



Bloodborne Pathogens Exposure Control Plan

Per 29 CFR 1910.1030

Pace University is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is Reviewed and Updated Annually

Table of Contents

Record of Changes	2
Summary: Exposure Control Plan (ECP) for Bloodborne Pathogens	3
Exposure Control Plan (ECP) for Bloodborne Pathogens.....	7
Purpose	7
Administrative Duties	7
Employee Exposure Determination	1
Methods of Implementation and Control.....	1
Hepatitis B Vaccination	5
Post-Exposure Evaluation and Follow-Up.....	6
Employee Training	7
Recordkeeping	8
Appendix A - Hepatitis B Vaccine Declination Form	11
Appendix B - Sharps Injury Log Form	12

Record of Changes

The initial version of this updated plan was developed by Brian Anderson, MPH (Director of Environmental Health and Safety) in Spring/Summer 2012. Annual review activity and edits are noted in the below table.

[illegible]

Summary: Exposure Control Plan (ECP) for Bloodborne Pathogens

Purpose	Our Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."
Administrative Duties	Brian Anderson, Director of Environmental Health & Safety is responsible for the implementation of the ECP. The Director of Environmental Health & Safety is responsible for maintaining, reviewing, and updating the ECP at least annually. Department Supervisors and Laboratory Directors are responsible for maintaining and providing all necessary equipment and supplies. The University Health Care is responsible for providing initial first aid, advising on next medical actions, and for maintaining appropriate records. Director of Environmental Health & Safety is responsible for training and allowing ECP access for appropriate personnel.
Employee Exposure Determination	May include employees from Health Care Units, Resident Life, Safety & Security, Arts, and Buildings & Grounds. The plan indicates job classifications in which some employees at our establishment have occupational exposure.
Methods of Implementation and Control	<i>Universal Precautions</i> All employees utilize universal precautions. <i>Exposure Control Plan</i> Covered employees receive an explanation of this ECP during their initial training, and annually. Employees may review this plan at any time during their work shifts by contacting their Supervisor or Environmental Health & Safety. The plan indicates which devices have been identified as candidates for our use. Director of Environmental Health and Safety solicits input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls. Director of Environmental Health and Safety documents all solicitation in the ECP. The plan indicates the

engineering and work practice controls identified during solicitation in our annual reviews.

Engineering and Work Practice Controls

The plan indicates which specific engineering controls and work practice controls are used. The controls include how sharps disposal containers are maintained. The plan also indicates how we identify the need for changes in engineering control and work practices, and evaluate the need for new procedures or new products. Director of UHC and Laboratory Supervisors are responsible for the effective implementation of recommended controls.

Personal Protective Equipment (PPE)

PPE is provided to each of our employees at no cost. Environmental Health & Safety provides general PPE training. Task specific PPE training is provided by UHC Management, Supervisors or Laboratory Directors.

Housekeeping

Our plan indicates the steps taken to effectively contain regulated wastes, including sharps, during handling.

Labels

The plan indicates which labeling method(s) is used in this facility. Users ensure that proper, effective labeling is used.

Hepatitis B Vaccination

EH&S provides training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. Vaccinations can be prescribed by UHC and are typically administered by an individual's personal physician or healthcare provider.

Post-exposure Evaluation and Follow-Up

Should an exposure incident occur, employees are to contact Supervisor, Security or EH&S, and University Health Care. The UHC provides immediate and initial first aid and outside healthcare entity will provide further confidential medical evaluation and follow-up.

Administration of Post-Exposure Evaluation and Follow-up

EH&S ensures that the responsible health care professional(s) is given a copy of OSHA's bloodborne pathogens standard, and Employee supervisor the UHC provides the employee with a copy of the evaluating health care professional's written opinion.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Director of UHC, employee supervisor, and EH&S reviews the circumstances of all exposure incidents. If necessary, the Director of Environmental Health & Safety ensures that appropriate revisions are made to this ECP.

Employee Training Director of Environmental Health & Safety conducts training for each employee who has occupational exposure to bloodborne pathogens. The plan indicates what topics are covered in the training, and where training materials are available.

Recordkeeping *Training Records*

Training records are kept for at least three years at 116A Dow Hall. The plan describes which training records are included.

Medical Records

UHC is responsible for maintaining the required medical records of cases where treatment is provided. These records are kept for the duration of employment plus 30 years at:

Goldstein Fitness Center, Room 125
861 Bedford Road
Pleasantville, New York 10570
Telephone: (914)773-3760
or
41 Park Row, Suite 313
New York, 10038
Telephone: (212)346-1600

OSHA Recordkeeping

If an exposure incident occurs, it is evaluated, and UHC and EH&S

determines if the case meets OSHA's Recordkeeping Requirements.

Sharps Injury Log

EH&S established a sharps injury log, in which sharps related accidents are recorded and record's maintained.

**Hepatitis B Vaccine
Declination
(Mandatory)**

Our plan includes a declination form for employees who decline the hepatitis B vaccination. They are informed that they may, at any time and if they continue to be at risk of exposure, receive the vaccinations at no charge.

Exposure Control Plan (ECP) for Bloodborne Pathogens

Purpose

Pace University is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030 (the standard), "Occupational Exposure to Bloodborne Pathogens".

The ECP is a key document to assist our institution in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including:
 - Universal precautions,
 - Engineering and work practice controls,
 - Personal protective equipment, and
 - Housekeeping
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping; and
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

Administrative Duties

The Director of Environmental Health & Safety (Brian Anderson, MPH) is responsible for the implementation of the ECP. The Director of Environmental Health & Safety will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number:

- Environmental Health & Safety (EH&S)-116A Dow Hall/ (914)923-2818.

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

Department Supervisors and Laboratory Directors will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Department Supervisors and Laboratory

Directors will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number:

- University Health Care (UHC)- Audrey Hoover; 41 Park Row (212)346-1600
- University Health Care (UHC)- Karen Lolli; 125 Goldstein Fitness Center (914)773-3757
- Biology NYC- Erica Kipp; 1 Park Place (212)346-1373
- Biology Pleasantville- Laura Cimini; Dyson Hall (914)773-3514
- Arts- Bob Klaeger; Choate House (914)773-3792
- Safety & Security- Vinnie Beatty; Gannett Center (914)773-3604
- Buildings & Grounds- Bill Link; Dow Hall (914)923-2842.

The UHC will be responsible for providing necessary initial medical actions if visited or directing to an appropriate healthcare provider and maintaining employee health and OSHA records. UHC contact location/phone number:

Goldstein Fitness Center, Room 125
861 Bedford Road - Pleasantville,
New York 10570
Telephone: (914)773-3760

and

41 Park Row, Suite 313
New York, 10038
Telephone: (212)346-1600

Post-Exposure care can be obtained from:

Emergency Medical Care
200 Chambers St
New York, NY 10007
Telephone: (212)962-6600

New York Downtown Hospital
170 William Street
New York, NY 10038
Telephone: (212) 312-5000

Or

Phelps Memorial Hospital
Sleepy Hollow, NY 10591
Telephone: (914)366-3000

Environmental Health & Safety will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: 116A Dow Hall (914)923-2818.

Employee Exposure Determination

The following is a list of job classifications in which some employees at Pace University may have the possibility of occupational exposure. Included is a list of job functions in which occupational exposure may occur for these individuals:

-Health care, Resident life, Arts, Life Sciences, Safety and Security, and Buildings and Grounds.

Supervisors are responsible for determining if an individual employee's job functions or tasks involve the possibility of exposure to blood and OPIM requiring their coverage under this ECP. Part-time, temporary, contract, and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees is described in this ECP, if applicable.

Methods of Implementation and Control

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Environmental Health & Safety. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Director of Environmental Health & Safety is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of such plans must also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

- Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. UHC documents all devices considered.

The following table lists the safer devices UHC has identified as candidates in our last annual review, which took place in 2011. The following devices have been implemented in the UHC:

Device:	Methods used to evaluate device:	Decision whether or not to implement:	Justification for decision:
Protector Syringe and Safety Cap System	Worker input and peer review	Implemented	Decrease chance of sharps related injury.
Sliding Sheath Needles	Worker input and peer review	Implemented	Decrease chance of sharps related injury.
Multivette Capillary Blood Collection System (plastic)	Worker input and peer review	Implemented	Decrease chance of sharps related injury.
Jello Hypodermic Needle Pro-EDGE Safety Device	Worker input and peer review	Implemented	Decrease chance of sharps related injury.
B.D Precision Glide – Safety Lock syringe	Worker input and peer review	Implemented	Decrease chance of sharps related injury.
Termino Surshield Butterfly system	Worker input and peer review	Implemented	Decrease chance of sharps related injury.
Moore Medical Pressure Activated Safety Lancets	Worker input and peer review	Implemented	Decrease chance of sharps related injury.
Unistik 2 Comfort	Worker input and peer review	Implemented	Decrease chance of sharps related injury.

The Director of Environmental Health & Safety and the Director of the UHC solicit input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls. Only those employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps need be contacted. Our solicitation method involves the following: Email, questionnaire distributed during BBP training, and area walkthroughs. There is an open policy for all employees to contact EH&S or the UHC Director with any suggestions of

best management practices or safer devices. Director of Environmental Health and Safety documents all solicitation in the ECP.

The following table lists the engineering and work practice controls identified during solicitation in our last annual review, which took place in 2011:

Engineering or work practice control:	Employee(s) solicited:	Decision whether or not to implement:
Wall Mounting of Sharps Containers	Hoover, Lolli	Implemented.

Engineering and Work Practice Controls

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Work practices include, but are not limited to:

- Washing hands immediately or as soon as feasible after removal of gloves or other personal protective equipment;
- Washing hands and any other skin with soap and water, or flushing mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials;
- Not bending, not recapping, and not removing contaminated sharps except where:
- The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure; and
- Such bending, recapping, or needle removal is accomplished through the use of a mechanical device or a one-handed technique;
- Not shearing and not breaking contaminated needles;
- Immediately or as soon as possible after use, placing contaminated reusable sharps in appropriate containers until properly reprocessed;
- Not eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure;
- Not keeping food or drink in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present;
- Performing all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances;

- Not mouth pipetting/suctioning blood or other potentially infectious materials;
- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping;
- Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible;
- Using appropriate personal protective equipment except for conditions met under 1910.1030(d)(3)(ii);
- Properly disposing or decontaminating personal protective equipment;
- Maintaining a clean and sanitary worksite; and
- Following an appropriate cleaning and decontamination method and schedule.
- Sharps disposal containers are inspected and maintained by UHC and replaced by Stericycle when 3/4 full or whenever necessary to prevent overfilling.

Pace University identifies the need for changes in engineering control and work practices through: Employee interviews and comments. We evaluate the need for new procedures or new products by: Annual review and solicitation for suggestions during the annual Bloodborne pathogens awareness training. The following staff members are involved in this process: UHC, Supervisors, and EH&S.

Director of the UHC and Area Directors will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to each of our employees at no cost. Training is provided by Director of Environmental Health & Safety in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: Nitrile gloves, scrubs, aprons, masks, and eye protection. PPE is located worksite and may be obtained through Department Supervisors or Laboratory Directors.

Each employee using PPE must observe the Pace University PPE policy.

The procedure for handling used PPE is as follows: disposal as regulated medical waste according to the Regulated Medical Waste Management Plan

Housekeeping

Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: Do not overfill containers, close the container and properly dispose with Stericycle.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at on the work benches or mounted in the work areas.

The procedure for handling other regulated wastes varies depending on the waste stream.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is picked up using mechanical means, such as tongs or a brush and dust pan.

Labels

The following labeling method(s) is used in this facility:

Equipment to be labeled:	Label type (size, color, etc.):
Clinical Refrigerators	Standard biohazard label
Patient room doors	Standard biohazard label
Clinical Centrifuge	Standard biohazard label
Sharps boxes	Standard biohazard label

Area managers will ensure applicable warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify Supervisor and EH&S if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination

EH&S will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the UHC.

Vaccination will be provided by Pace University Health Professionals at the UHC.

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, an employee must contact their Supervisor, the UHC, and EH&S and Safety & Security by calling 777 form a university telephone.

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed medical professional or by or under the supervision of another licensed healthcare professional. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless we 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, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (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 give consent for 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.

Administration of Post-Exposure Evaluation and Follow-up

EH&S ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Employee Supervisors and EH&S ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A copy of 29 CFR 1910.1030,
- A description of the employee's job duties relevant to the exposure incident,
- Route(s) of exposure,
- Circumstances of exposure,
- If possible, results of the source individual's blood test, and
- Relevant employee medical records, including vaccination status.

Employee Supervisors and EH&S provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Director of the University Health Care, the Employee supervisor, and EH&S will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time,
- Work practices followed,
- A description of the device being used,
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.),
- Location of the incident (Examination room, Dorm, Studio, Lab, worksite, etc.),
- Procedure being performed when the incident occurred, and
- Employee's training.

If it is determined that revisions need to be made, the Director of Environmental Health & Safety will ensure that appropriate changes are made to this ECP. Changes include: evaluation of safer devices, adding employees to the exposure determination list.

Employee Training

Each employee who has occupational exposure to bloodborne pathogens receives training conducted by Director of Environmental Health & Safety. Our instructor(s) has the following qualifications: numerous year of safety experience, a Master's Degree in Public Health, and regulatory fluency.

Each employee who has occupational exposure to bloodborne pathogens receives training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard;
- An explanation of Pace University's ECP and how to obtain a copy;
- An explanation of methods 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 methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- 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 persons 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 medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility; and
- An opportunity for interactive questions and answers EH&S while conducting the training session or directly after completing their training.

Training materials for Pace University are available during live modules by EH&S or during refresher trainings on Blackboard.

Recordkeeping

Training Records

Training records are completed and maintained following the completion of training sessions. Original copies of these documents will be kept for at least three years in 116A Dow Hall and copies for UHC will be maintained in their office.

The training records include:

- The dates of the training sessions,

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Director of Environmental Health & Safety.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The UHC is responsible for maintenance of the required medical records for individuals who are given first aid . These confidential records are kept at for the duration of employment plus thirty years at

Goldstein Fitness Center, Room 125
861 Bedford Road - Pleasantville,
New York 10570
Telephone: (914)773-3760

And

41 Park Row, Suite 313
New York, 10038
Telephone: (212)346-1600.

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

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by UHC and EH&S.

Sharps Injury Log

EH&S in conjunction with UHC has established and maintains a sharps injury log to record percutaneous injuries from contaminated sharps. The Log is maintained in the EH&S. The information in the sharps injury log is recorded and maintained according to the sharps injury log requirements of 1910.1030, provided they: (1) enter the type and brand of the

device on either the 300 or 301 form, and (2) maintain the records in a way (i.e., a separate page or a quick computer printout) that segregates sharps injuries from other types of work-related injuries and illnesses, or allow sharps injuries to be easily separated. This protects the confidentiality of the injured employee. Our sharps injury log contains:

- 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.

The log is maintained indefinitely.

Appendix A - Hepatitis B Vaccine Declination Form

(Completion of this form is mandatory for employees that are not receiving the hepatitis b vaccine)

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

Name: _____ (Print employee name)

Signed: _____ (employee signature)

Date: _____

Appendix B - Sharps Injury Log Form

Please complete a log for each employee exposure incident involving a sharp and return to EH&S

Institution: _____ Department: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Date filled out: _____ By: _____ Phone #: _____

Date of injury: _____ Time of injury: _____ **Optional:** Sex: ☐ Male ☐ Female, Age _____

Description of the exposure incident:

Job Classification:

- ☐ MD
☐ Nurse
☐ Medical Assistant
☐ Housekeeper/Laundry
☐ Student
☐ Other

Department/Location:

- ☐ Patient room
☐ Clinical laboratory
☐ Medical clinic
☐ Service/utility area
☐ Restroom
☐ Other

Body Part: (check all that apply)

- ☐ Finger ☐ Hand
☐ Face ☐ Head
☐ Torso ☐ Arm
☐ Leg
☐ Other _____

Procedure:

- ☐ Drawing blood
☐ Cutting
☐ Injection, through skin
☐ Other _____

Identify Sharp Involved:

Type: _____ Brand: _____ Model: _____
e.g. 18g needle/ABC Medical/"no stick" syringe

Did the device being used have engineered sharps injury protection?

☐ Yes ☐ No ☐ Don't know

Was the protective mechanism activated?

☐ Yes-fully ☐ Yes-partially ☐ No

Did the exposure incident occur?

☐ Before ☐ During ☐ After activation

Did the exposure incident occur?

- ☐ During use of sharp ☐ While disassembling
☐ Between steps of a multi-step procedure
☐ After use and before disposal of sharp
☐ While putting sharp into disposal container
☐ Sharp in inappropriate place (table, trash, etc.)
☐ Other

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: _____

Exposed Employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? ☐ Yes ☐ No

Explain: _____

Appendix C – Accident Investigation Guidelines and Supervisor Report

Every employee accident must be investigated as soon as possible after the accident by the injured employee's supervisor. Injured employees, co-workers and others should participate as pertinent and necessary to the gaining of a real understanding of the cause(s) of the accident.

Everyone involved in accident investigations must understand the aim of the investigation is not to place blame but rather to identify causes of accidents so that employees will be more protected from the same or a similar accident happening again.

Each accident investigation should result in a written report that

- 1) identifies all contributing factors causing the accident,
- 2) recommends measures to correct the contributing factors, and
- 3) presents all facts necessary for proper management of the claim.

FACTORS TO CONSIDER AND QUESTIONS TO ASK IN ACCIDENT INVESTIGATIONS

Causes of accidents include unsafe acts as well as unsafe conditions. Frequently both are involved. Rarely does an unsafe condition alone cause an accident. Often some unsafe act underlies or allows the unsafe condition to exist. Keep in mind that procedures, or the lack of them, can be unsafe acts.

- How did the accident occur? Obtain the injured employee's statement of the facts. Obtain the statement of the facts of any witnesses.
- What time of day did the accident occur? Was this during the injured employee's normal work hours?
- Where did the accident occur? Was this the injured employee's normal work site?
- Was the employee alone when the accident occurred? Were there witnesses to the accident?
- Was the employee performing his/her routine job or a job for which the employee had received special training?

- Did the job being performed by the injured employee at the time of the accident require more than one employee to perform the job?
- Was weather a factor in the accident? If so, how?
- Was the employee observing normal safe operating procedures when the accident occurred?
- Safety Equipment
 - What safety equipment called for to complete the job?
 - Was the employee using the normal and prescribed safety equipment when the injury occurred?
 - Was the employee trained in the proper use of the safety equipment?
 - Was the employee using the safety equipment properly?
 - Was the safety equipment in good repair?
 - Could the use of safety equipment have prevented the accident or the resulting injury?
- Was a tool or other equipment involved in the accident?
 - Was it the proper tool to be used for the job attempted?
 - Was the tool defective, damaged or in need of maintenance or replacement?
 - Were any guards missing from the tool when the accident occurred?
 - Was the employee properly trained in the use and safety of the tool?
 - Was the item the tool was being used on defective, damaged or worn, causing the application of an otherwise safe tool to be an unsafe act?
- Did the accident involve lifting?
 - Was the thing being lifted too heavy, large or awkward to be lifted by one person?
 - Did the injured person request and receive assistance with the lift?
 - Was the injured employee trained in safe lifting techniques?
 - Were mechanical lifting devices available or recommended for use with the lift causing the injury?
- Did the accident involve office or laboratory equipment?
 - Was the equipment being used for its intended purpose? (e.g. was a desk chair being used as a step stool?)
 - Was the equipment damaged, worn, defective or missing parts?

- Did the injury result from a trip or fall?
 - Was something wrong with the surface that caused the employee to trip or fall, such as loose or crumbling stair, pothole, rough surface, ice, etc.?
 - Did the accident result from clutter or debris? What type and from where did it come?
 - Was the area where the fall occurred a normal walkway or aisle?
 - Did the employee fall from a height or ground level?
 - Were guards, rails, chains or other supports or barriers present?

- Did any environmental factors (e.g. light, heat, cold, noise, etc.) contribute to the accident?

- Was the employee properly attired? Did loose or restrictive clothing or long hair or fingernails contribute to the accident or injury?

- Did the injured employee report the accident immediately to his/her supervisor?

- Was the employee directed to or taken for medical assistance? Where and by whom?

- Did the employee receive medical treatment? Where and by whom?

- Were the proper accident reports filed? By whom and when?

- Did the cause of the accident or the accident itself present any danger to other employees or other persons?

- Were any steps taken after the accident to remove, repair or secure the cause of the accident? What, by whom and when?

- How could this accident have been prevented?

SUPERVISORS' ACCIDENT INVESTIGATION REPORT

WHEN	Date and Time of Accident: Date and Time Reported to Supervisor or Public Safety (if delayed explain):
WHO	Injured Person: Department: _____ Age: _____ Occupation: _____ Length of Employment: _____
INJURY/LOSS	Nature/Extent of Injuries or Property Damage:
WHERE	Exact Location Where Accident Happened:
WHAT/HOW	Description of Accident (Detail what employee was doing, how he/she was doing it, and what physical objects, tools, materials, chemicals, machines, structures or equipment were involved) Was employee doing something other than required duties at time of accident? If so, what and why.
WHY	Why did this accident happen? Describe everything that contributed to the accident.
PREVENTION	What should be done to prevent recurrence of this type of accident? By whom?
INVESTIGATION COMPLETED BY	Supervisor's Signature _____ Date _____
DEPT. HEAD'S COMMENTS	Department Head's Signature _____ Date _____ Comments:

Use additional sheets of paper as necessary if any portion of this form does not provide sufficient space to allow for an complete explanation of the facts or your analysis of the accident. Be sure to consider all factors described in the accompanying instructions for completing your accident investigation. Return this completed form to Pace [Risk Manangement](#) or [EH&S](#).