Syracuse University

# Bloodborne Pathogens Exposure Control Plan

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# 1. Introduction

Syracuse University's Bloodborne Pathogen Exposure Control Plan (ECP) is established to minimize or eliminate occupational exposure to bloodborne pathogens that may be present in blood and other potentially infectious materials (OPIM) at the University. This ECP is written to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030 (Standard).

# 2. Applicability

The ECP applies to all University employees who are reasonably anticipated to have occupational exposure to blood or OPIM.

Bloodborne pathogens are pathogenic microorganisms present in blood and OPIM that can cause disease in humans, including hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other disease-causing pathogens. OPIM includes:

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.

# 3. Roles and Responsibilities

## 3.1. Environmental Health and Safety Services

- Designate a suitably trained staff member to serve as the University's Biosafety Officer.
- Implement and maintain the ECP.
- Annually review and document updates to the ECP.
- Identify job classifications, tasks, and work areas reasonably anticipated to have potential for occupational exposure to blood or OPIM.
- Provide ECP technical and compliance guidance to department managers and supervisors with affected employees.
- Coordinate bloodborne pathogen training and offering of HBV.
- Maintain records as required by the Standard and the ECP.
- Investigate blood and OPIM exposure or potential exposure incidents to determine the cause and provide recommendations to prevent future incidents.
- Oversee and coordinate the safe handling and disposal of regulated biohazardous/medical waste.
- Consult with department managers, supervisors, and affected employees on issues related to the ECP.

## 3.2. Department Managers and Supervisors

- Implement and enforce the ECP in their department and work areas.
- Identify employees performing job tasks or working in areas having a potential for occupational exposure to blood and OPIM, provide a list of affected employees to EHSS, and update as personnel changes occur.

- Notify EHSS when new job tasks or work areas arise that may have a potential for occupational exposure to blood or OPIM, or when changes to their employees' job tasks or work areas occur that may require recategorization of job classifications.
- Ensure affected employees have access to, understand, and follow all elements of the ECP.
- Ensure affected employees receive bloodborne pathogens training upon hire and annually thereafter.
- Coordinate scheduling HBV vaccination for affected employees as requested.
- Provide and maintain necessary exposure controls, including engineering and work practice controls, to mitigate potential occupational exposure to blood and OPIM in their work areas.
- Maintain and assess engineering and work practice controls implemented for affected employees, job tasks, and work areas under their supervision to ensure they are effective, adhered to, and properly maintained or replaced on a regular schedule.
- Provide hazard-appropriate personal protective equipment at no cost to affected employees, ensure affected employees wear assigned personal protective equipment, and maintain or replace as needed.
- Determine and implement appropriate written schedules for cleaning and methods of decontamination for affected employees, job tasks, and work areas under their supervision where there is potential for occupational exposure to blood or OPIM.
- Follow University incident handling and notification procedures following exposure incidents.

### 3.3. Affected Employees

Affected employees are those who perform job tasks or work in areas where occupational exposure to blood or OPIM may be reasonably anticipated.

- Review, understand, and follow all elements of the ECP.
- Attend annual bloodborne pathogens training.
- Complete an HBV vaccination declaration and attend all necessary appointments if vaccination is desired.
- Coordinate scheduling HBV vaccination or request that scheduling be done by their department manager or supervisor.
- Know which job tasks they perform or areas they work in where there is a potential for exposure to blood or OPIM.
- Adhere to standard precautions and established engineering controls and work practice controls to minimize exposure to blood and OPIM.
- Use personal protective equipment as outlined in the ECP.
- Immediately report to their supervisor any unsafe conditions that may cause an exposure incident.
- Follow University incident handling and notification procedures following exposure incidents.

### 3.4. University-Designated Medical Provider

- Provide affected employees who consent to vaccination with the complete HBV vaccination series.
- Upon notification of an exposure incident, arrange for the medical evaluation of the exposed employee.
- Annually review and document consideration of implementation of safer medical devices and provide a copy of the record to EHSS.
- Provide a written opinion on whether vaccination is indicated and if vaccination has been received for affected employees within 15 days following their medical evaluation.

- Provide a written opinion following an exposure incident inclusive of the requirements of the Standard within 15 days following a medical evaluation.
- Maintain affected employee's medical records in accordance with the Standard.

## 4. Exposure Determination

All employees in the following job classifications at the University were determined to have the potential for occupational exposure to blood or OPIM:

- Athletic trainers.
- Childcare providers.
- Year-round custodians and housekeepers.
- Department of Public Safety officers.
- Environmental Health and Safety Services staff.
- Fire and Life Safety Services staff.
- Syracuse University Ambulance staff.
- University Health Services clinical staff.

Employees in the following job classifications at the University performing the specified tasks were determined to have the potential for occupational exposure to blood or OPIM:

- Dome staff designated to perform cleanup of blood or OPIM.
- Employees working in laboratories where blood or OPIM are handled.
- Facilities Services trades staff designated to perform cleanup of blood or OPIM.
- Recreation Services staff designated to perform first aid or cleanup of blood or OPIM.

Department managers and supervisors will identify to EHSS the employees who are in the job categories listed above and notify EHSS when new job tasks arise that may have a potential for occupational exposure to blood or OPIM or when changes to their employees' job tasks or work areas occur that may require recategorization of job classifications.

## 5. Methods of Compliance

### 5.1. Standard Precautions

Affected employees will follow standard precautions to prevent exposure to bloodborne pathogens. This will be accomplished by:

- Treating all blood and OPIM as potentially infectious for bloodborne pathogens.
- Avoiding direct contact with blood and OPIM.
- Using appropriate engineering and work practice controls, as well as required personal protective equipment, to prevent exposure to blood and OPIM.

### 5.2. Engineering and Controls

Appropriate engineering controls will be used to eliminate or minimize employee exposure to blood or OPIM. Managers and supervisors will regularly exam implemented engineering controls to ensure they are maintained or replaced as needed to ensure their effectiveness. Engineering controls will include, where appropriate, but will not be limited to:

- Readily accessible handwashing facilities or access to an appropriate antiseptic hand cleanser to be used in conjunction with clean cloth or paper towels or antiseptic towelettes where it is infeasible to have handwashing facilities.
- Sharps disposal containers that are puncture resistant, leakproof on the sides and bottom, and labeled and color-coded in accordance with the Standard.
- Safer medical devices, such as self-sheathing needles, sharps engineered with sharps injury protection, and needleless systems.
- Biological safety cabinets, centrifuge safety buckets, and sealed centrifuge tubes in sealed rotors.

## 5.3. Work Practice Controls

Appropriate work practice controls will be used to eliminate or minimize employee exposure to blood or OPIM. Department managers and supervisors will monitor implemented work practice controls to ensure effectiveness and employee adherence. Work practice controls, where applicable, will include, but not be limited to:

- Handwashing with soap and water and/or flushing of mucous membranes immediately or as soon as feasible following contact with blood or OPIM.
- Handwashing immediately or as soon as feasible following the removal of gloves or other personal protective equipment.
- Prohibition of bending, recapping, or removing contaminated needles and other contaminated sharps.
- Prohibition of shearing or breaking contaminated needles.
- Disposal of contaminated sharps into appropriate and readily accessible sharps disposal containers immediately or as soon as feasible following use.
- Prohibition of eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure to blood or OPIM.
- Prohibition of the storage of food and drink in refrigerators, freezers, shelves, cabinets, or on counter or benchtops where blood or OPIM are present.
- Performance of procedures involving blood or OPIM in a manner that minimizes splashing, spraying, spattering, and generation of droplets.
- Prohibition of mouth pipetting/suctioning of blood or OPIM.

## 5.4. Personal Protective Equipment

Appropriate personal protective equipment will be used whenever there is a potential occupational exposure to blood and OPIM and engineering and work practice controls alone are not sufficient to eliminate the hazard. When PPE is required, affected employees will be provided with appropriate personal protective equipment at no cost to the employee. Alternative gloves and other personal protective equipment will be made available to those employees who are allergic to the normally provided equipment.

Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Department managers and supervisors will ensure that affected employees use and wear assigned personal protective equipment during required job tasks, and that personal protective equipment of appropriate size is readily accessible or

directly issued to affected employees. Department managers and supervisors will ensure that personal protective equipment is repaired or replaced as often as needed to maintain its effectiveness.

If personal protective equipment becomes penetrated by blood or OPIM, affected employees will remove the items immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area, and when removed, it will be placed into an appropriately designated area or container for storage, washing, decontamination, or disposal.

Personal protective equipment use may be temporarily or briefly declined by an employee under rare and extraordinary circumstances where using personal protective equipment may prevent proper delivery of health care, public safety services, or where personal protective equipment would pose an increased hazard. Situations where personal protective equipment declined will be investigated and documented to determine whether changes may be instituted to prevent such occurrences in the future.

#### 5.4.1. Gloves

Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, non-intact skin, when performing vascular or phlebotomy procedures, and when handling or touching contaminated items or surfaces.

Single use, disposable gloves will be replaced as soon as practical when contaminated and as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Utility gloves will be discarded and replaced if they are cracked, peeling, torn, punctured, exhibit signs of deterioration, or when their ability to function as a barrier is compromised.

#### 5.4.2. Masks, Eye Protection, and Face Shields

When there is potential for contamination of the eyes, nose, or mouth due to the generation of splashes, spray, spatter, or droplets of blood or OPIM, affected employees will wear goggles or glasses with solid side shields, face masks, and/or face shields, as applicable to the situation.

#### 5.4.3.Gowns, Aprons, and Other Protective Clothing

Appropriate protective clothing, including but not limited to gowns, aprons, lab coats, clinic jackets, or similar outer garments, will be worn during job tasks that may cause occupational exposure to blood or OPIM. Surgical caps or hoods, shoe covers or boots, and/or disposable coveralls will be worn in instances where gross contamination is reasonably anticipated.

### 5.5. Housekeeping

Affected employees and their department managers and supervisors will ensure that work areas are maintained in a clean and sanitary condition. Department managers and supervisors will determine and implement appropriate written schedules for cleaning and methods of decontamination based upon the location within the affected work area, type of surface to be cleaned, level of soil present, and tasks being performed in the area where there is potential for

occupational exposure to blood and OPIM. At the request of a department manager or supervisor, EHSS will advise on the determination of the appropriate method of decontamination.

Applicable equipment and working surfaces will be cleaned and decontaminated with an appropriate EPA-registered disinfectant:

- When contaminated or potentially contaminated with blood or OPIM.
- Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM
- After completion of the job task involving blood or OPIM and
- At the end of the work shift if the surface may have become contaminated with blood or OPIM since the last cleaning.

Where applicable, additional housekeeping-related work practice controls will include, but not be limited to:

- Removal and replacement as soon as feasible of protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces when they have become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- Routine inspection and decontamination of all bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated. If contamination is visible, receptacles will be cleaned and decontaminated immediately or as soon as feasible.
- Removal of broken glassware and sharps which may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. Broken glassware and sharps will not be picked up directly with the hands.
- Storage and processing of reusable sharps that are contaminated will be done so in a manner that does not require employees to reach by hand into the containers where these sharps have been placed.

### 5.5.1. Decontamination of Equipment

Decontamination of equipment contaminated with blood or OPIM will occur prior to servicing or shipping unless it can be demonstrated that decontamination of such equipment is infeasible.

Equipment that is unable to be decontaminated will be attached with a readily observable label that meets the requirements of the Standard and states which portions of the equipment remain contaminated. Information regarding contamination will be conveyed, as applicable, to all affected employees, the equipment servicing representative(s), and/or the manufacturer prior to handling, servicing, or shipping.

## 5.6. Regulated Medical Waste

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

### 5.6.1. Contaminated Sharps

Contaminated sharps are any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires that are contaminated or potentially contaminated with

blood or OPIM. Contaminated sharps will be considered regulated medical waste and disposed of properly through EHSS.

Following use of contaminated sharps, affected employees will immediately or as soon as feasible discard contaminated sharps into containers that are closeable, puncture resistant, leakproof on the sides and bottom, and labeled or color-coded in accordance with the Standard. During their use, sharps containers will be as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, maintained in an upright position, and replaced routinely to ensure they do not overfill.

Reusable sharps containers will not be opened, emptied, or cleaned manually or in any manner that would expose employees to the risk of percutaneous injury.

When moving sharps containers from the area of use the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage of the primary container is possible, sharps containers will be placed into a secondary container which meets the requirements of the primary container and the Standard.

#### 5.6.2.Other Regulated Medical Waste Containment

Regulated medical waste will be managed and disposed of in accordance with applicable federal, state and local regulations. All regulated waste generated at the University will be disposed of properly through EHSS.

Regulated waste will be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids, and closed prior to removal to prevent leakage, spillage or protrusion of contents during handling, storage, transport, or shipping. Regulated waste containers will be labeled or color-coded in accordance with the Standard. If outside contamination of the primary container occurs, containers will be placed into a secondary container which meets the requirements of the primary container and the Standard.

### 5.7. Laundry

Contaminated laundry will be disposed of as regulated medical waste or cleaned and laundered through a professional laundry service at no cost to employees. If utilized, the professional laundry service will be notified that the laundry is contaminated. When transported, contaminated laundry will be placed in bags or containers that are labeled or color-coded in accordance with the Standard.

Gloves and other applicable personal protective equipment will be worn when handing contaminated laundry. Contaminated laundry will be handled as little as possible to avoid agitation, bagged or containerized at the location it was used, and will not be sorted or rinsed. If laundry is wet and presents a reasonable likelihood of soak-through or leakage, it will be placed into bags or containers that prevent soak-through and leakage of fluids to the exterior.

## 6. HIV and HBV Research Laboratories and Production Facilities

There are additional requirements under the Standard, [29 CFR 1910.1030(e), 1910.1030(g)(1)(ii)(A-B), and 1910.1030(g)(2)(ix)(A-C)], applicable to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. Currently, Syracuse University does not engage in the aforementioned operations, and these requirements do not apply. If such research is initiated at the University, the biosafety officer will be notified at the planning stage, the ECP will be updated, and full compliance with all aspects of the Standard will be met.

## 7. HBV Vaccination

The HBV vaccine will be offered to affected employees at no cost and at a time that is reasonable for the employee following their completion of required bloodborne pathogens training and within 10 working days of their initial assignment to an affected job classification. Employees will not be required to participate in a pre-screening program to receive HBV vaccination.

When the vaccine is offered, affected employees will be required to sign an HBV Vaccination Declaration either accepting or declining vaccination. Employees who initially decline vaccination may decide to accept vaccination at a later date and will submit an updated declaration to initiate the vaccination process. The declaration includes Appendix A of the Standard, and records are maintained by EHSS.

HBV vaccination will be performed by the University-designated medical provider via a licensed healthcare professional or under their supervision and provided according to the recommendations of the U.S. Public Health Service. The University-designated medical provider will be provided with a copy of the Standard and the ECP.

Following HBV vaccination, affected employees will be provided with a copy of the healthcare professional's written opinion within 15 days of the completion of an evaluation. The healthcare professional's opinion of the evaluation will be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

## 8. Post-Exposure Evaluation and Follow-Up

Following an exposure incident, the Department of Public Safety will be contacted to initiate and coordinate the post-exposure response and incident reporting. The exposed employee will be immediately offered transportation via Syracuse University Ambulance to a local hospital emergency room or to the University's designated medical provider to receive a confidential medical evaluation and follow-up performed by or under the supervision of a licensed healthcare professional at no cost to the employee. The follow-up will include:

- Documentation of the routes of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual unless it is established that identification is infeasible or prohibited by state or local law.
    - The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, it will be established that legally required consent cannot be obtained. When the source individual's consent is not required by law, 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 known status need not be repeated.
    - Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of the exposed employee's blood for HBV and HIV serological status as soon as feasible and after consent is obtained.
    - If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

- Post-exposure prophylaxis when medically indicated and as recommended by the U.S. Public Health Service.
- Counseling.
- Evaluation of reported illnesses.

### 8.1. Information Provided to Healthcare Professional

Following an exposure incident, the following will be provided to the healthcare professional evaluating the affected employee:

- A copy of the Standard and the ECP.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including their vaccination status.

### 8.2. Healthcare Professional's Written Opinion

The employee will be provided with a copy of the healthcare professional's written opinion within 15 days of the completion of an evaluation. Following an exposure incident, the opinion will be limited to the following information:

- That the affected employee has been informed of the results of the evaluation.
- That the affected employee has been told about any medical conditions result from exposure to blood or OPIM which require further evaluation or treatment.
- All other findings or diagnoses will remain confidential and not be included in the written report.

## 9. Communication of Hazards to Employees

### 9.1. Labels and Signs

Warning labels will include the symbol depicted and will be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM.

Labels will be fluorescent orange, orange-red, or predominantly so with lettering and symbols in a contrasting color. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent the loss or unintentional removal of the label. Red bags or red containers may be substituted for labels.

The following are exempted from the labeling requirements of the Standard:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical uses.
- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal.
- Regulated waste that has been decontaminated.

### 9.2. Containers for Specimens of Blood and OPIM

Specimens of blood and OPIM will be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping. Containers for storage, transport, or shipping will be labeled and color-coded in accordance with the Standard and closed prior to being stored, transported, or shipped.

If outside contamination of the primary container occurs, the container will be placed within a secondary container which meets the requirements of the primary container and the Standard. If the specimen could puncture the primary container, the container will be placed within a secondary container that is puncture-resistant in addition to the above requirements.

## 10.Information and Training

Affected employees will be required to participate in training at the time of their initial assignment to tasks where occupational exposure to blood or OPIM may occur and at least annually thereafter. Training will be provided at no cost to the employee and during working hours. Additional training will be provided when changes occur such as modification of tasks or procedures or institution of new tasks or procedures that affect the employee's occupational exposure to blood or OPIM. Such training will be limited to addressing the new exposures created.

Training will be provided with materials that are appropriate in content and vocabulary to the educational level, literacy, and language of the employees receiving the training. Training will be conducted by EHSS personnel or their designee, and the trainer will be knowledgeable in the subject matter covered by the elements of the Standard and the ECP. Training will include, but not be limited, to the following:

- An explanation of the contents of the Standard and the ECP, and the means by which employees can obtain written copies of each text.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination 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 that will be provided to the employee following an exposure incident.
- An explanation of the signs, labels, and color coding required by the Standard.
- An opportunity for interactive questions and answers with the person conducting the training session.

# 11. Recordkeeping

## 11.1. Medical Records

Medical records for employees with occupational exposure to blood or OPIM will be established and maintained by the University-designated medical provider for at least the duration of employment plus 30 years and in accordance with 29 CFR 1910.1020. The records will include the following:

- The name of the employee.
- A copy of the employee's HBV vaccination status including the dates of all HBV vaccinations and any medical records relative to the employee's ability to receive vaccination as required by the Standard.
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the Standard following an occupational exposure to blood or OPIM.
- A copy of the healthcare professional's written opinion as required by the Standard.
- A copy of the information provided to the healthcare professional as required by the Standard following an exposure incident.

Medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside of Syracuse University except as required by the Standard or as may be required by law. Upon request, employee medical records will be made available for examination and copying to the subject employee, anyone having the written consent of the subject employee, and to the Assistant Secretary and Director in accordance with 29 CFR 1910.1020.

## 11.2. Training Records

Training records will be maintained by EHSS for 3 years from the date on which the training occurred and include the following information:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of the person conducting the training.
- The names and job titles of all people attending the training sessions.

Upon request, training records will be made available for examination and copying to affected employees, their department manager or supervisors, employee representatives, and to the Assistant Secretary and Director.

## 11.3. Sharps Injury Log

A sharps injury log will be established and maintained by EHSS for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log will be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. At a minimum, the sharps injury log will contain:

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