



ADMINISTRATIVE PRACTICES MANUAL

SAFETY MANUAL –: BLOODBORNE PATHOGENS:

1.0 Scope and Application

This policy has been designed to provide procedures and guidelines necessary for the protection of employees against bloodborne pathogens and other pathogenic bacterium and viruses and to provide protection against communicable diseases that can be transmitted through human blood, other body fluid or other potentially infectious materials (OPIM). The requirements contained in this policy apply to all employees with occupational exposure to bloodborne pathogens, including designated first aid responders. Limited requirements apply to all other employees. This policy complies with Chapter SPS 332 (Public Employee Safety and Health) of the Wisconsin Administrative code as promulgated by the Wisconsin Department of Safety and Professional Services and 29 CFR 1910.1030 (Bloodborne Pathogens) as promulgated by the U.S. Occupational Safety and Health Administration.

2.0 Responsibilities

Risk Management: Support and management of this policy.

Department Heads: Implementation of policy. Training of employees.

Supervisors: Ensure policy is adhered to by all employees. Inspections.

Employees: Follow requirements contained in this policy.

All employees are responsible for complying with the requirements contained in this policy. Failure to abide by these requirements may subject the employee to disciplinary action, up to and including discharge.

3.0 Departmental Policies and Requirements

This policy represents minimum communicable diseases protection requirements. Individual departments, unless specifically exempted by the County Risk Manager, will develop their own internal Exposure Control Plan. See the Exposure Control Plan requirements in the appropriate section of this policy. Department Heads will solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

4.0 Definitions

AIDS: Acquired Immunodeficiency Syndrome

Bloodborne Pathogen: Pathogenic microorganisms that are present in human blood, other certain body fluids and other potentially infectious materials (OPIM) and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

HBV: Hepatitis B Virus

HIV: Human Immunodeficiency Virus

OPIM: Other potentially infectious materials. 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. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-



ADMINISTRATIVE PRACTICES MANUAL

containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture mediums or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

5.0 Training

Employees with Potential Exposures:

Employees in job classifications that have regular potential of exposure to bloodborne pathogens and/or OPIM, will receive training in Bloodborne Pathogens before they are assigned to a job that has occupational exposure. At a minimum, this will include all designated first aid responders; confined space Entrants, Attendants and Supervisors; all medical examiner employees, health department employees; all sheriff officers; all correctional officers, and all nursing home staff. A written certification of training record is required. Training scheduling will be the responsibility of the Department Head or appointed designee.

All Other Employees:

All other employees will receive instruction in the general requirements of this policy. Bloodborne awareness training should be made available to employees that have minimum potential for exposure.

6.0 Documentation Requirements

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
- Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

7.0 General Requirements

- a) Only employees who are specifically designated as a first aid responder are allowed to render first aid to victims.
- b) In the event you witness a medical emergency, contact 911 immediately and wait for help if it is safe to do so.
- c) Report any and all injuries immediately to your Supervisor.
- d) Report any blood or OPIM exposures to your Supervisor immediately.
- e) Ensure any contaminated sharps generated by you (used insulin needles, broken glass) is properly placed in a labeled and designated “sharps” container. All sharps injuries must be reported to Risk Management for sharps documentation. Departments can maintain an independent sharps log if desired, or use the workers compensation report for sharps exposures.
- f) In the event your department is exempted from the requirement to have an individual Exposure Control Plan, follow the other requirements in this policy.



ADMINISTRATIVE PRACTICES MANUAL

8.0 Exposure Control Plan Elements

Department Heads are required to ensure that their individual department Exposure Control Plans contain at a minimum, the following information:

a) A determination of the job classifications that show a 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 determination shall include:

- A list of all job classifications in which all employees in those job classifications have occupational exposure;
- A list of job classifications in which some employees have occupational exposure, and
- A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed above.

The exposure determination shall be made without regard to the use of personal protective equipment.

b) The schedule and method of implementation for each of the following sections described in this policy:

- Methods of Compliance.
- Personal Protective Equipment.
- Housekeeping.
- Regulated Wastes.
- Hepatitis B Vaccination.
- Post-Exposure Evaluation and Follow-up.
- Communication of Hazards to Employees.
- Medical Records and Recordkeeping.
- Sharps Log.
- The procedure for the evaluation of circumstances surrounding exposure incidents.

9.0 Methods of Compliance

Each department will address how they will comply with the requirements of this section. For departments that are exempted from the requirement to have an Exposure Control Plan, the compliance methods described in this section are applicable.

a) Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

b) Supervisors shall ensure that engineering and work practice controls are used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

c) Supervisors shall examine and maintain engineering and work practice controls on a regular schedule to ensure their effectiveness.



ADMINISTRATIVE PRACTICES MANUAL

- d) The County provides readily accessible hand washing facilities to all employees and are required to be used to wash your hands if contacted with blood or OPIM, regardless of whether or not personal protective equipment was worn.
- e) When the provision of hand washing facilities is not feasible, such as with outdoor work, Supervisors will ensure that an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes is provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- f) Employees must wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- g) Employees must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- h) Contaminated needles and other contaminated sharps must not be bent, recapped, or removed except as specifically allowed by regulation (see OSHA standard). Shearing or breaking of contaminated needles is prohibited.
- i) Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless Department Heads can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
- j) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- k) Immediately or as soon as possible after use, contaminated reusable sharps are required to be placed in appropriate containers until properly reprocessed. Contact your Supervisor for the location of appropriate containers which are usually red and contain the biohazard warning symbol, although certain departments may utilize other types of containers.
- l) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to blood or OPIM.
- m) Food and drink cannot be kept or stored in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- n) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- o) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- p) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- q) The container for storage, transport, or shipping shall be labeled or color-coded according to OSHA regulations and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of



ADMINISTRATIVE PRACTICES MANUAL

specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with OSHA regulations is required when such specimens/containers leave the facility.

r) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

s) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

t) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the Supervisor can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

u) A readily observable label in accordance with OSHA regulations must be attached to the equipment stating which portions remain contaminated.

v) Supervisors shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

10.0 Personal Protective Equipment

Each department will address how personal protective equipment, in accordance with the requirements of this section, will be implemented. For departments that are exempted from the requirement to have an Exposure Control Plan, the personal protective equipment described in this section can be found in a standard first aid kit. Contact your Supervisor for the location of the nearest first aid kit.

a) Supervisors shall ensure that first aid kits are contained in their area and routinely checked to ensure adequate supplies are present. At a minimum, all first aid kits should contain a disposable gown, gloves, safety glasses and resuscitation device.

b) For employees designated as having occupational exposure to blood or OPIM, the County will provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

c) Each employee must use appropriate personal protective equipment unless the employee temporarily and briefly declines to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. Whenever an employee makes this judgment, the circumstances will be investigated by the Supervisor and



ADMINISTRATIVE PRACTICES MANUAL

documented in a report to Risk Management in order to determine whether changes can be instituted to prevent such occurrences in the future.

d) Supervisors will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives must be readily accessible to those employees who are allergic to the gloves normally provided.

e) The County will clean, launder, and dispose, repair and/or replace personal protective equipment required by this policy at no cost to the employee. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible.

f) All personal protective equipment must be removed prior to leaving the work area.

g) When personal protective equipment is removed, it must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. Contact your Supervisor.

h) Gloves are required to be worn when it can be reasonably anticipated that employees may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

i) Disposable (single use) gloves such as surgical or examination gloves, are to be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

j) Disposable (single use) gloves cannot be washed or decontaminated for re-use.

k) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

l) Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

m) Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

n) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies).

11.0 Housekeeping

Each department will specify, at a minimum, the individual housekeeping requirements of this section. For departments that are exempted from the requirement to have an Exposure Control Plan, the following housekeeping requirements must be met.



ADMINISTRATIVE PRACTICES MANUAL

- a) All worksites must be maintained in a clean and sanitary condition. Areas in which bloodborne or OPIM exposures could occur (e.g. first aid areas, laboratories) must be cleaned according to the schedule implemented within your department. Contact your Supervisor for details. Department Heads shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- b) All equipment and environmental and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- c) Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- d) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, must be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.
- e) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials must be inspected and decontaminated on a regularly scheduled basis as dictated by your Supervisor and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- f) Broken glassware which may be contaminated is not allowed to be picked up directly with the hands. It must be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
- g) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

12.0 Sharps and Regulated Wastes

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. Department Supervisors shall ensure that all regulated wastes are addressed in their Exposure Control Plans. All waste disposal facilities identified in individual Exposure Control Plans must be licensed to accept medical and biological wastes. The following are minimum requirements for all regulated wastes:

- a) All regulated waste and contaminated sharps must be discarded immediately or as soon as feasible in containers that are closable; puncture resistant (sharps only); leakproof on sides and bottom; and labeled or color-coded in accordance with the OSHA standard. Typically this will be a red plastic container that has the standard biohazard warning label on the sides.



ADMINISTRATIVE PRACTICES MANUAL

- b) During use, containers for contaminated sharps must be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries). Additionally, the containers must be maintained upright throughout use; and replaced routinely and not be allowed to overfill. At a minimum, these containers will be inspected on a monthly basis and be disposed at a minimum every three months.
- c) When moving containers of regulated waste and contaminated sharps from the area of use, employees must ensure that the containers are:
- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - Placed in a secondary container if leakage is possible. The second container must be closable; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and be labeled or color-coded according to OSHA standards.
- d) Reusable containers must not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- e) All regulated waste shall be placed in containers which are durable, leakproof and which have a biohazard label affixed to the outer container.

13.0 Laundry

Each department, unless exempted from the requirement to have an Exposure Control Plan, shall detail its laundry procedures, if applicable. The following are minimum requirements:

- a) Contaminated laundry must be handled as little as possible with a minimum of agitation.
- b) Contaminated laundry will be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- c) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with OSHA standards. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- d) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- e) Supervisors will ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- f) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with OSHA standards. Department Heads are responsible for ensuring that laundry facilities receive a written notice that the laundry may or may not contain bloodborne pathogens and/or OPIM.

14.0 Hepatitis B Vaccination



ADMINISTRATIVE PRACTICES MANUAL

Department Heads will ensure that all employees having full or occasional potential exposure to blood or OPIM receive an opportunity to obtain the Hepatitis B Vaccine. Unless exempted from the requirement to have a specific department Exposure Control Plan, each department shall specify in detail how the requirements of this section will be met. The vaccination offer, and any declination on the part of employees, will be documented. Appropriate bloodborne pathogen training is a pre-requisite for receiving the Hepatitis B vaccine.

The hepatitis B vaccine and vaccination series will be made available to all employees who have occupational exposure to blood or OPIM, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

- a) The County will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:
- Made available at no cost to the employee;
 - Made available to the employee at a reasonable time and place;
 - Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
 - provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place
- b) The County shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
- c) The Hepatitis B vaccination shall be made available after the employee has received the training required by this policy and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- d) Employees are not required to participate in any type of prescreening program as a prerequisite for receiving hepatitis B vaccination.
- e) If the employee initially declines hepatitis B vaccination but at a later date while still covered by this policy, decides to accept the vaccination, the County will make available the hepatitis B vaccination at that time.
- f) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the booster dose(s) will be made available to all covered employees.

15.0 Post-exposure Evaluation and Follow-up.

All exposures to blood or OPIM must be immediately reported to your Supervisor. Following a report of an exposure incident, the County will make immediately available to the exposed employee a confidential medical evaluation and follow-up after contacting the Personnel Department for instructions:

- a) The evaluation and follow-up will include at least the following elements and specific steps employees should take should be listed in individual departmental Exposure Control Plans:



ADMINISTRATIVE PRACTICES MANUAL

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred. This must be documented on the exposure form or WKC -12.
 - Identification and documentation of the source individual, unless the County can establish that identification is infeasible or prohibited by state or local law;
 - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the County will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; counseling; and evaluation of reported illnesses.
- b) Supervisors shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with a copy of this regulation.
- c) Supervisors are responsible for ensuring that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
- A copy of the OSHA Bloodborne Pathogens regulation.
 - A description of the exposed employee's duties as they relate to the exposure incident.
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - Results of the source individual's blood testing, if available.
 - All medical records relevant to the appropriate treatment of the employee including vaccination status.
- d) The County will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- e) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- f) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
- That the employee has been informed of the results of the evaluation; and
 - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- g) All other findings or diagnoses shall remain confidential and shall not be included in the written report.



ADMINISTRATIVE PRACTICES MANUAL

16.0 Communication of Hazards to Employees

The hazards associated with bloodborne pathogens will be communicated to employees through the use of labeling, signage and color coding. This information will be presented in detail during the annual training session for employees who have occupational exposure to blood or other OPIM.

17.0 Medical Records and Recordkeeping

The following recordkeeping provisions will be implemented for each employee having occupational exposure to blood or OPIM. Department Heads must ensure that the recordkeeping requirements comply with Departmental requirements and guidelines.

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and healthcare professional's written opinion, and follow-up procedures as applicable.
- A copy of the information provided to the healthcare professional.
- The County will ensure that employee medical records kept confidential; and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law
- Employee records will be kept for at least the duration of employment plus 30 years.
- Employee medical records will be provided upon request for examination and copying to the subject employee or to anyone having written consent of the subject employee.

18.0 Sharps Log

All Department Heads shall ensure that a sharps injury log is maintained. Risk Management uses Riskmaster as its current database for sharps. Department Heads may chose to keep a separate log but all sharps incidents must be reported to Risk Management. Sharps requirements are as follows:

- The sharps injury log will be used for the recording of percutaneous injuries from contaminated sharps.
- The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
- The type and brand of device involved in the incident,
- The department or work area where the exposure incident occurred, and
- An explanation of how the incident occurred.

19.0 Exposure Evaluations

All departments not exempted from the requirement to develop an individual departmental Exposure Control Plan will develop specific procedures for investigating the circumstances of any exposure incident.

End Policy