

Kannapolis City Board of Education has adopted the following Bloodborne Pathogens Exposure Control Plan in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, [29 CFR 1910.1030](#). The Director of Human Resources, Human Resources Benefits Specialist, and Human Resources Worker's Compensation Specialist are responsible for implementation and review of the Exposure Control Plan (ECP).

I. Exposure Determination

This school district must annually determine which of its employees could be exposed to blood or other potentially infectious materials (OPIM) in the course of their work assignment. These employees, for the purposes of compliance with this standard, may be described as:

- 1) designated first aid providers (those whose primary job assignment would include rendering first aid and are considered "At Risk"); and
- 2) those employees who might render first aid *only as a collateral duty*.

A committee (ECP Review Committee) shall meet annually to make this determination. The committee membership should include: Director of Human Resources, Human Resources Benefits Specialist, and a Cabarrus Health Alliance School Nurse Supervisor.

A. Job Classifications

1. "At Risk" employees perform invasive tasks/procedures on a daily basis which could result in an exposure to blood or body fluids that cause disease. These employees should receive the hepatitis B vaccine series or sign a hepatitis B vaccine declination form. These employees are required by law to receive Bloodborne Pathogen training within 10 working days of beginning the work assignment. Training must include a review of bloodborne pathogens, the ECP, engineering and work practice controls, personal protective equipment, hepatitis B vaccine information, response to emergencies involving blood, handling exposure incidents, and post exposure evaluation. The training and a question and answer opportunity must be provided by the trainer during working hours.

Also, employees who have ongoing contact with blood and body fluids will be tested for antibody to hepatitis B surface antigen 1-2 months after completion of the 3 dose series. Employees who do not respond to the primary vaccination series must be revaccinated with a second 3-dose vaccine series and retested. If additional testing indicates that the employee does not have immunity, they must be medically evaluated.

"At Risk" employees include School Nurses, Custodians, Athletic Trainers, Assigned Care Managers/Backups to School Nurse and any employee who performs invasive special healthcare procedures on a routine daily basis.

2. Collateral Positions are employees that do not in their normal work routine have exposure to blood and body fluids but there is a potential for exposure when performing collateral duties. The identification of occupational exposure through collateral duties permits the employer to provide hepatitis B vaccine series to those employees on a post exposure basis.

Collateral Positions include Coaches, Teachers, Speech Pathologists, Bus Drivers, Administrators, and First Responders/First Aid Team Members.

B. Tasks and Procedures

Tasks/procedures performed by the employees in the above job classifications, without regard to the use of personal protective equipment, may include but are not limited to:

1. care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut);
2. initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);
3. care of students with medical needs (such as tracheotomy, colostomy, injections);
4. care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs);
5. care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);
6. care of an injured person in laboratory settings, technical education settings, or art classes;
7. care of an injured person during a sport activity;
8. care of students who receive training or therapy in a home-based setting; and/or
9. cleaning tasks associated with body fluid spills.

II. Method of Compliance

All of the following methods of compliance are mandated by the standard and have been incorporated into the ECP for Kannapolis City Schools. The ECP Review Committee shall annually review district guidelines for engineering controls, cleaning, decontamination, and waste disposal procedures. In addition, the ECP Review Committee is required to document how they received input from non-management employees regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Updated, written guidelines are to be made accessible and the content included in the training program.

A. Universal Precautions

In this district, universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering and Work-Practice Controls

Engineering and work-practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained, or replaced, when an exposure incident occurs in this district and at least annually. The annual review must include, and take into account, new innovations in technology, particularly devices that reduce needle-sticks.

1. Hand washing

- a. This district shall provide hand-washing facilities which are readily accessible to employees. When a provision for hand-washing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- b. Employees shall wash hands or 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.
- c. Employees shall wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. ***Do not reuse disposable gloves.***

2. Housekeeping and Waste Procedures

- a. This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based on the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.
- b. All equipment, materials, and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - i. Contaminated work surfaces and reusable equipment shall be decontaminated with an appropriate disinfectant immediately after completion of a procedure/task/therapy and/or at the end of the school day if the surface may have become contaminated since the last cleaning. The surface shall be cleaned as soon as feasible when overtly contaminated, or after any spill of blood or other potentially infectious materials (OPIM). [If bleach is used as a disinfectant, it must be prepared daily at a 1:10 dilution.] The solution is only stable for 24 hours. For a list of disinfectants, refer to the CDC website at www.cdc.gov.
 - ii. Protective covering, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.
- c. Items such as paper towels, gauze squares, or clothing used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied, and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color and/or affixed with a biohazard label. The bags shall be located at Custodian and School Nurse offices.

On the advice of the Department of Health Services, biohazardous waste, for the purpose of this standard, shall only include items that are blood-soaked, caked with blood, or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass, or plastic on which there is fresh blood.

- d. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and/or removed immediately.
- e. In this district, there shall be a marked biohazard container in the custodial area for used biohazard designated bags. All biohazard waste will be collected and disposed of appropriately in a municipal waste container according to training procedures.
- f. In the event regulated biohazard waste leaks from a bag or container, the waste shall be placed in a second container and the area shall be cleaned and decontaminated.
- g. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately through verbal or written notification before scheduled cleaning.
- h. ***Contaminated*** sharps, broken glass, plastic, or other sharp objects shall be placed into appropriate sharps containers. In this district, sharps containers shall be able to be closed, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (for example, the art department, classrooms where dissections occur, and the nurse's station). If an incident occurs in which there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.
- i. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach into the containers where these sharps have been placed.
- ii. In this district, the employee shall notify Custodial staff when sharp containers become 2/3 full so that they can be disposed of properly. (The local hospital or district health department may provide assistance in determining appropriate disposal.)
- iii. Contaminated needles shall not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the

recapping or removal of the needle must be done by the use of a one-handed technique.

- i. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and the State of North Carolina.
- j. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood or other potentially infectious materials are present.
- k. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited (for example, sucking out snakebites).
- l. Specimens of blood or OPIM shall be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. The containers shall be labeled with a biohazard symbol or be colored red.
- m. Equipment that may become contaminated with blood or OPIM must be examined prior to servicing and shipping and must be decontaminated, if feasible. If not feasible, a readily observable biohazard label must be affixed to the equipment stating which portions are contaminated. This information must be conveyed to all affected employees, the service representative, and/or manufacturer (as appropriate), prior to handling, servicing, or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.
- n. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is a reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled and/or colored red, including laundry sent to a commercial establishment for cleaning.

In this district, contaminated laundry shall be placed in a leak proof bag and returned to the appropriate person.

C. Personal Protective Equipment

- 1. Where occupation exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Types of personal

protection equipment available in this district are gloves, gowns, goggles, masks and CPR mouth shields.

- a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.
 - b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use. (Contaminated disposable gloves do not meet the NC Department of Environment and Natural Resources definition of infectious waste and do not need to be disposed of in red or specially labeled bags.)
 - c. Hypoallergenic gloves (by definition, this means latex free), glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.
 - d. 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 (for example a custodian cleaning a clogged toilet or nurses/aides performing suctioning).
 - e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
 - f. Employees expected to perform CPR must have appropriate resuscitator devices readily available and accessible.
 - g. Safer needle and needleless devices will be provided for employees who give injections or use lancets.
2. This district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is individually issued to employees. Personal protective equipment is available in the Custodian and School Nurse offices.

Personal protective equipment shall be given to "At Risk" employees as deemed necessary and appropriate.

- a. This district shall clean, launder, and/or dispose of personal protective equipment at no cost to the employee.
- b. This district shall repair or replace personal protective equipment (as needed) to maintain its effectiveness, at no cost to the employee.
3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
4. If blood or other potentially infectious materials penetrate a garment, the garment shall be removed immediately or as soon as feasible.
5. This district shall ensure employees use appropriate personal protective equipment. If an employee temporarily declines to use personal protective equipment, feeling that it would pose an increased hazard to the employee or others, this district shall investigate the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. The investigation shall be included as a part of the annual review of the plan.

III. Hepatitis B Vaccination

A. Covered Employees

1. This district shall provide training to all employees who have occupational exposure within 10 working days of initial assignment to "at risk" position. This training is to be recorded on the *OSHA/Bloodborne Pathogens Training Acknowledgement for At Risk Employees form* (see Appendix A).
2. This district shall make the hepatitis B vaccination series available to all employees who have occupational exposure ("at risk") after the employee(s) has received training and been given information on the hepatitis B vaccine, including information on its efficacy, safety, and method of administration as well as the benefits of being vaccinated. The district shall ensure that employees who consent to the hepatitis B vaccine offered by this district sign the *consent form* (see Appendix B).
3. The vaccine and vaccinations shall be offered free of charge, made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician, according to the most current recommendations of the U.S. Public Health Service. This district ensures that an accredited laboratory then conducts the laboratory titer, if required. A record of

the vaccination shall be maintained in the employee's personnel file. This information is recorded on *BBP Form 1* (see Appendix C).

4. This district shall not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.
5. If an employee initially declines the hepatitis B vaccination series, but at a later date (while still covered under the standard) decides to accept the vaccination, this district shall make available the hepatitis B vaccine at that time.
6. This district shall ensure that employees who decline to accept the hepatitis B vaccine offered by this district sign the *declination statement* established under the standard (see Appendix D).
7. If the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future date, such booster dose(s) shall be made available at no charge to the employee.
8. Records regarding hepatitis B vaccinations or declinations are to be kept by the Human Resources Benefits Specialist.
9. This district shall ensure the healthcare professional responsible for administering the employee's hepatitis B vaccination is provided with a copy of this regulation.
10. "At Risk" employees who have ongoing contact with blood or OPIM, and are at risk for injuries with sharp instruments or needle-sticks, must be tested for antibodies to hepatitis B surface antigen one to two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Non-responders must be medically evaluated.

B. First Aid as Collateral Duty

1. This district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid *only* in the case that they render assistance in any situation involving the presence of blood or OPIM.
2. The full hepatitis B vaccination series shall be made available as soon as possible, but no later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident has occurred," as defined by the standard.

3. The hepatitis B vaccination record or declination statement shall be completed. All other pertinent conditions shall be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.
4. This reporting procedure shall be included in the training program.

IV. Post-exposure Evaluation and Follow-up

A. Definition of an Exposure Incident

1. An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, or other mucous membrane or by piercing the skin or mucous membrane through such events as needle-sticks. A physician ultimately must determine and certify in writing that a significant exposure has occurred.
2. **All** first aid incidents involving the presence of blood or OPIM shall be reported to the Human Resources Worker's Compensation Specialist by the end of the workday on which the incident occurred.
3. An *Incident Report:Employee Exposure to Bloodborne Pathogens form* (see Appendix E) and, as appropriate, a Worker's Compensation Form 19 (obtained from Human Resources Worker's Compensation Specialist) must be used to report first aid incidents involving blood or OPIM to determine the nature and scope of the situation. The incident description must include a determination of whether or not an "exposure incident," as defined by the standard, occurred in addition to the presence of blood or OPIM. This form shall be readily available to all employees.

B. Needle-Stick Injury

In the event of a needle-stick or sharps injury, this district will maintain a separate log that includes the description of the incident, the type and brand of device involved, and the location (work area) where the incident took place. The *Sharps Injury Log* (Appendix F) will be maintained by the Human Resources Benefits Specialist.

C. Exposure Incident Follow-up

Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination from a health-care provider knowledgeable about the current management of post-exposure

prophylaxis in the first 24 hours following exposure. Minimal follow-up shall include the following:

1. This district shall document the route(s) of exposure and the circumstances under which the exposure incident occurred.
2. This district shall identify and document the source individual, if possible, unless this district can establish that identification is not feasible or prohibited by state or local law.
 - a. If an employee of the school district, while performing employment duties involving an individual, experiences a significant exposure, the employee may request that the source individual's blood be subjected to a test or series of tests for the presence of human immunodeficiency virus (HIV) antigen or non-antigenic products of HIV and may receive disclosure of the results.
 - b. The source individual's blood shall be tested *as soon as feasible* and *after consent is obtained* in order to determine HIV, HBV, and HCV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained. If the source individual is already known to be HIV, HBV, and/or HCV positive, new testing need not be performed.
 - c. Results of the source individual's testing shall be made available to the exposed employee *only after consent is obtained*, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. 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 consent at that time for HIV, HBV, and HCV serological 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.
4. For post-exposure prophylaxis, this district shall follow the recommendations established by the Centers for Disease Control and Prevention.
5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.
6. There shall be an evaluation of reported illnesses.

D. Medical Follow-up

1. This district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee.
2. All medical evaluations and procedures shall be conducted by, or under the supervision of, a licensed physician knowledgeable about the current management of post-exposure prophylaxis.
3. Laboratory tests shall be conducted in accredited laboratories.
4. Information provided to the healthcare professional that evaluates the employee shall include:
 - a. a description of the employee's duties as they relate to the exposure incident;
 - b. documentation of the route of exposure and circumstances under which exposure occurred;
 - c. results of the source individual's blood test, if consent was given and results are available; and
 - d. a copy of all medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Employee Information

1. This district shall 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.
2. The healthcare professional's written opinion regarding hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
3. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. the affected employee has been informed of the results of the evaluation; and
 - b. the affected employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation and/or treatment.

4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

V. Communication About Hazards to Employees

A. Warning Labels

1. Warning labels shall be affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. Exception: red bags or red containers may be substituted for labels.
2. Labels required by this section shall include the following legend:



BIOHAZARD

3. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
4. Labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
5. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

B. Information and Training

1. This district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.
2. Training shall be provided at the time of initial assignment to tasks in which occupational exposure may take place and at least annually thereafter. This plan is available to all staff for review at any time. A copy will be provided to any staff member at no charge and within 15 days of the request.

3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure issues.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace. The OSHA requires that the knowledgeable person be available to answer questions at the time of the bloodborne pathogen training.
6. Training must include information on the hepatitis C virus in addition to other bloodborne pathogens.
7. If needles are used in the district, staff will be given training, including information and hands-on experience with safer needle and needleless devices and other improved engineering controls.

VI. Recordkeeping

A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
 - a. each employee's name and social security number,
 - b. a copy of each employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B,
 - c. if an exposure incident(s) has occurred, a copy of all results of examinations, medical testing, and follow-up procedures,
 - d. if an exposure incident(s) has occurred, the district's copy of the healthcare professional's written opinion,
 - e. if an exposure incident(s) has occurred, the district's copy of information provided to the healthcare professional: exposure incident investigation form; the results of the source individual's blood testing, if available and the consent obtained for release.
2. This district shall ensure that each employee's medical records are kept confidential and are *not* disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.

3. These medical records shall be maintained for the duration of employment plus 30 years.
4. Records do not have to be maintained if the employee was employed for less than one year and is provided with the record at the time of termination.

B. Training Records

1. Training records shall include:
 - a. training session date(s)
 - b. contents or summaries of training sessions
 - c. names and qualifications of persons conducting training sessions
 - d. names and job titles of all persons attending training sessions
2. Training records shall be maintained for three years from the date the training occurred. Annual staff training shall be recorded on the ***Annual Staff Training form*** (see Appendix G). Individual training conducted during the year shall be recorded on the ***Documentation of Individual Training form*** (see Appendix H).

C. Annual Review of Exposure Control Plan

1. The ECP Review Committee shall annually review the exposure control plan.
2. The review must be clearly documented and shall include:
 - a. a list of new tasks that affect occupational exposure,
 - b. modifications of tasks and procedures,
 - c. evaluation of available engineering controls including engineered-safer needle devices,
 - d. a list of new employee positions with potential for occupational exposure, and
 - e. solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

D. Availability of Records

1. This district shall ensure:

- a. all records required to be maintained by this standard shall be made available upon request OSHA and the North Carolina Department of Labor for examination and copying,
 - b. employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to OSHA and the North Carolina Department of Labor,
 - c. employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee, and the North Carolina Department of Labor and
 - d. a log of needle-stick/sharps injuries shall be kept for a minimum of five years.
2. This district shall comply with the requirements involving the transfer of records set forth in this standard.

E. OSHA Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).
 - a. OSHA-reportable exposure incidents, including splashes to mucous membranes, eyes, or nonintact skin, shall be entered as injuries on the OSHA 300 Log.
 - b. This determination and the recording activities are done by the district nurse or designated health-care provider and are then forwarded to the person completing the OSHA 300 Log (Human Resources Worker's Compensation Specialist).

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2. A sharps injury log must be maintained in a manner that protects the privacy of employees. At minimum, the log will contain the following:
 - a. location of the incident,
 - b. brand or type of sharp, and
 - c. description of incident.

Legal Reference: Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, [29 CFR 1910.1030](#)

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Rules and Procedures Adopted: