	Freight Transportation Arrangement.
5111	Newspaper, Periodical, Book, and Directory Publishers.
5112	Software Publishers.
5121	Motion Picture and Video Industries.
5122	Sound Recording Industries.
5151	Radio and Television Broadcasting.
5172	Wireless Telecommunications Carriers (except Satellite).
5173	Telecommunications Resellers.
5179	Other Telecommunications.
5181	Internet Service Providers and Web Search Portals.
5182	Data Processing, Hosting, and Related Services.
5191	Other Information Services.
5211	Monetary Authorities—Central Bank.
5221	Depository Credit Intermediation.

NAICS	CODE INDUSTRY
5222	Non-depository Credit Intermediation.
5223	Activities Related to Credit Intermediation.
5231	Securities and Commodity Contracts Intermediation and Brokerage.
5232	Securities and Commodity Exchanges.
5239	Other Financial Investment Activities.
5241	Insurance Carriers.
5242	Agencies, Brokerages, and Other Insurance Related Activities.
5251	Insurance and Employee Benefit Funds.
5259	Other Investment Pools and Funds.
5312	Offices of Real Estate Agents and Brokers.
5331	Lessors of Nonfinancial Intangible Assets (except Copyrighted Works).
5411	Legal Services.
5412	Accounting, Tax Preparation, Bookkeeping, and Payroll Services.
5413	Architectural, Engineering, and Related Services.
5414	Specialized Design Services.
5415	Computer Systems Design and Related Services. NAICS Code Industry
5416	Management, Scientific, and Technical Consulting Services.
5417	Scientific Research and Development Services.
5418	Advertising and Related Services.
5511	Management of Companies and Enterprises.
5611	Office Administrative Services.
5614	Business Support Services.
5615	Travel Arrangement and Reservation Services.
5616	Investigation and Security Services.
6111	Elementary and Secondary Schools.
6112	Junior Colleges.
6113	Colleges, Universities, and Professional Schools.
6114	Business Schools and Computer and Management Training.
6115	Technical and Trade Schools.
6116	Other Schools and Instruction.
6117	Educational Support Services.
6211	Offices of Physicians.
6212	Offices of Dentists.
6213	Offices of Other Health Practitioners.
6214	Outpatient Care Centers.
6215	Medical and Diagnostic Laboratories.
6244	Child Day Care Services.

NAICS	CODE INDUSTRY
7114	Agents and Managers for Artists, Athletes, Entertainers, and Other Public Figures.
7115	Independent Artists, Writers, and Performers.
7213	Rooming and Boarding Houses.
7221	Full-Service Restaurants.
7222	Limited-Service Eating Places.
7224	Drinking Places (Alcoholic Beverages).
8112	Electronic and Precision Equipment Repair and Maintenance.
8114	Personal and Household Goods Repair and Maintenance.
8121	Personal Care Services.
8122	Death Care Services.
8131	Religious Organizations.
8132	Grant-making and Giving Services.
8133	Social Advocacy Organizations.
8134	Civic and Social Organizations.
8139	Business, Professional, Labor, Political, and Similar Organizations.

[FR Doc. 2014–21514 Filed 9–17–14; 8:45 am] effective: January 1, 2015

APPENDIX B
DESIGNATED INDUSTRIES FOR R 408.22141 'BASIC REQUIREMENT'
MANDATORY

Annual Electronic Submission of MIOSHA/OSHA Form 300A "Summary of Work-Related Injuries and Illnesses" by Establishments With 20 or More Employees but Fewer Than 250 Employees in Designated Industries:

NAICS Industry	
11	Agriculture, forestry, fishing and hunting
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale trade
4413	Automotive parts, accessories, and tire stores
4421	Furniture stores
4422	Home furnishings stores
4441	Building material and supplies dealers
4442	Lawn and garden equipment and supplies stores
4451	Grocery stores
4452	Specialty food stores
4521	Department stores
4529	Other general merchandise stores
4533	Used merchandise stores
4542	Vending machine operators
4543	Direct selling establishments
4811	Scheduled air transportation
4841	General freight trucking
4842	Specialized freight trucking
4851	Urban transit systems
4852	Interurban and rural bus transportation
4853	Taxi and limousine service
4854	School and employee bus transportation
4855	Charter bus industry
4859	Other transit and ground passenger transportation
4871	Scenic and sightseeing transportation, land
4881	Support activities for air transportation
4882	Support activities for rail transportation
4883	Support activities for water transportation
4884	Support activities for road transportation
4889	Other support activities for transportation

NAICS Industry	
4911	Postal service
4921	Couriers and express delivery services
4922	Local messengers and local delivery
4931	Warehousing and storage
5152	Cable and other subscription programming
5311	Lessors of real estate
5321	Automotive equipment rental and leasing
5322	Consumer goods rental
5323	General rental centers
5617	Services to buildings and dwellings
5621	Waste collection
5622	Waste treatment and disposal
5629	Remediation and other waste management services
6219	Other ambulatory health care services
6221	General medical and surgical hospitals
6222	Psychiatric and substance abuse hospitals
6223	Specialty (except psychiatric and substance abuse) hospitals
6231	Nursing care facilities
6232	Residential mental retardation, mental health and substance abuse facilities
6233	Community care facilities for the elderly
6239	Other residential care facilities
6242	Community food and housing, and emergency and other relief services
6243	Vocational rehabilitation services
7111	Performing arts companies
7112	Spectator sports
7121	Museums, historical sites, and similar institutions
7131	Amusement parks and arcades
7132	Gambling industries
7211	Traveler accommodation
7212	RV (recreational vehicle) parks and recreational camps
7213	Rooming and boarding houses
7223	Special food services
8113	Commercial and industrial machinery and equipment (except automotive and electronic) repair and maintenance
8123	Dry-cleaning and laundry services

Michigan Occupational Safety and Health Administration
PO Box 30643
Lansing, Michigan 48909-8143
For technical questions of this standard – Ph: 517-284-7680 (CSHD); 517-284-7750 (GISHD)
or 517-284-7720 (CETD)
To order copies of this standard – Ph: 517-284-7740

Appendix J – Task-Specific Work Practice and Engineering Controls

Housekeeping Procedures in Restrooms and Residence Halls

The routine cleanup and disinfection of restrooms and residence hall bedroom areas are not considered activities that fall under the requirements of the Bloodborne Pathogens Standard.

It is recognized, however, that infectious agents responsible for other commonly occurring diseases may be present. Disinfectants are widely used to reduce the occurrence of such diseases on bathroom surfaces. Disinfectants used for this purpose must follow the manufacturer's directions. The Safety Data Sheet (SDS) may also recommend the use of personal protective equipment, such as gloves.

A. Broken Glass

Broken glass is not considered Medical Waste unless it is visibly contaminated with human blood or other potentially infectious materials. However, broken glass must be handled with great care.
Sweep broken glass into a dustpan and place it in the disposal container. Broken glassware should be placed in a rigid cardboard box and disposed of in a dumpster.
Visibly contaminated glassware should be placed in an appropriate sharps container. Sharps containers must be puncture-resistant, labeled with the biohazard sign or color-coded, and leakproof on the sides and bottom.

B. Bed Linen

Bed linen, clothing, and towels are not considered medical waste unless visibly contaminated with human blood or other potentially infectious materials.
Items that appear to be contaminated with blood or other potentially infectious materials should only be handled by employees who have received the required Bloodborne Pathogen Exposure Control training and are wearing the necessary personal protective equipment. If a non-trained employee finds a potentially contaminated item, he/she should contact their supervisor, who will call an appropriately trained employee to manage the situation.

Towels, linens, etc. that are contaminated may be:
Disposed of as biohazardous medical waste
Decontaminated with an approved disinfectant, or
Placed in biohazard disposal bags for laundering by trained workers.

C. Laundering of Contaminated Clothing or Bed Linens

Identifying contaminated clothing or bed linen is based on the visible presence of human blood or other potentially infectious materials. "Dirty" clothing or bed linen that is not visibly contaminated may be handled and laundered by employees not identified as having occupational exposure to bloodborne pathogens. Care must be taken, however, to ensure that these employees receive sufficient training to recognize potential contamination so that they may defer this work to trained and protected workers.

D. Contaminated laundry or bed linen should be:

Handled as little as possible with a minimum of agitation.
Properly bagged and not sorted or rinsed at the point of origin.
Placed in appropriately labeled and fluid-resistant containers by the generating department. (Biohazard bags are suitable for this purpose.)
The containers must be closed during transport until clothing is removed for laundering.
Washed with detergent and water at a temperature of not less than 160^0 F for at least 25 minutes.

E. Housekeeping in Restrooms

Employees responsible for housekeeping activities in restrooms must take preventive measures to prevent contact with human blood or other potentially infectious material. For the cleanup and decontamination of potentially infectious materials, such as blood spills, bandages, contaminated razors, broken glass, discarded feminine hygiene products, and used condoms, follow the work practices and engineering controls described in this plan.

F. Disposable razors

Disposable razors are routinely discarded in residential bathroom facilities. Workers responsible for housekeeping in these areas should carefully handle and discard these razors into the general trash unless they are visibly contaminated with human blood or other potentially infectious materials, or damaged in a way that exposes the razor blade. In these situations, workers must wear appropriate gloves and carefully place the razor in a proper sharps container. If a razor cannot be easily handled due to breakage or a bare razor blade must be discarded, the employee should pick up the razor with tongs or tweezers.

G. Feminine Hygiene Products

If feminine hygiene products have been placed in the bathroom's standard waste receptacle and the receptacle is lined with a wax-lined paper bag, the bag may be removed and disposed of as regular trash. Employees should wear gloves when removing and handling the trash bag.

To empty and disinfect a container that is dedicated to the disposal of feminine hygiene products:

Feminine hygiene product disposal containers should be lined with a plastic bag.
Wear gloves to remove the plastic bag from the container.
Tie the plastic bag closed and place it in the general trash.
Wipe or spray the container's surfaces with disinfectant.
Remove gloves in a manner that prevents skin contact with their outside surfaces. If reusable utility gloves are used, they should be disinfected before leaving the site.

Appendix K – Exposure Control Policy/Procedure, Carls Center for Clinical Care and Education

POLICY:

It is the policy of the Carls Center in the Herbert H. and Grace A. Dow College of Health Professions at Central Michigan University that any department that utilizes the Carls Center shall take responsibility for ensuring that proper exposure control and infection control procedures are followed.

Clinic Directors are responsible for providing information and training to all supervisors, employees, and students who may be exposed to bloodborne pathogens on proper infection control techniques. The Clinic Directors shall review the training programs annually with the University's Exposure Control Officer.

Clinic Directors are responsible for assuring that employees/students:

1. Know what tasks they perform that have occupational exposure.
2. Attend the bloodborne pathogens and infection control training sessions.
3. Plan and conduct all operations following work practice controls.
4. Develop good personal hygiene habits.

PROCEDURE:

All potential biohazard materials shall be placed in an orange biohazard bag. The bag shall be sealed and clearly labeled with the type of contents (e.g., vomitus, blood, etc.) and the room number from which it was taken.

All staff and students shall use universal precautions when handling biohazard materials.

The clinical staff shall contact Facilities Management at extension 6547 to arrange for the pickup of biohazard materials.

All staff and students are responsible for contacting the appropriate staff to pick up the material(s).

The clinical staff shall inform the Carls Center Manager (x6508) or Carls Center Purchaser/Supplier (x3472) when the last biohazard bag in the patient room is used or bags are needed in additional rooms.

Report any problems to the Clinic Supervisor/Director or Carls Center Manager at 774-6508.

Appendix L – Decontamination Procedures for CMU Police

All equipment and clothing contaminated with bloodborne pathogens shall be removed from service. It shall be the policy of the Central Michigan University Police Department that no equipment or clothing shall be put back into service until it is properly decontaminated, regardless of the emergency.

A. DECONTAMINATION OF EQUIPMENT

Equipment that may become contaminated with bloodborne pathogens includes, but is not limited to, the following:

- Weapons
- Vehicles
- Handcuffs
- Reusable personal protective equipment
- Eyeglasses

The following procedure is to be used for decontaminating equipment that may have been exposed to bloodborne pathogens.

Remove contaminated equipment from service as soon as possible.

Employees/officers performing decontamination procedures must wear personal protective equipment, including, but not limited to, a full-length apron, Disposable sterile gloves, Protective goggles, and a Disposable face mask.

Wash equipment thoroughly with a fresh 1:10 bleach/water solution or other hospital-strength disinfectant with a sponge or brush. (*Note: Disinfectant other than a 1:10 bleach/water solution should be verified with Health Services or Environmental & Safety Services.)*

Allow the solution or disinfectant to remain on the surface for 10 minutes or as recommended by the manufacturer.

Rinse thoroughly with clean water.

Reapply the bleach/water solution or disinfectant, allowing it to remain on the surface for the manufacturer's recommended time or 10 minutes, and then rinse clean.

Dry the equipment with a towel or allow it to air dry before returning it to service.

Dispose of disposable personal protective equipment and cleaning supplies as biohazardous waste.
Note: CMU’s Custodial Services will be notified for the decontamination of Patrol Cars.

B. DECONTAMINATION OF EMPLOYEES / OFFICERS

The following procedure is to be used for the decontamination of an employee/officer who has received a possible exposure to bloodborne pathogens.

Remove any contaminated clothing immediately and place it in a biohazard bag for cleaning or disposal.

Using an antibacterial/antiviral soap, wash the contaminated and surrounding area thoroughly.

Rinse with clean, warm water, removing all soap.

Wash the contaminated area thoroughly with antibacterial/antiviral soap again, and rinse clean.

C. DECONTAMINATION OF CLOTHING

The following procedure is to be used for decontaminating clothing, such as uniforms, that may have become contaminated with bloodborne pathogens.

All contaminated clothing should be removed as soon as possible.

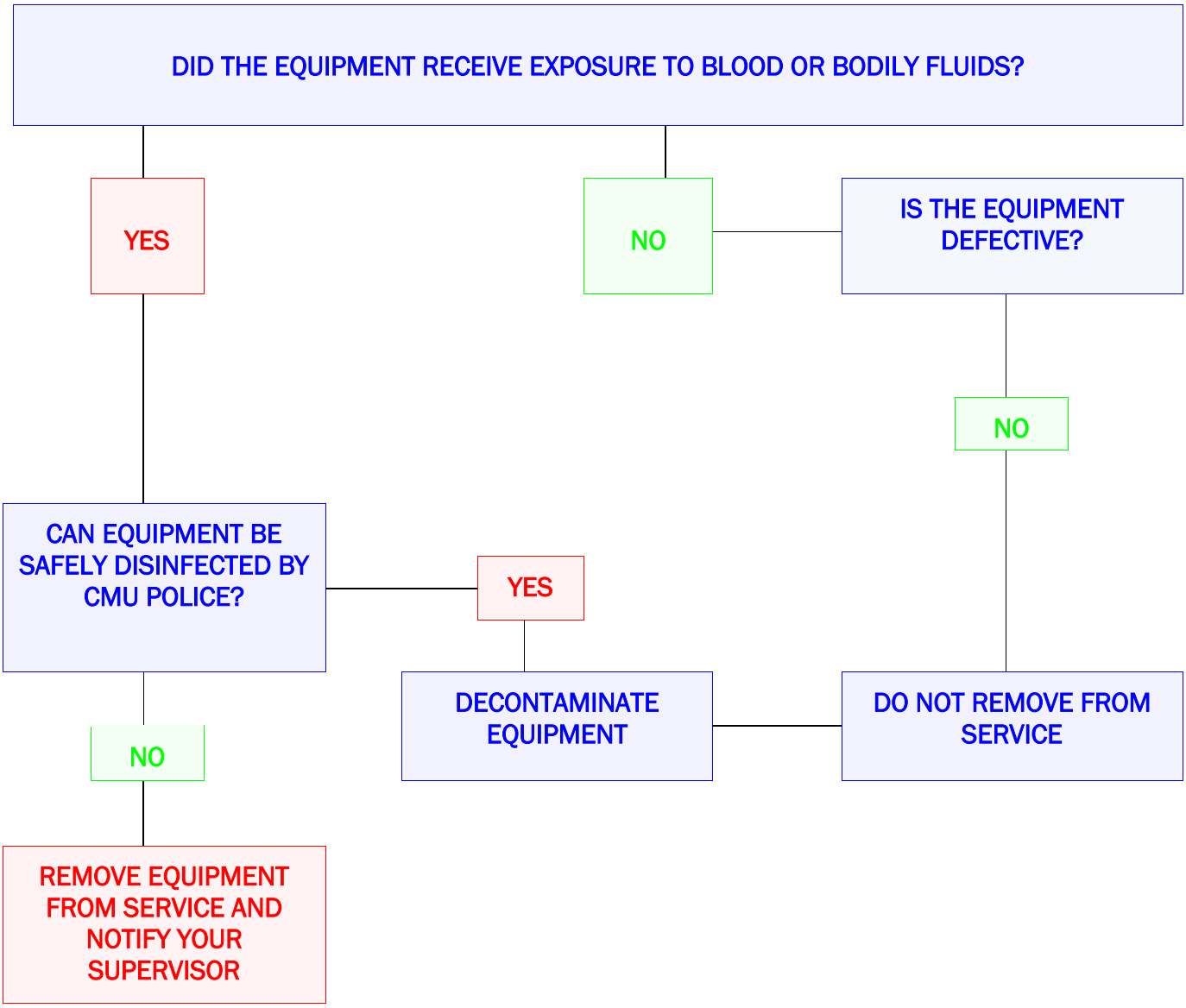
Contaminated clothing must be placed immediately into a Biohazard bag.

Contaminated clothing in the biohazard bag is then brought to the approved dry cleaner for cleaning and decontamination.

Clothing items made of leather or a like material shall be placed in a biohazard bag and disposed of as biohazardous waste, as they cannot be feasibly decontaminated.

The employee or officer wearing contaminated clothing must then follow the decontamination procedure outlined in this document for employees or officers.

Appendix M – CMU Police Department Procedures for Removing Equipment from Service



NOTE: Some items, such as leather shoes/belts, may not be decontaminated and will be disposed of as medical waste. Items will not be returned to service until proper decontamination has occurred.

Appendix N – CMU Police Department Bloodborne Contaminated Equipment Disposition Form Exposure

Date _____ Related IV# _____

Reported by _____

Item Exposed _____

License # (if vehicle) _____ S/N or VIN _____

Nature of Exposure _____

_____

DISPOSITION

Action Taken: _____ Item cleaned with disinfectant.
_____ Item taken out of service.
_____ Item packaged and tagged for cleaning.
_____ Item packaged and tagged for disposal.
_____ Item turned over to _____.

Location where the contaminated item is stored _____.

Exposure Reported to _____ _____ in person.
_____ by phone
Date _____ Time _____ _____ by memo
_____ this form

Reporting officer signature _____ Date _____

Shift Supervisor Signature _____ Date _____

FOLLOW-UP

_____ Item disinfected by _____

_____ Item disposed of at _____

Follow-up officer signature _____ Date _____

Appendix O – College of Medicine Exposure to Infectious and Environmental Hazardous Policy

*Combined when converted to a PDF

COLLEGE OF MEDICINE
CENTRAL MICHIGAN UNIVERSITY

POLICY NAME: Clinical Exposure to Infectious and Environmental Hazards

Responsible Party: Office of Student Affairs

Applies To CMED: ☐ Faculty ☒ Students ☐ Residents ☐ Staff ☐ Administration

Approval Date: 8/12/2022 Dean's Policy Advisory Committee

☒ Policy ☐ Procedure

PURPOSE:

This policy addresses medical student exposure to infectious and environmental hazards, including methods of prevention, procedures for care and treatment after exposure (including a definition of financial responsibility), and the effects of infectious and environmental disease or disability on medical student learning activities. It abides by professional values that recognize the primacy of patient welfare and the need to reduce risks to the health of both patients and medical students within the framework of medical education activities.

DEFINITIONS:

Bloodborne pathogens include, but are not limited to, the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV).

Occupational Exposure: As defined by the Occupational Safety and Health Administration (OSHA) is a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with human blood or other potentially hazardous materials that may result from the performance of an individual's work duties.

POLICY:

College of Medicine (CMED) students receive education and training regarding methods of prevention of exposure to infectious and environmental hazards prior to beginning any clinical experiences. These include the use of standard precautions put forth by OHSA for health care workers, including proper hand hygiene and appropriate personal protective equipment during all clinical activities in order to minimize the risk of occupational exposures and enhance personal and patient safety. CMED mandates post-exposure evaluation and recommends initiation of prophylaxis therapy, if indicated, for students who have sustained an occupational exposure.

PROCEDURES:

1. If you receive a needlestick or cut/laceration, immediately clean the exposed area with soap and water. Rinse well with water and repeat. If bodily fluids splash into eyes, mouth, nose, or open cut, flush the affected area with water several times for several minutes.
2. Notify your supervisor and/or course director and proceed to the appropriate **designated site (CMED and visiting students are provided a quick reference badge with this information based on clinical campus assignment)** for evaluation of the exposure. Evaluation and recommended treatment should occur within two hours of incident/exposure. At the designated sites, affected students will receive exposure assessment based on national guidelines for health care workers (including baseline serologic studies (for example, HBsAg, HBsAb, Anti-Hep C and, with consent, HIV Ab), source testing, and initial treatment (if required).
3. CMED students on visiting electives are expected to follow appropriate policies in place at the visiting institution and **must** report the event to the CMED Office of Student Affairs within 24 hours (see below).

Care and Treatment Post Exposure:

1. Contact the Office of Student Affairs within 24 hours at cmedosa@cmich.edu. A CMU Accidental Personal Injury Report will be completed with a copy sent to CMU Risk Management.
2. It is expected that affected students will cooperate with the evaluation, treatment and follow up recommendations made at the time of their exposure assessment. It is the affected student's responsibility to follow up as directed.

Educational Impact of Infectious or Environmental Disease or Disability:

Students who acquire an infectious disease or are in an immunocompromised condition regardless of whether or not this is the result of an environmental exposure, must consult an infectious disease specialist regarding the advisability of working with patients, including any limitations or concerns related to their clinical and educational activities. Should the physician advise limitations on clinical and/or education activities, the Office of Student Affairs must be notified. The student will be advised to contact the Office of Student Disability Services to determine whether formal accommodations are warranted. CMED will attempt to provide reasonable accommodations, but students must be able to comply with CMEDs technical standards with or without reasonable accommodations to continue in the program.

Procedures and Finances for Care and Treatment After Exposure

All CMED and visiting students are required to have health insurance. Expenses incurred for testing, counseling, and post-exposure prophylaxis will be billed to the student's health insurance carrier. Any remaining expenses, including co-pays or co-insurance, will be paid by CMED. Students are required to provide copies of medical bills to the Office of Student Affairs within 30 days of receipt.

The College of Medicine reserves the right to make exceptions, modify or eliminate this policy and or its content. This document supersedes all previous policies, procedures or guidelines relative to this subject.

Policy History	
8/1/2013	Initial approval by Curriculum Committee
1/20/2016	Reviewed and approved by Curriculum Committee
7/26/2016	Reviewed and approved by Curriculum Committee
8/12/2022	Revised and approved by the Dean's Policy Advisory Committee