



New York City College of Technology



Bloodborne Pathogen Exposure Control Plan





29 CFR 1910.1030

Bloodborne Pathogen Exposure Control Plan

The following bloodborne pathogen exposure control plan is provided only as a guide to assist employers and employees in complying with the requirements of the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard, 29 Code of Federal Regulations (CFR) 1910.1030, as well as to provide other helpful information. It is not intended to supersede the requirements of the standard. An employer should review the standard for particular requirements that are applicable to their individual situation, and make adjustments to this program that are specific to their company. An employer will need to add information relevant to their particular facility in order to develop an effective, comprehensive program.



**29 CFR 1910.1030
Bloodborne Pathogen Exposure Control Plan
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Bloodborne Pathogen Exposure Control Plan

OBJECTIVE

The objective of the New York City College of Technology (NYCCT) Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

- A. Blood means human blood, human blood components, and products made from human blood.
- B. Bodily fluids means 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.
- C. Other potentially infectious materials means any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

BACKGROUND

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

ASSIGNMENT OF RESPONSIBILITY

- D. Program Administrator

The Environmental, Health & Safety Officer (EHSO) shall manage the Bloodborne Pathogen Exposure Control Plan for the college, and maintain all records pertaining to the plan.



E. Management

The New York City College of Technology (NYCCT) will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. The college management will ensure proper adherence to this plan through periodic audits.

F. Supervisors

Supervisors shall themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

G. Employees

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to the EHSO immediately.

H. Contractors

Contract employees shall be responsible for complying with this plan, and shall be provided the training described herein by the EHSO.

EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by the EHSO. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment (**employees are considered to be exposed even if they wear personal protective equipment**).

- I. Custodians: Handling blood contaminated feminine sanitary products; cleanup of spills involving bodily fluids including blood
- J. Public Safety Officers: Contact with ill patients
- K. Professors/Instructors: Drawing human blood samples; collecting or handling swabs of human specimens; analyzing human blood



- L. Certified Laboratory Technicians: Drawing human blood samples; collecting or handling swabs of human specimens; analyzing human blood These lists shall be updated as job classifications or work situations change.

IMPLEMENTATION SCHEDULE AND METHODOLOGY

Universal Precautions

All employees will utilize universal precautions. Universal precaution is defined as the treatment of all human blood and certain human body fluids with the assumption to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other potentially infectious materials.

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 The Environmental Health and Safety Officer. As requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. We will review and update 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:

- Non glass capillary and vacuum tubes
- Needleless collection systems
- Needle Safe II recapping device (uncontaminated/sterile syringes only)
- Rigid puncture resistant sharps disposal containers
- Biological Safety Cabinets (minimum, Type 2)
- Hand washing facilities
- Self sheathing needles
- Hand tools (brooms, dustpans) for handling spent feminine hygiene products

Sharps disposal containers are inspected and maintained or replaced by the users as needed to prevent overfilling. Care shall be exercised in handling the containers. This



facility identifies the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, committee activities, etc. We will evaluate new procedures and new products regularly by continually reviewing the process, reviewing literature, obtaining information from products and vendors.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Each department is responsible for procuring the correct PPE for their employees. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Environmental Health and Safety Officer/Program Administrator.

PPE is located in the various laboratories and department stockrooms. Department supervisors are responsible for ensuring that adequate PPE is available to their employees. 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 the Regulated Medical Waste containers, or red bags provided to you.
- Appropriate gloves will be worn 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 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
- Used non disposable personal protective equipment such as face shields and eye protections shall be decontaminated with a disinfectant liquid, such as a dilute bleach solution or commercial disinfectant wipes.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

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



labeled or color-coded. Sharps disposal containers are available at the relevant departmental stockrooms and inside the supply areas of each individual laboratory covered under this plan.

Full sharps disposal containers are sealed and placed in the labeled Regulated Medical Waste containers if need? Care shall be exercised in handling these containers. Any excess content shall not be forced inside the sharps disposal containers.

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.

Compliance Methods

1. Universal precautions

Universal precautions shall be used at NYCCT to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

2. Needles

All contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

1. Sharps Injury Log

A needlestick or sharps injury log (see Appendix C) shall be maintained (for employers that keep records under 29 CFR 1904), and shall include the following information for each incident:



- a. period of time the log covers;
- b. date incident is entered on the log;
- c. date of incident;
- d. type and brand of device involved;
- e. department or area of incident; and
- f. description of incident.

The log shall be retained for five years after the end of the log year.

2. Hand Washing Facilities

Hand washing facilities shall be made available and readily accessible to all employees who may incur exposure to blood or other potentially infectious materials. Where hand washing facilities are not feasible, New York City College of Technology will provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

When these alternatives are used, employees shall wash their hands with soap and running water as soon as feasible.

3. Work Area Restrictions

In work areas where there is a reasonable risk of exposure to blood or other potentially infectious materials, employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials may be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

All processes and procedures shall be conducted in a matter that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

4. Specimens



Each specimen of blood or other potentially infectious material shall be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen.

Specimen containers shall be labeled or color-coded in accordance with the requirements of the OSHA standard. *(Employers should note that the OSHA standard provides for an exemption to specimen container labeling/color coding if a facility uses universal precautions in handling of ALL specimens AND the containers are easily recognized as containing specimens. This exemption applies only while the specimens remain in the facility.)*

Any specimens that could puncture a primary container shall be placed within a secondary puncture-resistant container. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that will prevent leakage during handling, processing, storage, transport, or shipping of the specimen.

5. Contaminated Equipment

The EHSO shall ensure that equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment shall be decontaminated, unless decontamination is not feasible. Contaminated equipment shall be tagged and labeled as such.

6. Personal Protective Equipment (PPE)

a. PPE Provision

The EHSO shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.



A list of personal protective equipment and associated tasks for New York City College of Technology can be found in Appendix D of this plan.

b. PPE Use

The EHSO and supervisors shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the supervisor shall investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

c. PPE Accessibility

The EHSO shall ensure that appropriate PPE in the necessary sizes is readily accessible at the work site or is issued at no cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. PPE Cleaning, Laundering and Disposal

All PPE shall be cleaned, laundered, and disposed of by New York City College of Technology at no cost to the employees. New York City College of Technology will also make all necessary repairs and replacements at no cost to employees.

All garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible. All PPE shall be removed before leaving the work area.

When PPE is removed, it shall be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.

e. Types of PPE

i. Gloves



Disposable gloves are not to be washed or decontaminated for re-use, and are to be replaced as soon as possible when they become contaminated. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) shall be replaced immediately or as soon as feasible.

Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked, peeling, torn, punctured, or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

ii. Eye and Face Protection

Masks worn in combination with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can reasonably be anticipated to contaminate an employee's eye, nose, or mouth.

iii. Other PPE

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be expected.

M. Housekeeping

This facility shall be cleaned and decontaminated regularly and as needed in the event of a gross contamination. See Appendix E for cleaning schedule and required cleaning materials. All contaminated work surfaces, bins, pails, cans, and similar receptacles shall be inspected and decontaminated regularly as described in Appendix E.

Any potentially contaminated glassware shall not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.



N. Regulated Waste Disposal

Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

1. Sharps

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

During use, containers for contaminated sharps shall remain upright throughout use, shall be easily accessible to employees, and shall be located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas). The EHSO shall replace sharps containers routinely and not allow them to overfill.

When moving sharps containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents, and shall prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

2. Other Regulated Waste

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

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

O. Laundry



Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such laundry shall be placed in appropriately marked bags (biohazard labeled or color-coded bags) at the location where it was contaminated. Contaminated laundry shall not be sorted or rinsed in the area of contamination.

Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up

P. General

New York City College of Technology will make the Hepatitis B vaccine and vaccination series available to all employees who have the potential for occupational exposure, as well as post-exposure follow up to employees who have experienced an exposure incident.

The EHSO shall ensure that all medical evaluations and procedures involved in the Hepatitis B vaccine and vaccination series and post-exposure follow up, including prophylaxis are:

1. made available at no cost to the employee;
2. made available to the employee at a reasonable time and place;
3. performed by or under the supervision of a licensed physician or other licensed healthcare professional; and
4. provided in accordance with the recommendations of the United States Public Health Service.

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

Q. Hepatitis B Vaccination

The EHSO shall manage the Hepatitis B vaccination program.

1. Category I Employees

The Hepatitis B vaccination shall be made available to an affected Category I employee after he or she has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure. Exceptions to the administration of the Hepatitis B vaccination include situations where an employee has previously received the complete Hepatitis B vaccination series, antibody



testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B vaccination, but later decides to accept the vaccination and is still covered under the OSHA standard, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix F), as required by OSHA. If the United States Public Health Service recommends a routine booster dose of Hepatitis B vaccine, this shall also be made available free of charge to affected employees.

2. Category II Employees

The Hepatitis B vaccination series shall be made available and administered to Category II employees no later than 24 hours after an exposure incident (as per OSHA Letter of Interpretation, November 1, 2000). All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix F).

R. Post-Exposure Evaluation and Follow Up

All employees must report all exposure incidents to The EHSO immediately or within Time Frame. THE EHSO shall investigate and document each exposure incident. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow up, to be provided by Downtown Integrated Medical Services Inc. The post-exposure evaluation and follow up shall include the following elements, at a minimum:

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
3. The source individual's blood shall be tested and documented as soon as feasible and after consent is obtained (if consent is required) in order to determine HBV and HIV infectivity. If consent cannot be



obtained, The EHSO shall establish and document that legally required consent cannot be obtained.

4. When the source individual is already known to be infected with the Hepatitis B virus (HBV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated.
5. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
6. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
7. The exposed employee shall be offered the option of having their blood tested for HBV and HIV serological status. The blood sample shall be preserved for up to 90 days to allow the employee to decide if their blood should be tested for HBV and HIV serological status.

Names of employees that contract HIV, Hepatitis, or tuberculosis shall not be recorded on the OSHA 300 log.

S. Information Provided to the Healthcare Professional

After an exposure incident occurs, The EHSO shall ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination, as well as the healthcare provider providing the post-exposure evaluation, if different, are provided with the following:

1. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentiality requirements contained therein;
2. a written description of the exposed employee's duties as they relate to the exposure incident;
3. written documentation of the route of exposure and circumstances under which the exposure occurred;
4. results of the source individual's blood testing, if available; and
5. all medical records relevant to the appropriate treatment of the employee, including vaccination status.

T. Healthcare Professional's Written Opinion



The EHSO shall obtain and provide the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for the employees, and if the employee has received said vaccination.

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

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

Other findings or diagnosis resulting from the post-exposure follow up shall remain confidential and shall not be included in the written report.

Labels and Signs

The EHSO shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels shall also be affixed to any other containers used to store, transport, or ship blood or other potentially infectious materials.

The labels shall be fluorescent orange or orange-red, and shall include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the entity with jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

Training

The EHSO shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure to blood or other potentially infectious materials may occur. Training shall be repeated every 12 months, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training shall be tailored to the education level and language of the affected employees, and offered during the normal work shift. Training shall be interactive and shall include:



- U. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard;
- V. a discussion of the epidemiology and symptoms of bloodborne diseases;
- W. an explanation of the modes of transmission of bloodborne pathogens;
- X. an explanation of New York City College of Technology's Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan;
- Y. a description and recognition of tasks that may involve exposure;
- Z. an explanation of the use and limitations of the methods employed by New York City College of Technology to reduce exposure (such as engineering controls, work practices, and personal protective equipment);
- AA. information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- BB. an explanation of the basis of selection of personal protective equipment;
- CC. information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;
- DD. instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- EE. an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;
- FF. information on the post-incident evaluation and follow up required for all exposure incidents; and
- GG. an explanation of signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Recordkeeping

- HH. Medical Records



The EHSO shall maintain medical records as required by 29 CFR 1910.1020 in Designated Location. All records shall be kept confidential and shall be retained for at least the duration of employment plus 30 years.

The EHSO shall also ensure that all contracts with Downtown Integrated Medical Services Inc. for Hepatitis B vaccinations and post-exposure evaluations and follow ups stipulate any OSHA recordkeeping and retention requirements.

Medical records shall include:

1. name and social security number of the employee;
2. a copy of the employee's HBV vaccination status, including the dates of vaccination;
3. a copy of all results of examinations, medical testing, and follow-up procedures; and
4. a copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to an exposure incident, and documentation of the routes and circumstances of an exposure.

II. Training Records

The EHSO shall maintain training records for three years from the date of training. Records shall be kept in the office, and shall include:

1. the dates of the training sessions;
2. an outline describing the material presented;
3. the names and qualifications of persons conducting the training; and
4. the names and job titles of all persons attending the training sessions.

JJ. Availability of Records

Whenever an employee (or designated representative) requests access to a record, New York City College of Technology shall provide access to said employee's records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee (or designated representative) will only be given access to his or her own records.

KK. Transfer of Records

If New York City College of Technology ceases to do business and there is no successor employer to receive and retain the records for the prescribed period,



The EHSO shall contact the Director of the National Institute for Occupational Safety and Health (NIOSH) three months prior to cessation of business for instruction on final disposition of the records.

LL. Evaluation and Review

The EHSO shall review this Bloodborne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the work place.



Appendix C

Sharps Injury Log New York City College of Technology

Date Entered	Date & Time of Incident	Type & Brand of Device	Department or Work Area Where Incident Occurred	Description of Incident

Retain Until _____ (five years after end of log year)



Appendix F

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's Name & Signature

Date