



COMMUNITY COLLEGE

OF RHODE ISLAND

**BLOODBORNE PATHOGENS EXPOSURE
CONTROL PLAN**

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1.0 Purpose

The Community College of Rhode Island (CCRI) is committed to providing a safe and healthful work environment. The goal of this program is to minimize or eliminate occupational exposure of CCRI employees to bloodborne pathogens from human blood or other potentially infectious materials.

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (Section 1910.1030 of CFR 29) sets forth the specific requirements to prevent or minimize occupational exposure. This law is applicable to any employer who has one or more employees with occupational exposure to blood or other body fluids. CCRI has developed this Bloodborne Pathogens Exposure Control Plan for the safe handling of bloodborne pathogens and other potentially infectious materials (OPIM).

2.0 Scope

The Bloodborne Pathogens standard applies to all employees who may come in contact with blood or other potentially infectious materials as part of their job or during the course of their employment. The plan provides determination of employee exposure, demonstrates implementation methods for exposure control; universal precautions, engineering and work practice controls, personal protective equipment, and housekeeping.

Copies of this written program as well as accompanying handouts are made available to anyone at any time. More information can be obtained from the trainer, the College Health Services, the CCRI Office of Human Resources, or the Rhode Island Department of Labor.

3.0 Definitions

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

Bloodborne Pathogens means 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).

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

Contaminated Sharps means 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 means 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 means 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 means 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.

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

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means 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 means 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 means

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

Personal Protective Equipment 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 means 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 means 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 means 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.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is 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 means 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 Responsibilities

4.1 Program Administrator

It is the responsibility of the Program Administrator to ensure the program is implemented throughout the College. They may assist in assessing the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of this Exposure Control Plan.

The responsibilities of the Program Administrator include:

- Identifying and utilizing resources to help carry out the provisions of this program;
- Evaluating hazards and completing hazard assessments;
- Selecting PPE options;
- Arranging for and/or conducting training;
- Arranging for and/or conducting medical exams, vaccinations, etc.;
- Maintaining records required by the program;
- Occupationally exposed employees have been offered the Hepatitis B vaccine
- Evaluating the program; and
- Updating written program, as needed.

4.2 Supervisors

Supervisors are responsible for ensuring that this Program is implemented in their departments or areas.

Duties of the supervisor include:

- Communicating to the Program Administrator when employees have occupational exposure;
- Ensuring that employees are trained and follow this Program;
- Complete hazard assessments for work areas;
- Ensuring the availability of appropriate PPE, labeling, waste containers, etc.;
- Ensure all waste containers are properly used, packaged, and stored;
- Ensuring that PPE is properly cleaned, maintained, and stored;
- Ensure work areas are properly decontaminated;

- Monitoring work operations to identify BBP hazards; and
- Working with the Program Administrator to address BBP hazards or other concerns regarding this program.

4.3 Occupationally Exposed Employees

OSHA defines occupational exposure as any 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. This includes, but is not limited to, accidental needle sticks, improperly packaged sharps, cuts from broken glass containers of body fluids, accidental skin contact with vomit, urine or feces possibly contaminated with blood.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with:

- The procedures and work practices outlined in this Plan;
- Attend all trainings on bloodborne pathogens;
- Exercise proper administrative and engineering controls;
- Utilize the correct PPE;
- Report and notify any exposure incidents.

5.0 Occupational Exposure Determination

Occupational exposure is any reasonably anticipated skin, eye, mucous membrane or other contact with blood or potentially infectious materials as result of the employee's duties. This includes, accidental needle sticks, improperly packaged sharps, cuts from broken glass containers of body fluids, accidental skin contact with vomit, urine or feces possibly contaminated with blood. Other potentially infectious materials that may enter the body through routes of exposure include human body fluids, unfixed tissue, organ cultures, culture medium and other solutions, or HIV and HBV infected animals. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Plan.

Medical Laboratory Technology Courses (MLTC), Dental, Nursing Labs, Student Health Services, Housekeeping, and Maintenance are established positions which have reasonable occupational exposure through one or more routes. These positions attend training sessions annually and during their initial start date.

6.0 Methods of Implementation and Control

6.1 Universal Precautions

All employees will utilize universal precautions. Universal precautions is a concept used 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.

Universal precautions include washing hands before and after exposure to blood and other body fluids. Employees should also always wear gloves, masks, goggles, other personal protective equipment (PPE) and use work practice controls to limit exposure to potential bloodborne pathogens.

6.2 Labeling & Storage

Warning labels must be affixed to containers, refrigerators, freezers, etc. that contain blood or other potentially infectious material. Red or red-orange bags may also serve as an indicator of blood or OPIM. Blood and other potentially infectious materials are to be placed in a biohazard container that prevents leakage during collection, handling, processing, storage, transportation, or shipping. If the primary container could be punctured, then it must be placed in another container that is puncture-resistant and labeled with the biohazard symbol.

6.3 Engineering and Work Practice Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

Engineering Controls

Use of splash guards, biological safety cabinets (BSC), spill trays, bench coats or diapers, vacuum line traps and filters, mechanical pipetting devices, and safety centrifuges are all examples of engineering controls that may minimize exposure risk. Puncture-proof sharps containers are used to dispose of use hypodermic needles, scalpels, lances, etc.

Hand Washing

Hand washing facilities have been provided for the employee's use in various areas of the College. Where no sinks are available, an antimicrobial product (gel or foam) will be used as an intermediate measure, to be followed by washing with soap and water as soon as feasible. Hands are to be thoroughly washed with water and an antimicrobial solution under the following circumstances:

- Before gloving;
- After removing gloves or other PPE;
- After any patient procedure;
- Before leaving the work area;
- Before eating; and
- After hands have touched blood, OPIM, or a possibly contaminated surface.

Effective hand washing means scrubbing with soap for at least 20 seconds on the palms, between the fingers, the back of the hands, and the wrist. Scrubbing is followed by a thorough rinse with water and complete drying.

Other Work Practices

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are strictly prohibited in contaminated areas, treatment areas, sterilization areas, and laboratory or waste storage areas. Closed toed shoes and long pants and sleeves should be worn to protect exposed skin. A dedicated pair of work shoes may reduce the amount and type of contamination introduced into the workplace by street shoes. This practice can also minimize the possibility of bringing microbial contamination from the workplace into the home.

- Food, drink, and cosmetics shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benches where blood or potentially infectious materials are stored or handle.
- Mouth pipetting or suctioning of blood or other potentially infectious materials is strictly prohibited.
- Used sharps are never thrown directly in the trash.

- Signs and Labels (including red or orange biohazard symbol) on all sharps containers and medical waste containers from MLTC, Dental, Nursing Labs, and from Student Health offices).
- Sharps disposal containers are inspected and maintained or replaced to prevent from overfilling.

The plan is updated as new procedures, methods, or job descriptions change to ensure proper engineering controls and work practices are in place.

6.4 Personal Protective Equipment

Personal protective equipment (PPE) is readily available to each department with potential occupational exposure. PPE must be cleaned, repaired, and replaced as needed and should be used as a last line of defense when engineering and work practice controls does not eliminate potential exposure.

All employees using PPE must observe the following precautions:

- Use gloves when moving or handling anything containing biohazardous materials.
- Use PPE (gloves, goggles, face shield, apron etc.) appropriate to the situation when assisting anyone with injuries, such as a cut, scrape, bloody nose etc.
- Use puncture-resistant gloves and dustpan and brush when cleaning up sharps such as broken glass or loose hypodermic needles.
- Cell phones should never be used while using PPE and only after disinfecting possible exposed areas, hands, face, arms, etc.
- Wash hands immediately or as soon as feasible after removing gloves.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Contaminated PPE shall be disposed of in a biohazard bin.
- Wash exposed tissues thoroughly with disinfectant soap after any contact with possibly infectious material.
- Never wash, decontaminate, or re-use disposable gloves.
- Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to eyes, ears, nose, or mouth.
- Make sure all re-usable PPE is thoroughly decontaminated and disinfected immediately after use.

6.5 Housekeeping

- For cleanup use gloves and EPA-registered disinfectants or a minimum 10% solution of chlorine bleach.
 - Workers shall decontaminate work surfaces immediately or as soon as feasible when surfaces are overly contaminated or after any spill of blood or potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning. Work surfaces include countertops, exam tables, etc.
 - All bins, pails, cans, and similar receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected, cleaned, and decontaminated daily or as soon as feasible upon visual contamination.
 - Disinfectants must be in contact for at least 10 minutes with contaminated areas
- Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

- Any contaminated laundry must be handled as little as possible, with minimal agitation. Wet contaminated laundry should be placed in leak-proof containers that are appropriately labeled or color-coded to identify them as biohazardous. When handling contaminated laundry all administrative and engineering controls should be practiced as well as use of proper PPE.
- Put all broken glass and loose hypodermic needles in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded.
- Known or suspected contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded.
- Dispose of contaminated material in regulated waste containers.
- Wash hands with disinfectant soap after any clean-up operation.

6.6 Biohazardous Waste

CCRI observes all regulations concerning the handling of contaminated waste.

Protocol for waste handling in this facility is as follows:

- All contaminated sharps are to be placed in the sharps container at the location where they are used. These containers will be tightly closed and removed when they are $\frac{3}{4}$ full.
- All wastes will be separated into contaminated and non-contaminated types.
- Non-contaminated waste is placed in the regular trash can. If in doubt, place the item in the red container.
- Contaminated wastes, including grossly contaminated PPE or equipment that cannot be decontaminated, are to be placed in a biohazardous container located in that area. These containers must be closeable, leak-proof, and properly labeled.
- Biohazardous waste bags and boxes should be replaced when they are $\frac{3}{4}$ full.
- Do not overfill these containers or place objects that are heavy or could puncture in them.
- Contaminated wastes and filled sharps containers may not be placed in with the regular trash for removal from this facility.
- Do not place your hands inside any sharps or regulated waste containers.
- Disposal of these containers will be coordinated with a biohazardous waste disposal contractor.

7.0 Exposure and Post-Exposure

7.1 Exposure

If an employee is exposed to bloodborne pathogens or incurs a sharps injury, the following steps should be followed:

- Wash any exposed areas, cuts, needlesticks with soap and water;
- Flush area with water;
- Irrigate eyes with water or saline;
- Immediately seek medical treatment;
- Report incident;
- Document the routes of exposure and how the exposure occurred; and
- Make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity.

- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.

7.2 Post-Exposure

Any CCRI employee who suffers an exposure to bloodborne pathogens is urged to seek testing, and, if necessary, treatment and follow up counseling. These must be provided at no-cost to the employee. This can be provided by the employee's own physician or at an emergency room. Testing treatment and counseling are also available through Workers Compensation to College employees by Occupational Health and Rehabilitation (OH+R) Inc. of Warwick and Pawtucket, Rhode Island. Immediate response to worker exposure or injury is available. Information on OH+R services is available from the CCRI Office of Human Resources. Exposure and testing records are confidential and kept by OH+R.

The health care professional responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow up is given. The health care professional evaluating an employee after an exposure incident will receive the following:

- A copy of this BBP Plan;
- A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030);
- A description of the employee's job duties relevant to the exposure incident;
- Documentation of the route(s) of exposure;
- Circumstances of exposure; and
- Relevant employee medical records, including vaccination status.

OSHA requires all employees to offer post-exposure evaluation and follow-up, including counseling and post-exposure prophylaxis, to any employee who sustains an exposure to blood or other infectious materials. It begins with informed consent for testing, followed by testing both the exposed employee and the source patient for HBV, HCV, and HIV. Information about the exposure incident, results of both sets of results, and available clinical information about the source patient all contribute to the decisions concerning further actions.

Identification and documentation of the source individual is required, unless the employer can establish that identification is not feasible or prohibited by state or local law. The source individual of exposure must be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer must establish that legally required consent cannot be obtained. When law does not require the source's consent, the source's blood, if available, must be tested and the results documented. If the source individual's blood status is already known, testing need not be repeated.

Results of the source's testing must be made available to the exposed employee, and the employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source.

7.3 Documentation

Circumstances of all exposure incidents are reviewed to determine:

- Engineering controls in use at the time;
- Work practices followed;
- A description of the device or sharp being used (including type and brand) if applicable;
- PPE or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.);
- Location of the incident;
- Procedure being performed when the incident occurred, if applicable;
- Employee's training;
- Record all percutaneous injuries from contaminated sharps in a Sharps Injury Log; and
- Medical Records.

Post exposure evaluation and follow-up will be the responsibility of the referring medical facility and/or Primary Care Physician in accordance with 29 CFR 1910.30. The referring healthcare professional's written opinion shall be limited to facts that:

- The employee has been informed of the results of the evaluation;
- The employee has been told about any medical condition resulting from the exposure to blood or potentially infectious materials that require further evaluation or treatment; and
- All other findings or diagnoses must remain confidential and shall not be included in the written report.

All percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. Information about the OSHA Sharps Injury Log can be found in **Section 10.1** and **Appendix B**.

7.4 Procedure Review

Procedures involving exposure will be reviewed at least annually to determine if any new engineering controls are available to reduce the risk of contamination, or if a modified technique would minimize or eliminate exposure. The written plan will be reviewed annually and revised as needed.

7.5 Blood and OPIM Spills

- Isolate area where spill occurred-place hazard sign in front of spill or have another employee stay at spill site to warn others.
- Retrieve blood spill kit (if available), appropriate personal protective equipment (PPE), EPA disinfectant, and any additional tools or spill materials needed.
- Don appropriate PPE:
 - Gloves (puncture resistant gloves if necessary), mask, eyewear, and protective gown.
- If there is broken glass or sharps, use a dustpan and brush to sweep these up.
 - Never handle sharps with your hands, even with proper PPE.
 - Any sharps or broken glass should be disposed of in a puncture proof sharps container.
- Apply the absorbent material in the spill kit to absorb any fluids.
- Clean area where spill occurred with and EPA registered disinfectant.
- Place the spent absorbent material and all disposable clean-up items in the biohazardous bag as waste.

- Remove and dispose of disposable PPE and clean any reusable PPE, tools, etc.
- Any contaminated PPE should also be disposed of as biohazardous waste.
- Place the biohazard bag in the nearest biohazardous waste container.
- Wash hands with soap and water immediately.

8.0 Hepatitis B Vaccination

The Hepatitis B vaccine series is offered free through the college Health Services to any individual whose job duties expose him/her to contact with possibly infectious body fluids. You may elect not to take the vaccine for any reason (for instance, high antibody titre, allergy to vaccine or simply, your preference). The series will be offered to occupationally exposed employee within 10 working days of their initial assignment. This will be done at no cost, including no “out-of-pocket” expenses to the employee. It will be done during the normally scheduled work time.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of initial refusal will be kept. Documentation of the Hepatitis immunization will be kept in a confidential manner for 30 years beyond termination of the employee’s job.

A copy of the declination form can be found in **Appendix A**.

9.0 Training

All occupationally exposed personal will be trained upon initial hiring and must demonstrate full competency of this program and the parts within it. Training should occur on an annual basis thereafter, or if new tasks or procedures affect the occupational exposure. Training must be presented in a language that workers can understand and during working hours.

The training program shall contain the following elements:

- An accessible copy of the regulatory text of the Exposure Control Plan and an explanation of its contents;
- A general explanation of the epidemiology and symptoms of bloodborne pathogen diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and potentially infectious materials;
- An explanation of the use and limitations of exposure including appropriate engineering controls, work practices, and personal protective equipment;
- Information on the types, proper uses, location, removal, decontamination and disposal of personal protective equipment;
- The explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination series will be offered free of charge to employees;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials;
- An explanation of the procedure to follow if an exposed incident or spill 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; and
- An opportunity for interactive questions and answers with the person conducting the training session.

Records shall be maintained on the training sessions and shall include the following information:

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

Training records shall be maintained for three years from the date on which the training occurred. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Program Administrator.

10.0 Recordkeeping

Circumstances of all exposure incidents are reviewed to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand) if applicable
- PPE or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (Lab, dental department, etc.)
- Procedure being performed when the incident occurred
- Employee's training
- Record all percutaneous injuries from contaminated sharps in a Sharps Injury Log
- Medical Records

Employees' medical records are:

- Confidential;
- Not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by this section or as may be required by law; and
- Maintained for at least the duration of employment plus 30 years in accordance with state guidelines.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Program Administrator.

Exposure incidents will be evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

10.1 Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- 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. 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 by anyone, it must have any personal identifiers removed from the report.

An example of the sharps injury log can be found in **Appendix B**.

Appendix A: Hepatitis B Vaccine Declination

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

(print)

(title)

(date)

(signature)

Appendix B: Sharps Injury Log

The Bloodborne Pathogen Standard requires that the Community College of Rhode Island establish and maintain a Sharps Injury Log to record all contaminated sharps injuries at the facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

The Sharps Injury Log must include the following:

- Maintain sharps injuries separately from other injuries and illness kept on the Injury and Illness Log;
- Include ALL sharps injuries that occur during a calendar year;
- Be retained for 5 years beyond the completion of that calendar year; and
- Preserves the confidentiality of affected employees.

Date	Case/ Report No.	Type of Sharp	Work Area where injury occurred	Brief description of how the incident occurred