



Facilities Operations and Development

Bloodborne Pathogens Exposure Control Plan

Operations and Environmental Health & Safety

Revised 03/2014
Rev 4

Exposure Control Plan Table of Contents

| | |
|---------|------------------------------------------------------------------------------|
| 1.0 | Introduction |
| 2.0 | Program Administration |
| 3.0 | Definitions |
| 4.0 | Employee Exposure Determination |
| 5.0 | Methods of Implementation & Control |
| 5.1 | Exposure Control Plan |
| 5.2 | Universal Precautions |
| 5.3 | Engineering & Work Practice Controls |
| 5.3.1 | Engineering Controls |
| 5.3.2 | Work Practice Controls |
| 5.3.3 | Personal Protective Equipment |
| 5.4 | Housekeeping |
| 5.5 | Laundry |
| 5.5.1 | EHS |
| 5.5.2 | FOD |
| 5.6 | Spill Clean-up Procedures |
| 5.6.1 | EHS |
| 5.6.2 | FOD |
| 5.6.2.1 | Blood & Bodily Fluid Clean Up Kit Contents |
| 5.7 | Labeling and Signage |
| 6.0 | Medical Surveillance |
| 6.1 | Hepatitis B Vaccination |
| 6.2 | Post Exposure Evaluation & Follow Up |
| 7.0 | Procedures for Evaluating the Circumstances Surrounding an Exposure Incident |
| 8.0 | Employee Training |
| 9.0 | Recordkeeping |
| 9.1 | Training Records |
| 9.2 | Medical Records |
| 9.3 | OSHA Recordkeeping & Sharps Injury Log |

Appendix A: Employee Accident Report and Bloodborne Pathogen Exposure Report Form

Appendix B: Ohio Public Employment Risk Reduction Program Sharps Injury Report
Form/Needlestick Report

EXPOSURE CONTROL PLAN

1.0 INTRODUCTION

The Ohio State University is committed to providing a safe and healthy work environment for employees. In support of this goal, the information in this exposure control plan (ECP) is provided to help minimize or eliminate 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 are implemented to eliminate or minimize employee exposure to blood and other potentially infectious materials within Facilities Operations and Development.

This exposure control plan has been jointly developed by the Office of Environmental Health & Safety (EHS) and Facilities Operations and Development (FOD). Employers are responsible for ensuring employees are familiar with and comply with, the procedures and practices outlined in this 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 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
 - Laundry
 - Spill clean up procedures
 - Labeling and signage
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up procedures
- Procedures for evaluating circumstances surrounding exposure incidents
- Communication of hazards to employees and training
- Recordkeeping

2.0 PROGRAM ADMINISTRATION

It is the responsibility of the Institutional Biosafety Officer (IBO), FOD Senior Administrative Directors and FOD District Leaders to review and update this ECP on an annual basis. The FOD District Leaders and Senior Director (EHS) are responsible for implementation of the ECP.

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

The District Leaders (FOD) and Senior Director (EHS) are 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 for their respective departments. These individuals shall ensure that adequate supplies of PPE are available in the appropriate sizes, for all personnel.

The District Leaders (FOD) and Senior Director (EHS) are responsible for ensuring employees in their respective departments 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 OSHA Log Coordinator will maintain records of exposure incidents. The Department 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 District Leaders (FOD) and Senior Director (EHS) are responsible for ensuring their employees complete bloodborne pathogen training and the annual refresher training. In addition, the department training coordinator will maintain records of employee training. A record of training will be made available to employees who successfully complete the training offered online by the Office of Environmental Health & Safety. Records of attendance will be kept as record of training for all in-person training. Training records will be made 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).

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.

Handwashing 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.

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.

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

OSHA 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. Job classifications in this category include:

- OSHA/Env Specialist (Senior Director EHS)
- Program Director - Biosecurity
- Hazardous Waste Supervisor
- Hazardous Waste Specialist
- Associate Director, EHS
- Associate Director, Environmental Affairs

In addition, OSHA requires a listing of job classifications in which some employees may incur 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 must be listed. Employees in these job classifications will have an individual job hazard analysis, if warranted, to determine if they are to be included in the program. Job classifications in this category include:

| <u>Job Title</u> | <u>Job Tasks</u> |
|-------------------------------------|--------------------------------------------------------------|
| • Safety Engineer | Emergency response duties |
| • Environmental Safety Officer | Emergency response duties |
| • Regulatory Compliance Officer | Emergency response duties |
| • Industrial Hygienist | Emergency response duties |
| • Medical Health Physicist | Emergency response duties |
| • Health Physicist | Emergency response duties |
| • Non-Medical Health Physicist | Emergency response duties |
| • Asbestos Coordinator | Emergency response duties |
| • Plumber 1, 2 | Plumbing repair in research laboratories |
| • Maintenance Repair Worker 1, 2, 3 | Plumbing repair in research laboratories |
| • Maintenance Crew Leader | Triage / troubleshoot plumbing work in research laboratories |
| • Housekeeping Manager 2, 3 | Trash pickup in laboratory areas |
| • Custodial Worker | Trash pickup in laboratory areas |
| • Custodial Work Supervisor | Trash pickup in laboratory areas |

***Note: Medical Center Safety and Medical Center Facilities personnel are covered under the Ohio State University Medical Center Infection Control Policy and Procedure Manual, Number 01-04 (Title: Bloodborne Pathogen Exposure Control Plan).*

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 be reviewed in annual bloodborne pathogen training. A copy of the ECP will be made available to the employee, within 15 days, upon request.

The IBO and District Leaders are responsible for ensuring that the ECP 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 reasonable, if more effective and 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 tissue or organ (with the exception of intact skin) and potentially infectious human body fluids. Potentially infectious human 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. Sharps containers 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 disposed of when they are two-thirds to three-quarters full. Sharps containers must be disposed of in biohazard burn boxes as infectious waste.

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. All employees will wash hands after removing gloves and other PPE, and immediately after contact with blood or OPIM.
- b. Contaminated needles will not be bent, recapped or removed from syringes.
- c. All procedures will be conducted in a manner that minimizes splashing, spraying, splattering and generation of droplets of blood or OPIM.
- d. Equipment which has been contaminated with blood or OPIM will be decontaminated as necessary.

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. Supervisors are responsible for ensuring 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, along with the individual responsible for maintaining the stock, is listed below:

| | |
|------------|----------------|
| District 1 | Kenny King |
| District 2 | Susan Quinlan |
| EHS | Jeff Henderson |

The District Leaders (FOD) and Senior Director (EHS) are responsible for ensuring appropriate PPE is available for their respective departments. If additional PPE (e.g. additional sizes, non-latex PPE) is necessary, employees shall notify the appropriate responsible individual listed above.

The following PPE will be used when appropriate:

- a. **Gloves:** 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.

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 or deterioration.

- b. **Face Protection:** Surgical 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.

5.4 Housekeeping

Regulated infectious (biohazardous) 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 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 packaged in appropriate boxes and collected by Environmental Health & Safety staff for disposal by incineration.

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 containers, once two-thirds to three-quarters full, are placed in appropriate boxes and collected by Environmental Health & Safety staff for disposal by incineration.

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 contamination and after completion of work procedures.

5.5 Laundry

5.5.1 EHS – Disposable tyvek coveralls are worn during clean up of blood and body fluids. In the event that non-disposable PPE or personal clothing items become contaminated, they will be treated with a 10% bleach solution or other appropriate disinfectant and then washed / dried on-site.

5.5.2 FOD – Contaminated uniforms and/or personal clothing items will be bagged separately and labeled as biohazard. All uniforms are picked up and laundered by Cintas, an outside contractor. They will provide biohazard laundry bags, upon request.

5.6 Spill Clean-up Procedures

The following procedures are used to clean up a biohazard/blood spill. Custodial workers have access to Blood and Bodily Fluid Clean-up Kits and are provided with training on their appropriate use.

5.6.1 EHS

- a. Limit access to area to those individuals involved in the clean up operation.
- b. Put on appropriate PPE.
- c. Contain spill by covering with absorbent pads.
- d. Spill is cleaned by covering contaminated surfaces with absorbent pads and soaked with a 10% bleach solution or other appropriate disinfectant. Allow a 30 minute contact time or the time which is specified by the manufacturer.
- e. Place all materials used during the clean up in a biohazard bag. Any sharps associated with the spill should be placed in a biohazard sharps container.
- f. All biohazard bags are placed in a biohazard box for incineration.
- g. Re-usable materials (i.e. goggles, dustpan, etc) should be disinfected with bleach prior to reuse.

5.6.2 FOD

- a. Limit access to area to those individuals involved in the clean up operation.
- b. Open the Blood and Bodily Fluid Clean-up Kit supplied by FOD and stocked in the custodial closet(s) in each building.
- c. Put on appropriate PPE (i.e. gloves, apron, face shield/mask and shoe covers)
- d. Open clean up absorbent pack and sprinkle entire contents of absorbent material evenly over bodily fluid spill (will absorb 80 – 100 times its weight)
- e. After the spill gels (1 – 2 minutes) use scoop/scrapper to pick up material and put into red biohazard bag and close with a knot.
- f. Treat with Protect Disinfectant Spray. Shake well. Hold the can 6” – 8” from the surface to be treated. Spray for 3 – 4 seconds until surface is wet. Allow spray to contact the surface for a minimum of 10 minutes before wiping with disposable wiping cloth.
- g. Put all materials used to clean up the spill, including PPE and the first biohazard bag, into the second biohazard bag and tie in a knot.
- h. Put the biohazard bag into a biohazard burn box and label the box with the building location and “FOD”. EHS personnel will contact the zone leader for building if there is a problem. If there are no biohazard boxes available in the building, contact your immediate supervisor and they will provide you with one. Supervisors can request biohazard boxes from EHS at no charge.
- i. Supervisors will contact EHS at 292-1284 for waste pickup once the waste is bagged, boxed and labeled.
- j. NOTE: Items from the clean up kit should never be reused.

- 5.6.2.1 Blood & Bodily Fluid Clean-up Kit Contents
- a. One 3 oz. packet of absorbent powder
 - b. One pair of protective gloves
 - c. One protective face shield and mask
 - d. One pair shoe covers
 - e. One apron
 - f. One scoop/scrapper
 - g. One absorbent towel
 - h. Two antiseptic towelettes
 - i. Two disposable red biohazard bags
 - j. Spray disinfectant
 - k. Instruction sheet

5.7 Labeling and Signage

Biohazard warning labels shall be attached to containers of regulated waste and contaminated laundry.

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

6.0 MEDICAL SURVEILLANCE

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

6.1 Hepatitis B Vaccine

Training will be provided, free of charge, to employees addressing the safety, benefits, efficacy, methods of administration, and availability of the hepatitis B vaccination. Healthcare professionals at Employee Health Services, McCampbell Hall, 2nd Floor, 1581 Dodd Drive, Columbus campus (phone: 293-8146) are available to answer questions and address concerns employees may have regarding hepatitis B vaccination.

Healthcare professionals at Employee Health Services will offer and administer the hepatitis B vaccination, free of charge, to all employees with an occupational exposure to bloodborne pathogens. Vaccination is encouraged unless documentation exists that the employee has previously received the series, antibody testing reveals the employee is immune, or medical

evaluation shows the 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. Documentation of refusal of the vaccination is kept at Employee Health Services, McCampbell Hall, 2nd Floor, 1581 Dodd Drive, Columbus campus (phone: 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 medical 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 their supervisor. Supervisors are responsible for ensuring the exposed employee submits an Employee Accident Report and a Bloodborne Pathogen Exposure Report Form to Employee Health (Appendix A). Employee Health Services and the Department will report information regarding exposure incidents to the Office of Environmental Health and Safety. The 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 during business hours, the employee should report to Employee Health Services, located at McCampbell Hall, 2nd Floor, 1581 Dodd Drive, Columbus campus (phone: 293-8146) for an immediate medical evaluation. If an exposure incident occurs after hours, the employee should report to the Ohio State University Medical Center Emergency Department, located at 450 West 10th Avenue, Columbus campus (phone: 293-8333) for evaluation. Employee Health Services will provide follow-up care to employees.

When an exposure incident involves blood from a known 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.
- Ensure 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 illness, 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

Supervisors are 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 District Leader (FOD) and/or the IBO (EHS) will ensure 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, provided by the Office of Environmental Health & Safety. Training will be provided for 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 OSHA bloodborne pathogens standard
- 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 (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. Requests for training records should be addressed to the FOD Training Coordinator.

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/departments OSHA Log Coordinator and to the Office of Environmental Health & Safety (EHS) for recordkeeping purposes. The college/departments 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.

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 employee needs or desires medical treatment, arrange for appropriate medical care (see "Medical Treatment" section below).
2. If employee does not need or desire medical treatment, make a copy of this report for your records and send the original to University Health Services (address listed below). If medical treatment is needed at a later date as a result of this accident, refer employee to University Health Services.

Medical Treatment

Send employees for treatment with this form within 72 hours after the accident is reported.

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 • Fax: 614-293-8018
 Hours: M–F, 7:30 a.m.–4 p.m.

(There is no cost for medical treatment of employee accidents or injuries at University Health Services.)

If University Health Services is closed or unavailable, seek treatment at:

OSU Occupational Medicine–
 CarePoint East
 543 Taylor Ave., 2nd floor
 Columbus, OH 43203
 614-688-6492
 Hours: M–F, 8 a.m.–5 p.m.

OSU Occupational Medicine–
 CarePoint West
 86 N. Wilson Road
 Columbus, OH 43204
 614-293-3500
 Hours: M–F, 8 a.m.–5 p.m.

After Hours Care
 Martha Morehouse Medical Plaza
 2nd Floor, Suite 2400, Pavilion
 2050 Kenny Road
 Columbus, OH 43212
 614-685-3357
 Hours: M–F, 8 a.m.–5 p.m.;
 SAT, 10 a.m.–6 p.m.; SUN, 10 a.m.–6 p.m.

After normal business hours or on weekends, for non-emergencies, seek treatment at University Health Services during normal business hours. After normal business hours, seek treatment at After Hours Care. If life threatening, 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 care 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 for instructions.

Submit this report to: University Health Services
 University Hospital Clinic
 McCampbell Hall, 2nd floor
 1581 Dodd Drive
 Fax: 614-293-8018

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.

Section I: Employee Information—all fields must be completed

Name: _____ OSU Employee ID#: _____ Full Time Part Time
 Home Address: _____ Home Phone: _____
 City/State/Zip Code: _____ Date of Birth: _____ Age: _____ Sex: _____
 Job Title: _____ Department: _____
 Work Address: _____ Work Phone: _____
 Supervisor's Name: _____ Supervisor's Phone: _____

Section II: Accident Information—provide as much detail as possible

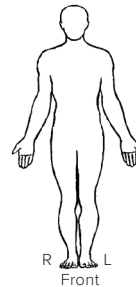
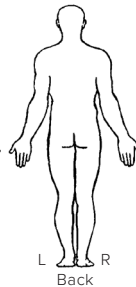
Accident date/time: _____ A.M. P.M. Time shift began: _____ A.M. P.M. Date of death, if applicable: _____
 Location of accident (room #/building/shop): _____
 Briefly explain the accident and what was being done just prior _____

Was this activity part of employee's normal job duty? Yes No
 What object or substance directly harmed the employee? _____

Type of injury or illness: _____
 Witnesses (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): _____

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

| | | |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | L | R |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| Eyes/Ears/Face | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck/Shoulders/Arms/Elbows | <input type="checkbox"/> | <input type="checkbox"/> |
| Hips/Legs/Knees | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrist/Hands/Fingers | <input type="checkbox"/> | <input type="checkbox"/> |
| Ankles/Feet/Toes | <input type="checkbox"/> | <input type="checkbox"/> |
| Back (Upper/Lower) | <input type="checkbox"/> | <input type="checkbox"/> |
| Head | <input type="checkbox"/> | <input type="checkbox"/> |
| Internal Organs | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | | |

For blood/body fluid exposure, the Addendum (on page 3) must be fully completed.
 Hospital Medical Record # of source patient: _____

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), send a copy of this completed report to UHS at: Fax: 614-293-8018 or McCampbell Hall, 2nd floor, 1581 Dodd Drive.**

Section III: 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 IV: (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? _____

SUPERVISOR/CHARGE PERSON SIGNATURE: _____ **Date:** _____

Section V: (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): _____

- | | |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1 - Injury involving loss of consciousness | <input type="checkbox"/> 2 - Injury involving restriction of work or lost time |
| <input type="checkbox"/> 3 - Injury involves transfer to another job | <input type="checkbox"/> 4 - All work-related fatalities (death) |
| <input type="checkbox"/> 5 - All work-related illness | <input type="checkbox"/> 6 - All work-related injuries (treatment beyond first aid) |
| <input type="checkbox"/> 7 - Not recordable | <input type="checkbox"/> 8 - Human Bloodborne Pathogen Exposure |

Medical Record # _____ Send copies to: (date/initial when sent)
 _____ OSU Workers' Compensation Fax: 614-292-0271 _____ University Health Services Fax: 614-293-8018 _____ Supervisor/Dept.
 _____ Medical Center Safety Fax: 614-293-8100 _____ OSHALOG Coordinator (see list) _____ Injured employee
 _____ Environmental Health & Safety Fax: 614-292-6404

Section VI: Workers' Compensation Self-Insurance (for Integrated Disability use only)

Certification? Yes No ORG #: _____

Signature: _____ Date: _____

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.

ALL parts of this form MUST be completed with as much detail as possible.

This form must be sent directly to University Health Services (not to supervisor).

Section I: Employee Information

Name: _____ OSU employee ID#: _____ Date of exposure: _____
 Time of exposure: _____ Date of hire: _____ Number of hours on duty: _____
 Occupation: _____ Phone # (for reporting lab results): _____ Pregnant: Yes No

Section II: BBFE Information

Specific location of exposure (room # 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 III: Needlesticks/Sharps Injuries

Was the sharp item: Contaminated Uncontaminated Unknown

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

Depth of injury: 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 Central line placement Insulin pen
 Push button butterfly Lidocaine Novo Nordisk Innolet (Reg or NPH)
 Multi sampling needle Introducer Novo Nordisk Flex Pen
 Slide safety butterfly Scalpel (Novolog Aspart or 70/30)
 ABG needle Other Solostar (Lantus)
 Syringe to draw cord blood Lilly (Humalog)
 Other Suture needle
 Peripheral IV Huber needle
 Angioset (butterfly) Safety
 Angiocath (straight) Non-safety
 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 IV: 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 Glasses Mask
 Gown Goggles Mask with face shield

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:

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: _____



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