THE OHIO STATE UNIVERSITY

Bloodborne Pathogens

Exposure Control Plan

Revised September 2017

This Exposure Control Plan is for the following Principal Investigator:

Last Name:_____ First Name: _____

School: _____ Department: _____

Lab Locations (Buildings/rooms): _____

_____

All Lab Personnel:

By signing below, you certify;

1. that you have read and understood this Exposure Control Plan
2. that you are aware of the hazards present in your work area, and
3. that you are aware of, and in compliance with, the requirements of the adopted Ohio Public Employment Risk Reduction Program Standard 29 CFR 1910.1030

Last Name (Print)	First Name (Print)	OSU ID #	Signature	Date Reviewed

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EXPOSURE CONTROL PLAN

1.0 INTRODUCTION

The Ohio State University is committed to providing a safe and healthy work environment for employees. In pursuit of this goal, the information in this exposure control plan (ECP) is provided to help eliminate or minimize the risk of occupational bloodborne pathogen exposure of employees. This ECP is written in accordance with adopted Ohio Public Employment Risk Reduction Program standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The adopted Ohio Public Employment Risk Reduction Program standard "Occupational Exposure to Bloodborne Pathogens" (29 CFR 1910.1030) requires those employing individuals with potential exposures to blood or other potentially infectious materials to prepare an Exposure Control Plan (ECP). This ECP outlines protective measures that will be implemented to eliminate or minimize employee exposure to blood and other potentially infectious materials (laboratory-specific measures are detailed in Appendix A).

This exposure control plan has been developed by the Office of Environmental Health & Safety (EHS). Principal Investigators (PIs)/ Supervisors must customize this ECP by completing Appendix A to make it laboratory-specific. Employers are responsible for ensuring employees are familiar with and comply with the procedures and practices outlined in the laboratory-specific ECP. The ECP must be updated at least annually, but more frequently when necessary to reflect any new or modified job tasks, procedures, or assignments that affect occupational exposure or the implementation of the ECP.

This ECP is a key document designed to assist our organization in implementing and ensuring compliance with the Bloodborne Pathogens Standard, thereby protecting our employees. This ECP includes:

- Definitions
- Determination of employee exposure
- Implementation of various methods of exposure control, including:
    - Universal precautions
    - Engineering and work practice controls
    - Personal protective equipment
    - Housekeeping
    - Hepatitis B vaccination
    - Post-exposure evaluation and follow-up procedures

- Procedures for evaluating circumstances surrounding exposure incidents
- Communication of hazards to employees
- Training
- Recordkeeping

2.0 PROGRAM ADMINISTRATION

It is the responsibility of the Institutional Biosafety Officer (IBO) to review and update the University's ECP on an annual basis. The PI/ Supervisor is responsible for implementation of the ECP, as well as for maintaining, reviewing, and updating the laboratory-specific ECP at least annually, but more frequently when necessary to reflect changes in tasks, procedures, or assignments that affect occupational exposure or implementation of the ECP. The name of the responsible PI/Supervisor is listed on page two of this ECP.

All employees determined to have an occupational exposure to blood or other potentially infectious materials (OPIM) will comply with the procedures and work practices outlined in this ECP.

The PI/Supervisor is responsible for providing and maintaining necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), universal biohazard labels and signs, biohazard disposal boxes and red bags as required by the standard. The PI/Supervisor shall ensure that adequate supplies of PPE are available in the appropriate sizes, for all lab personnel.

The PI/Supervisor is responsible for ensuring employees report to Employee Health Services for medical actions required by the standard. Employee Health Services is located at McCampbell Hall, 2nd Floor, 1581 Dodd Drive, Columbus campus (Telephone: 293-8146). Employee Health Services will maintain medical records. The Department/College OSHA Log Coordinator will maintain records of exposure incidents. The Department/College OSHA Log Coordinator and Employee Health Services will provide information regarding bloodborne pathogens exposure incidents to the Office of Environmental Health and Safety. The Office of Environmental Health and Safety will report exposure incidents to appropriate regulatory agencies.

The PI/Supervisor is responsible for ensuring employees complete initial bloodborne pathogen training and annual refresher training. In addition, the PI/Supervisor will maintain records of employee training. Documentation of training will be made available to employees who successfully complete the training offered by the Office of Environmental Health & Safety. The PI will make training records available to employees and health and safety representatives upon request.

3.0 DEFINITIONS

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

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

Clinical Laboratory - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated Laundry - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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

Engineering Controls - controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

Hand Washing Facilities - a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV - hepatitis B virus.

HIV - human immunodeficiency virus.

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.

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

Other Potentially Infectious Materials - (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral - piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE) - is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

Research Laboratory - a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in

institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions - an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4.0 EMPLOYEE EXPOSURE DETERMINATION

The Ohio Public Employment Risk Reduction Program requires employers to determine which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered exposed even if they wear PPE). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

In addition, the Ohio Public Employment Risk Reduction Program requires a listing of job classifications in which some employees may have occupational exposure. Not all employees in this category would be expected to incur exposure to blood or other potentially infectious material. Therefore, for further clarification, specific tasks or procedures that may cause occupational exposure in each job classification should be listed.

Job classifications referenced in the two paragraphs above are outlined in Appendix A, for the PI/Supervisor listed on page two of this document.

5.0 METHODS OF IMPLEMENTATION AND CONTROL

5.1 Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP as part of their initial training. The ECP will also be reviewed in annual bloodborne pathogen training. The ECP is available on the EHS website to all OSU employees. A copy of the ECP will also be made available to the employee, upon request.

The PI/Supervisor is responsible for ensuring that the laboratory-specific ECP (Appendix A) is reviewed and updated at least annually, but more frequently when necessary to reflect any new or modified tasks, procedures, or assignments that affect occupational exposure or the implementation of the ECP. Updates to the ECP will document annual consideration of changes in technology that eliminate or reduce

employee exposure to bloodborne pathogens. When effective safer engineering controls that eliminate or minimize occupational exposure to bloodborne pathogens become commercially available, they will be included in the ECP.

5.2 Standard/ Universal Precautions

All employees will utilize universal precautions. Employees will treat all blood and OPIM as if they are known to be infectious for HIV, HBV and other bloodborne pathogens. Other potentially infectious materials include any (unfixed) human/non-human primate tissue or organ, with the exception of intact skin; HIV-containing cell or tissue cultures and organ cultures; HIV- and HBV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with human pathogens, such as HIV or HBV; and potentially infectious human/non-human primate body fluids. Potentially infectious human/non-human primate body fluids include any body fluid visibly contaminated with blood, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, e.g. emergency situations.

5.3 Engineering Controls and Work Practices

Engineering controls are devices that eliminate or reduce the risk of employee exposure by removing or isolating the worker from the hazard. Work practice controls are modifications of work procedures to reduce the likelihood of occupational exposure to blood or other potentially infectious material. Personal protective equipment will also be utilized to further reduce occupational exposure.

5.3.1. Engineering controls

a. Biological safety cabinets (BSC) provide containment of infectious aerosols, isolate the operator from the biohazard and protect the environment and other personnel in the room. BSCs must be field tested and certified annually or whenever they are moved. *Prior to relocating a BSC, a gas decontamination of the unit must be completed by a qualified contractor*. Contact EHS for assistance with BSC selection, relocation and/or laboratory placement.

b. Containers, specifically engineered for sharps, must be used for disposal of all needles, syringes and other sharps. Sharps containers must be disposable, non-breakable, puncture resistant, leak-proof, sealable and labeled with the universal biohazard symbol. Containers must be replaced periodically when they are $^{2}/_{3}$ – ¾ full.

Contaminated reusable sharps shall immediately, or as soon as possible after use, be placed in appropriate containers until properly processed.

c. Mechanical pipetting devices must be used. Mouth pipetting is prohibited.

d. Sharps with engineered sharps injury protection and needleless systems are recommended. University personnel (PI/Area supervisors, clinical staff and laboratory staff) continually evaluate devices for effectiveness in reducing the risk of exposure incidents. Evaluations and recommendations are documented.

e. Splash guards and plastic backed absorbent pads will be used to contain the spread of blood and potentially infectious material in the laboratory.

It is the responsibility of the PI/Supervisor to evaluate engineering controls and maintain on a regular schedule. Contaminated equipment must be decontaminated at the end of the work day or after a spill.

5.3.2 Work practice controls

a. Hand washing facilities must be readily accessible to all employees who may incur exposure to blood or OPIM. Hand washing sinks are located in laboratories and clinical areas. All employees will wash hands after removing gloves and other PPE, before leaving the lab/clinic, and immediately after contact with blood or OPIM.

b. Contaminated needles will <u>not</u> be bent, recapped or removed from syringes. If re-capping is deemed necessary, Standard Operating Procedures shall be followed for using recapping sheaths or the one-handed method only.

c. Work area restrictions – in work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees shall not eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages shall not be stored in refrigerators, freezers, laboratories or clinics where blood or OPIM may be present.

   All procedures will be conducted in a manner that minimizes splashing, spraying, splattering and generation of droplets of blood or OPIM. The PI/Supervisor is responsible for identifying methods that will be used to minimize these hazards in their laboratory.

d. Specimens of blood and OPIM will be placed in containers that will prevent leakage during collection, handling, processing, storage and transport. All containers will be appropriately labeled and/or color-coded. All equipment in which blood or OPIM are stored must be labeled.

All shippers of infectious material must be trained on DOT/IATA shipping regulations. IATA training is required every two years and DOT training every three years. DOT Infectious Substance Shipping Training is available via the EHS Online Training site.

e. Equipment which has been contaminated with blood or OPIM will be decontaminated as necessary prior to servicing, disposal or relocation. If decontamination is not feasible, the contaminated portion of the equipment will be labeled and this information will be conveyed to all affected parties prior to handling, servicing or shipping.

All biohazard labels will be removed after decontamination and prior to disposal.

5.3.3 Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by individuals for protection against a particular hazard. When the potential for occupational exposure remains after the institution of engineering and work practice controls, employees will use PPE. The PI/Supervisor is responsible for ensuring that all employees are trained and understand the appropriate use of PPE needed to perform specific tasks or procedures. PPE is provided at no cost to employees.

PPE storage location and availability is listed in Appendix A. The PI/Supervisor is responsible for ensuring that appropriate PPE is available. If additional PPE (e.g. additional sizes, non-latex PPE) is necessary, employees shall notify the responsible individual listed in Appendix A.

All PPE will be cleaned, laundered or disposed of by the employer at no cost to employees. **Soiled PPE must not be taken home to launder.** The employer will make all repairs and replacements and no cost to employees. The PI/Supervisor shall list in Appendix A, where employees are expected to place PPE upon leaving the work area.

The following PPE will be used when appropriate:

a. <u>Gloves:</u> Gloves shall be worn when it is reasonably anticipated that employees may have hand contact with blood, OPIM non-intact skin and mucous membranes, and when handling or touching contaminated items or surfaces. The use of nitrile, powder-free latex or latex-free products is recommended to help prevent latex allergy.

Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as feasibly possible after contamination, or if they are torn or punctured.

Hand jewelry should be kept to a minimum as to not puncture or tear disposable nitrile or latex gloves.

Utility gloves may be decontaminated for reuse provided their integrity is not compromised. Gloves must be discarded if they show signs of cracking, peeling, tearing, puncturing, deterioration or discoloration.

b. Face Protection: Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, are required to be worn whenever splashes, spray, splatter or droplets of blood or OPIM may be generated and eye, nose and/or mouth contamination can reasonably be anticipated.

If work requires the use of a respirator, employees must participate in the University's respiratory protection program. Personnel must have prior medical clearance to wear a respirator and must consult with EHS on the selection and use of respiratory protection equipment. Annual fit testing is also required.

c. Protective Clothing: Appropriate protective clothing shall be used, such as lab coats, gowns, aprons, clinic jackets or similar outer garments. Disposable, water-repellent overgowns shall be worn when contamination with blood or OPIM is anticipated.

The PI/Supervisor will list in Appendix A, the situations which require the use of the above PPE.

5.4 Housekeeping

Regulated infectious (biohazard) waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (as specified in section 5.7, "Labeling and Signage"), and closed prior to removal from laboratory to prevent spillage or protrusion of contents during handling.

All infectious waste, including but not limited to blood and OPIM will be handled, packaged, transported and disposed of in accordance with Ohio Administrative Code Chapter 3745-27: Solid and Infectious Waste Regulations. Infectious waste shall be handled as specified in Appendix A .

Contaminated sharps are discarded immediately, or as soon as feasible, in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled. Sharps disposal containers are available at the locations specified in Appendix A. The procedure for handling and disposal of sharps disposal

containers is specified in Appendix A.

Employees will use mechanical means, such as tongs or a broom and dustpan, to pick up contaminated sharps, including contaminated glassware and will dispose of these items in a sharps disposal container.

All equipment and work surfaces are cleaned and decontaminated as soon as feasible after overt contamination and after completion of work procedures.

The schedule and procedures for cleaning and decontaminating work areas where blood and other potentially infectious materials are handled will be as specified in Appendix A.

5.5 Laundry

Appendix A details how contaminated non-disposable articles will be handled and the frequency at which items will be laundered, as well as PPE that is necessary when handling and/or sorting contaminated laundry.

5.6 Spill Clean-up Procedures

Spill procedures are detailed in Appendix A.

5.7 Labeling and Signage

Biohazard warning labels shall be attached to containers of regulated waste, refrigerators and freezers containing blood or OPIM, lab equipment in which biohazards are used or stored (e.g. incubators, centrifuges, etc) and other containers used to transport or ship blood or OPIM.

Labels shall:

- include the universal biohazard symbol
- be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color

Red bags or containers for waste, may be substituted for labels

Biohazard warning signs shall be posted at the entrance to laboratories and work areas where biohazards are used or stored.

6.0 MEDICAL SURVEILLANCE

In accordance with the *Health Insurance Portability and Accountability Act* or HIPAA, effective April 14, 2003, all patient-related medical information will be kept confidential.

6.1 Hepatitis B Vaccine: The University will provide training, free of charge, to employees addressing the safety, benefits, efficacy, methods of administration, and availability of hepatitis B vaccination. Healthcare professionals at Employee Health

Services, McCampbell Hall, 2nd Floor, 1581 Dodd Drive, Columbus campus (Telephone: 293-8146) are available to answer questions and address concerns that employees may have regarding hepatitis B vaccination.

The PI will ensure that all employees working in a research laboratory who have been identified as having exposure to blood or OPIM enroll in the Occupational Health Registry. Upon completion, an Occupational Health Nurse will contact the employee for further evaluation. In the College of Dentistry, a representative from Human Resources will schedule the appropriate appointment with Employee Health Services, for all new hires, based on their job classification.

Healthcare professionals at Employee Health Services will offer and administer the hepatitis B vaccination, free of charge, to all employees with a reasonably anticipated occupational exposure to bloodborne pathogens. Vaccination is encouraged unless documentation exists that the employee has previously received the series, antibody testing reveals that the employee is immune, or medical evaluation shows that vaccination is contraindicated. Vaccination is available after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

Employees who decline hepatitis B vaccination must sign a declination form at Employee Health Services. Employees who decline vaccination may request and obtain vaccination at a later date at no cost to the employee, provided the employee is still employed in a position identified in the exposure determination section of this plan. Documentation of refusal of the vaccination is kept at Employee Health Services, McCampbell Hall, 2nd Floor, 1581 Dodd Drive, Columbus campus (Telephone: 293-8146).

A copy of the health care professional's written opinion will be provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the Hepatitis B vaccination is indicated for an employee, and if the employee has received the vaccine.

6.2 Post Exposure Evaluation and Follow-up: An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. Following initial first aid (e.g. cleaning the wound, flushing eyes or other mucous membrane, etc.), the routes of exposure and how the exposure occurred will be documented.

In the event exposure incident occurs, the affected employee will immediately contact the PI (contact information is specified in Appendix A). The PI/Supervisor is responsible for ensuring the exposed employee submits an Employee Accident Report and a Bloodborne Pathogen Exposure Report Form to Employee Health. Employee Health Services and the Department/College will report information regarding exposure incidents to the Office of Environmental Health and Safety. The PI/ Supervisor will also ensure that the following information is provided to Employee Health Services:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of the exposure incident
- if possible, results of the source individual's blood test

If an exposure incident occurs on the Columbus campus during business hours, the employee should report to Employee Health Services, located at McCampbell Hall, 2nd Floor, 1581 Dodd Drive, Columbus campus (Telephone: 293-8146) for an immediate medical evaluation. If an exposure incident occurs after hours, at the employee should report to the Wexner Medical Center Emergency Department, located at 450 West 10th Avenue, Columbus campus (Telephone: 293-8333) for evaluation. Employee Health Services will provide follow-up care to employees. If an exposure incident occurs on a regional campus, the employee should report to the location listed in Appendix A as soon as possible for evaluation and/or treatment. When an exposure incident involves blood from a source individual, the following activities will be performed:

- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV infectivity. Testing for HBV status does not need to be repeated when the source individual is already known to be HBV- positive. Testing for HIV status does not need to be repeated when the source individual is already known to be HIV- positive.
- Document that the source individual's test results were conveyed to the employee's health care provider.
- If consent is not obtained from source individual, the employer shall establish that legally required consent cannot be obtained.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning disclosure of the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident and test blood for HBV and HIV serological status.
- If the employee does not consent to HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

In addition to an immediate medical evaluation following an exposure incident, Employee Health Services will also provide follow-up care, counseling, and evaluation of reported illnesses, free of charge, to employees. Employee Health Services will administer prophylaxis, free of charge, to employees when medically indicated per recommendations of the U.S. Public Health Service.

A copy of the health care professional's written opinion will be provided to the employee within 15 days of the completion of the post-exposure evaluation and follow-up. This written opinion will indicate the employee has been informed of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

7.0 PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The PI/ Supervisor is responsible for reviewing the circumstances of exposure incidents, with the assistance of the Office of Environmental Health & Safety, taking into consideration the following:

- engineering controls in use at time of the incident
- work practices in use at time of the exposure incident
- a description of the device being used, if applicable (including type and brand)
- personal protective equipment or clothing used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the exposure incident occurred
- employee's training

Should the review of the circumstances surrounding an exposure incident reveal a need for changes in practices and/or procedures to eliminate or minimize occupational exposure, the ECP will be revised. Changes to the ECP could include, but are not limited to, implementing safer devices or providing additional employee training. When revisions are necessary, the PI/Supervisor will ensure that appropriate changes are made to the ECP and will notify affected employees of the changes.

8.0 EMPLOYEE TRAINING

All employees determined to have occupational exposure to bloodborne pathogens receive initial and annual training, meeting the requirements set forth in 29 CFR 1910.1030. The PI/ Supervisor will provide laboratory-specific training to the employee at time of employment and when changes occur in tasks or procedures that affect the occupational exposure of an employee, as well as annually thereafter.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogens diseases. In addition, the training program covers, at a minimum, the following

elements:

- access to and explanation of the Ohio Public Employment Risk Reduction Program standard for bloodborne pathogens
- an explanation of the ECP and instructions on how to obtain a copy
- an explanation of how 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 who 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 available medical follow-up
- 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
- an opportunity to ask questions

Information about training, or its contents, is available from the Office of Environmental Health and Safety, 1314 Kinnear Road, Columbus campus (Telephone: 292-1284) or on the EHS website (http://www.ehs.osu.edu/).

9.0 RECORDKEEPING

9.1 Training Records

Training records will be maintained for at least three years. Employee training records will be provided upon request to the employee, or to an authorized representative of the employee, within 15 working days.

9.2 Medical Records

Medical records are maintained for each employee who is determined to have occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." Employee Health Services will maintain required medical records. These confidential records are kept by Employee Health Services for at least the duration of employment plus 30 years.

Employee medical records are provided upon request to the employee, or to anyone having written consent of the employee, within 15 working days. Such requests should be sent to Employee Health Services, McCampbell Hall, 2nd

Floor, 1581 Dodd Drive, Columbus campus.

9.3 PERRP Injury and Illness Recordkeeping and Sharps Injury and Needlestick Reporting Form

Employee Health Services is responsible for determining whether an exposure or sharps injury meets the recordkeeping requirements of the State of Ohio Public Employment Risk Reduction Program (PERRP). Employee Health Services provides this information to the applicable college/department OSHA Log Coordinator and to the Office of Environmental Health & Safety (EHS) for recordkeeping purposes. The college/department OSHA Log Coordinator is responsible for recording applicable cases on PERRP 300P Logs as required by PERRP; records must be kept for 5 years. This information is compiled in a university-wide PERRP 300P summary by EHS and is submitted annually to PERRP.

In addition to the PERRP 300P Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are recorded on a PERRP Sharps Injury and Needlestick Reporting Form. All incidences must include at least the following:

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

All PERRP sharps injury and needlestick reporting forms are reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. All needlesticks are reported to PERRP by the OSU Medical Center Safety Office.

10.0 HIV and HBV Research Laboratories

In addition to the other protective measures outlined in this exposure control plan, the following protective measures will be implemented to eliminate or minimize employee exposure in HIV and HBV Research Laboratories:

- Access to the work area will be restricted to authorized personnel. The following written policies and procedures are established whereby only individuals, who have been advised of the potential hazards, meet specific entry requirements, and who comply with all entry and exit procedures will be allowed to enter the work areas and/or animal rooms are specified in Appendix A.
- All laboratory doors will be kept closed when work involving HIV or HBV is in progress.
- All contaminated materials that will be decontaminated at a site away from the work area will be packaged in durable, leak proof, labeled or color-coded containers that are closed prior to removal from the work area.
- When OPIM or infected animals are present in the work area or containment module, the following will be posted: signs at the entrance to the work area(s) bearing the universal biohazard symbol (must be fluorescent orange-red or

predominantly so, with lettering and symbols in a contrasting color); the name of the infectious agent; special requirements for entering the area; and the name and telephone number of the laboratory director or other responsible person.

- All activities involving OPIM will be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with OPIM will be conducted on the open bench.
- Protective clothing will be decontaminated prior to laundering.
- Special care will be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.
- All vacuum lines will be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency. These will be checked routinely and maintained or replaced as often as necessary. Glass disinfectant traps will be placed in appropriate secondary containment.
- Hypodermic needles and syringes will be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e. the needle is integral to the syringe) will be used for the injection or aspiration of OPIM. Extreme caution will be used when handling needles and syringes.
- All spills will be immediately contained and cleaned by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
- A biosafety manual has been adopted, is reviewed and updated at least annually and is incorporated into lab practices and procedures.
- All activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols are conducted in a certified biological safety cabinet or other appropriate combinations of personal protection of physical containment devices. Biological safety cabinets are certified when installed, whenever they are moved, and at least annually.
- An eye wash and hand washing facility is readily available within the work area.
- An autoclave is available for decontamination.
- Work areas shall be separated from areas of unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Access doors to the work area or containment module shall be self-closing.
- A ducted exhaust-air ventilation system shall be provided. The system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the air shall be verified.

Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training, in addition to the training requirements listed above:

- Before be permitted to work with HIV or HBV, employees must demonstrate proficiency in standard microbiological practices and techniques, as well as proficiency in practices and operations specific to the facility.
- All employees must have prior experience in handling of human pathogens or tissue cultures before working with HIV or HBV.
- A training program will be provided to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employers shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

APPENDIX A: Laboratory-specific Information

1. Exposure determination:

The Ohio Public Employment Risk Reduction Program requires employers to determine which employees are reasonably expected to have an occupational exposure to blood and other potentially infectious materials (OPIM). The exposure determination must be made without regard to the use of PPE. The BBP standard covers all employees who could be reasonably anticipated while performing their job duties to have contact via eye, mucous membrane, or parenteral contact with blood or OPIM. Good Samaritan acts, such as assisting a co-worker with a nosebleed, are not considered an occupational exposure. Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. Therefore, your ECP also needs to describe how the standard will be met for these employees.

a. List the job classifications/titles and departments/locations, in which **all** employees with this job title are expected to have an occupational exposure to bloodborne pathogens or OPIM **(e.g. If all individuals with the job *title* of Research Associate will be working with human source material, then all would be expected to have an occupational exposure to bloodborne pathogens, therefore Research Associate should be listed in this section)**.

   Job Title(s): Department(s)/ Location(s):

b. List the job classifications/titles, department/location, and the tasks/procedures (or groups of closely related tasks and procedures) in which only **some** employees with this job title maybe expected to have an occupational exposure to bloodborne pathogens or OPIM **(e.g. If there are two individuals in the lab with the same job title of Research Technician I, but only one of those individuals will be working with human source material, then the job title of Research Technician I, along with the specific procedures involving risk of exposure to BBPs, should be listed in this section)**. Use as many lines as necessary.

   Job Title(s): Location(s):
   Task(s)/Procedure(s):

2. Identify methods that will be employed to minimize splashing, spraying, splattering and aerosol generation of blood or OPIM.

3. Specify which specimens, if any, could puncture a primary container, which containers to use as secondary containers and where secondary containers are located.

4. List any equipment which cannot be decontaminated prior to servicing or shipping.

5. Specify how personal protective equipment will be provided (location of PPE and who has the responsibility for its distribution and inventory)

6. List where employees are expected to place disposable personal protective equipment upon leaving the work area.

7. Describe the procedure for handling contaminated/soiled, non-disposable personal protective equipment (i.e. laundering lab coats, etc).

8. List procedures that require the use of gloves.

9. List situations that require the use of facial protection (masks, face shields, protective eyewear).

10. List situations that require the use of respiratory protection and specify PPE required.

11. List situations that require the use of protective clothing (lab coats, gowns, aprons, clinic jackets, etc.).

12. Describe decontamination and spill clean-up procedures.

13. **For employees NOT located at the Columbus, OH campus:**
    In the event of an exposure incident, where do employees report for medical evaluation/treatment?

Appendix B

THE OHIO STATE UNIVERSITY

Employee Accident Report

READ THESE INSTRUCTIONS BEFORE PROCEEDING

The Employee Accident Report must be completed for every work-related accident or illness. (Medical complex personnel refer to University Health Services' Web Page on the intranet.) This report will:

1. Assist employees in obtaining immediate medical treatment
2. Inform supervisor/charge person of accident
3. Be recorded for follow-up and future prevention

Below are guidelines for completing this form (please print neatly in ink or complete electronically)

Employee Responsibilities:

1. Immediately notify supervisor/designated charge person of work-related accident or illness.
2. Fully complete "Employee Information" and "Accident Information" sections, sign and date the report.
3. Give form to supervisor/charge person for signature.
4. Seek medical treatment if necessary (see "Medical Treatment" section below).

Supervisor/Charge Person Responsibilities:

1. Complete "Supervisor/Charge Person" section, sign and date the report. If the employee needs or desires medical treatment, assist in the arrangement of appropriate care (see "Medical Treatment" section below).
2. Complete the "Supervisor Accident Analysis Report" (see page four of the report)
3. Make a copy of this report for your records, provide the original to the employee, and immediately submit a copy of this completed accident report to Integrated Absence Management and Vocational Services by either fax or e-mail, as indicated on page two.

MEDICAL TREATMENT

Send employees for treatment with this form within 72 hours after the accident is reported. To determine whether medical treatment is necessary or where to seek medical treatment, contact the 24/7 Nurseline anytime at 800-678-6269.

Columbus campus employees should seek treatment for work-related injuries and/or illness at:

OSU University Health Services
McCampbell Hall, 2nd floor
1581 Dodd Drive
Phone: 614-293-8146

Hours: M–F, 7:30 a.m. to 4 p.m.
(There is no cost for medical treatment of employee accidents or injuries at University Health Services.)

After Hours Care – Martha Morehouse Medical Plaza
2nd Floor, Suite 2400, Pavilion
2050 Kenny Road
Columbus, OH 43212
Phone: 614-685-3357

Hours: M–F, 5 p.m.–11 p.m., SAT–SUN, 10 a.m.–6 p.m.

For serious injuries that need emergency medical attention:
Seek emergency treatment at Ohio State's Wexner Medical Center Emergency Department or University Hospital East Emergency Department. (Hospital employees should report to University Health Services the next day.)

Regional campus employees should seek treatment at the designated local health provider.

For blood and body fluid exposures (BBFE): Employees must report blood and body fluid exposures immediately to their supervisor and complete the BBFE Addendum to this report. Wexner Medical Center personnel should refer to Blood and Body Fluid Exposure Protocol for instructions. All others should call University Health Services at **614-293-8146** or 24/7 Nurseline at **800-678-6269** for instructions.

WORKERS COMPENSATION RIGHTS

Employees have the right to apply for Workers' Compensation benefits. They have two years from the date of this accident to do so. For more information regarding Workers' Compensation, call **614-292-3439**.

Submit this report to Integrated Absence Management and Vocational Services:
Fax: **614-688-8120** or Email: accidentreport@osu.edu

SECTION 1: EMPLOYEE INFORMATION (all fields required)

Employee's Full Name: First _____ M.I. _____ Last _____ OSU Employee ID# _____ ☐ Full Time ☐ Part Time

Home Mailing Address: Street _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Sex _____ Age _____

Job Title _____ Department _____ Work Phone _____ Date Hired _____

Work Address: Street _____ City _____ State _____ Zip _____

Supervisor's Full Name: First _____ Last _____ Supervisor's Phone _____

SECTION 2: ACCIDENT INFORMATION (provide as much detail as possible)

Accident date: _____ Accident time: _____ ☐ A.M. ☐ P.M. Time shift began: _____ ☐ A.M. ☐ P.M.

Date of death, if applicable: _____ Location of accident (room use/building/shop): _____

Briefly explain the accident and what was being done just prior: _____

Was this part of your normal job duty? ☐ Yes ☐ No

What object or substance directly harmed the employee?

_____

Type of injury or illness: _____

Witness (name and phone): _____

Did employee seek medical treatment? ☐ Yes ☐ No

If yes, where? _____

This report prepared by (name and phone, if different from injured employee):

_____

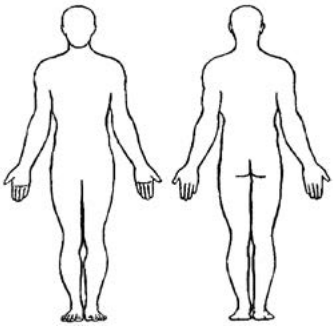
For blood/body fluid exposure, the Addendum (on page 3) must be fully completed.

Hospital Medical Record# of source patient: _____

Body part(s) affected/injured (circle on diagram)

	L	R
Eyes/Ears/Face	☐	☐
Neck/Shoulders/Arms/Elbows	☐	☐
Hips/Legs/Knees	☐	☐
Wrist/Hands/Fingers	☐	☐
Ankles/Feet/Toes	☐	☐
Back (Upper/Lower)	☐	
Head	☐	
Internal Organs	☐	

Other: _____



Front Back

Please review the Medical Treatment information on page 1 of this form. **If no medical treatment is necessary or if treatment is sought somewhere other than University Health Services (UHS), submit a copy of this completed report to Integrated Absence Management and Vocational Services at Fax: 614-688-8120 or email:** accidentreport@osu.edu**.**

SECTION 3: EMPLOYEE AUTHORIZATION

I understand that it is my right to apply for Workers' Compensation benefits and that I have two years from the date of this accident to do so. I also authorize release of medical information regarding this accident to OSU BWC claim administrators.

_____ _____

Employee Signature Date

SECTION 4: TO BE COMPLETED BY SUPERVISOR/CHARGE PERSON

This accident was reported to me on: Date: _____ Time: _____ Cost Center/Department#: _____

Is further investigation required? ☐ Yes ☐ No If yes, why: _____

_____ _____

Signature of Supervisor/Charge Person Date

SECTION 5: TO BE COMPLETED BY HEALTH CARE PROVIDER

Treated by University Health Services? ☐ Yes ☐ No If no, treated by? _____

Medical provider printed name: _____ Medical provider signature: _____

Diagnosis/Assessment: _____

Body part(s) affected: _____ Date treated: _____

Reaggravation of a previous injury? ☐ Yes ☐ No If yes, date of initial injury: _____

☐ Full Duty ☐ Restricted Duty Date (if restricted, please use MEDCO-14): _____

OSHA/PERRP 300 Classification

Injury/Illness: (Check only 1 box) ☐ (1) Injury - All Other ☐ (2) Skin Disorder ☐ (3) Respiratory Condition ☐ (4) Poisoning ☐ (5) Hearing Loss ☐ (6) Illness - All Other

Severity: (check only 1 box): ☐ Not Recordable ☐ (J) Other Recordable Cases ☐ (I) Restrictions or Job Transfer ☐ (H) Days Away from Work ☐ (G) Death

Medical Record# _____

ATTENTION: This form contains information relating to employee's work-related injury and must be used in a manner that protects the confidentiality of the employee to the maximum extent possible. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Submit copies to: (1) Integrated Absence Management and Vocational Services: Fax: **614-688-8120** or email: accidentreport@osu.edu (2) Supervisor/Department (3) Injured Employee

THE OHIO STATE UNIVERSITY

Blood/Body Fluid Exposure Addendum

ALL parts of this form MUST be completed with as much detail as possible.
This form must be submitted directly to Integrated Absence Management and Vocational Services (not to supervisor).

SECTION 1: EMPLOYEE INFORMATION

Employee's Full Name: First _____ M.I. _____ Last _____ OSU Employee ID# _____

Occupation _____ Phone Number (for reporting lab results) _____ Date of Hire _____

Date of exposure: _____ Time of exposure: _____ Number of hours on duty: _____ Pregnant: ☐ Yes ☐ No

SECTION 2: BBFE INFORMATION

Specific location of exposure (room use and building): _____

Location type (patient room, laboratory, bathroom): _____

Cause of the exposure (splash, needlestick, bite): _____

Detailed account of the event (be as specific and detailed as possible): _____

In your opinion, what could have prevented this BBFE? (be specific): _____

SECTION 3: NEEDLESTICKS/SHARPS INJURIES

Was the sharp item: ☐ Contaminated ☐ Uncontaminated ☐ Unknown

Source of contamination (blood; other–please specify): _____

Depth of injury: ☐ No visible wound ☐ Superficial (surface scratch) ☐ Moderate (penetrated skin) ☐ Deep puncture or wound

Was the sharp being held? ☐ Yes ☐ No

If not, was the sharp: ☐ Hands too close to someone else handling sharp ☐ Being passed by someone else
☐ Dropped by someone else ☐ Set aside for future use ☐ Inappropriately discarded or left there by someone else

Type of sharp:

☐ Needle for blood draw
- ☐ Push button butterfly
- ☐ Multi sampling needle
- ☐ Slide safety butterfly
- ☐ ABG needle
- ☐ Syringe to draw cord blood
- ☐ Other

☐ Central line placement
- ☐ Lidocaine
- ☐ Introducer
- ☐ Scalpel
- ☐ Other

☐ Insulin pen
- ☐ Novo Nordisk Innolet (Reg or NPH)
- ☐ Novo Nordisk Flex Pen (Novolog Aspart or 70/30)
- ☐ Solostar (Lantus)
- ☐ Lilly (Humalog)

☐ Peripheral IV
- ☐ Angioset (butterfly)
- ☐ Angiocath (straight)

☐ Huber needle
- ☐ Safety
- ☐ Non-safety

☐ Suture needle

☐ Needle for injection ☐ EMG/SSEP needle ☐ Surgical instrument _____

If administering lidocaine, was needle: ☐ Being reused ☐ Set aside for reuse ☐ Stuck self while administering ☐ Recapping

If scalpel, was it a safety (retractable) scalpel? _____

Do you feel the device was defective?* _____

***If YES, please save device for University Health Services if possible.**

SECTION 4: SPLASHES

Was this exposure related to a splash? _____

Fluid Involved: ☐ Blood ☐ Urine ☐ Stool
☐ Vomitus ☐ Sweat, tears ☐ Saliva, sputum
☐ Vent condensation ☐ CSF, synovial, pleural, peritoneal, pericardial, or amniotic fluid

If urine, sweat, vomitus, stool, saliva, sputum, or vent condensation, was fluid visibly bloody? _____

What type of personal protective equipment (PPE) was worn during exposure? _____

☐ Gloves ☐ Gown ☐ Goggles ☐ Mask with face shield ☐ Mask

If splashed, fluid came in contact with: ☐ Intact skin ☐ Non-intact skin ☐ Eyes
☐ Nose ☐ Mouth ☐ Other

Did someone else inadvertently splash you? _____

If this BBFE was caused by a splash, list barrier protections that could have prevented it: _____

THE OHIO STATE UNIVERSITY

Supervisor Accident Analysis Report

ALL parts of this form MUST be completed by the supervisor in conjunction with the Employee Accident Report.
This form must be submitted directly to Integrated Absence Management and Vocational Services upon completion.

SECTION 1: PARTICIPANT INFORMATION

Employee's Full Name: First _____ M.I. _____ Last _____ OSU Employee ID# _____

Supervisor's Full Name: First _____ M.I. _____ Last _____ Phone Number, Ext. _____

Date report completed: _____ Report completed on date of incident? ☐Yes ☐No

SECTION 2: PERSONAL PROTECTION

Required Personal Protective Equipment:

☐ Respiratory Protection
☐ Head Protection
☐ Face Protection
☐ Eye Protection
☐ Hearing Protection
☐ Hand Protection
☐ Foot Protection
☐ Fall Protection
☐ PPE-Other:

Was Required Personal Protective Equipment used? ☐ Yes ☐ No

If not, explain: _____

SECTION 3: CONTRIBUTING FACTORS OR CONDITIONS

Period when incident occurred: ☐ Entering or leaving work ☐During normal work shift ☐Overtime or unscheduled work shift

Unsafe Conditions:

☐Bypassed Guard or Device ☐Inadequate Guard ☐Lack of Required PPE ☐Improper or Defective Clothing
☐Defective Safety Device ☐Inadequate Lighting ☐Missing Safety Guard ☐Unstable Walking Surface
☐Defective Tool or Article ☐Inadequate Ventilation ☐Unguarded Hazard ☐Improper Work Station Layout
☐Training Deficiency (Specify): _____

Unsafe Actions:

☐Bypassing a safety device ☐Distractions or horseplay ☐Operating at an unsafe speed ☐Using equipment improperly
☐Bypassing a policy or instruction ☐Failure to use approved tools ☐Servicing energized equipment ☐Improper lifting technique
☐Bypassing a safety guard ☐Failure to wear approved PPE ☐Using defective equipment ☐Improper posture or ergonomics

Was a witness statement submitted with the Employee Accident Report? ☐ Yes ☐ No

Upon completion of this Supervisor Accident Analysis Report 1) the following details were found to have occurred, and 2) corrective measures will be taken as follows:

Appendix C

BWC
Better Workers' Compensation
Built with you in mind

Public Employment Risk Reduction Program
State of Ohio
Division of Safety and Hygiene
13430 Yarmouth Drive
Pickerington, Ohio 43147
(614) 644-2246 or (800) 671-6858
Fax: (614) 644-3133

Sharps Injury Form
Needlestick Report

Instructions: This form is to be used to report needlestick or sharps injuries by personnel in your organization responsible for reporting such incidents to the Public Employment Risk Reduction Program. It is preferred that the public employer submit all forms via the Internet.

Public employer information

1) Employer: _____ **2) Facility:** _____ **Risk #:** _____

3) Address: _____

4) City: _____ **5) State:** OH **6) ZIP code:** _____ **7) County:** _____

Address of reporter if different from facility where injury occurred (no P.O. boxes): _____

8) Date reported: _____ **By:** _____ **Phone:** _____

Injury information

9) Date of injury: _____ **10) Time of injury:** _____ **11) Age of injured:** _____ **12) Sex of injured:** ☐ **Male** ☐ **Female**

13) Type of Sharp: Needle

☐ Blood gas syringe ☐ Insulin syringe with needle ☐ IV catheter- loose ☐ Needle connected to IV line
☐ Needle factory-attached to syringe ☐ Other nonsuture needle ☐ Other syringe with needle
☐ Prefilled cartridge syringe (i.e. Tubex-type) ☐ Syringe- other ☐ Tuberculin syringe with needle ☐ Vacuum tube collection
☐ Winged steel needle

Surgical instrument (non glass)

☐ Lancet ☐ Other non-glass sharp ☐ Scalpel ☐ Staples ☐ Suture needle ☐ Trocar ☐ Wire

Glass

☐ Ampule ☐ Blood tube ☐ Other glass ☐ Other tube ☐ Slide

14) Brand (write brand name or "unknown"): _____ **15) Model number:** _____

16) Job classification of injured person: ☐ Aide (e.g. CNA/HHA) ☐ Chiropractor ☐ CRNA/NP ☐ EMT/paramedic ☐ Firefighter
☐ Housekeeper/laundry ☐ LPN ☐ Maintenance ☐ MD/DO ☐ Other ☐ PA ☐ Phlebotomist/lab tech
☐ Respiratory therapist ☐ RN ☐ Road crew ☐ School personnel (not nurse) ☐ Sewer & Sanitation ☐ Surgery assistant/OR tech

17) Employment status of injured person: ☐ Contractor/contract employee ☐ Employee ☐ Other ☐ Student ☐ Volunteer

18) Type of location/facility/agency where sharps injury occurred: ☐ Bloodbank/center/mobile ☐ Clinic ☐ Correctional facility ☐ EMS/fire/police
☐ Home health ☐ Hospital ☐ Laboratory (freestanding) ☐ Other ☐ Outpatient treatment (e.g. dialysis -infusion therapy)
☐ Radiology ☐ Residential facility (e.g. MHMR-shelter) ☐ School

19) Work area where sharps injury occurred (select best choice): ☐ Autopsy/pathology ☐ Blood bank/center/mobile ☐ Central sterile
☐ Critical care unit ☐ Dialysis room/center ☐ Emergency dept. ☐ EMS/fire response ☐ Field (non EMS)
☐ Floor - not patient room ☐ Home ☐ Infirmary ☐ Laboratory ☐ L&D ☐ Medical/outpatient clinic ☐ OR
☐ Patient/resident room ☐ Pre-op or PACU ☐ Procedure room ☐ Radiology ☐ Roadside park ☐ Seclusion room
☐ Service/utility area (e.g. laundry) ☐ Sewage treatment facility ☐ Other

20) Original intended use of sharp: ☐ Contain specimen/pharmaceutical ☐ Cutting (surgery) ☐ Draw arterial sample ☐ Draw venous sample
☐ Drilling ☐ Electrocautery ☐ Finger stick/heel stick ☐ Heparin or saline flush ☐ Injection - IM ☐ Injection - SC/ID
☐ Obtain body fluid/tissue sample ☐ Other injection/aspiration IV ☐ Start IV or set up heparin lock ☐ Suturing - deep
☐ Suturing - skin ☐ Unknown/NA ☐ Wiring ☐ Other

Injury information - continued

21) When did injury occur? ☐ Before ☐ After ☐ During **...the sharp was used for its intended purpose.**

22) If the exposure occurred "during" or "after" the sharp was used, was it: ☐ Because the injured was bumped during the procedure

☐ Because the item was placed in an inappropriate place (e.g. table/bed/trash)

☐ During OR procedure reaching for or passing instrument ☐ While disassembling

☐ While the sharp was being placed in a container ☐ While recapping ☐ Other

23) Involved body part: ☐ Arm (but not hand) ☐ Face/head/neck ☐ Hand ☐ Leg/foot ☐ Torso (front or back)

24) Did the device being used have any engineered sharps injury protection? ☐ Yes ☐ No ☐ Don't Know

25) Was the protective mechanism activated? ☐ Yes ☐ No ☐ Don't Know

26) Was the injured person wearing gloves? ☐ Yes ☐ No ☐ Don't Know

27) Had the injured person completed a hepatitis B vaccination series? ☐ Yes ☐ No ☐ Don't Know

28) Was there a sharps container readily available for disposal of the sharp? ☐ Yes ☐ No ☐ Don't Know

29) Had the injured person received training on the exposure control plan in the 12 months prior to the incident? ☐ Yes ☐ No ☐ Don't Know

30) Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

☐ Yes ☐ No

Explain: _____

_____

_____

31) Exposed employee: Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?

☐ Yes ☐ No

Explain: _____

_____

_____

BWC
Better Workers' Compensation
Built with *you* in mind

Public Employment Risk Reduction Program
State of Ohio
Division of Safety and Hygiene
13430 Yarmouth Drive
Pickerington, Ohio 43147
(614) 644-2246 or (800) 671-6858
Fax: (614) 644-3133