

PERSONNEL	G
BLOODBORNE PATHOGENS	GBEB
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INTRODUCTION: This policy pertains to spills of blood or other body fluids. Standard work practices and controls are required to reduce or eliminate exposure to bloodborne pathogens. When considering these practices and controls, Lincoln Public Schools adopts this policy to reduce employee exposure by either removing or isolating hazards or isolating the employee from exposure.

PURPOSE: The purpose of this policy is for the Lincoln Public Schools to be in compliance with OSHA standard 29 CFR Part 1910.1030. Implementation of this standard is designed to provide a safe work environment which limits occupational exposure to blood and other potentially infectious body fluids and thus substantially reduce the risk of contracting a bloodborne disease on the job.

This policy covers all personnel who in performing their jobs can "reasonably anticipate" they will be "at risk" of coming in contact with blood and other potentially infectious body fluids.

This policy and its procedures will be subject to the OSHA Office of the Rhode Island Department of Labor. This policy will be reviewed annually by the Superintendent.

EXPOSURE CONTROL PLAN: This plan will:

- 1) Identify personnel deemed to be "at risk" of exposure. (Exposure Determination)
- 2) Determine what measures will be taken to reduce the risk of exposure to bloodborne pathogens on the job. (Precautions and procedures for exposure control)

I. **EXPOSURE DETERMINATION** – This section of the policy is designed to place all employees of the Lincoln Public Schools in a category describing their level of expected risk of exposure to bloodborne pathogens. Job classification lists will be maintained by administration.

- A. **Category I:** Staff who are likely to have contact with blood or body fluids, based on the nature of their position.
 1. SCHOOL NURSE TEACHERS (whose job is to assist and treat injured students)
 2. CUSTODIAL STAFF (whose job is to clean up after injured or sick students)
 3. SELF-CONTAINED SPECIAL EDUCATION TEACHERS (whose job involves toileting and cleaning up students)
 4. TEACHER AIDES (whose job is to toilet and clean up students)
- B. **Category II:** Staff who may or may not have contact with blood or body fluids. Some of these staff members may have exposure but it is not a part of their routine duties.

JOB	TASKS WHERE EXPOSURE MAY OCCUR
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Coaches/P.E. Teachers	Injuries
I.A. Teachers	Sharps/Injuries
Home Economics Teachers	Sharps/Injuries
Science	Sharps/Injuries

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Music	Sharps/Injuries
Elementary Principals	Injuries
Elementary Clerks	Injuries
Elementary Teachers	Injuries/recess

- C. **Category III:** Staff who do not have positions that require exposure to blood or body fluids. While exposure could occur, "Good Samaritan" acts such as assisting a student with a nosebleed would not be considered occupational exposure. Staff in Category III are not considered "at risk" and are not subject to this policy.

1. OTHER TEACHING STAFF
2. SUPPORT STAFF
3. OTHER CLERICAL STAFF
4. OTHER ADMINISTRATIVE STAFF

II. **PRECAUTIONS AND EDUCATION FOR EXPOSURE CONTROL**

- A. **IN-SERVICE EDUCATION** – Training will be given to all Category I and II employees at no cost to the employee by a knowledgeable individual. Training is mandated to occur within 90 days of the effective date of policy, initially upon hiring new or substitute "at risk" personnel and annually for all "at risk" personnel. Bloodborne Pathogen Education will be done on an annual basis by the school nurse teacher.

1. Training will include:
 - a. A copy of the OSHA standard and this policy. (Appendix 1)
 - b. An overview of epidemiology of bloodborne diseases including modes of transmission and prevention. (Overview of Universal Precautions.)
 - c. An explanation of the exposure control plan.
 - d. Explanation of activities of high risk for blood and body fluid exposures.
 - e. Descriptions of engineering and housekeeping practices, and demonstration on how to use personal protective equipment.
 - f. Information of Hepatitis B Vaccine.
 - g. Explanation of exposure incident to include reporting and medical follow-up.
2. Training records with name, date, summary, speaker(s) and job titles and names of those in attendance must be kept for three years by the personnel office at central office. Annual in-service records will be kept by the school nurse teacher.
3. Training must be at employee level regarding language, vocabulary, and education level.
4. Opportunity for question and answer period will be provided. Supplemental materials and/or video use may be included.

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MEDICAL RECORDS FOR EXPOSURE: Medical records are maintained for each Class I, II and III employee who reports an exposure. They are kept confidential, and retained for the duration of employment, plus 30 years.

Each record includes:

- name and social security number of employee
- copy of vaccination status and dates of vaccinations or declination statement

If employee has an exposure, the record will also include:

- incident report completed at time of exposure
- copy of health care professional's written opinion that the person can order to maintain confidentiality, the tests and examination results from the exposure will be kept by the health care professional who evaluated the exposure.

RECORDKEEPING: Training records for orientation as well as copy of vaccination status and dates of HBV vaccination or declination statement will be kept by personnel office.

DEVELOPMENT OF PROTOCOL

The Superintendent of Schools shall develop a protocol and procedures to facilitate this policy.

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Adopted:	March 8, 1993
Policy Amended:	February 10, 2014
Revised First Reading:	November 20, 2023
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Adopted:	December 11, 2023

TOWN OF LINCOLN SCHOOL COMMITTEE, Lincoln, Rhode Island

POLICY: GBEB PERSONNEL POLICY FOR OSHA/BLOODBORNE PATHOGENS

OSHA BLOODBORNE PATHOGENS STANDARD
29 CFR Part 1910.1030

PURPOSE: To limit occupational exposure to blood and other potentially infectious materials since any exposure could result in the transmission of bloodborne pathogens which could lead to disease or death.

SCOPE: The standard covers all employees who could as the result of performing their job duties have a "reasonably anticipated" exposure with blood and other potentially infectious materials. OPIM including, semen, vaginal secretions, cerebrospinal, synovial, saliva in dental procedures and other body fluids contaminated with blood or body fluids, unfixed tissue cultures, solutions containing blood or organs from a human.

The bloodborne pathogens standard covers many types of occupations including those in healthcare, non-healthcare, and permanent and temporary worksites. Many employees working in hospitals such as physicians, nurses, medical technologists, some laundry and housekeeping personnel are covered. Dentists and dental workers, nursing home personnel, blood bank and dialysis centers or any other health care workers who could be exposed to blood or POIM. There are also many examples of non-healthcare employees who are covered and these include law enforcement, emergency services, correctional employees and those who would render first aid as part of their job duties.

WHAT IS REQUIRED: The employer is responsible for the development and implementation of a program to prevent occupational exposure to bloodborne pathogens. There are several key components of the standard including the following:

- 1. EXPOSURE CONTROL PLAN:** Employers must in writing identify tasks and procedures as well as all job classifications where occupational exposure to blood or OPIM occurs – without regard to personal protective clothing and equipment. The plan must identify the schedule and method for protecting workers from exposure and must specify procedures for evaluating circumstances surrounding any exposure incidents (a specific eye, mouth, mucous membrane, parenteral, or non-intact skin contact with blood or OPIM).
- 2. METHODS OF COMPLIANCE:** The employer is responsible to develop written procedures to protect workers from exposure. These methods include: universal precautions, (treating body fluids as if infectious), emphasizing engineering and work practice controls, appropriate personal protective equipment, and a written schedule for cleaning and decontamination.
 - A. Engineering Controls:** Examples include, puncture resistant sharps containers, mechanical needle, recapping devices and biosafety cabinets. To ensure their effectiveness, the employer must examine and review procedures on a regular basis.

- B. Work Practice Controls:** Examples include, placing contaminated sharps in properly labeled containers, not bending or breaking contaminated sharps and washing hands as soon as possible after contact with body fluids.
- C. Personal Protective Equipment:** Examples include, gloves, gowns, face shields, eye protection, mouthpieces and resuscitation devices. General work clothes are not intended to serve as adequate personal protective equipment. All protective equipment is to be provided at no cost to the employee and must be cleaned, repaired and disposed of by the employer.
- D. Housekeeping:** The standard requires that a written schedule for cleaning and decontamination be developed and should be based on the following criteria: location within the facility, type of surface to be cleaned, type of contamination and task or procedures to be performed. In addition, contaminated work surfaces must be decontaminated after completion of procedures, after any contact with blood or OPIM and at the end of the work shift. All reusable receptacles that have a likelihood of contamination must be inspected and decontaminated on a regular basis.

HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-

UP: All medical evaluations and procedures must be:

- At no cost to the employee
- Made available to employees at a reasonable time and place
- Performed by or under the supervision of a licensed physician or health care professional
- All laboratory tests shall be conducted by an accredited laboratory

POST-EXPOSURE EVALUATION AND FOLLOW-UP: Shall immediately be made available to employees following an exposure incident (at no cost to the employee). It must include, within 24 hours of incident:

- Hepatitis B Vaccination
- Documentation of the routes of exposure and how the exposure incident occurred
- Identification, documentation and testing of the source individual if feasible or not prohibited
- Collection and testing of the employee's blood for HBV and HIV (employee consent required)
- Post-exposure prophylaxis recommended by the U.S. Public Health Service, when medically indicated
- Counseling
- Evaluation of reported illnesses

Lincoln Public Schools
PROTOCOL FOR BLOODBORNE PATHOGENS

EVALUATION OF EXPOSURE INCIDENTS: The incident form should be used by the building administrator to identify and correct problems in order to prevent recurrence of similar incidents.

HEPATITIS B VACCINE – All employees in Category I because they are “at risk” of occupational exposure to blood or potentially infected body fluids, will be offered free of charge the Hepatitis B vaccine at the time of employment. Additionally, all first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must be offered the full immunization series as soon as possible, but in no event later than 24 hours. If an exposure incident has taken place, other post-exposure follow-up procedures must be initiated immediately.

1. All Category I employees are strongly urged to participate in this program.
2. A consent form will be signed if the employee decides to accept the vaccine. (see attached Appendix 1)
3. A statement of Declination per OSHA guidelines will be signed if the employee refuses the vaccine. (see Appendix 1 attached). If an employee declines and later opts to receive the vaccine this can be done at any time and at no cost to the employee.
4. The vaccine will be available to employees who have occupational exposure to blood or potentially infected body fluids at any time during their employment at no cost.
5. The vaccine requires that three doses of Recombivax will be given over a six month period and as outlined in the consent form. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the USPHS at a future date, such dose(s) will be made available at no cost to the employee. Information about the vaccine is available in the school nurse's office.
6. A history of vaccination will be maintained on the “Hepatitis B Vaccination Documentation Form” (Appendix 2) by Human Resources.

C. UNIVERSAL PRECAUTIONS – Universal precautions can be defined as a method of infection control. It makes use of appropriate protective devices for contact with the blood or body fluids from ALL persons at ALL times. It considers every individual's blood and body fluids as potentially infectious. Body fluids include blood, drainage from scrapes and cuts, feces, urine, vomitus, semen, respiratory secretions and saliva.

D. ENGINEERING CONTROLS – Engineering controls are those that remove the hazard of exposure or isolate the worker from the hazard of exposure.

E. SAFE WORK PRACTICE CONTROLS (see attached Appendix 3) – These are methods which reduce the risk of occupational exposure during tasks that involve contact with blood and/or potentially infectious materials.

F. EXPOSURE CONTROL PRECAUTIONS INVOLVING ENGINEERING CONTROLS, UNIVERSAL PRECAUTIONS, AND SAFE WORK PRACTICES

1. All personnel will avoid all direct contact with blood and body fluids (drainage from cuts and wounds, semen, feces, urine, vomitus, respiratory secretions and saliva).
2. All personnel must use one way valve emergency respiratory devices in resuscitation.
3. All personnel will wear protective gloves when coming in contact with blood and body fluids (including toileting and diapering).
4. All personnel will wash hands thoroughly with soap and water after removing gloves and flush with copious amounts of water and soap immediately after contact with blood and body fluids.
5. If exposure occurs outside the building or in an area where the employee is unable to readily wash his/her hands (at a sporting event or field trip), a skin disinfectant should be used and can be found in first aid kits.
6. Disposable gloves and materials with blood or body fluids must be discarded in red biohazard bags located in closed containers located in the custodian's and nurse's offices.
7. Place contaminated sharps and other potentially infectious waste in labeled or color-coded leak-proof puncture-resistant containers that are closable and easily accessible to nurses and custodians. These containers should not be allowed to overfill.
8. If clothing becomes contaminated, it should be placed in a red biohazard bag for proper cleaning.
9. When a spill occurs, the building administrator or custodian will limit access to areas of potential exposure with markers. The janitorial staff will be notified to immediately clean the area.
10. Any contaminated areas of the school will be washed immediately with a strong solution of bleach and water mixed on site (1 part bleach to 10 parts water) or the district approved antimicrobial/antiviral solution.
11. In cleaning up blood or body fluids appropriate protective personal equipment must be worn. For routine spills, rubber gloves and long handled scrub utensils must be used. For large and unusual spills it is advised to use face and eye protection and wear a sanitary suit.
12. All locker rooms, lavatories and nurses offices will be cleaned daily using disinfectant. Custodial staff are required to wear rubber gloves and use long handled scrubbing utensils.
13. All mops and cleaning tools are to be disinfected after the job is done.
14. Discard all biohazard red bag waste according to federal, state and local regulations. Such waste is only to be transported off school property by a licensed vendor. (see attached Appendix 4)

G. **PERSONAL PROTECTIVE EQUIPMENT** – The Lincoln Public Schools will provide, at no cost to the employee, appropriate barriers such as listed below, i.e., gloves, masks, containers. These protective barriers will be accessible to employees and be cleaned, repaired and replaced as needed. Appropriate barriers shall be those which are impervious to blood and other potentially infectious substances (as per OSHA standards).

1. Gloves – Disposable non-latex rubber gloves will be located in the nurse's office, custodial areas and self-contained classrooms. Heavy duty rubber gloves will be located in the custodial areas.
2. One way valves for respiratory resuscitation (CPR) will be located in the nurse's office.
3. All needle like contaminated objects ("sharps") will be deposited in red sharps disposal containers located in the nurse's office.
4. Plastic red biohazard bags, labels and closed biohazard containers for disposal of wastes containing blood and other body fluids will be located in the nurse's' office and custodial areas.
5. Eyewear and face shield dust mask will be located in the custodial areas.
6. Sanitary coveralls are available in the custodial areas and are to be worn in the presence of any blood or body fluids of significant quantity.
7. Signs (cones with appropriate labels) to identify restricted areas will be available in custodial areas and building administrator's offices.
8. Approved skin disinfectant will be included in all First Aid kits located throughout the buildings.

POST-EXPOSURE EVALUATION AND FOLLOW-UP – EXPOSURE PLAN

In order to safeguard his/her health, any employee who or gets splashed in the eye, mouth or skin cut with blood or body fluids, especially if it involves large amounts or prolonged exposure MUST report the exposure and take advantage of the following confidential procedures:

1. Exposed individual will immediately obtain an incident report form from the building administrator/nurse.
2. Complete an incident report of the exposure and submit it to the building administrator immediately.

The incident report includes: (see attached incident report Appendix 6)

- a description of the employee's duties as they relate to the exposure
 - documentation of the manner and circumstances of the exposure, and the immediately post-exposure treatment
 - identification of the source individual
 - identify use of personal protective equipment according to Table I (Appendix 7)
3. The building administrator will request that the source individual report to the designated medical facility for HBV and HIV testing as soon as possible.
 4. The exposed individual should report, at no cost, to the designated facility for:
 - consultation
 - collection and testing of the employee's blood for baseline HBV and HIV (employee consent required)
 - post-exposure prophylaxis as recommended by the U.S. Public Health Service, when medically indicated

- counseling, as needed
- evaluation of reported illnesses

APPENDICES

- 1) Hepatitis B Vaccination Consent Form
- 2) Hepatitis B Vaccination Documentation Form
- 3) List of Regulated Medical Waste Transporters
- 4) Exposure Incident Report

Approved First Reading: November 20, 2023
Approved Second Reading: December 11, 2023
Adopted: December 11, 2023

HEPATITIS B VACCINATION CONSENT FORM

Print Name_____
Social Security Number_____
Department_____
Extension_____
Date**YES**

I have read the printed information regarding Hepatitis B and realize the importance in receiving protection. I understand any risks associated with the vaccine, and acknowledge that it is my responsibility to report immediately any suspected adverse effect or significant local reaction to the immunization.

I also acknowledge the necessity of obtaining three injections of vaccine over a six-month period in order to assure maximum protection. I am aware that no guarantees have been made to me as to the effectiveness of the vaccine in providing protection against contracting Hepatitis B. I will receive on reminder notice for each subsequent injection and will have two weeks to respond. I will forfeit further involvement in the vaccination program if I do not respond to this notice.

ARE YOU ALLERGIC TO YEAST?

YES _____ NO _____

Witness Signature_____
Employee Signature

DATE			
LOT NO.			

REPORT ANY SUSPECTED REACTIONS TO: _____

NO

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 material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Witness Signature_____
Employee Signature

HEPATITIS B IMMUNIZATION CONSENT/WAIVER FORM

Learner Name: _____

Position: _____ Site: _____

On _____ I ☐ attended a blood borne pathogen education and training class, or
☐ viewed a blood borne pathogen education and training videotape or webinar.

I understand that as part of my job, I may become exposed to blood or other potentially infectious items or materials that put me at risk for acquiring the Hepatitis B virus (HBV). Therefore, at no charge to myself, I have been offered the Hepatitis B vaccine, which is intended to render me immune to the HBV. At least three separate intramuscular injections are necessary to produce the desired immunity (sometimes additional injections are necessary to reach immunity), and all three doses are necessary in order for the vaccine to be effective. After the initial dose is given, repeat doses are given one month and six months later. There is a strong likelihood the vaccine will be successful if I receive all three doses, but there is a potential that even when administered properly the vaccine will not result in the desired immunity, such that there is a chance I may become infected with HBV even if I complete the full series.

All medicines may cause side effects, but most recipients of the vaccine have few or no side effects. The most commonly reported side effects include diarrhea, dizziness, fatigue, a general feeling of discomfort, headache, irritability, loss of appetite, mild fever or sore throat, nausea, pain, swelling, or redness at the injection site, runny nose, tiredness, weakness. In rare cases, more severe side effects may occur, including rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips, or tongue, unusual hoarseness, fainting, fast or irregular heartbeat, red, swollen, blistered, or peeling skin, severe or persistent dizziness, unusual bruising or bleeding. In case of such reactions, seek immediate medical care or attention.

If the vaccine does not lead to the desired immunity (because I do not complete the three-dose series, or I choose not to receive supplemental injections if the first series does not develop immunity), or if I choose not to receive the vaccine at this time, I understand that I will need post-exposure treatment if I have a direct contact with blood, other body fluids, or other actually or potentially infected items, in order to address potential exposure concerns.

- ☐ I have read and understand the above information and wish to receive the hepatitis B vaccine series (three doses). I have no known sensitivity to yeast and I am unaware of any reason why the vaccine may cause me harm or lead to an adverse reaction.
- ☐ I have read and understand the information above. 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.

Date: _____ Signature: _____

HEPATITIS-B VACCINATION RECORD		
1st Dose:	2nd Dose:	3rd Dose:
Adm. By:	Adm. By:	Adm. By:

RI DEM Approved Hazardous Waste Transporters for 7/1/2022 - 6/30/2023

Permit Number	Company Name	City	State	Phone
689	ACV Environmental Svs, Inc.	Avenel	NJ	908-312-5848
524	ADVANCED CHEMICAL CO	WARWICK	RI	4017853434
755	ADVANCED POLLUTION CONTROL	BRIDGEWATER	MA	508-697-4199
914	All & Inclusive. Env.Inc.	KENNEBUNK	ME	6178281407
973	Allstate O.R.C. Inc	West Milford	NJ	973 696-3122
936	American Transportation Solutions	King of Prussia	PA	724 933 4100
855	B & D ASSOCIATES INC	Concord	NH	603-224-1157
956	Bionomics, Inc.	Kingston	TN	865 220-8501
921	BOSTON GREEN FUEL CO, INC	LAKEVILLE	MA	888 338-2657
944	CARBON EXPRESS	WHARTON	NJ	9733280050
962	CISCO, LLC	NEW HAVEN	CT	860 212-1407
968	CITIWASTE, LLC	BROOKLYN	NY	713 353 1176
387	CLEAN HARBORS	NORWELL	MA	(781)7925526
852	COMPLETE RECYCLING SOLUTION	FALL RIVER	MA	508 402-7700
935	CRI Transport, LLC	Merrimack	NH	(603) 429-99
315	CYN OIL CORP	Norwell	MA	781-792-5561
839	EARTH TECHNOLOGY II LLC	New Haven	CT	203 467 3360
785	ENVIRONMENTAL MAINT. SVCS	PROSPECT	CT	203 758-5550
792	ENVIRONMENTAL SERVICES, INC	SOUTH WINDSOR	CT	1-800-486-77
424	ENVIRONMENTAL TRANSPORT GROUP	FLANDERS	NJ	973 347-8200
312	EQ NORTHEAST, INC	WRENTHAM	MA	508-803-1237
647	FRANK CORP	NEW BEDFORD	MA	508 995-9997
592	FRANKS VACUUM TRUCK SERV	NIAGARA FALLS	NY	7162842199
535	FREEHOLD CARTAGE	FREEHOLD	NJ	732 462-1001
426	GANNON & SCOTT INC	CRANSTON	RI	401 463-5550

385	GLINES & RHODES INC	ATTLEBORO	MA	508 226-2000
838	GLOBAL REMEDIATION SVS	TAUNTON	MA	508 828-1005
874	GOULET TRUCKING INC	SOUTH DEERFIELD	MA	413-665-1323
943	GRAF BROTHERS LEASING, INC	SALISBURY	MA	978 270-1495
979	Green Site Services Group, Inc	Bellingham	MA	50089662020
512	HAZMAT ENV GROUP INC	BUFFALO	NY	716 827-7200
863	HERITAGE-CRYSTAL CLEAN LLC	Hoffman Estates	IL	847 783-5952
599	HORWITH TRUCKS INC	NORTHAMPTO N	PA	6102612220
961	ISLAND PUMP & TANK CORP	EAST NORTHPORT	NY	631 462 2226
930	IWT TRANSPORT	OAKLAND	NJ	201 644-0485
947	J.R. Vinagro Corporation	Johnston	RI	401-383-4249
984	JMF Transport (1992) Ltee	Valcourt	QC	450-532-2285
804	KROPP ENV CONTRACTORS	LEBANON	CT	860 642-9952
918	MAINE LABPACK, INC	Scarborough	ME	2077671933
702	MAUMEE EXPRESS INC	SOMERVILLE	NJ	800-742-5542
678	MCVAC ENVIRONMENTAL	NEW HAVEN	CT	203 498-1427
885	MILLER ENV GROUP INC	CALVERTON	NY	8455418377
977	Milro Group, LLC	Freeport	NY	516 379 1500
619	MORAN ENV RECOVERY, LLC	RANDOLPH	MA	781 815-1113
496	NE Environmental & Consulting	Smithfield	RI	401-744-8612
781	NEW ENGLAND DISPOSAL TECH	SUTTON	MA	508 234-4440
877	Newton B. Washburn, LLC NBW	North Scituate	RI	401 647-9606
771	NLR, INC	EAST WINDSOR	CT	8602921992
507	NRC East Environmental Services, Inc	Franklin	MA	9782251130

499	OIL RECOVERY CORP	W SPRINGFIELD	MA	4137372949
688	PAGE ETC INC	WEEDSPORT	NY	315 834-6681
960	Petroleum Equip Serv of NH dba Wildco	MANCHESTER	NH	603-493-2744
889	RANGER, INC	SUTTON	MA	5083531652
890	RED Technologies, LLC	Portland	CT	860 894-4606
571	REPUBLIC ENV SYSTEMS	NEENAH	WI	920-720-7797
878	ROBBIE D WOOD INC	HUEYTOWN	AL	205 744-8440
913	ROSS TRANS SERVICES	GRAFTON	OH	440 748-5900
484	SAFETY-KLEEN SYSTEMS, INC	Norwell	MA	781-792-5787
934	SAYBROOKE MANAGEMENT, LLC	SHARON	MA	781 341-1998
377	SJ Transportation Co., Inc	WOODSTOWN	NJ	8568969688
949	Strategic Environmental Services, Inc	Sutton	MA	508 757-7782
899	SUTTLES TRUCK LEASING	DEMOPOLIS	AL	334 289 0670
692	TCI of NY, LLC	Coeymans	NY	518 756-9997
970	Tradebe Transportation IN, LLC	Merrillville	IN	219 354-2466
590	Tradebe Transportation NE, LLC	Meriden	CT	203 537-2503
766	TRANSPORT ROLLEX LTEE	VARENNES	QU	514-521-1416
954	Trident Environmental Group, LLC	Norfolk	MA	508-229-3545
652	TRIUMVIRATE ENV	SOMERVILLE	MA	617 715-8943
609	UNIVAR SOLUTIONS, INC	Providence	RI	336 289 8094
750	US BULK TRANSPORT INC	ERIE	PA	8148249949
895	US ENVIRONMENTAL INC	DOWINGTOWN	PA	(610) 518-58
748	VEOLIA ES TECH SOL LLC.	FLANDERS	NJ	973 691-7321
883	WESTERN MASS ENVIRONMENTAL	WEST SPRINGFIELD	MA	4137882622
326	WESTERN OIL INC	LINCOLN	RI	401 727-8600

971	World Resources Company	Pottsville	PA	5706224747
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updated 10/31/2022

for questions contact alyson.brunelli@dem.ri.gov

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.)

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

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

Section III. Employee Narrative (Optional)

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

NOTE: This is not a CDC or OSHA form. This form was developed by CDC to help healthcare facilities collect detailed exposure information that is specifically useful for the facilities' prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.

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

<input type="checkbox"/> Cerebrospinal	<input type="checkbox"/> Urine	<input type="checkbox"/> Synovial
<input type="checkbox"/> Amniotic	<input type="checkbox"/> Sputum	<input type="checkbox"/> Peritoneal
<input type="checkbox"/> Pericardial	<input type="checkbox"/> Saliva	<input type="checkbox"/> Semen/vaginal
<input type="checkbox"/> Pleural	<input type="checkbox"/> Feces/stool	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, tube holder, or 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 one procedure type and complete information in corresponding box as applicable.)

<input type="checkbox"/> Establish intravenous or arterial access (Indicate type of line.)	Type of Line ___ Peripheral ___ Arterial ___ Central ___ Other
<input type="checkbox"/> Access established intravenous or arterial line (Indicate type of line <u>and</u> reason for line access.)	
<input type="checkbox"/> Injection through skin or mucous membrane (Indicate type of injection.)	Reason for Access ___ Connect IV infusion/piggyback ___ Flush with heparin/saline ___ Obtain blood specimen ___ Inject medication ___ Other: _____
<input type="checkbox"/> Obtain blood specimen (through skin) (Indicate method of specimen collection.)	Type of Injection ___ IM injection ___ Epidural/spinal anesthesia ___ Skin test placement ___ Other injection ___ Other ID/SQ injection
<input type="checkbox"/> Other specimen collection	Type of Blood Sampling ___ Venipuncture ___ Umbilical vessel ___ Arterial puncture ___ Finger/heelstick ___ Dialysis/AV fistula site ___ Other blood sampling
<input type="checkbox"/> Suturing	
<input type="checkbox"/> Cutting	
<input type="checkbox"/> Other procedure	
<input type="checkbox"/> Unknown	

- 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
- ☐ Collided with sharp 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
- ☐ Collided with sharp after procedure
- ☐ 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
- ☐ Collided with sharp
- ☐ Sharp object dropped
- ☐ Struck by detached IV line needle

☐ Other (Describe): _____

☐ Unknown

Section VI. Mucous Membrane Exposures Circumstances**A. What barriers were used by 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: _____

