DRAFT SAMPLE WRITTEN

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

For Compliance with OSHA Standard

Wyoming General Rules and Regulations 1910.1030

Wyoming Department of Workforce Services OSHA Division
Consultation Program

ACKNOWLEDGEMENTS

The staff of the Wyoming OSHA Consultation Program compiled this material.

Note: This sample plan is provided only as a guide to assist in complying with Wyoming OSHA's General Rules and Regulations 1910.1030, OSHA's Bloodborne Pathogens standard. It provides general guidance on a particular standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

It should be noted that this model program does not include provisions for HIV/HBV laboratories and research facilities, which are addressed in section (e) of the standard. Employers operating these laboratories need to include provisions as required by the standard. Employers will need to add information relevant to their particular facility in order to develop an effective, comprehensive exposure control plan. The exposure control plan is required to be reviewed at least on an annual basis and updated when necessary.

Upon completion of the Written BBP Exposure Control Plan, all "red" text should be removed or changed to "black" as you edit this program and make it company specific to meet your company's specific requirements. All text in red provides information, instructions, references, and examples. It may not apply to your business. A place below is provided for you to be able to document required annual reviews.

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The information contained in this document is not considered a substitute for any provision of the standard.

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Date of review	Interviewer	Changes or comments

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name:_____

Date of Preparation: _____

In accordance with the OSHA Bloodborne Pathogens Standard, 1910.1030, the following exposure control plan has been developed:

Purpose.

The purpose of this exposure control plan is to:

- Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- Comply with the OSHA Bloodborne Pathogens Standard, 1910.1030.

Definitions

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means 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).

Body Substance Isolation is the isolation of all moist and potentially infectious body substances (blood, feces, urine, sputum, saliva, wound drainage, and other body fluids) from all patients, regardless of their presumed infection status.
Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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

Contaminated Sharps means 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 means 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 means 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 means 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 means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means 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 means 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 **means**

(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 means piercing mucous membranes or the skin barrier through such events as needle sticks, 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 means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal Precautions is 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 means 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).

Program Administration

- *(Name of responsible person or department)* is (are) responsible for implementation of the ECP. *(Name of responsible person or department)* 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: *(add in necessary information).*

- 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.

- *(Name of responsible person or department)* will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. *(Name of responsible person or department)* will ensure adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: *(add in necessary information).*

- *(Name of responsible person or department)* will be responsible for ensuring all medical actions required by the standard are performed and appropriate employee health and OSHA records are maintained. Contact location/phone number: *(add in necessary information).*

- *(Name of responsible person or department)* will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and National Institute for Occupational Safety and Health (NIOSH) representatives. Contact location/phone number: *(add in necessary information).*

Exposure Determination.

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). 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. The following is a list in which all employees have occupational exposure:

Job Title	Department/Location

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these employees:

Job Classification	Department/Location	Task/Procedure

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 should be described in the ECP.

Compliance Methods

Universal Precautions

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. ***All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.***

- Disposal gloves will be worn when touching blood or other body fluids, mucus membranes or non-intact skin, or when handling items or surfaces soiled with blood for other body fluids. Gloves will be disposed of after a single use.
- If it is anticipated droplets of blood or any body fluids may come in contact with the mucus membranes of an employee's' eyes, nose or mouth, he/she will wear protective equipment, i.e., goggles or face shield.
- Hands or other skin surfaces will be washed immediately if contaminated with blood or other body fluids. Hands will also be washed immediately upon glove removal.
- Any items such as razors, knife blades, broken glass or equipment will be disposed of in a puncture and leak proof container labeled for disposal of such items.
- To minimize exposure to body fluids during CPR, non-reflective breathers or other disposable aids will be used.
- If clothing is contaminated, it is to be removed as soon as possible.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the first aid room.

Engineering and Work Practices

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering and work practices will be utilized:

(List all relevant controls needed. Some examples are listed below.)

- Use of sharps containers for disposable sharps.

- Use of containers and appropriate disposal bags for potentially infectious waste.
- Hand-washing facilities, that are readily accessible to the employees who incur exposure to blood and OPIM. Hand-washing facilities are located in the first aid room and restrooms.
- Hand sinks are located in all work areas and are readily accessible to all employees who have the potential for exposure.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible *accessibility of these alternatives* after incurring exposure. *(If hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible hand washing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.)*

It is mandatory for all employees to wash their hands and any other potentially contaminated skin areas with soap and water immediately or as soon as possible. In case of contact of such body areas with blood or other potentially infectious materials, employees will wash their hands with soap and water or flush mucous membranes with water immediately or as soon as feasible.

_____ (*insert name of position/person, e.g. supervisors*) shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

_____ (*insert name of position/person, e.g. supervisors*) shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: *(list schedule such as daily, once/week, etc. as well as list who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc. Samples are provided)*

Control	*Inspection Schedule*	*Responsible*
Example: Sharps Containers	*Daily*	*Area Supervisor*

Needles.
Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. The contaminated sharps will be immediately disposed of into a designated sharps container. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted for the following procedures: *(List the procedures and also list the mechanical device to be used or alternately if a one- handed technique will be used.)*

Procedure	Device
Example: Immediate hazard as no sharps container is readily available.	*Mechanical self-retracting safety syringe*

Containers for Contaminated Sharps.
Containers for sharps disposal should be placed in easily accessible areas to personnel and as close as possible to where sharps are used or expected to be found. The containers should always be kept upright and not allowed to overfill.

Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are closeable, puncture resistant, labeled with a biohazard label and are leak proof. *(Employers should list here where contaminated sharps containers are located as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.)*

When moving containers of contaminated sharps, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- Shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- When there is the possibility of leakage the container will be placed into a secondary container:
  - The secondary container must be closable, able to contain all contents and prevent leakage during handle, storage, transport, or shipping, and labeled or color coded.

(An example is provided below)

Location	Responsibility
Example: Restrooms	*Shift Supervisor to check daily, replace as needed per disposal procedures.*

Work Area Restrictions.
In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials:

- Eating, drinking, applying cosmetics or lip balm, smoke or handling contact lenses is prohibited.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.
- Please ensure to include any work area restrictions that are specific to your company.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods, which will be employed at this facility to accomplish this goal, are: (List methods, such as covers on centrifuges, usage of dental dams if appropriate, etc. An example is provided below)

Hazard	Controls
Example: Possibility of splash, spray, or spatter of blood or OPIM	*Masks in combination with eye protection or chin length face shields.*

Labeling
Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material, and other containers used to store, transport, or ship blood or other potentially infectious materials. Labels shall include the following:

- Shall have the biohazard symbol.
- Shall be fluorescent orange or orange-red or predominately so, with lettering and symbols in contrasting color.
- Affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.

Equipment to be labeled	Label Type
Example: contaminated laundry	*Red bag, biohazard label, etc.*

__(Name of responsible person or department)_____ will ensure 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 (insert name, job title, or department) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

Specimens.
Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard 29 CFR 1910.1030 (g)(1)(i) as described in section 6. Labels and Signs. (Employers should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of **all** specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. If the employer chooses to use this exemption then it should be stated here).

Any specimens, which could puncture a primary container, will be placed within a secondary container, which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment.

_____ *(insert name of position/person)* is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment not decontaminated shall be tagged or labeled.

Personal Protective Equipment
Employees will be provided with appropriate personal protective equipment (PPE) when there is a

risk of occupational exposure. The selection of PPE will depend on the level of anticipated exposure to blood or other potentially infectious materials (OPIM). It will be determined through a hazard assessment of the workplace. To be considered appropriate, the PPE must effectively prevent blood or OPIM from reaching the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal use conditions and for the duration of time that the protective equipment will be used.

All personal protective equipment (PPE) required for work at this facility will be provided to employees at no cost, and be readily accessible or issued to employees. The company will clean, launder or dispose any PPE at no cost to the employee.

This equipment includes, but is not limited to those listed below: (List all appropriate protective equipment.)

- Gloves
- Gowns
- Face shields
- Masks
- Eye protection
- Mouthpieces
- Resuscitation bags
- Pocket masks or other ventilation devices.

PPE is located (list location) and may be obtained through (Name of responsible person or department).

Department	Procedure	PPE Required

PPE Use

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in _____(List appropriate containers for storage, laundering, decontamination, or disposal.)
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: (put your specific procedures here. For example: how and where to decontaminate face shields, eye protection, resuscitation equipment.

All PPE that needs to be laundered will be done so by the company at no cost to the employee. Laundering will be performed by (Name of responsible person or department) at (time and/or location).

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.

- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (list specifics for example: red bags or bags marked with biohazard symbol) for this purpose.

- Wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE to be worn).

The following contaminated articles will be laundered by this company: (List the articles that will be laundered).

Additional Protection

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated (such as autopsies and orthopedic surgery). The following situations require that such protective clothing be utilized:

Department	Procedure	PPE Required

Housekeeping.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. (Employers should add in any information concerning the usage of protective coverings, such as plastic wrap, which they may be using to assist in keeping surfaces free of contamination.)

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Decontamination will be accomplished by utilizing the following materials: (list the materials which will be utilized, such as bleach solutions or EPA registered germicides)

Example: Solutions of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water will be used to decontaminate all surfaces.

This facility will be cleaned and decontaminated according to the following schedule:

Area	Schedule	Cleaner
Bins, pails, cans, similar receptacles	*Weekly or daily dependent on use and Immediately upon visible contamination*	*Maintenance Department*

Biohazardous Spill Procedures

In the event of an emergency biohazardous spill the following procedures will be followed after contacting *(Name of responsible person or department. to inform them of the event.*

The following are clean-up procedures that your company can implement for employees to follow in emergencies when an individual has injured themselves and bled on surfaces. However, it is important to note that emergency first aid response should be performed before any clean-up procedure. If you decide to hire a professional cleaning company, you will need to provide the employee with the company's contact information and the procedures they should follow.

- *Keep others out of the area to prevent spreading spilled material. Post warning signs if needed.)*
- *Contaminated clothing should be removed and placed in a biohazard bag for disinfecting/decontamination.*
- *Wash hands and any exposed skin.*

- *Put on protective clothing (lab coat, gloves, face protection and shoe covers, depending on the amount of spilled material).*
- *Pick up any broken glass with forceps and dispose in a Sharps container.*
- *Cover the spill with paper towels and add 10% bleach.*
- *Allow 20 minutes contact time, discarding used paper towels in biohazard bag for autoclaving. Re-wipe the spill area with disinfectant.*
- *Place all contaminated materials into a biohazard waste container, including gloves.*
- *Wash hands with soap and water.*

REGULATED WASTE DISPOSAL

Contaminated Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

Other Regulated Waste

Other regulated waste shall be placed in containers, which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable Unites States, state and local regulations. (The Department of Environmental Quality is the controlling agency in Wyoming. Cheyenne location: 307-777-7937, Casper location: 307-473-3465, Lander location: 307-332-3047)

(List the specific procedures your employees will follow, including contact information for third-party companies)

Laundry Procedures.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.

- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (list specifics for example: red bags or bags marked with biohazard symbol) for this purpose.

- Wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE to be worn).

The following contaminated articles will be laundered by this company: (List the articles that will be laundered).

The contaminated laundry for this facility will be cleaned at: (insert specific information if it is done onsite or through an off-site facility. When using an off-site list company name and contact information)
Please note: If your facility utilized Body Substance Isolation or Universal Precautions in the handling of all soiled laundry (i.e. all laundry is assumed to be contaminated) no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of this material.

Please note: If your facility ships contaminated laundry off-site to a second facility, which does not utilize Universal Precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers which are labeled or color-coded. One possible solution would be to include a requirement in the contract laundry scope of work requiring the laundry to utilize the equivalent of Universal Precautions.

Hepatitis B Vaccines and Post-Exposure Evaluation and Follow-Up.
General

The Hepatitis B vaccine and vaccination series are available to all employees who have occupational exposure and post-exposure follow-up to employees who have had an exposure incident.

(Name of responsible person or department) shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee;

- Made available to the employee at a reasonable time and place;

- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

- Provided according to the recommendations of the U.S. Public Health Service.

An accredited laboratory at no cost to the employee shall conduct all laboratory tests.

Hepatitis B Vaccination

(Name of responsible person or department) is in charge of the Hepatitis B vaccination program.
(Where appropriate: We contract with
Company information who you have a contract with to provide this service.)

Hepatitis B vaccination shall be made available after the employee has received the training in

occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Employees will be provided a copy of the 29 CFR 1910.1030 Blood Borne Pathogen Standard.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If the U.S. Public Health Service recommends a routine booster dose of Hepatitis B vaccine at a future date, such booster dose shall be made available.

Post Exposure Evaluation and Follow-up.

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to (list who has responsibility for investigation of exposure incidents): ___ *(Name of responsible person or department)*

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;

- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. (Employers may need to modify this provision in accordance with applicable local laws on this subject. Modifications should be listed here:

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Name *of responsible person or department)* shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained:

- The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

- All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by (insert name of clinic, physician, and department *Name of responsible person or department)*

Information Provided to the Healthcare Professional

The *Name of responsible person or department)* __ shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- A copy of 1910.1030; (While the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind that individual of these requirements.)
- A written description of the exposed employee's duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individuals blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee must including vaccination status.

Healthcare Professional's Written Opinion

The (insert name of position/person) *Name of responsible person or department)* shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professionals written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation; and
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

Information and Training.

(Name of responsible person or department) _____ shall maintain the training program and ensure employee participation.

Training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training.

Training shall be tailored to the education and language level of the employee, and offered during

the normal work shift. The training will be interactive and cover the following:

- A accessible copy of the standard and an explanation of its contents;
- A discussion of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the this Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
- An explanation of the basis of selection of PPEs.
- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- Information on the evaluation and follow-up required after an employee exposure incident.
- An explanation of the signs, labels, and color-coding systems.
- An opportunity for employees to have interactive questions and answers with the person conducting the training.

The person conducting the training shall be knowledgeable in the subject matter as it relates to the workplace that the training will address.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Recordkeeping.

Medical Records

Name of responsible person or department is responsible for maintaining medical records as indicated below. These records will be kept (insert location) _____.

Medical records shall be maintained in accordance with OSHA Standard ~~1910.20~~ 29 CFR 1910.1020, access to employee exposure and medical records. These records shall be kept confidential, and not disclosed without the employee's express written consent to any person within or outside the workplace except as required by law. ~~and~~ Records must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination, and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- The employer's copy of the healthcare professional's written opinion.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Training Records

Name of responsible person or department is responsible for maintaining the following training records. These records will be kept (insert location) _____.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

Availability

Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to Wyoming OSHA Program Manager, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, Wyoming OSHA Program Manager, to the Director, and to the Assistant Secretary.

Transfer of Records

Whenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records.

Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business as required by 1910.1020(h)(2).

Sharps injury Log

A sharps injury log for the recording of percutaneous injuries from contaminated sharps will be maintained. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain,

at a minimum:

- The type and brand of device involved in the incident.
- The department or work area where the exposure incident occurred, and
- An explanation of how the incident occurred.

Evaluation and Review.

Name of responsible person or department is responsible for annually reviewing this program, and its effectiveness, and for updating this program ~~as needed~~ at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

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

20. Outside Contractors.

While the written exposure control plan does not have to address information obtained from and provided to outside contractors, you may wish to establish standard operating procedures for these situations and append them to this document. For guidance on your responsibilities regarding bloodborne pathogens, please see OSHA Temporary Worker Initiative: Bloodborne Pathogens (OSHA 3888).
Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

Appendix A
Vaccination Declination Form

Date: _____

Employee Name:_____

Employee ID#: _____

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.

Employee Signature _____ Date _____

Safety Officer Signature _____ Date _____

Appendix B

Blood and Body Fluid Exposure Report Form

The following form was developed to aid healthcare organizations in collecting information on occupational exposures to blood and body fluids. Information on exposure characteristics (e.g., exposure location, type of exposure, device involved, and procedure being performed) can be analyzed for better prevention planning. The first page of this form meets the information require- ments for completing an OSHA sharps injury log. It may not be possible to complete all informa- tion at the time of the exposure or during the initial consultation with the exposed employee. It is important to add the information after further investigation.

Please note that the CDC has developed the following forms to assist employers in collecting detailed information on exposure that can be used to create prevention plans and conduct incident investigations. They are pulled from the CDC 'Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program. Found here: https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf

While the form may specify healthcare, any organization required to have a blood-borne pathogen program can use it. This document is not an official CDC or WYOSHA document.

SAMPLE Blood and Body Fluid Exposure Report Form

Facility name: _____

Name of exposed worker:

Last: _____ **First:** _____ **ID #:** _____

Date of exposure: ____/____/____ **Time of exposure:**_____ **AM** **PM** (Circle)

Job title/occupation: _____ **Department/work unit:** _____

Location where exposure occurred: _____

Name of person completing form: _____

Section I. Type of Exposure *(Check all that apply.)*

☐ **Percutaneous (Needle or sharp object that was in contact with blood or body fluids)**
(Complete Sections II, III, IV, and V.)

☐ **Mucocutaneous** *(Check below and complete Sections III, IV, and VI.)*
___ **Mucous Membrane** ___ **Skin**

☐ **Bite (***Complete Sections III, IV, and VI.)*

Section II. Needle/Sharp Device Information

(If exposure was percutaneous, provide the following information about the device involved.)

Type of device: _____ ☐ Unknown/Unable to determine

Brand/manufacturer: _____ ☐ Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

☐

☐ Yes ☐ No Unknown/Unable to determine

If yes, when did the injury occur?

☐ Before activation of safety feature was appropriate
☐ During activation of the safety feature
☐ Safety feature improperly activated
☐ Safety feature failed after activation
☐ Safety feature not activated
☐ Other: _____

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: _____
_____
_____

Section III. Employee Narrative

Describe how the exposure occurred and how it might have been prevented:

_____
_____
_____

Section IV. Exposure and Source Information

A. Exposure Details: *(Check all that apply.)*

1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)

☐ Blood/blood products
☐ Visibly bloody body fluid*
☐ Non-visibly bloody body fluid**
☐ Visibly bloody solution
(e.g., water used to clean a blood spill)

***Identify which body fluid**

___ Cerebrospinal	___ Urine	___ Synovial
___ Amniotic	___ Sputum	___ Peritoneal
___ Pericardial	___ Saliva	___ Semen/vaginal
___ Pleural	___ Feces/stool	___ Other/Unknown

2. Body site of exposure. *(Check all that apply.)*

☐ Hand/finger ☐ Eye ☐ Mouth/nose ☐ Face ☐ Arm ☐ Leg

☐ Other (Describe: _____)

3. If percutaneous exposure:

Depth of injury *(Check only one.)*

☐ Superficial (e.g., scratch, no or little blood)
☐ Moderate (e.g., penetrated through skin, wound bled)
☐ Deep (e.g., intramuscular penetration)
☐ Unsure/Unknown

Was blood visible on device before exposure? ☐ Yes ☐ No ☐ Unsure/Unknown

4. If mucous membrane or skin exposure: *(Check only one.)*

Approximate volume of material

☐ Small (e.g., few drops) ☐ Large (e.g., major blood splash)

If skin exposure, was skin intact? ☐ Yes ☐ No ☐ Unsure/Unknown

B. Source Information

1. Was the source individual identified? ☐ Yes ☐ No ☐ Unsure/Unknown

2. Provide the serostatus of the source patient for the following pathogens.

	Positive	Negative	Refused	Unknown
HIV Antibody	☐	☐	☐	☐
HCV Antibody	☐	☐	☐	☐
HbsAg	☐	☐	☐	☐

3. If known, when was the serostatus of the source determined?

☐ Known at the time of exposure
☐ Determined through testing at the time of or soon after the exposure

Section V. Percutaneous Injury Circumstances

A. What device or item caused the injury?

Hollow-bore needle

- ☐ Hypodermic needle
  - __ Attached to syringe
  - __ Attached to IV tubing
  - __ Unattached
- ☐ Prefilled cartridge syringe needle
- ☐ Winged steel needle (i.e., butterfly^{R} type devices)
  - __ Attached to syringe
  - __ Attached to IV tubing
  - __ Unattached
- ☐ IV stylet
- ☐ Phlebotomy needle
- ☐ Spinal or epidural needle
- ☐ Bone marrow needle
- ☐ Biopsy needle
- ☐ Huber needle
- ☐ Other type of hollow-bore needle (type: _____)
- ☐ Hollow-bore needle, type unknown

Suture needle

- ☐ Suture needle

Glass

- ☐ Capillary tube
- ☐ Pipette (glass)
- ☐ Slide
- ☐ Specimen/test/vacuum
- ☐ Other: _____

Other sharp objects

- ☐ Bone chip/chipped tooth
- ☐ Bone cutter
- ☐ Bovie electrocautery device
- ☐ Bur
- ☐ Explorer
- ☐ Extraction forceps
- ☐ Elevator
- ☐ Histology cutting blade
- ☐ Lancet
- ☐ Pin
- ☐ Razor
- ☐ Retractor
- ☐ Rod (orthopaedic applications)
- ☐ Root canal file
- ☐ Scaler/curette
- ☐ Scalpel blade
- ☐ Scissors
- ☐ Tenaculum
- ☐ Trocar
- ☐ Wire
- ☐ Other type of sharp object
- ☐ Sharp object, type unknown

Other device or item

- ☐ Other: _____

B. Purpose or procedure for which sharp item was used or intended.

(Check <u>one procedure</u> type and complete information in corresponding box as applicable.)

- ☐ Establish intravenous or arterial access (Indicate type of line.) →
- ☐ Access established intravenous or arterial line (Indicate type of line <u>and</u> reason for line access.) →
- ☐ Other specimen collection
- ☐ Injection through skin or mucous membrane _____ (Indicate type of injection.)
- ☐ Obtain blood specimen (through skin) (Indicate method of specimen collection.) →
- ☐ Suturing
- ☐ Cutting
- ☐ Other procedure
- ☐ Unknown

Type of Line

___ Peripheral ___ Arterial
___ Central ___ Other

Reason for Access

___ Connect IV infusion/piggyback
___ Flush with heparin/saline
___ Obtain blood specimen
___ Inject medication
___ Other:_____

Type of Injection

___ IM injection ___ Epidural/spinal anesthesia
___ Skin test placement ___ Other injection
___ Other ID/SQ injection

Type of Blood Sampling

___ Venipuncture ___ Umbilical vessel
___ Arterial puncture ___ Finger/heelstick
___ Dialysis/AV fistula site ___ Other blood sampling

C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select *one or two* circumstances that reflect how the injury happened.)

☐ During use of the item →

Select one or two choices:

__ Patient moved and jarred device
__ While inserting needle/sharp
__ While manipulating needle/sharp
__ While withdrawing needle/sharp
__ Passing or receiving equipment
__ Suturing
__ Tying sutures
__ Manipulating suture needle in holder
__ Incising
__ Palpating/Exploring
__ Collided with co-worker or other during procedure
__ Sharp object dropped during procedure

☐ After use, before disposal of item →

Select one or two choices:

__ Handling equipment on a tray or stand
__ Transferring specimen into specimen container
__ Processing specimens
__ Passing or transferring equipment
__ Recapping (missed or pierced cap)
__ Cap fell off after recapping
__ Disassembling device or equipment
__ Decontamination/processing of used equipment
__ During clean-up
__ In transit to disposal
__ Opening/breaking glass containers
__ Collided with co-worker/other person
__ Sharp object dropped after procedure
__ Struck by detached IV line needle

☐ During or after disposal of item →

Select one or two choices:

__ Placing sharp in container:
  __ Injured by sharp being disposed
  __ Injured by sharp already in container
__ While manipulating container
__ Over-filled sharps container
__ Punctured sharps container
__ Sharp protruding from open container
__ Sharp in unusual location:
  __ In trash
  __ In linen/laundry
  __ Left on table/tray
  __ Left in bed/mattress
  __ On floor
  __ In pocket/clothing
  __ Other unusual location
__ Collided with co-worker or other person
__ Sharp object dropped
__ Struck by detached IV line needle

☐ Other (Describe) _____ ____

_____

_____

_____

☐ Unknown

Section VI. Mucous Membrane Exposures Circumstances

A. What barriers were used by the worker at the time of the exposure?

(Check all that apply.)

☐ Gloves ☐ Goggles ☐ Eyeglasses ☐ Face Shield ☐ Mask ☐ Gown

B. Activity/Event when exposure occurred *(Check one.)*

- ☐ Patient spit/coughed/vomited
- ☐ Airway manipulation (e.g., suctioning airway, inducing sputum)
- ☐ Endoscopic procedure
- ☐ Dental procedure
- ☐ Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
- ☐ Phlebotomy
- ☐ IV or arterial line insertion/removal/manipulation
- ☐ Irrigation procedure
- ☐ Vaginal delivery
- ☐ Surgical procedure (e.g., all surgical procedures including C-section)
- ☐ Bleeding vessel
- ☐ Changing dressing/wound care
- ☐ Manipulating blood tube/bottle/specimen container
- ☐ Cleaning/transporting contaminated equipment
- ☐ Other: _____
- ☐ Unknown

Comments: _____

A-7 Sharps Injury Hazard Observation and Report Forms

Healthcare organizations that collect information on sharps injury hazards in the work environment may find the following forms useful. The first form (A-8-1) is for organizations that perform systematic environmental rounds and provides a means for documenting specific sharps injury hazards observed in the course of conducting rounds. The second form (A-8-2) is for use by individual workers who observe a sharps injury hazard in the work environment or is reporting a “near miss” event. The form provides a means for documenting the observation and communicating the problem to administrative personnel. Healthcare organizations may download these resources and adapt them as necessary to meet their organization’s needs.

Workbook Section Link for this Toolkit Product: Operational Processes

Implement Procedures for Reporting Sharps Injuries and Injury Hazards

(Name of Healthcare Organization)

A-7-1 SAMPLE Sharps Injury Hazard Observations During Environmental Rounds

Date: _____ **Time:** _____

Facility Location: _____

Name of Observer(s):	

Were any sharps injury hazards identified during the observation?

☐ Yes ☐ No

If yes, what category of hazard was observed? (Check all that apply.)

☐ Improperly discarded sharp object ☐ Overfilled sharps container

☐ Sharp penetrating through container ☐ Improper handling of a sharp device

☐ Other: _____

Describe what was observed. If more than one hazard was identified, number and describe each one separately.

Reviewed by: _____ **Committee on:** _____

(Name of Healthcare Organization)

A-7-2 SAMPLE Sharps Injury Hazard Observation or "Near Miss" Event Report Form

Date: _____ **Time:** _____

Location in facility where hazard was observed:			
Building	Department/Unit	Floor	Room #

Description of the hazard or "near miss" event:

Name of person reporting: _____ **Phone:** _____

Do you wish to be notified of how this problem is addressed?

☐ Yes ☐ No

Send report to: _____

(For Use by Safety Office)

Date received: _____

Method of investigation: _____ Phone call to: ____

On-site inspection: _____

Disposition: _____

Was the person who reported this observation notified that it has been addressed?

☐ Yes ☐ No

A-8 Sample Form for Performing a Simple Root Cause Analysis of a Sharps Injury or "Near Miss" Event

This form was developed to assist healthcare organizations determine the factors that may have contributed to a reported sharps injury (A-7) or a situation where a sharps injury could have oc- curred ("near miss") (A-8-2). The methods for performing a root cause analysis are discussed in operational process *Implement Procedures for Reporting and Examining Sharps Injuries and Injury Hazards*. Use of this form will assist healthcare organizations identify whether one factor or a combination of factors contributed to the problem. Healthcare organizations may adapt this form as needed.

The key to the RCA process is asking the question "why?" as many times as it takes to get down to the "root" cause(s) of an event.

- What happened?
- How did it happen?
- Why did it happen?
- What can be done to prevent it from happening in the future?

Use of this form and the trigger questions provided will help determine whether and how one or more of the following was a contributing factor: patient action, patient assessment, training or competency, equipment, lack of or misinterpretation of information, communication, availability and use of specific policies or procedures, healthcare personnel issues, and/or supervisory is- sues.

EVENT TRACKING NUMBER: _____

SAMPLE Form for Performing a Simple Root Cause Analysis of a Sharps Injury or "Near Miss" Event

Description of Event Under Investigation

Event: Date___/___/___ Time _____ AM PM **Weekday:**_____

Location: _____

Details of how the event occurred: _____

Contributing Factors			If "YES", what contributed to this factor being an issue?	Is this a root cause of the event?		If YES, is an action plan indicated?	
	YES	NO		YES	NO	YES	NO
Issues related to patient assessment?	☐	☐		☐	☐	☐	☐
Issues related to staff training or staff competency?	☐	☐		☐	☐	☐	☐
Equipment/device?	☐	☐		☐	☐	☐	☐
Work environment?	☐	☐		☐	☐	☐	☐
Lack of or misinterpretation of information?	☐	☐		☐	☐	☐	☐
Communication?	☐	☐		☐	☐	☐	☐
Appropriate rules/policies/ procedures or lack thereof?	☐	☐		☐	☐	☐	☐
Failure of a protective barrier?	☐	☐		☐	☐	☐	☐
Personnel or personal issues?	☐	☐		☐	☐	☐	☐
Supervisory issues	☐	☐		☐	☐	☐	☐

Root Cause Analysis Action Plan

Risk Reduction Strategies	Measure(s) of Effectiveness	Responsible Person(s)
Action item #1		
Action item #2		
Action item #3		
Action item #4		
Action item #5		

SAMPLE Trigger Questions for Performing a Root Cause Analysis of a Blood or Body Fluid Exposure

1. Issues related to patient assessment
   - Was the patient agitated before the procedure?
   - Was the patient cooperative before the procedure?
   - Did the patient contribute in any way toward the event?

2. Issues related to staff training or staff competency
   - Did the healthcare worker receive training on injury prevention technique for the procedure per- formed?
   - Are there training or competency factors that contributed to this event?
   - Approximately how many procedures of this type has the healthcare worker performed in the last month/week?

3. Issues related to the device
   - Did the type of device used contribute in any way to this event?
   - Was a “safety” device used?
   - If not, is it likely that a safety device could have prevented this event?

4. Work environment
   - Did the location, fullness or lack of a sharps container contribute to this event?
   - Did the organization of the work environment (e.g., placement of supplies, position of patient) influence the risk of injury?
   - Was there sufficient lighting?
   - Was crowding a factor?
   - Was there a sense of urgency to complete the procedure?

5. Was a lack of or misinterpretation of information contribute to this event?
   - Did the healthcare worker misinterpret any information about the procedure that could have con- tributed to the event?

6. Communication
   - Were there any communication barriers (e.g., language) that contributed to this event ?
   - Was communication in any way a contributing factor in this event?

7. Appropriate policies/procedures
   - Are there existing policies or procedures that describe how this event should be prevented?
   - Were the appropriate policies or procedures followed?
   - If they were not followed, why not?

8. Worker issues
   - Did being right or left handed influence the risk?
   - On the day of the exposure, how long had the worker been working before the exposure oc- curred?
   - At the time of the exposure, could factors such as worker fatigue, hunger, illness, etc. have con- tributed?

9. Employer issues
   - Did lack of supervision contribute to this event?