



# Bloodborne Pathogens

## Exposure Control Plan

Department of Athletics

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# EXPOSURE CONTROL PLAN

## 1.0 INTRODUCTION

The Ohio State University is committed to providing a safe and healthful work environment for employees. In pursuit of this goal, the information in this exposure control plan (ECP) is provided to help eliminate or minimize the risk of occupational bloodborne pathogen exposure of employees. This ECP is written in accordance with adopted Ohio Public Employment Risk Reduction Program standard [29 CFR 1910.1030](#), "Occupational Exposure to Bloodborne Pathogens." The adopted Ohio Public Employment Risk Reduction Program standard "Occupational Exposure to Bloodborne Pathogens" ([29 CFR 1910.1030](#)) requires those employing individuals with potential exposures to blood or other potentially infectious materials to prepare an Exposure Control Plan (ECP). This ECP outlines protective measures that will be implemented to eliminate or minimize employee exposure to blood and other potentially infectious materials within the Department of Athletics.

This exposure control plan has been jointly developed by the Office of Environmental Health & Safety (EHS) and the Department of Athletics. Employers are responsible for ensuring employees are familiar with and comply with the procedures and practices outlined in this ECP. The ECP must be updated at least annually, but more frequently when necessary to reflect any new or modified job tasks, procedures, or assignments that affect occupational exposure or the implementation of the ECP.

This ECP is a key document to assist our organization in implementing and ensuring compliance with the Bloodborne Pathogens Standard, thereby protecting our employees. This ECP includes:

- Definitions
- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Blood kit contents
  - Housekeeping
  - Laundry
  - Spill cleanup procedures
  - Labeling and signage
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up procedures
- Procedures for evaluating circumstances surrounding exposure incidents
- Communication of hazards to employees and training
- Recordkeeping

## 2.0 PROGRAM ADMINISTRATION

It is the responsibility of the Institutional Biosafety Officer (IBO) and the Associate Athletic Director for Sports Administration/Sports Performance to review and update this ECP on an annual basis. The Assistant Athletic Director for Sports Performance is responsible for implementation of the ECP.

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

The Athletic Training Facility Supervisor is responsible for providing and maintaining necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), universal biohazard labels and signs, biohazard disposal boxes and red bags as required by the standard. The Athletic Training Facility Supervisor shall ensure that adequate supplies of PPE are available in the appropriate sizes, for all personnel.

The Athletic Training Facility Supervisor is responsible for ensuring employees report to Employee Health Services for medical actions required by the standard. University Health Services (formerly known as Employee Health Services) is located on the 2<sup>nd</sup> floor of McCampbell Hall, 1581 Dodd Dr., Columbus campus (Telephone: 293-8146). University Health Services will maintain medical records. The Department OSHA Coordinator will maintain records of exposure incidents. The Department OSHA Coordinator and University Health Services will provide information regarding bloodborne pathogens exposure incidents to the Office of Environmental Health and Safety. The Office of Environmental Health and Safety will report exposure incidents to appropriate regulatory agencies.

The Associate Athletic Director for Sports Administration/Sports Performance is responsible for ensuring employees complete bloodborne pathogen training and the annual refresher training. In addition the Assistant Athletic Director for Sports Performance will maintain records of employee training. Training records will be made available to employees for all training programs offered by the Office of Environmental Health & Safety. The Associate Athletic Director for Sports Administration/Sports Performance will make training records available to employees and health and safety representatives upon request.

## 3.0 DEFINITIONS

**Blood** - human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Clinical Laboratory** - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

**Contaminated Laundry** - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls** - controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

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

**HBV** - hepatitis B virus.

**HIV** - human immunodeficiency virus.

**Needleless systems** - a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure** - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials** - (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

**Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment.

**Regulated Waste** - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Sharps with engineered sharps injury protections** - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual** - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Universal Precautions** - an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

#### **4.0 EMPLOYEE EXPOSURE DETERMINATION**

OSHA requires employers to determine which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered exposed even if they wear PPE). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. Job classifications in this category include:

- Head Athletic Trainer
- Athletic Trainer
- Asst Athletic Trainer
- GA Athletic Trainer
- Intern Athletic Trainer

In addition, OSHA requires a listing of job classifications in which some employees may incur occupational exposure. Not all employees in this category would be expected to incur exposure to blood or other potentially infectious material. Job classifications in this category include:

- Head Coach
- Assistant Coach
- Athletic Conditioning Specialist
- Asst Athletic Director Football Performance
- Assoc Director Football Performance
- Director Athletic Conditioning
- Supervisor Athletic Conditioning
- Intern Conditioning Specialist
- Athletic Equipment Assistant
- Manager, Athletic Equipment
- Athletic Grounds Specialist
- Coordinator Building Services
- Assistant Building Coordinator
- Superintendent, Athletic Grounds
- Student Assistant, Facilities
- Student Assistant, Equipment

#### **5.0 METHODS OF IMPLEMENTATION AND CONTROL**

##### **5.1 Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP as part of their initial training. The ECP will be reviewed in annual bloodborne pathogen training. A copy of the ECP will be made available to the employee, within 15 days, upon request.

The Associate Athletic Director for Sports Administration/Sports Performance is responsible for ensuring that the ECP is reviewed and updated at least annually, but more frequently when necessary to reflect any new or modified tasks, procedures, or assignments that affect occupational exposure or the implementation of the ECP. Updates to the ECP will document annual consideration of changes in technology that eliminate or reduce employee exposure to bloodborne pathogens. When reasonable, if more effective and safer engineering controls that eliminate or minimize occupational exposure to bloodborne pathogens become commercially available, they will be included in the ECP.

## **5.2 Standard/ Universal Precautions**

All employees will utilize universal precautions. Employees will treat all blood and OPIM as if they are known to be infectious for HIV, HBV and other bloodborne pathogens. Other potentially infectious materials include any unfixed human tissue or organ (with the exception of intact skin) and potentially infectious human body fluids. Potentially infectious human body fluids include any body fluid visibly contaminated with blood, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, e.g. emergency situations.

## **5.3 Engineering Controls and Work Practices**

Engineering controls are devices that eliminate or reduce the risk of employee exposure by removing or isolating the worker from the hazard. Work practice controls are modifications of work procedures to reduce the likelihood of occupational exposure to blood or other potentially infectious material. Personal protective equipment will also be utilized to further reduce occupational exposure.

### **5.3.1. Engineering controls**

- a. Sharps containers must be used for disposal of all needles, syringes and other sharps. Sharps containers must be disposable, non-breakable, puncture resistant, leak-proof, sealable and labeled with the universal biohazard symbol. Containers must be replaced periodically when they are  $\frac{3}{4}$  –  $\frac{3}{4}$  full.
- b. Sharps with engineered sharps injury protection and needleless systems are recommended. University personnel continually evaluate devices for effectiveness in reducing the risk of exposure incidents.

It is the responsibility of the Assistant Athletic Director for Sports Performance to evaluate engineering controls and maintain on a regular review schedule.



### 5.3.2 Work practice controls

- a. Hand washing facilities must be readily accessible to all employees who may incur exposure to blood or OPIM. Hand washing sinks are located in clinical areas. All employees will wash hands after removing gloves and other PPE, before leaving the lab/clinic, and immediately after contact with blood or OPIM.
- b. Hand sanitizers will be stocked in athletic training kits for all outside activities.
- c. Contaminated needles will not be bent, recapped or removed from syringes. If recapping is necessary, an approved one-handed scoop method or a re-capping sheath will be used.
- d. All procedures will be conducted in a manner that minimizes splashing, spraying, splattering and generation of droplets of blood or OPIM. The Training Facility Supervisor is responsible for identifying methods that will be used to minimize these hazards in their work areas.
- e. Equipment which has been contaminated with blood or OPIM will be decontaminated as necessary. Routine disinfection of all training tables and athletic equipment will be completed throughout the work day, as needed.

### 5.3.3 Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by individuals for protection against a particular hazard. When the potential for occupational exposure remains after the institution of engineering and work practice controls, employees will use PPE. The Athletic Training Facility Supervisor is responsible for ensuring that all employees are trained and understand the appropriate use of PPE needed to perform specific tasks or procedures. PPE is provided at no cost to employees.

PPE storage location, along with the individual responsible for maintaining the stock, is listed below:

Woody Hayes Athletic Complex	Mike Sypniak
Biggs	Angie Beisner
Schottenstein Center	Vince O'Brien
Steelwood	Wil Turner
St. John Arena	Jenn Novak
McCorkle	Courtney Siegel

\*Kaitlyn Walker is responsible for ordering and maintaining main PPE stock supply.

The Athletic Training Facility Supervisor is responsible for ensuring that appropriate PPE is available. If additional PPE (e.g. additional sizes, non-latex PPE) is necessary, employees shall notify the appropriate responsible individual listed above.

The following PPE will be used when appropriate:

- a. **Gloves:** Gloves shall be worn when it is reasonably anticipated that employees may have hand contact with blood, OPIM non-intact skin and mucous membranes, and when handling or touching contaminated items or surfaces. The use of nitrile, powder-free latex or latex-free products is recommended to help prevent latex allergy.

Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as feasibly possible after contamination, or if they are torn or punctured.

Utility gloves may be decontaminated for reuse provided their integrity is not compromised. Gloves must be discarded if they show signs of cracking, peeling, tearing, puncturing or deterioration.

- b. **Masks:** Masks are required to be worn whenever splashes, spray, splatter or droplets of blood or OPIM may be generated and nose and/or mouth contamination can reasonably be anticipated, such as performing CPR.

#### 5.3.4 “Blood Kit” Contents

The following supplies and/or equipment will be arranged in the “blood kit” to be available at all practice and competition venues:

- Sterile gauze
- Latex gloves (assorted sizes)
- Assorted adhesive bandages
- Sani-wipe disinfectant towelettes
- Hydrogen peroxide spray bottle
- Alcohol towelettes
- Biohazard bag
- Small sharps container
- Vomit neutralizer
- Aerosol disinfectant / germicidal spray

(Used and contaminated supplies must be disposed of in a biohazard / red bag container)

#### 5.4 Housekeeping

Regulated infectious (biohazard) waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (as specified in section 5.7, “Labeling and Signage”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

All infectious waste, including but not limited to blood and OPIM will be handled, packaged, transported and disposed of in accordance with Ohio Administrative Code Chapter 3745-27: Solid and Infectious Waste Regulations. Infectious waste shall be packaged in appropriate boxes and collected by Environmental Health & Safety staff for disposal by incineration.

Contaminated sharps are discarded immediately, or as soon as feasible, in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled. Sharps disposal containers are available in each Training Facility. Sharps containers, once  $\frac{2}{3}$  -  $\frac{3}{4}$  full, are placed in an appropriate box and collected by Environmental Health & Safety staff for disposal by incineration.

Employees will use mechanical means, such as tongs or a broom and dustpan, to pick up contaminated sharps, including contaminated glassware and will dispose of these items in a sharps disposal container.

All equipment and work surfaces are cleaned and decontaminated as soon as feasible after contamination and after completion of work procedures.

## **5.5 Laundry**

All department issued clothing, as well as ANY contaminated personal clothing item, is collected in an appropriate laundry bag and taken to the laundry facility at the Woody Hayes Athletic Complex for cleaning. The laundry bags are dumped directly into washing machines with as little contact as possible to the clothing itself.

No department issued or contaminated clothing is taken home for laundering. All employees who have contact with contaminated laundry shall wear protective gloves and other appropriate equipment as needed. Contaminated laundry shall be sorted and bagged separately, in an appropriately labeled biohazard (red) bag, from other dirty linens and uniforms.

## **5.6 Spill Clean-up Procedures**

5.6.1 Court, mat, floor and other hard surface clean up. All contaminated surfaces will be cleaned disinfected immediately. If a blood spill occurs:

- The individual responsible for cleaning and disinfecting the area will adhere to Universal Precautions and wear appropriate personal protective equipment.
- Disposable products (i.e. paper towels, Sani Wipe, etc) will be used to clean and disinfect the area.
- An appropriate hard-surface disinfectant (i.e. Zep Venture II spray and Zep Tackle concentrate) and/or a 1:10 diluted bleach solution will be used for disinfection and decontamination of the area.
- Care will be taken not to splash or splatter the blood.
- All materials will be disposed of as infectious waste.

5.6.2 Field clean up

For on-field clean up of a blood or body fluid spill, Zep Venture II Spray or Zep Tackle Concentrate, is used in accordance with the manufacturer's recommendations.

## **5.7 Labeling and Signage**

Biohazard warning labels shall be attached to containers of regulated waste. Labels shall:

- include the universal biohazard symbol
- be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color

- red bags or containers for waste, may be substituted for labels

## **6.0 MEDICAL SURVEILLANCE**

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

### **6.1 Hepatitis B Vaccine**

Training will be provided, free of charge, to employees addressing the safety, benefits, efficacy, methods of administration, and availability of hepatitis B vaccination. Healthcare professionals at University Health Services, 2<sup>nd</sup> Floor of McCampbell Hall, 1581 Dodd Dr., Columbus campus (Telephone: 293-8146) are available to answer questions and address concerns that employees may have regarding hepatitis B vaccination. Healthcare professionals at University Health Services will offer and administer the hepatitis B vaccination, free of charge, to all employees with an occupational exposure to bloodborne pathogens. Vaccination is encouraged unless documentation exists that the employee has previously received the series, antibody testing reveals that the employee is immune, or medical evaluation shows that vaccination is contraindicated. Vaccination is available after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

Employees who decline hepatitis B vaccination must sign a declination form at University Health Services. Employees who decline vaccination may request and obtain vaccination at a later date at no cost to the employee. Documentation of refusal of the vaccination is kept at University Health Services, 2<sup>nd</sup> Floor of McCampbell Hall, 1581 Dodd Dr., Columbus campus (Telephone: 293-8146).

A copy of the health care professional's written opinion will be provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the Hepatitis B vaccination is indicated for an employee, and if the employee has received the vaccine.

### **6.2 Post Exposure Evaluation and Follow-up**

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. Following initial first aid (e.g. cleaning the wound, flushing eyes or other mucous membrane, etc.), the routes of exposure and how the exposure occurred will be documented.

In the event exposure incident occurs, the affected employee will immediately contact the Athletic Training Facility Supervisor or the Assistant Athletic Director for Sports Performance. The Assistant Athletic Director for Sports Performance is responsible for ensuring that the exposed employee submits an Employee Accident Report and a Blood / Body Fluid Exposure Addendum to Employee Health (Appendix B). Employee Health Services and the Department will report information regarding exposure incidents to the Office of Environmental Health and Safety. The Athletic Training Facility Supervisor will also ensure that the following information is provided to Employee Health Services:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of the exposure incident
- if possible, results of the source individual's blood test

If an exposure incident occurs during business hours, the employee should report to University Health Services, located on the 2<sup>nd</sup> Floor of McCampbell Hall, 1581 Dodd Dr., Columbus campus (phone: 293-8146) for an immediate medical evaluation. If an exposure incident occurs after hours, at the employee should report to the Wexner Medical Center Emergency Department, located at 450 West 10<sup>th</sup> Avenue, Columbus campus (phone: 293-8333) for evaluation. University Health Services will provide follow-up care to employees. If an exposure incident occurs while traveling with an athlete or team, the employee should report to the medical facilities provided by the host team or to the nearest emergency room for evaluation. Upon return to campus, an Employee Accident Report and a Blood / Body Fluid Exposure Addendum should be submitted to University Health Services, so that they may provide the appropriate follow-up treatment. When an exposure incident involves blood from a source individual, the following activities will be performed:

- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV infectivity. Testing for HBV status does not need to be repeated when the source individual is already known to be HBV- positive. Testing for HIV status does not need to be repeated when the source individual is already known to be HIV- positive.
- Document that the source individual's test results were conveyed to the employee's health care provider.
- If consent is not obtained from source individual, the employer shall establish that legally required consent cannot be obtained.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning disclosure of the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident and test blood for HBV and HIV serological status.
- If the employee does not consent to HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

In addition to an immediate medical evaluation following an exposure incident, University Health Services will also provide follow-up care, counseling, and evaluation of reported illness, free of charge, to employees. University Health Services will administer prophylaxis, free of charge, to employees when medically indicated per recommendations of the U.S. Public Health Service.

A copy of the health care professional's written opinion will be provided to the employee within 15 days of the completion of the post-exposure evaluation and follow-up. This written opinion will indicate the employee has been informed of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

## **7.0 PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Athletic Training Facility Supervisor is responsible for reviewing the circumstances of exposure incidents, with the assistance of the Office of Environmental Health & Safety, taking into consideration the following:

- engineering controls in use at time of the incident
- work practices in use at time of the exposure incident
- a description of the device being used, if applicable (including type and brand)
- personal protective equipment or clothing used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the exposure incident occurred
- employee's training

Should the review of the circumstances surrounding an exposure incident reveal a need for changes in practices and/or procedures to eliminate or minimize occupational exposure, the ECP will be revised. Changes to the ECP could include, but are not limited to, implementing safer devices or providing additional employee training. When revisions are necessary, the Assistant Athletic Director for Sports Performance will ensure that appropriate changes are made to the ECP and will notify affected employees of the changes.

## **8.0 EMPLOYEE TRAINING**

All employees determined to have occupational exposure to bloodborne pathogens receive initial and annual training, meeting the requirements set forth in 29 CFR 1910.1030, provided by the Office of Environmental Health & Safety. The Athletic Training Facility Supervisor will provide site-specific training to the employee at time of employment and when changes occur in tasks or procedures that affect the occupational exposure of an employee, as well as annually thereafter.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogens diseases. In addition, the training program covers, at a minimum, the following elements:

- access to and explanation of the OSHA bloodborne pathogens standard
- an explanation of the ECP and how to obtain a copy
- an explanation of how to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take, and who to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available

- an explanation of the signs and labels and/or color coding required by the standard and used at this facility an opportunity to ask questions

Information about training, or its contents, is available from the Office of Environmental Health and Safety, 1314 Kinnear Road, Columbus campus (292-1284) or on the EHS website (<http://www.ehs.osu.edu>).

## **9.0 RECORDKEEPING**

### **9.1 Training Records**

Training records will be maintained for at least three years. Employee training records will be provided upon request to the employee, or to an authorized representative of the employee, within 15 working days. Requests for training records should be addressed to the Assistant Athletic Director for Sports Performance.

### **9.2 Medical Records**

Medical records are maintained for each employee who is determined to have occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." University Health Services will maintain required medical records. These confidential records are kept by University Health Services for at least the duration of employment plus 30 years.

Employee medical records are provided upon request to the employee, or to anyone having written consent of the employee, within 15 working days. Such requests should be sent to University Health Services, 2<sup>nd</sup> Floor of McCampbell Hall, 1581 Dodd Dr., Columbus campus.

### **9.3 PERRP Injury and Illness Recordkeeping and Sharps Injury and Needlestick Reporting Form**

University Health Services is responsible for determining whether an exposure or sharps injury meets the recordkeeping requirements of the State of Ohio Public Employment Risk Reduction Program (PERRP). University Health Services provides this information to the applicable college/department OSHA Coordinator and to the Office of Environmental Health & Safety (EHS) for recordkeeping purposes. The college/department OSHA Coordinator is responsible for recording applicable cases on PERRP 300P Logs as required by PERRP; records must be kept for 5 years. This information is compiled in a university-wide PERRP 300AP summary by EHS and is submitted annually to PERRP.

In addition to the PERRP 300P Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are recorded on a PERRP sharps injury and needlestick reporting form. All incidences must include at least the following:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred

All PERRP sharps injury and needlestick reporting forms are reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. All needlesticks are reported to PERRP by the OSU Medical Center Safety Office.

## APPENDIX A: Methicillin-resistant Staphylococcus aureus (MRSA) Infections

### MRSA Guideline

The following is The Ohio State University Department of Athletics guideline for Staph and MRSA infections in athletics

**Rationale for Guideline** *Staphylococcus aureus*, often referred to as “**staph**”, is a common type of bacteria that can live harmlessly on the skin or in the nose of 25 to 35 percent of healthy people. Occasionally, staph can cause an infection. Staph bacteria are one of the most common causes of skin infection in the United States, but most of these infections are minor, such as pimples or boils. Most of these infections can be treated without antibiotics, however, some staph infections can cause serious infections, such as pulmonary, bloodstream, bone, joint, or surgical wound infections. In the past, most serious staph bacterial infections were treated with an antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because some staph bacteria have become resistant to various antibiotics. These resistant bacteria are called **methicillin-resistant staphylococcus aureus (MRSA)**. According to the Centers for Disease Control (CDC) 1% of the population is colonized with MRSA. MRSA skin infections can be serious and difficult to treat and as such are of concern in competitive sports.

### **Guideline**

“Staph” infections, including MRSA, have been traditionally associated with outbreaks in health-care facilities, but they are becoming increasingly common in student-athletes participating in close contact sports (e.g. football, wrestling, lacrosse, etc.) although anyone, including coaches, staff, etc. who come into contact with colonized individuals, can contract the infection. “Staph” and MRSA are spread either by direct physical contact with a contaminated individual or indirectly by touching a contaminated object. This includes touching, using, and/or sharing sheets, towels, clothes, equipment, dressings, personal items, bar soap, etc. which have been used by someone who has “staph” and/or MRSA. Poor hygiene habits (e.g. hand washing, showering, etc.) increase the risk of infection.

Without proper referral and care, minor contamination may result in more serious infections such as pulmonary, bloodstream, bone, joint, or surgical wound infections. **If you or anyone you know has what appears to be what looks like “staph” and/or MRSA, please contact an Ohio State University Team Physician and/or Ohio State University Sports Medicine staff member as soon as possible for evaluation.**



### **Medical Staff Responsibilities If an outbreak is suspected**

1. The Athletic Trainer will refer the student-athlete to a physician immediately. The recommended course is to send the student athlete to the OSUSMC so a culture of the area/lesion can be performed.
2. An appropriate antibiotic should be initially prescribed until the results of the culture are known.
3. A 4 oz. bottle of Hibiclens should be given to the student-athlete to wash the affected area while at home.

### **Equipment Staff**

1. If a member of a team is diagnosed with a suspicious skin infection the athletic trainer will notify the EQ personnel with the respective team to make sure that individual's clothes, equipment and locker are thoroughly cleaned. Once the infection has been properly diagnosed and treatment prescribed, a decision will be made for when the team member's clothing can be washed with the rest of their teams.

### **Prevention of "Staph" and/or MRSA:**

Although treatable, there can be complications associated with "staph" and MRSA infections, making prevention the best measure to combat these infections. The Centers for Disease Control suggest the following measures for preventing staphylococcal skin infections, including MRSA:

1. Education of Student-Athletes – We will include a section on MRSA in the beginning of the year medical services presentation. There will also be a color copied laminated informational sheet with photos of MRSA displayed in each Athletic Training Room.
2. Practice good hand hygiene by washing hands frequently and in a thorough fashion with soap and warm water or using an alcohol-based hand sanitizer.
3. Take a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).
4. Avoid sharing towels, equipment, razors, soap (use liquid soap instead of bar soap), etc.
5. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.
6. Wipe surfaces of commonly contacted surfaces before and after use with appropriate disinfectant.
7. Clean and properly cover any open wounds such as turf burns, abrasions, lacerations, etc. with an appropriate bandage at all times.
8. Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound.
9. Maintain clean facilities and equipment.
10. Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to a Medical staff member and/or physician immediately.
11. Review appropriate disinfectant cleaning process on a yearly basis with education of all staff that perform these duties including, but not limited to strength staff, facility staff, and athletic training staff.

### **References to Support Guideline:**

—  
<http://www.cdc.gov/mrsa/community/team-hc-providers/advice-for-athletes.html>  
<http://www.cdc.gov/mrsa/community/team-hc-providers/index.html>

Revised 8/07

**READ THESE INSTRUCTIONS BEFORE PROCEEDING**

**The Employee Accident Report must be completed for every work-related accident or illness.**

**(Medical complex personnel refer to University Health Services' Web Page on the intranet.) This report will:**

1. Assist employees in obtaining immediate medical treatment
2. Inform supervisor/charge person of accident
3. Be recorded for follow-up and future prevention

**Below are guidelines for completing this form (please print neatly in ink or complete electronically)**

**Employee Responsibilities:**

1. Immediately notify supervisor/designated charge person of work-related accident or illness.
2. Fully complete "Employee Information" and "Accident Information" sections, sign and date the report.
3. Give form to supervisor/charge person for signature.
4. Seek medical treatment if necessary (see "Medical Treatment" section below).

**Supervisor/Charge Person Responsibilities:**

1. Complete "Supervisor/Charge Person" section, sign and date the report. If the employee needs or desires medical treatment, assist in the arrangement of appropriate care (see "Medical Treatment" section below).
2. Complete the "Supervisor Accident Analysis Report" (see page four of the report)
3. Make a copy of this report for your records, provide the original to the employee, and immediately submit a copy of this completed accident report to Integrated Absence Management and Vocational Services by either fax or e-mail, as indicated on page two.

**MEDICAL TREATMENT**

**Send employees for treatment with this form within 72 hours after the accident is reported. To determine whether medical treatment is necessary or where to seek medical treatment, contact the 24/7 Nurseline anytime at 800-678-6269.**

**Columbus campus employees should seek treatment for work-related injuries and/or illness at:**

OSU University Health Services  
McC Campbell Hall, 2nd floor  
1581 Dodd Drive  
Phone: 614-293-8146

**Hours: M–F, 7:30 a.m. to 4 p.m.**

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

After Hours Care – Martha Morehouse Medical Plaza  
2nd Floor, Suite 2400, Pavilion  
2050 Kenny Road  
Columbus, OH 43212  
Phone: 614-685-3357

**Hours: M–F, 5 p.m.–11 p.m., SAT–SUN, 10 a.m.–6 p.m.**

**For serious injuries that need emergency medical attention:**

Seek emergency treatment at Ohio State's Wexner Medical Center Emergency Department or University Hospital East Emergency Department. (Hospital employees should report to University Health Services the next day.)

**Regional campus employees** should seek treatment at the designated local health provider.

**For blood and body fluid exposures (BBFE):** Employees must report blood and body fluid exposures immediately to their supervisor and complete the BBFE Addendum to this report. Wexner Medical Center personnel should refer to Blood and Body Fluid Exposure Protocol for instructions. All others should call University Health Services at **614-293-8146** or 24/7 Nurseline at **800-678-6269** for instructions.

**WORKERS' COMPENSATION RIGHTS**

Employees have the right to apply for Workers' Compensation benefits. They have two years from the date of this accident to do so. For more information regarding Workers' Compensation, call **614-292-3439**.

**Submit this report to Integrated Absence Management and Vocational Services:**

Fax: **614-688-8120** or Email: [accidentreport@osu.edu](mailto:accidentreport@osu.edu)

**SECTION 1: EMPLOYEE INFORMATION (all fields required)**

Employee's Full Name: First		M.I.	Last	OSU Employee ID#	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Home Mailing Address: Street		City		State	Zip	
Home Phone		Date of Birth		Sex	Age	
Job Title		Department		Work Phone	Date Hired	
Work Address: Street		City		State	Zip	
Supervisor's Full Name: First		Last		Supervisor's Phone		

**SECTION 2: ACCIDENT INFORMATION (provide as much detail as possible)**

Accident date: \_\_\_\_\_ Accident time: \_\_\_\_\_ ☐ A.M. ☐ P.M. Time shift began: \_\_\_\_\_ ☐ A.M. ☐ P.M.

Date of death, if applicable: \_\_\_\_\_ Location of accident (room use/building/shop): \_\_\_\_\_

Briefly explain the accident and what was being done just prior: \_\_\_\_\_

Was this part of your normal job duty? ☐ Yes ☐ No

What object or substance directly harmed the employee? \_\_\_\_\_

Type of injury or illness: \_\_\_\_\_

Witness (name and phone): \_\_\_\_\_

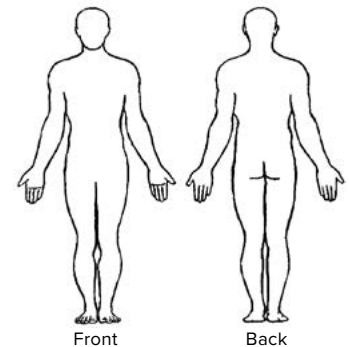
Did employee seek medical treatment? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

This report prepared by (name and phone, if different from injured employee): \_\_\_\_\_

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

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



**For blood/body fluid exposure, the Addendum (on page 3) must be fully completed.**

Hospital Medical Record# of source patient: \_\_\_\_\_

Please review the Medical Treatment information on page 1 of this form. **If no medical treatment is necessary or if treatment is sought somewhere other than University Health Services (UHS), submit a copy of this completed report to Integrated Absence Management and Vocational Services at Fax: 614-688-8120 or email: [accidentreport@osu.edu](mailto:accidentreport@osu.edu).**

**SECTION 3: EMPLOYEE AUTHORIZATION**

I understand that it is my right to apply for Workers' Compensation benefits and that I have two years from the date of this accident to do so. I also authorize release of medical information regarding this accident to OSU BWC claim administrators.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY SUPERVISOR/CHARGE PERSON**

This accident was reported to me on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost Center/Department#: \_\_\_\_\_

Is further investigation required? ☐ Yes ☐ No If yes, why: \_\_\_\_\_

Signature of Supervisor/Charge Person \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5: TO BE COMPLETED BY HEALTH CARE PROVIDER**

Treated by University Health Services? ☐ Yes ☐ No If no, treated by? \_\_\_\_\_

Medical provider printed name: \_\_\_\_\_ Medical provider signature: \_\_\_\_\_

Diagnosis/Assessment: \_\_\_\_\_

Body part(s) affected: \_\_\_\_\_ Date treated: \_\_\_\_\_

Reaggravation of a previous injury? ☐ Yes ☐ No If yes, date of initial injury: \_\_\_\_\_

☐ Full Duty ☐ Restricted Duty Date (if restricted, please use MEDCO-14): \_\_\_\_\_

**OSHA/PERRP 300 Classification**

Injury/Illness: (Check only 1 box) ☐ (1) Injury - All Other ☐ (2) Skin Disorder ☐ (3) Respiratory Condition ☐ (4) Poisoning ☐ (5) Hearing Loss ☐ (6) Illness - All Other

Severity: (check only 1 box): ☐ Not Recordable ☐ (J) Other Recordable Cases ☐ (I) Restrictions or Job Transfer ☐ (H) Days Away from Work ☐ (G) Death

**Medical Record#** \_\_\_\_\_

**ATTENTION:** This form contains information relating to employee's work-related injury and must be used in a manner that protects the confidentiality of the employee to the maximum extent possible. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**Submit copies to:** (1) Integrated Absence Management and Vocational Services: Fax: **614-688-8120** or email: [accidentreport@osu.edu](mailto:accidentreport@osu.edu) (2) Supervisor/Department (3) Injured Employee



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

This form must be submitted directly to Integrated Absence Management and Vocational Services (not to supervisor).

**SECTION 1: EMPLOYEE INFORMATION**

Employee's Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ OSU Employee ID# \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number (for reporting lab results) \_\_\_\_\_ Date of Hire \_\_\_\_\_

Date of exposure: \_\_\_\_\_ Time of exposure: \_\_\_\_\_ Number of hours on duty: \_\_\_\_\_ Pregnant: ☐ Yes ☐ No

**SECTION 2: BBFE INFORMATION**

Specific location of exposure (room use and building): \_\_\_\_\_

Location type (patient room, laboratory, bathroom): \_\_\_\_\_

Cause of the exposure (splash, needlestick, bite): \_\_\_\_\_

Detailed account of the event (be as specific and detailed as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, what could have prevented this BBFE? (be specific): \_\_\_\_\_

**SECTION 3: NEEDLESTICKS/SHARPS INJURIES**

**Was the sharp item:** ☐ Contaminated ☐ Uncontaminated ☐ Unknown

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

**Depth of injury:** ☐ No visible wound ☐ Superficial (surface scratch) ☐ Moderate (penetrated skin) ☐ Deep puncture or wound

Was the sharp being held? ☐ Yes ☐ No

**If not, was the sharp:** ☐ Hands too close to someone else handling sharp ☐ Being passed by someone else

☐ Dropped by someone else ☐ Set aside for future use ☐ Inappropriately discarded or left there by someone else

**Type of sharp:** ☐ Needle for blood draw ☐ Central line placement ☐ Insulin pen

☐ Push button butterfly ☐ Lidocaine ☐ Novo Nordisk Innolet (Reg or NPH)

☐ Multi sampling needle ☐ Introducer ☐ Novo Nordisk Flex Pen

☐ Slide safety butterfly ☐ Scalpel ☐ (Novolog Aspart or 70/30)

☐ ABG needle ☐ Other ☐ Solostar (Lantus)

☐ Syringe to draw cord blood ☐ Lilly (Humalog)

☐ Other ☐ Suture needle

☐ Peripheral IV ☐ Huber needle ☐ Safety

☐ Angioset (butterfly) ☐ Non-safety

☐ Angiocath (straight) ☐ EMG/SSEP needle ☐ Surgical instrument \_\_\_\_\_

☐ Needle for injection ☐ Stuck self while administering ☐ Recapping

**If administering lidocaine, was needle:** ☐ Being reused ☐ Set aside for reuse

If scalpel, was it a safety (retractable) scalpel? \_\_\_\_\_

Do you feel the device was defective? \_\_\_\_\_

**\*If YES, please save device for University Health Services if possible.**

**SECTION 4: SPLASHES**

Was this exposure related to a splash? \_\_\_\_\_

**Fluid Involved:** ☐ Blood ☐ Urine ☐ Stool

☐ Vomitus ☐ Sweat, tears ☐ Saliva, sputum

☐ Vent condensation ☐ CSF, synovial, pleural, peritoneal, pericardial, or amniotic fluid

If urine, sweat, vomitus, stool, saliva, sputum, or vent condensation, was fluid visibly bloody? \_\_\_\_\_

What type of personal protective equipment (PPE) was worn during exposure? \_\_\_\_\_

☐ Gloves ☐ Gown ☐ Goggles ☐ Mask with face shield ☐ Mask

**If splashed, fluid came in contact with:** ☐ Intact skin ☐ Non-intact skin ☐ Eyes

☐ Nose ☐ Mouth ☐ Other

Did someone else inadvertently splash you? \_\_\_\_\_

If this BBFE was caused by a splash, list barrier protections that could have prevented it: \_\_\_\_\_



**ALL parts of this form MUST be completed by the supervisor in conjunction with the Employee Accident Report.**  
This form must be submitted directly to Integrated Absence Management and Vocational Services upon completion.

## SECTION 1: PARTICIPANT INFORMATION

Employee's Full Name: First	M.I.	Last	OSU Employee ID#
Supervisor's Full Name: First	M.I.	Last	Phone Number, Ext.
Date report completed: _____	Report completed on date of incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SECTION 2: PERSONAL PROTECTION

### Required Personal Protective Equipment:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> PPE-Other: |
| <input type="checkbox"/> Head Protection        | <input type="checkbox"/> Hand Protection    |                                     |
| <input type="checkbox"/> Face Protection        | <input type="checkbox"/> Foot Protection    |                                     |
| <input type="checkbox"/> Eye Protection         | <input type="checkbox"/> Fall Protection    |                                     |

### Was Required Personal Protective Equipment used?

- ☐ Yes ☐ No

If not, explain: \_\_\_\_\_

## SECTION 3: CONTRIBUTING FACTORS OR CONDITIONS

**Period when incident occurred:** ☐ Entering or leaving work ☐ During normal work shift ☐ Overtime or unscheduled work shift

### Unsafe Conditions:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Bypassed Guard or Device             | <input type="checkbox"/> Inadequate Guard       | <input type="checkbox"/> Lack of Required PPE | <input type="checkbox"/> Improper or Defective Clothing |
| <input type="checkbox"/> Defective Safety Device              | <input type="checkbox"/> Inadequate Lighting    | <input type="checkbox"/> Missing Safety Guard | <input type="checkbox"/> Unstable Walking Surface       |
| <input type="checkbox"/> Defective Tool or Article            | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Unguarded Hazard     | <input type="checkbox"/> Improper Work Station Layout   |
| <input type="checkbox"/> Training Deficiency (Specify): _____ |   |   |   |

### Unsafe Actions:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Bypassing a safety device         | <input type="checkbox"/> Distractions or horseplay     | <input type="checkbox"/> Operating at an unsafe speed  | <input type="checkbox"/> Using equipment improperly     |
| <input type="checkbox"/> Bypassing a policy or instruction | <input type="checkbox"/> Failure to use approved tools | <input type="checkbox"/> Servicing energized equipment | <input type="checkbox"/> Improper lifting technique     |
| <input type="checkbox"/> Bypassing a safety guard          | <input type="checkbox"/> Failure to wear approved PPE  | <input type="checkbox"/> Using defective equipment     | <input type="checkbox"/> Improper posture or ergonomics |

**Was a witness statement submitted with the Employee Accident Report?** ☐ Yes ☐ No

Upon completion of this Supervisor Accident Analysis Report 1) the following details were found to have occurred, and 2) corrective measures will be taken as follows:



**Public Employment Risk Reduction Program**  
*State of Ohio*  
**Division of Safety and Hygiene**  
 13430 Yarmouth Drive  
 Pickerington, Ohio 43147  
**(614) 644-2246 or (800) 671-6858**  
**Fax: (614) 644-3133**

# Sharps Injury Form Needlestick Report

**Instructions:** This form is to be used to report needlestick or sharps injuries by personnel in your organization responsible for reporting such incidents to the Public Employment Risk Reduction Program. It is preferred that the public employer submit all forms via the Internet.

## Public employer information

1) Employer: \_\_\_\_\_ 2) Facility: \_\_\_\_\_ Risk #: \_\_\_\_\_

3) Address: \_\_\_\_\_

4) City: \_\_\_\_\_ 5) State: OH 6) ZIP code: \_\_\_\_\_ 7) County: \_\_\_\_\_

Address of reporter if different from facility where injury occurred (no P.O. boxes): \_\_\_\_\_

8) Date reported: \_\_\_\_\_ By: \_\_\_\_\_ Phone: \_\_\_\_\_

## Injury information

9) Date of injury: \_\_\_\_\_ 10) Time of injury: \_\_\_\_\_ 11) Age of injured: \_\_\_\_\_ 12) Sex of injured: ☐ Male ☐ Female

### 13) Type of Sharp: Needle

- ☐ Blood gas syringe ☐ Insulin syringe with needle ☐ IV catheter- loose ☐ Needle connected to IV line  
☐ Needle factory-attached to syringe ☐ Other nonsuture needle ☐ Other syringe with needle  
☐ Prefilled cartridge syringe (i.e. Tubex-type) ☐ Syringe- other ☐ Tuberculin syringe with needle ☐ Vacuum tube collection  
☐ Winged steel needle

### Surgical instrument (non glass)

- ☐ Lancet ☐ Other non-glass sharp ☐ Scalpel ☐ Staples ☐ Suture needle ☐ Trocar ☐ Wire

### Glass

- ☐ Ampule ☐ Blood tube ☐ Other glass ☐ Other tube ☐ Slide

14) Brand (write brand name or "unknown"): \_\_\_\_\_ 15) Model number: \_\_\_\_\_

16) Job classification of injured person: ☐ Aide (e.g. CNA/HHA) ☐ Chiropractor ☐ CRNA/NP ☐ EMT/paramedic ☐ Firefighter  
☐ Housekeeper/laundry ☐ LPN ☐ Maintenance ☐ MD/DO ☐ Other ☐ PA ☐ Phlebotomist/lab tech  
☐ Respiratory therapist ☐ RN ☐ Road crew ☐ School personnel (not nurse) ☐ Sewer & Sanitation ☐ Surgery assistant/OR tech

17) Employment status of injured person: ☐ Contractor/contract employee ☐ Employee ☐ Other ☐ Student ☐ Volunteer

18) Type of location/facility/agency where sharps injury occurred: ☐ Bloodbank/center/mobile ☐ Clinic ☐ Correctional facility ☐ EMS/fire/police  
☐ Home health ☐ Hospital ☐ Laboratory (freestanding) ☐ Other ☐ Outpatient treatment (e.g. dialysis -infusion therapy)  
☐ Radiology ☐ Residential facility (e.g. MHMR-shelter) ☐ School

19) Work area where sharps injury occurred (select best choice): ☐ Autopsy/pathology ☐ Blood bank/center/mobile ☐ Central sterile  
☐ Critical care unit ☐ Dialysis room/center ☐ Emergency dept. ☐ EMS/fire response ☐ Field (non EMS)  
☐ Floor - not patient room ☐ Home ☐ Infirmary ☐ Laboratory ☐ L&D ☐ Medical/outpatient clinic ☐ OR  
☐ Patient/resident room ☐ Pre-op or PACU ☐ Procedure room ☐ Radiology ☐ Roadside park ☐ Seclusion room  
☐ Service/utility area (e.g. laundry) ☐ Sewage treatment facility ☐ Other

20) Original intended use of sharp: ☐ Contain specimen/pharmaceutical ☐ Cutting (surgery) ☐ Draw arterial sample ☐ Draw venous sample  
☐ Drilling ☐ Electrocautery ☐ Finger stick/heel stick ☐ Heparin or saline flush ☐ Injection - IM ☐ Injection - SC/ID  
☐ Obtain body fluid/tissue sample ☐ Other injection/aspiration IV ☐ Start IV or set up heparin lock ☐ Suturing - deep  
☐ Suturing - skin ☐ Unknown/NA ☐ Wiring ☐ Other

## Injury information - continued

21) When did injury occur? ☐ Before ☐ After ☐ During ...the sharp was used for its intended purpose.

22) If the exposure occurred "during" or "after" the sharp was used, was it: ☐ Because the injured was bumped during the procedure

☐ Because the item was placed in an inappropriate place (e.g. table/bed/trash)

☐ During OR procedure reaching for or passing instrument ☐ While disassembling

☐ While the sharp was being placed in a container ☐ While recapping ☐ Other

23) Involved body part: ☐ Arm (but not hand) ☐ Face/head/neck ☐ Hand ☐ Leg/foot ☐ Torso (front or back)

24) Did the device being used have any engineered sharps injury protection? ☐ Yes ☐ No ☐ Don't Know

25) Was the protective mechanism activated? ☐ Yes ☐ No ☐ Don't Know

26) Was the injured person wearing gloves? ☐ Yes ☐ No ☐ Don't Know

27) Had the injured person completed a hepatitis B vaccination series? ☐ Yes ☐ No ☐ Don't Know

28) Was there a sharps container readily available for disposal of the sharp? ☐ Yes ☐ No ☐ Don't Know

29) Had the injured person received training on the exposure control plan in the 12 months prior to the incident? ☐ Yes ☐ No ☐ Don't Know

30) Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

☐ Yes ☐ No

Explain: \_\_\_\_\_

31) Exposed employee: Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?

☐ Yes ☐ No

Explain: \_\_\_\_\_



## Public Employment Risk Reduction Program

State of Ohio

### Division of Safety and Hygiene

13430 Yarmouth Drive

Pickerington, Ohio 43147

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Fax: (614) 644-3133