



Exposure Control Plan

POLICY

Quidos Cleaning Services Ltd is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided

to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

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

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

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- (Peter Regan) is (are) responsible for implementation of the ECP.

(Peter Regan) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact number: 07803493987

- 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.

- (Peter Regan) 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.

Peter Regan will ensure that adequate supplies resources and equipment are available in the appropriate sizes.

- Peter Regan will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- Peter Regan will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Job Title Department/Location

(Cleaning Operatives) (All decontamination and needle sweep assignments)

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 individuals:

Job Title Department/Location Task/Procedure

Deep Clean Team / All Domestic & Commercial Assignments / Cleaning & Decontamination Duties

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.





Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees can review this plan at any time during their work shifts by contacting Peter Regan. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Peter Regan is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

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

- Demonstrate an understanding of the appropriate documentation:
- Control of Substances Hazardous to Health (COSHH) assessment and Safety Data Sheets (SDS)
- Task Risk Assessment (RA)
- Point of Work Risk assessment (POW)
- Method Statement (MS) or Standard Operating Procedure (SOP)
- Manufacturer's Operating Instructions
- Ensure preparation of appropriate warning signs, barriers, hazard tape
- Appropriate personal protective equipment as follows: Aprons, torch, body suit, shoe covers, goggles, masks, nitrile gloves, needle stick resistance gloves, chemical resistant gauntlets, dressings, waterproof tape
- Preparation of appropriate equipment as follows: Torch or headlight (as applicable)
Protective floor covering (waterproof) Sharps box and grippers
Clinical waste sacks of appropriate size and colour (site specific), ties and labels
Tweezers, Litter pickers, Scraper, Non-abrasive pads, Edging tool
Colour-coded scrubbing brush's (long handle, telescopic or hand-held)
Colour-coded floor mopping system
Colour-coded hand buckets
Colour-coded dustpan and brush
Waterproof waste trolley for transportation of contaminated waste
Pressure spray or spray bottle
Cleaning agents (as appropriate)
Absorbent granules
Disposable cloths
Paper towels





Steam cleaner (as appropriate)

Safety steps (as appropriate – only for use by trained operatives)

Platform (as appropriate – only for use by trained operatives)

Scrubber dryer or rotary machine and wet pick-up (as appropriate)

Carpet extraction machine with appropriate accessories (as appropriate)

Additional equipment may be required depending on the needs of the site

- Sharps disposal containers are inspected and maintained or replaced by Peter Regan every month or whenever necessary to prevent overfilling.
- Carry out a dynamic risk assessment on arrival at the work area and place warning signs. A dynamic risk assessment ensures the operatives are safe to work in the area as it demonstrates it is free from any immediate risks. Place warning signs to provide adequate warning of work in the area, this could include a sluice room, cleaning cupboard, cleaning store, preparation area as well as the work area.
- Carry out the POW risk assessment (this is specific to the task taking place and the area of contamination) from outside of the contaminated area to establish potential hazards and risks.
- Consideration to be made to the temperature within the area and possible fatigue of the operative(s).
- Sufficient down time must be given and if required additional team members may be needed as per the point of work risk assessment.
- Ensure PPE is a suitable fit, fit for purpose and undamaged.
- PPE will be worn in 2 stages – stage 1 for preparation of equipment and solutions and stage 2 for the actual decontamination process.
- Confirm all necessary colour-coded equipment is available and fit for purpose BICSc recommended colour-coding for this type of clean would be yellow for clinical purposes.
- Correct colour-coded equipment reduces the potential risk of cross-contamination and ensures demonstratable best working practices.
- Demonstrate an understanding of the standard operating procedure or method statement, risk assessment, COSHH assessment
- The chemical safety data sheets must be easily accessible and up to date as they need to be given to medical professionals should an accident occur. They detail the make-up of the chemical to ensure the patient receives the correct medical treatment.
- Ventilate the preparation area, either open a window or a door where possible. Ventilation reduces the risk of inhalation when making up chemical solutions and aids drying of equipment and materials.
- Wash your hands as per the company policy or according to the BICSc approved method, ensuring that you check for cuts and abrasions and cover with a waterproof dressing if required.
- Cuts or abrasions should be covered with a waterproof dressing to prevent cleaning solutions and bacteria entering the blood stream and potentially causing blood poisoning.
- PPE as specified in the COSHH assessment MUST be worn from this point
- Check the area where you are working for any signs of pest infestation and report them in line with company policy





- Signs of pest infestation should be checked in the cleaning cupboard/store and throughout the task in the work area but must not be disturbed as the pest control company will use this evidence to identify the type of infestation.
- Check the area where you are working for any signs of damage and report them in line with company policy
- Damaged assets such as broken tiles, torn/snagged carpet, chipped desks in either the cleaning cupboard/store or work area should be reported as per company policy to prevent any further damage and/or the operative being blamed for the damage.

METHOD

Safety check and assemble all equipment following the manufacturer's operating instructions.

Identify the correct product(s) for the area(s) to be cleaned.

Check with the World Health Organisation and Public Health England for the appropriate type of products recommended for use.

The product should be suitable for the type of surface to be cleaned, the equipment to be used and diluted according to the manufacturer's instructions.

Prepare the chosen product.

Preparation of the product should be according to manufacturer's instructions, always adding chemical to water. This minimises the risk of contact with undiluted chemical and excess foam being created. The correct level of water in the container is key to the dilution being accurate.

When water is initially added to the container if foam is formed it indicates there are traces of a product present in the container. Therefore, the container should be thoroughly rinsed with water to ensure it is clean before adding any other product to the water.

It is recommended that a maximum of 2.5L of water is used in the hand bucket, this complies with the HSE recommendations for lifting. It also helps to prevent overuse of chemical as 5L soils as quickly as 2.5L, but it means you are pouring twice as much product down the drain each time you change the solution.

Wipe any spillage as soon as it occurs with a damp correctly colour-coded cloth.

Place waterproof floor protection outside of the contaminated area large enough to hold all machinery and equipment required. Tape down to prevent movement.

Place all required equipment and materials on the protective sheet.

Additional PPE as specified in the POW risk assessment MUST be worn from this point.





Appropriate PPE should be worn according to the role of the operative.

A minimum of one operative should be designated as a clean operative to observe and check the decontamination operative(s) for any signs of contamination throughout the task.

The Clean Operative

The clean operative(s) must not enter the contaminated area until decontamination operative(s) have completed their role.

The decontamination operative(s) will be undertaking the cleaning tasks within the contaminated area.

The Decontamination Operative

The decontamination operative(s) must check the entry point for any signs of sharp objects prior to spraying the door and frame with disinfectant. Follow the manufacturer's instructions to ensure sufficient contact time.

Decontamination operative(s) then sprays the entrance area and allows the correct contact time as per the manufacturer's instructions prior to entering the area. This process should be repeated throughout the area and no progress should be made until the required contact time has elapsed. Whilst progressing through the area check for any damaged objects or sharps. Give the whole area a further visual check to confirm that nothing has been missed that could be a hazard or risk.

Commence the task by removing any sharp objects from the area.

Any sharp object(s) should be removed from the area using the grippers/tweezers/litter pickers and be placed in the sharps box and placed in a safe area away from other operatives in the area.

The sharp object(s) should be picked up from the least dangerous angle to avoid coming into contact with the operative.

Safely remove any physical contamination present.

The absorbent agent should be applied to the contamination and given sufficient contact time as per the manufacturer's instructions to absorb the fluid.

Starting at the outer edge of the closest contamination the absorbent agent and debris must be scooped into the correct colour-coded waste bag. Using the bag to line an appropriately coloured bucket can aid in this process, providing a stable wide opening for disposal.

Paper towels should be used to collect any surplus contamination and should be placed into the correct colour-coded bag.





When a bag is full it should be tied and placed near the entry point but within the contaminated area to be removed at the end of the task.

Disinfect the surface area where the physical contamination was removed.

Disinfect the total area of the contamination following the manufacturer's instructions to ensure sufficient contact time.

The decontamination operative(s) passes the sharps container and bagged waste from the contaminated area to the clean operative(s).

The sharps container should now be externally disinfected by the clean operative(s) before being placed in the waterproof waste trolley.

The decontamination operative(s) will place each waste bag into a secondary bag which is held by the clean operative(s).

The clean operative(s) will tie and tag the secondary bag (double bagging) and place in the waterproof waste trolley.

The decontamination operative(s) must clean all horizontal and vertical surfaces in the contaminated area in the relevant manner. For example (but not limited to):

- Washing surfaces
- Carpet extraction
- Damp mopping
- Scrubber drying
- Steam cleaning
- Upholstery extraction

On completion of the clean, all materials and equipment should be disinfected and removed from the area.

All materials, disposable items (cloths, mops etc.) are to be bagged inside the work area and the bag passed to the clean operative(s) to be double bagged, tied and tagged and placed in the waterproof waste trolley.

All other items are to be disinfected before being passed to the clean operative(s) to be placed on the protective floor sheet or the waterproof waste trolley.

Decontamination operative(s), once satisfied that the area has been fully cleaned, will exit the area and stand on the plastic sheeting

The clean operative(s) will remove the goggles and respirator/mask from the decontamination





operative(s) and these are then bagged for cleaning and sanitising/decontamination.

The clean operative(s) will then remove the contaminated outer gloves (leaving one pair of nitrile gloves in place), over suit and over shoes from the decontamination operative(s).

The remaining nitrile gloves must now be disinfected and removed.

All disposable items are to be bagged, tied and tagged by the clean operative(s), the outer gloves should be included in this waste disposal process as they may be contaminated and placed in the waterproof waste trolley.

All decontamination operatives are to shower if the facilities are available. If not, a full strip wash is required as a minimum.

Full change of uniform for all operatives is required before commencing any other task. All used uniforms should be bagged and laundered as per company policy.

The clean operative(s) will now re-disinfect the previously contaminated areas focussing on touch points.

Check with the World Health Organisation and Public Health England for the appropriate type of products recommended for use.

The product should be suitable for the type of surface to be cleaned, the equipment to be used and diluted according to the manufacturer's instructions.

The clean operative(s) is to safely remove all items used within the operation.

All non-disposable items (both electrical and non-electrical) must be decontaminated and cleaned following the manufacturer's instructions.

The protective sheeting should be removed by folding it inwards to contain any spillages. It should then be bagged, tagged and disposed of following company policy.

Best practice would be that all equipment used for this task should be separated from all other equipment and marked as 'For use of bio-hazard tasks only'.

All bagged waste should be disposed of in accordance with company policy.

Ensure the correct cleaning and storage method for equipment, materials and PPE used for the operation.

Storage should allow for air circulation when storing equipment to aid drying.

Where laundry facilities are available candidates should follow the agreed company procedure.





Relevant parts of the equipment should be disinfected, cleaned and rinsed after use to minimise the risk of cross-contamination and chemical reaction due to them being mixed as a result of chemical residue.

The clean operative(s) must now remove all PPE and the items are to be bagged, tied and tagged and disposed of in accordance with company policy.

Remove warning signs, clean as required before storing safely.

Best practice is to clean warning signs after each use to reduce the potential risk of cross contamination.

Close any ventilation as applicable.

The storage area must be left in a clean, tidy and secure condition on exit.

Good sustainable practice would be to turn off the lights and air conditioning, if applicable, prior to securing the storage area.

All clean operatives are to shower if the facilities are available. If not, a full strip wash is required as a Minimum.

Full change of uniform for all operatives is required before commencing any other task. All used uniforms should be bagged and laundered as per company policy.

END OF METHOD

This facility identifies the need for changes in engineering controls and work practices through reviews of OSHA records, employee interviews, committee activities etc.

We evaluate new procedures and new products regularly by auditing POWRA's, completed assignments etc.

Both front-line workers and management officials are involved in this process by attending review meetings with our team and clients and having an open book in put into current procedures.

Peter Regan is responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them.

Training in the use of the appropriate PPE for specific tasks or procedures is provided by Peter Regan.

The types of PPE available to employees are as follows:





Aprons, torch, body suit, shoe covers, goggles, masks, nitrile gloves, needle stick resistance gloves, chemical resistant gauntlets, dressings, waterproof tape.

PPE is located in our company container and may be obtained through Peter Regan or Rachel Clark (Cleaning Supervisor).

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing 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 is 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 or 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:

All PPE must be sanitized before and after use. It is the responsibility of the cleaning operatives to follow the correct procedure highlighted in the MS and ECP. At no point during your service working with Quidos Cleaning Services should any short cuts or lack of precision be taken. PPE must be handled, sanitized and stored following illustrated guidelines. Sanitization of PPE must be carried out prior to use and on completion of the allocated assignment. PPE must be stored correctly and safely and must not be stored or transported near contaminated waste. A full change of clothes must be accessible after every assignment as to not risk spreading contamination.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labelled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.





The procedure for handling sharps disposal containers is:

Make sure the sharps container lid is securely shut as soon as all sharps have been deposited into the tub. The outside of the sharp's container must be sanitized before and after use and handling. The sharps container must be sanitized by the decontamination operative allowing specified treatment time before handing it to the clean operative. As soon as the clean operative has taken possession of the sharp's container, they must place it straight in the waste trolley.

The procedure for handling other regulated waste is:

All contaminated waste must be securely double bagged by the decontamination cleaning operative and the outside of the bag sanitized before handing over to the clean operative. The clean operative is then required to place it in the waste trolley. All waste must be stored and secured safely without risk of interference from animals or the public before being handed over to the designated waste disposal handlers and location.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labelled or colour coded. Sharps disposal containers are available at (must be easily accessible and as close as feasible to the immediate area where sharps are used).

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered by this company:

Quidos Cleaning Services are responsible for their own laundry. Laundry must be handled with care. Hands must be thoroughly washed before wearing disposable gloves. Laundry must be kept separate from any other personal or household laundry. A disinfectant solution is advised along with regular washing resources and washed on a very hot wash.

Laundering will be performed by either Peter Regan or Rachel Clark.

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation
- place wet contaminated laundry in leak-proof, labelled or colour coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
- wear the following PPE when handling and/or sorting contaminated laundry: (Gauntlets, gloves mask, goggles, full body covered).





The following labelling methods are used in this facility:

All contaminated waste and resources will be contained in yellow bags with the appropriate hazardous labels.

Peter Regan or Rachel Clark is responsible for ensuring that warning labels are affixed or red or yellow bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify Peter Regan if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

Peter Regan will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

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

Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series.
- 2) antibody testing reveals that the employee is immune; or
- 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept in a secure online portal.

Vaccination will be provided by the employees local GP surgery.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact Peter Regan at the following number 07803493987.





An immediately available confidential medical evaluation and follow-up will be conducted by your local A+E ward. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

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

ADMINISTRATION OF POST-EXPOSURE

EVALUATION AND FOLLOW-UP

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

Peter Regan ensures that the health care professional evaluating an employee after an exposure incident receives the following:

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

Peter Regan provides the employee with a copy of the evaluating health care professional's written





opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Peter Regan will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

Peter Regan will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, Peter Regan will ensure that appropriate changes are made.

(Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training provided by Peter Regan's choice of training providers.

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

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of 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 persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- an explanation of the signs and labels and/or colour coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available upon request from Peter Regan.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at a secure online location.

The training records include:

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Peter Regan.

Medical Records

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

Peter Regan is responsible for maintenance of the required medical records. These confidential records are kept in a secure online location for at least the duration of employment plus 30 years.

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





OSHA Recordkeeping

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

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- 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.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

Signed: (Employee Name) _____ Date: _____

