

BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM



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Environmental Health & Safety

Southern Maine Community College

2 Fort Road

South Portland, ME 04106

Phone: 207-741-5932

Fax: 207-741-5582

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REVISIONS

Original Program Plan

2003

Revision 1

February 28, 2010 / mg

Revision 2

April 2014 / sf

Revision 3

August 4, 2016/ cw/lm

Revision 4

December 2018 jo/am

Revision 5

September 2019 ew/jo

Revision 6

December 2020

Revision 7

April 28, 2021 jo

Revision 8

February 16, 2022 jo

Revision 9

August 23, 2023 jo

SMCC would appreciate any input from employees to improve effective engineering and work practice controls. Please contact EH&S if you have any suggestions.

1.0 INTRODUCTION

Southern Maine Community College (SMCC) Bloodborne Pathogen, Exposure Control Program (ECP) is designed to meet the regulatory requirements of the OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) is designed to protect workers from the hazards associated with bloodborne pathogens. Bloodborne Pathogens (BBP) and Other Potentially Infectious Materials (OPIM) are a set of defined pathogenic microorganisms present in human blood, bodily fluids and unfixed tissue or organs that can cause disease in humans.

Vomit, urine and feces are not considered a BBP or OPIM unless visible blood is present.

The purpose of the SMCC Exposure Control Plan (ECP) is to:

- Summarize the responsibilities of SMCC departments and personnel
- Identify employees with potential exposure to blood or OPIM
- Minimize or eliminate employee exposure to blood or OPIM
- Outline methods of compliance with the OSHA BBP Standard

Please read Section 2.0 to see if the program applies to you.

2.0 EXPOSURE DETERMINATION 29 CFR 1910.1030 (A)

SMCC has determined that occupational exposure to bloodborne pathogens exists for the job classifications, duties and activities listed below.

AFFECTED EMPLOYEES COVERED BY THE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN		
Department	Job Title	Task(s)
Athletics/HUB	Athletic Trainer	Administration of first aid as required by job duties
Early Childhood Education Center	Daycare Faculty and Staff	Administration of first aid as required by job duties
Emergency Medical Services	Faculty only	Perform clinicals onboard ambulances and in hospitals

**AFFECTED EMPLOYEES COVERED BY THE
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN CONT.**

Department	Job Title	Task(s)
Facilities	Supervisor	Supporting Facilities staff in clean-up of spills Cleaning of blood or OPIM spills Cleaning of restrooms, handling of campus trash Collection of orphan needles found on campus
Facilities	Custodian Specialist Maintenance Specialist HVAC Technician Master Carpenter Carpenter/Painter Maintenance Mechanic Electrician Grounds & Equipment	Cleaning of blood or OPIM spills Cleaning of restrooms, handling of campus trash Collection of orphan needles found on campus
Medical Assisting	Faculty	Perform clinicals in a healthcare setting off campus
Nursing	Faculty	Perform clinicals in a healthcare setting off campus
Radiography	Faculty	Perform clinicals in a healthcare setting off campus
Security	SMCC Security Officer	Administration of first aid if required by job duties Collection of orphan needles found on campus
Security	Student Security Officer	Administration of first aid if required by job duties Collection of orphan needles found on campus
Security	Securitas Security Officer	Administration of first aid if required by job duties Collection of orphan needles found on campus

Resident Life Directors (RD) and Resident Life Assistants (RA) do not have an occupational exposure to BBP or OPIM. Individuals will be trained to identify a blood or OPIM spill and how to contact Facilities for proper response and clean-up. RDs and RAs may have to clean vomit, urine, or feces spills which are not considered BBP, unless visible blood is present, under this program.

If you believe that you have an occupational exposure to bloodborne pathogens and your job classification or task does not appear on the above list, you should contact Human Resources.

If you are not in an affected employee category, you are not covered by this program. This is true even if you are trained in first aid and CPR and render assistance in an emergency as a Good Samaritan.

SMCC employees, acting as a Good Samaritan, who are exposed to bloodborne pathogens or OPIM while rendering assistance in a workplace emergency shall report the exposure to Human Resources by completing and submitting the Employee Report of Injury form.

3.0 DEFINITIONS (29 CFR 1910.1030 (B))

Blood- human blood, human blood components and products made from human blood.

Bloodborne pathogens (BBPs) – pathogenic microorganisms and viruses that are present in human blood and can cause disease in humans. OSHA created the Bloodborne Pathogen Standard specifically for the following BBPs:

OSHA SPECIFIED BLOODBORNE PATHOGENS

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS).

Biohazard – Blood, OPIMs, and anything containing them or exposed to them.

Contaminated–Anything that has come into contact with blood or other potentially infectious materials. It applies to sharps, clothing, uniforms, PPE, and any surface including counter tops and sinks.

Decontamination – Procedures and tools to remove, inactivate, or destroy bloodborne pathogens to the point where they are no longer capable of transmitting infectious particles. Properly decontaminated surfaces or items are considered safe for handling or use.

Engineering Controls – Physical barriers that prevent coming into contact with contaminated items. Examples of engineering controls include sharps disposal containers, self-sheathing needles, and “red biohazard bags” for infected waste.

Exposure incident – An encounter with blood or OPIMs through contact with the eyes, mouth, other mucous membranes, non-intact skin, or needle stick.

Occupational Exposure - Reasonably anticipated skin, eye, or mucous membrane contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials (OPIM)– Contact with blood isn’t the only way to be exposed to microorganisms and viruses. Other bodily fluids may also transmit infection. These are called Other Potentially Infectious Materials or OPIMs. Applicable OPIMs are listed below.

OTHER POTENTIALLY INFECTIOUS MATERIALS

- Human body fluids including: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva
- Any bodily fluid that is visibly contaminated with blood
- All 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)

Personal protective equipment (PPE)– equipment that includes any protective covering you use for the head, eyes, hands, feet, and body, such as nitrile or other liquid-resistant gloves, eye protection or a face shield.

Regulated Medical Waste –Waste that is contaminated with blood or OPIM, must be disposed of properly. There are specific requirements for the disposal of regulated wastes and you are expected to follow them. Common regulated wastes are described below.

REGULATED MEDICAL WASTES

- Liquid or semi-liquid blood or other potentially infectious materials
- Items saturated with blood or other potentially infectious materials in a liquid or semi-liquid state
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- Contaminated sharps
- Contaminated clothing or uniforms that cannot be effectively cleaned.
- Pathological and microbiological wastes containing blood or other potentially infectious materials

Saturated – Saturated means thoroughly soaked or dripping.

Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials becomes a source of occupational exposure to an employee covered by this plan. This could be a co-worker, student, visitor or clinical patient.

Sharp – any object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and lancets.

Universal Precautions – An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

Work Practice Controls- Controls that reduce the likelihood of exposure by altering the manner in which a task is performed

4.0 PROGRAM ADMINISTRATION

Administrator and Assistant Administrator –These individuals have the job of implementing the ECP. Following the schedule in Section 5.0, these individuals maintain, review, and update the Program.

Provisioning of PPE and Engineering Controls – Each Division with employees affected by this plan will provide and maintain all necessary PPE, engineering controls (e.g. sharps containers), labels and red biohazard bags as required by this standard.

Medical Surveillance and Recordkeeping – Human Resources will be responsible for ensuring that all medical surveillance required by the regulations are performed, and that appropriate employee health and OSHA records are maintained.

Training –EH&S and each affected department is responsible for training.

Exposure Incident Reporting - Human Resources will act as the initial contact for reporting exposure incidents and ensure that the appropriate response is carried out.

Program Administration Information		
Role	Contact Title	Contact Information
Administrator	Environmental Health & Safety Coordinator (EH&S)	Jennifer Oteni 741.5932
Assistant Administrator	Emergency Medical Services Department Chair	*OPEN* 207.741.5720
Medical Surveillance and Recordkeeping	Human Resources	Rupa Lall Pakash 741.5568
Training	Environmental Health & Safety Coordinator (EH&S)	Jennifer Oteni 741.5932
Exposure Incident Reporting	Human Resources	Rupa Lall Pakash 741.5568
Provisioning of PPE and Engineering Controls	Contact your Supervisor or Division Chair	

5.0 PLAN REVIEW AND UPDATE (29 CFR 1910.1030 (C)(1)(IV))

This plan will be reviewed and updated:

- Annually
- When new hazards are introduced in the workplace
- If conditions change that would result in a change in the possibility of exposure
- If the Plan fails for any reason

6.0 CONTROLLING EXPOSURE (29 CFR 1910.1030 (C)(1))

6.1. ACCESS TO THE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

The Southern Maine Community College Exposure Control Plan is available to all employees 24/7 by accessing the SMCC intranet. A hard copy can be requested by contacting the EH&S Coordinator.

6.2. UNIVERSAL PRECAUTIONS

All SMCC employees covered by this plan will use universal precautions in order to prevent contact with blood or OPIM during the administration of first aid and the removal and cleanup of materials, blood, and OPIM. **You must consider all blood and OPIM to be infectious regardless of the source.**

UNIVERSAL PRECAUTIONS

- Treat all blood and bodily fluids as if infected.
- Use gloves and masks to avoid contact.
- Immediately clean up surfaces and equipment with the H2Orange2 117 spray.
- Remove blood-soaked clothing and wash exposed skin as soon as possible.
- Thoroughly clean equipment and tools that have contacted blood.
- Wash up immediately after exposure with soap and water.
- Dispose of contaminated items properly.
- Bloodborne Pathogen kits are readily available at Facilities. 207-741-5636

6.3. LABELING

All bags, containers, and boxes containing regulated medical wastes must be labeled with the biohazard symbol shown below. All bags used to store regulated medical waste will be the color RED with biohazard logo.



6.4. ENGINEERING CONTROLS

SMCC provides the following engineering controls:

Engineering Control	Use
Sharps Containers	Storage and disposal of all sharps
Red biohazard bags, biohazard containers	Storage and disposal of all contaminated or potentially contaminated items
Metal tongs	Pick-up of orphaned needles

Speak with your department head to find out where these are located in your work areas.

Sharps container management

Sharps containers are used to store needles, lancets, blades or other devices which are designed to puncture the skin. Departments which utilize sharps containers will:

- Monitor the volume of sharps in each container and never overfill them
- Ensure the lid on each sharps container is closed when the container is not in use
- Replace sharps containers when content reaches the “Full” line or 2/3 full if there is no designated full line
- Store full sharps containers in a secure area and in such a way as to prevent the containers from spilling content or falling from height to the ground
- Full containers will not be stored behind beds or on the floor of a classroom or office
- Contact EH&S for assistance with disposal of full sharps containers

6.5. STANDARD WORK PRACTICES

Employees covered by the ECP must follow the standard work practices listed below to prevent or minimize exposure to bloodborne pathogens. If you are a department head or chair, you are responsible for ensuring that work practices are implemented and updated as necessary.

STANDARD WORK PRACTICES

- Treat **all** blood and bodily fluids as if infected.
- Use appropriate PPE as determined by your department:
 - ❖ Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
 - ❖ Utility gloves, e.g. electrician's gloves or heavy rubber gloves such as cleaning gloves, may be decontaminated for reuse if their integrity is not compromised; you must discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration. If in doubt, discard the items.
 - ❖ Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- Immediately clean up surfaces and equipment with H2Orange 2 117 concentrate. Thoroughly clean equipment and tools exposed to blood.
- Remove blood-soaked clothing in such a way as to avoid contact with the outer surface and wash exposed skin as soon as possible.
- Remove PPE after it becomes contaminated and before leaving the work area.
- For SMCC-supplied uniforms, the uniform contractor will launder the contaminated clothing. The uniforms must be stored separately from other dirty clothing and the contractor must be informed that the uniforms are stained with blood or body fluids.
- After removal of PPE used during exposure to blood or OPIM, wash your hands or other exposed skin areas with running water and soap as soon as possible.
- Dispose of contaminated items properly:
 - ❖ Place used PPE in approved medical waste bags, "red biohazard bags", or containers. These are labeled with the biohazard symbol.
 - ❖ Place sharps in a sharps container.
 - ❖ Call Facilities Management to arrange for disposal. 207-741-5636

If bare skin comes in contact with blood or OPIM:

- Wash hands immediately after contact.
- If hand washing facilities are not immediately available to you after exposure, use an antiseptic cleanser, waterless hand cleanser, or antiseptic towelettes. Wash your hands with running water and soap as soon as possible after using the antiseptic alternatives.
- When skin or mucous membranes are exposed to blood or OPIM, wash or flush those areas of the body as soon as possible after contact. If an eyewash station is not available use bottled water or the nearest sink.

6.6. PPE

SMCC provides PPE to you at no cost. You should use PPE chosen based upon anticipated exposure to blood or OPIM as determined by a job hazard analysis or SDS's. Your supervisor, department head, or EH&S can do the analysis for you.

The following types of PPE are available to employees:

- **Disposable Gloves:** To be worn when it is reasonably anticipated that there will be hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.
- **Utility Gloves:** To be worn when it is reasonably anticipated that there will be hand contact with broken glass and blood, other potentially infectious materials, non-intact skin, and mucous membranes.
- **Eye and Face Protection:** Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.

Your department has specific procedures for providing you with PPE. Talk to your department head or supervisor.

You must remove all PPE prior to leaving the work area and ensure it is properly disposed or, decontaminated. Review the table below for guidance.

Management of Used PPE	Method of handling
Disposable Gloves	Disposable gloves with no visible signs of blood or OPIM on them may be disposed in the trash. Disposable gloves saturated with blood or OPIM on them must be placed in a red biohazard bag for proper storage and disposal. Disposable gloves should never be reused.
Utility Gloves	Reusable rubber gloves or electrician's gloves may be decontaminated with an appropriate wipe or solution of H2Orange2 Concentrate 117. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

	The user has authority to determine if the utility gloves are beyond decontamination and can place the article in a red biohazard bag for proper storage and disposal.
Eye and Face Protection	Decontaminate eye or face protection after each use with an appropriate wipe or solution of H2Orange2 Concentrate 117. The user has authority to determine eye or face protection is beyond decontamination and place article in a red biohazard bag for proper storage and disposal.

Blood- or OPIM-contaminated clothing

If personal clothing is splashed or soaked with blood or OPIM, you must remove the clothing as soon as possible. Until cleaned, the clothing must be identified as contaminated and any employee exposed to it would be notified and protected from exposure. The cleaning of blood soaked clothing can only be performed by a laundering facility equipped to launder biohazard contaminated materials. Contaminated clothing cannot be taken home for laundering.

6.7. HOUSEKEEPING

If there is an incident involving blood or OPIM exposure, be sure the area is thoroughly cleaned and decontaminated as soon as possible after the incident.

The basic procedure for infectious clean-up is to use H2Orange2 Concentrate 117 at a dilution of 10oz/1gallon cold water. Prepare this solution at the time it is needed. The H2Orange must be sprayed on the contaminated surfaces and left for at least 5 minutes.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately after any spill of blood or OPIM.

Broken glassware is picked up using mechanical means, such as a brush and dustpan.

Red biohazard bags or containers of regulated medical waste will be sealed and kept in a secure, cool area until disposal. Contact EH&S for support.

Sharps containers will be managed per Section 6.4 Engineering Controls.

6.8. HEPATITIS B VACCINATION

All employees who are covered by this exposure control plan will be offered the hepatitis B vaccine at the time of hire. Individuals will be offered hepatitis B vaccination series of shots after initial training and within 10 days of initial assignment.

All covered employees will be asked to document their decision to receive or decline the hepatitis B vaccination series on SMCC's Bloodborne Pathogen Hepatitis B Vaccine – Signature Form found in Attachment 1. Signed forms are kept at Human Resources.

Employees who decline may request and obtain the vaccination at a later date.

When an employee elects to be vaccinated, the employee will be reimbursed for one full series of the Hepatitis B Vaccine (three individual shots over a 6 month period). The vaccines can be administered by the employee's primary care physician or a walk-in-clinic.

To receive reimbursement the employee will provide Human Resources with the following:

- Receipt
- Copy of the hepatitis shot record

Vaccination is encouraged unless:

- Employee can document previous immunization series;
- Antibody testing reveals that employee is immune; *or*
- Medical evaluation shows that vaccination is contraindicated.

6.9. EXPOSURE INCIDENT REPORT

Immediately report any incident which results in an occupation exposure to blood or OPIM. The injured employee will:

- Notify his/her supervisor
- Notify Human Resources no later than the end of the work shift
- Fill out SMCC's Employee Report of Injury Form completely
- Document the name of the Source Individual if known

6.10. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Human Resources ensures that the health care professional(s) responsible for post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

If an employee experiences an exposure, Human Resources will arrange for a confidential medical evaluation and follow-up at an SMCC authorized healthcare center. This will be done initially following the incident, 30 days after, and will include blood sampling and analysis for hepatitis and HIV.

Human Resources will provide the authorized healthcare center with:

- A description of the employee's job duties relevant to the exposure incident;
- A description of route(s) of exposure;
- Circumstances of exposure;
- If available, results of the source individual's blood test; and
- Employee's relevant medical records, including vaccination status.

Human Resources will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

In the event of an exposure where the Source Individual is known to SMCC, Human Resources will reach out to the individual and ask the Source Individual if he/she would consent to have their blood tested for HIV, HVC and HBV as a way to correctly treat the exposed employee:

- A blood test, conducted at an SMCC authorized healthcare center, would be at no cost to the Source Individual
- If the Source Individual is already known to be HIV, HVC and/or HBV positive, new testing need not be performed
- The Source Individual can decline to be tested. Human Resources will document declination

Human Resources will provide the exposed employee with information about applicable disclosure laws and regulations concerning the identity and infectious status of the Source Individual (e.g. laws protecting confidentiality).

6.11. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

EH&S and/or their designee will review the circumstances of all exposure incidents to determine the:

- Engineering controls in use at the time;
- Work practices followed;
- Description of the device being used (including type and brand);
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.);
- Location of the incident;
- Procedure or task being performed when the incident occurred; and
- Employee's training,

EH&S will follow SMCC's Workplace Accident Investigation Plan to address conditions or actions that caused the incident and take immediate corrective action. If revisions to this ECP are necessary EH&S will ensure the appropriate changes are made.

7.0 EMPLOYEE TRAINING

Affected Employees covered by this plan receive initial and recurrent Bloodborne Pathogen Training via the Vector Solution on-line training platform.

Department specific training (PPE selection, engineering control location, handling and waste management) to be provided by the affected employee's supervisor.

Training will include:

- The epidemiology, symptoms, and transmission of bloodborne pathogen diseases;
- A copy and explanation of the OSHA bloodborne pathogen standard;
- An explanation of this ECP and how to obtain a copy;
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident;
- An explanation of the use and limitations of engineering controls, work practices, and PPE;
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;
- An explanation of the basis for PPE selection;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility; and
- An opportunity for interactive questions and answers with the person conducting the training session.

8.0 RECORDKEEPING

8.1. TRAINING RECORDS

EH&S will maintain training records. Documents will be kept for at least 3 years and will include:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training

- Names and job titles of all persons attending the training sessions

8.2. MEDICAL RECORDS

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Human Resources keeps medical records for each employee with occupational exposure. These confidential records are kept in Human Resources for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

8.3. OSHA RECORDKEEPING

An exposure incident will be evaluated to determine if the case meets OSHA's recordkeeping requirements (29 CFR 1904). This determination and the recording activities are done by Human Resources. Exposure incidents recorded on the OSHA 300 log must omit the employees name to ensure confidentiality.

8.4. SHARPS INJURY LOG

In addition to the OSHA 29 CFR1904 Recordkeeping Requirements, all injuries from contaminated sharps are recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- case number
- type and brand of the device involved (**syringe, suture needle**)
- department or work area where the incident occurred
- An explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested, it must have all personal identifiers removed from the report.