



OSHA Bloodborne Pathogens

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Clinical Solutions

2.0 CEU's

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Program Goals and Objectives:

1. Identify when contaminated areas should be decontaminated
2. Discuss the transmission of Hepatitis B Virus (HBV) and importance of Vaccination
3. Explain proper disposal and handling of sharps
4. Explain the proper procedure for reporting exposure incidents
5. Identify personal protective equipment and its proper disposal
6. Discuss prevention techniques for Needle sticks and Other Sharps Injuries

In 1970, Congress passed the Occupational Safety and Health Act, which was to assure so far as possible every working man and woman in the nation safe and healthful working conditions and to preserve our human resources (Dessler, 2003, p. 428). This act would protect everyone except those who are unemployed, farm families without hired help, and those agencies already protected by federal means or other acts. The act created the Occupational Safety and Health Administration (OSHA) within the Department of Labor. OSHA's basic purpose is to administer the act to set and enforce safety and health standards that apply to almost all workers in the United States, The Department of Labor enforces the standards, and OSHA has inspectors working out of branch offices around the country to ensure compliance (Dessler, 2003, p. 428). OSHA operates under the general standard that each employer, "shall furnish to each of his (or her) employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his or her employees" (Dessler, 2003, p. 429). Employers should make every effort to reduce the chance of an accident. There are three basic work related accidents: chance occurrences, unsafe conditions, and unsafe acts on the part of the employee. A chance occurrence is an event out of the ordinary and truly is coincidental accident. For example, someone throwing hot coffee over the balcony, unaware of someone walking below of whom it lands on would be a chance occurrence. Chance occurrences are beyond management's control. However, unsafe conditions and unsafe acts or practices on the part of the employee or employer are within the management's control. The employer is required to make attempts to eradicate or reduce any unsafe equipment and practices. An unsafe situation relate to the mechanical and physical conditions that cause accidents. Examples of these would be improperly guarded equipment, defective equipment, hazardous procedures in, on, or around machines; unsafe storage (congestion or overloading), improper illumination, improper ventilation. An unsafe act would be if an employee knowingly causes the accident. Examples of an unsafe act would be throwing sharp materials, using unsafe procedures, loading, placing or mixing, or by lifting equipment improperly. Management is required to examine ways to eliminate or reduce these improper conditions and behaviors.

OSHA suggests five techniques for reducing or eliminating unsafe conditions or behavior to prevent hazards, personal injury and death to employees. First is to reduce unsafe acts by emphasizing employee safety which can be beneficial to the employer and the employee. The facilities administration and management teams are responsible for creating a safe workplace. The change process is readily accepted by front line workers when leadership sets the tone for safety measures by their verbal and physical actions. Examples of management emphasizing a safe climate would be praising employees when they are performing safety measures; another is when managers listen while employees offer suggestions, concerns, or complaints; or when management leads by setting example as a result of displaying a safety first mentality; they visit work areas frequently; maintain open safety communications, and link managerial bonuses to safety improvements. Second technique to reducing unsafe practices is through selection and placement of an employee can also play a critical role in overall reduction of hazards.

Screening employees can be a way to isolate traits (such as visual skills) that might predict accidents on the job in question. It would be appropriate to place an employee in a position that best supports their production, while maintaining safety. An example of this would be screening an employee prior to hiring by asking the potential employee, "Do you know of any reason why you would not be able to perform the various functions of the job you are seeking?"

The third method to eliminate hazards is through yearly employee training programs. The training program instructs employees on safe practices, procedures and potential hazards in the work place. Training should also focus on the development of a work safe attitude; for instance a most common disability among nurses is low back pain/injury. Therefore it is vital that nurses are trained on how to perform proper ergonomics (body mechanics) to prevent these injuries from occurring and fostering a work safe attitude. Without the proper instruction an employee lacks the knowledge to prevent an injury. The fourth technique to reduce unsafe acts is through motivation such as posters, employee incentives programs, and positive reinforcement. Example would be if leadership presented an employee with a safety award for preventing a hazard to a patient or another employee. Posters highlighting safety can assist the employee in maintaining safety practices. Finally, regular safety and health inspection by the leadership team is one of the most effective ways to eliminate unsafe acts or conditions. Most employees know when a safety inspection is due and tend to practice appropriately. Announcing a safety inspection to employees does not prove to be beneficial. Employees need to be in a continuous state of safety preparedness until a culture of safety is practiced and adopted. Unannounced safety rounds will assist management in evaluating consistent safety practices of the employee and environmental safety. The safety rounding also demonstrates to the employee that management cares enough about their safety to conduct non-punitive inspections. Repetitive unsafe practices can result in punitive action.

Healthcare facilities present numerous health and safety risks to healthcare professionals. One important Occupational Safety and Health Administration (OSHA) standard is the hazard of a bloodborne pathogen exposure. The patient population, healthcare workers, and multitude of equipment provide a conduit for the spread of infection and hazardous environments. Healthcare professionals are responsible for understanding their responsibility in the role of safety in order to protect their patients' and themselves from bloodborne pathogens by using appropriate personal protective equipment (PPE) required by OSHA. The purpose of this in-service is to provide you with information on OSHA's Standards pertaining to BBPS and OPIM exposure, Hepatitis B Vaccine, exposure reporting, personal protective equipment (PPE) and handling sharps. In November of 2000, the Needlestick Safety and Prevention Act were passed by Congress.

What Constitute a Bloodborne Occupational Exposure?

An occupational exposure can be defined as any exposure that could place the worker at risk for HBV, HCV, or HIV infection by a percutaneous injury (e.g. a needlestick, or a cut by a sharp device) or contact with mucous membrane or non-intact skin (e.g. exposed skin that is openly abraded, or with a dermatitis) with potentially infected blood, saliva, tissue or other body fluids

A bloodborne pathogen (BBP) is defined as a pathogenic microorganism found in human blood that has the potential to transmit disease to other humans. Therefore the very nature of healthcare settings will require contact between healthcare personal and the clients they serve. This is a big area of concern for the employee because improper procedures or inappropriate equipment can place him/her at risk for exposure to BBP.

The OSHA act assigns basic provisions/ requirements to OSHA two specific functions exist: 1.) is by setting standards , and 2.) by conducting on site inspections to guarantee that the employee is compliant with measures, means, processes or method adopted that are reasonably needed to protect employees in the workplace. It is the stakeholder's responsibility to become familiar with standards applicable to their facilities, to eliminate hazardous conditions to the extent feasible and to be compliant with these standards. The standard of conformity may include ensuring that employees have and use PPE when required for safety and health. The employees' role is to comply with all rules and regulations that are applicable to their personal actions and behavior.

An exposure control plan (ECP) is a key document to assist an organization in implementing and ensuring compliance with the assigned OSHA standard, thereby protecting their employees. Key elements in the ECP include:

- Employee exposure determination
- Job classification in relationship to risk of BBP and Hazardous exposure
- Various methods of implementing exposure control, including:
- Standard precautions
- Engineering & work practice control

November of 2000, the Needlestick and Prevent Act was passed by Congress Stating: The Exposure Control Plan (1910.1030(c)(1)(i)) shall:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens [1910.1030(c)(1)(iv)(A)].
- Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure [1910.1030(c)(1)(iv)(B)].
- Solicit input from non-managerial employees responsible for direct patient care, who are potentially exposed to injuries from contaminated sharps, in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan [1910.1030(c)(1)(v)].
- Personal protective equipment
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow up
- Training employees and communication of hazards
- Record keeping
- Measures for assessing conditions surrounding exposure incidents

Implementation protocols for these elements of standard in the ECP will be provided in the following pages.

The Program Administration

Usually a person or departments such as The Infection Control / Employee Health Department are responsible for implementation of the ECP. The designated person/department will maintain, review, and update the ECP yearly or whenever needed to incorporate new requirements and procedures. Employees who are determined to have a risk of occupational exposure to blood or other potentially infectious material (OPIM) must comply with work protocols outlined in the ECP.

The organization will designate a specific department that will provide and maintain all the necessary PPE, engineering controls (e.g. sharps containers), labels, and red bags that are required by the standard. This department is also responsible for maintaining ample supplies of the previously mentioned equipment are available in proper sizes. A department/person will be assigned to make sure that any medical actions required by the standard are complete and that employee health and OSHA records are retained. A person/department will be delegated for the training, documentation of training, and making sure this documented ECP is accessible to employees, OSHA, and NIOSH representatives upon request.

Employee Exposure Determination

This can be defined by the job classification which falls into two groups. The first group includes a list of all employees having evidence of reasonable anticipated risk of occupational exposure; such as Dentists, dental hygienists, dental assistants and dental laboratory technicians. It is not necessary for the employer to list specific work activities for the group. The second group of employees who are not routinely exposed to BBPs or OPIMs fall under the collateral duty* clause. The employer is **responsible** for documenting a list of specific work related activities and processes that might cause an occupational exposure. This job classification includes some employees that have a moderate risk of occupational exposure such as environmental services such as janitorial services. Next the facility needs to communicate the BBP and OPIM hazards to their employees by providing a training program.

Training

Every occupational exposed personnel must be given BBP information and training at the time of the first assignment. OSHA mandates that this training is to be done on the job and at no cost to the employee. BBP training is to be repeated annually or more often if there is new information or there are changes in practices involving occupational exposure to BBPs that affect workers. Persons who teach employees the standard must be trained by an OSHA approved training program and have knowledge of the OSHA components as they relate to dentistry. The training must be comprehensive and suitable for the educational level, language and audience. The educator should allow enough time during training for employee questions and answers to be addressed.

To help meet OSHA requirement in Dentistry the following 14 elements should be included in their training program.

- An explanation of OSHA's regulatory text and how to obtain a copy.
- Information pertaining to the epidemiology and clinical features of the bloodborne diseases.
 - A list of BBP diseases and their modes of transmission
- An explanation of the employer's exposure control plan and where and how he/she can obtain the plan.
 - An explanation of the appropriate methods for recognizing procedures, equipment, and other activities that may provide a risk of exposure to blood and Other Potentially Infectious Material (OPIM).
 - An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment.
 - Information on the types, proper use, location, removal, handling, decontamination and disposal of Personal Protective Equipment (PPE).
 - An explanation of the basis for selection of personal protective equipment.
 - Information on the hepatitis B 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, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log if sharps are involved.
 - Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - An explanation of the signs and labels and/or color coding to communicate hazards to employees.
 - An opportunity for interactive questions and answers with the person conducting the training session.

Preventive Measures

Hepatitis B Vaccination

The Hepatitis B vaccination has proven to significantly decrease HBV disease among healthcare workers. OSHA requires the vaccine be offered within 10 days of initial assignment to all personnel who fall into the first work group unless documentation exists showing the employee has already received the HBV series; antibody testing shows immunity; or, if medical examination reveals the vaccine is contraindicated. The HBV vaccine is a series of three shots. The Dentist is responsible for providing the HBV vaccination at no cost to the employee. Employees can either accept the employer's offer of the HBV vaccination or decide not to vaccinate and sign a declination form. He/she may decide to receive the HBV vaccination at a later date, again at no cost to the employee. A record of declination of the HBV vaccine is kept in a designated place.

The employer is also responsible to obtain and, supply the employee a copy of the healthcare professional's opinion within 15 days of the completed assessment stating whether the hepatitis vaccine was indicated for the employee and if the vaccine was received by the employee.

Post vaccine follow up screening is recommended for personnel who have ongoing occupational BBP exposure risk to determine positive response to the vaccine and to determine the need for revaccination. If the HCW is a nonresponder, revaccinate with an additional three doses and retest. If the employee remains a nonresponder, the test for HB surface antigen (HBsAg) to make sure the employee does not have antigenemia. Issues relating to nonresponder include age, smoking, obesity, immunocompromised, renal failure and a family history of nonresponse.

The employer is responsible for any Hepatitis B vaccine boosters as recommended by the U.S Public Health Service.

Hepatitis B Declination Statement*

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Declination Statement

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 me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date: _____

*For more information, see: *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards*. OSHA Publication 3186 (2003), 521 KB [PDF](#), 29 pages.

Universal Precautions / Standard Precautions

This method of infection control simply stated requires the employer and the employee to consider that all human blood and specific human body fluids are contaminated for HIV, HBV, HCV and other BBPs. When it is difficult or impossible to differentiate between types of body fluid, consider all body fluids potentially infectious. Universal precautions must be utilized by all employees.

Methods of Control

Engineering Controls and Work Practices

Engineering controls and work practices are the most important means used to prevent occupational exposure and transmission of HIV, HBV, HCV and other BBPs within a dental facility. The use of personal protective clothing and equipment are also required when occupational exposures to BBPs remain a risk even after implementing these controls.

Engineering controls are put in place to decrease employee exposure in the workplace by either eliminating or isolating risk or isolating the employee from the hazard. Self-sheathing needles, needleless systems, rubber dam isolators, high speed evacuator devices, puncture resistant disposable containers for contaminated sharp instruments are examples of engineering controls used in dentistry.

The engineering control also requires that any employer with employees who utilize medical sharps during direct patient care must identify, evaluate, and choose engineering and work practice controls including safer medical devices, annually. The evaluation of safer medical equipment must involve non-management core employees responsible for direct patient care and is performed based by the facilities or departments needs. The employer is responsible for making sure the equipment is examined, maintained and replaced as scheduled.

Work Practice Controls

Proper work practices change the manner in which a task is completed. In job areas where a potential of an occupational exposure exists, work practice controls including prohibiting eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses; not allowing the storage of food or drink in refrigerators or other locations where blood or OPIM are kept; make available and require the use of hand-washing facilities; and routine equipment and decontamination checks are done prior to servicing and shipping.

Wash hands after glove or other PPE removal and after any skin contact with blood or OPIM is required. It is also necessary to flush eyes or mucous membranes, splashed or splattered, by blood or body fluids immediately after exposure.

The standard disallows recapping, bending, or removing contaminated needles unless the employer can prove no alternative is possible or that the action is required by a certain medical procedure. In dentistry recapping a needle is allowed when multiple injection of a local anesthetic is needed. If any of these actions are required by a medical procedure, then it must be done using a mechanical means such as forceps or by using a one-hand scoop technique. Shearing or breaking contaminated needles is also excluded by the standard.

The rule defines contaminated sharps as any object that penetrates the skin, including but not limited to, needles, scalpels, broken glass, broken laboratory tubes, endodontic files and exposed ends of dental wires. Sharp devices have to be placed immediately in a puncture-resistant, leak-proof container that can be closed for handling, storage, transportation, and appropriate disposal. Any container contaminated with BBP or OPIM with sharp devices must be red and labeled with a "biohazard" symbol. The sharps containers have to be located at the point of use and they are not to be overfilled. Reusable sharp devices must be contained in a way that eliminates or reduces the hazard until they are disposed of or reprocessed. The standard requires the storing, transporting, or shipping of blood or OPIM such as teeth, tissue, and dental impressions that have not been disinfected are placed in red containers with a visible biohazard label.

Personal Protective Equipment

PPE is to be worn when engineering and work practice controls are not able to remove the exposure hazard or if these controls are not possible. PPE includes gloves gowns, laboratory coats, face shields, simple mask, and eye protection. These items are worn by the employee as protection from an occupational exposure to potential hazards. PPE is considered appropriate only if it is impervious to blood or OPIM under normal conditions of use. The employer is required to provide, make available, and require the use of PPE at no cost to the employee. PPE must be provided in appropriate sizes. Hypoallergenic gloves or an alternative must be provided to the employees who have an allergy to gloves. Employers are responsible ensuring PPE is properly used, cleaned, laundered, repaired, or replaced as needed.

The employee may briefly refuse to wear PPE under extraordinary (life threatening) circumstances. Another circumstance would be in the employee's professional judgment; the PPE prevents the delivery of health care or public safety services or poses an increase hazard to employees. The employee must make sure that employees monitor the following precautions for safe handling and use of PPE. Remove PPE when it becomes contaminated and before leaving the immediate work area. PPE is to be placed in appropriate container for storage, laundering, decontamination or discarding. Gloves are to be worn when anticipating a potential contact with blood or OPIM, when inserting vascular access devices, and when touching contaminated items or surfaces. Always replace gloves if torn, puncture, contaminated, or for other reasons can no longer function as a protective barrier. Decontaminate utility glove for reuse if their integrity is not compromised. Discard utility gloves when they are punctured, cracked, peeling, torn or deteriorated. Never wash or decontaminate disposable gloves for reuse. Need to wear face and eye protection such as a mask with glasses and occlusive eye shields or a chin-length face shield when anticipating splashes, sprays, spatters, or droplets of blood or OPIM may reach the nose, eyes, or mouth. When expecting occupational exposure wear body coverings such as gowns, aprons, caps, and boots. The type and characteristics will depend on the procedure and extent of exposure anticipated. Remove PPE when they become soaked with Blood or OPIM.

Housekeeping

According to the standard each facility must maintain cleanliness and be sanitary. Employers are required to develop and implement a cleaning schedule that includes the methods for decontamination and the procedures to be used. The cleaning schedule needs to explain which areas and surfaces are to be cleaned, the type of contamination present and how the area and surfaces will be cleaned.

The following housekeeping procedures are required by the standard:

- Equipment
- Decontamination of work surfaces, equipment and other reusable supplies is to be done with an approved disinfectant or according to the manufacturer's recommendation when they are contaminated with blood or OPIM.
- Removal and replacing of protective coverings such as plastic wrap and aluminum foil from light handles or tray when contaminated.

- Contaminated equipment that needs servicing within the facility or has to be transported out of the facility for repair or maintenance requires decontamination as much as possible and biohazard labels attached to parts that were unable to be decontaminated.
- Provision of sharps containers is to be easily accessible to employees and as close as possible to the area of use. Sharps containers are to be kept upright during use, replaced routinely, closed when moved, and not overfilled. Sharps containers must be replaced if they are cracked or punctured.
- Storage or processing of reusable sharps in a way that ensures safe handling.

Regulated Waste

Placement of other regulated waste in closeable, leak-proof, or color-coded containers for handling, storage, shipping, or transporting, “Other medical waste” means liquid or semi-liquid blood or ; items OPIM. These contaminated items with blood or OPIM have the potential to release contaminants in a liquid or semi-liquid state if compressed; equipment caked with dried blood or OPIM are also capable of releasing contaminant when handling; contaminated sharps; and infectious wastes containing blood or OPIM, including saliva and dental procedure

Labeling

Standard requires a fluorescent orange or orange-red warning label be attached to all regulated waste containers; to refrigerators and freezers containing blood and OPIM; and to containers used to store, transport, or ship blood or OPIM.

Label are not needed if: (1) red bags or red containers are used; (2) containers of blood, blood components, or blood products are labeled as to their content and have been released for transfusion or other clinical purposes; and (3) Individual containers of blood or OPIM are placed in a labeled container during storage, transport, shipment, or disposal. The warning label must *be fluorescent orange or orange-red, must have the biohazard symbol and the word **BIOHAZARD** in contrasting color*, must be attached to each item by a string, wire, adhesive, or a method to prevent loss or removal of the label.

Laundry Requirements

Use appropriate PPE when handling contaminated laundry and handle it as little as possible, with minimal agitation. Place wet contaminated laundry in labeled (with the biohazard symbol) or color-coded leak-proof containers for transporting and bagging contaminated laundry without sorting or rinsing it in its area of use. The employer is responsible for cleaning, laundering, and disposal of PPE.

Exposure Incident

An employee occupational exposure incident occurs when the worker has contact with blood or OPIM through broken skin; through eye, nose, or mouth, or by a puncture wound from a sharps de vice. An exposure requires an immediate post-exposure medical evaluation and follow-up.

The post exposure evaluation and follow-up includes the following elements:

- Documentation of the route and how the exposure occurred
- Identification and document the source individual, unless the employer can establish that the identification is impossible or prohibited by state or local law.
- Obtain consent from the source individual make arrangement to have the source individual tested for BBPs (HIV, HBV, and HCV) as soon as possible to determine infectivity. Note if consent is not obtained, the employer must show that legally require consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and results documented. Documentation that the source results were conveyed to the employee's health care provider is required.
- If the source individual is known to be infected with HIV, HBC, or HCV, testing need not be repeated.
- Provision of the source individual's test results (if consent has been obtained) and provide information about disclosure and confidentiality laws to the exposed employee.
- Upon receiving consent, testing the exposed employee's blood for HIV, HBV, and HCV as soon as possible post exposure incident.
- If the employee does not give consent for HIV serological testing during the blood collection of baseline testing, preservation of the baseline blood sample for at least 90 days. If, during this time, the exposed employee elects to have the baseline sample tested during the waiting period, testing is to be performed, as soon as possible.
- Provision of HBV, HCV, and HIV serological testing, counseling, and safe and effective post-exposure prophylaxis is according to recommendations of the U.S. Public Health Service.

Administration of Post-Exposure Evaluation and Follow-Up

The employer ensures that the healthcare professional(s) responsible for the employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's BBP standard.

The employer must provide the following to the healthcare Professional:

- A description of the employee's job tasks relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- Results of the source individual's blood test, if available Relevant employee medical records, including vaccination status.
- The employer is required to provide the employee with a copy of the evaluating healthcare professional's documented opinion within 15 days following the completion of the medical evaluation.

Record Keeping

The standard requires employers to preserve and maintain an accurate record of occupational exposure for each employee. Employers who maintain an exposure-control plan must also maintain a log of injuries from contaminated sharps. This log has to protect the confidentiality of the injured employee and will include the type and brand of the device, the department or work area in which the injury occurred, and how the injury occurred. This log is required to be maintained for the duration of employment plus 30 years.

Training Record

Training records are complete for each employee upon completion of training. The training record includes:

- The date of the training session
- A content summary of the session
- Name and qualifications of the trainer conducting the training
- Names and job titles of all employees attending the training
- Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.

Employee Medical Record

The employee medical record is required to contain the following:

- The employee's name; Social Security number; HBV vaccination status, including vaccination dates; and any medical records related to the employee's ability to receive vaccinations.
- Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures.
- A copy of the information given to the healthcare professional and the healthcare professional's written opinion.
- Employees medical record is provided upon request to the employee or to the employee's authorized representative within 15 working days.
- All exposure incidents are evaluated to determine if the case meets OSHA's Recordkeeping Requirements.

Sharps Injury Log

All contaminated sharps injuries are required to be recorded on the OSHA 300 log. Other exposure incidents need only be recorded on the OSA 300 log when medical treatment is started as part of post-exposure evaluation. These incidents are recorded as injuries until or if the employee is diagnosed with an illness, such as hepatitis or HIV. Then OSHA 300 log will be updated to reflect the incident as an illness, and the description of the incident must reflect the new diagnosis.

All the incidents must include at least:

- Date of the incident
- Type and brand of the device involved
- Work area or department of the occurrence
- How the incident occurred.

This log is reviewed as part of the annual sharps safety program evaluation and maintained for 5 years following the end of the calendar year covered. Personal identifies must be removed if a copy of the log is requested by anyone.

If the employer dissolves his/her practice/ business the employee medical and training records will be transferred to the new employer. The employer is required to inform NIOSH, U.S. Department of Health and Human Services, for detailed instructions pertaining to disposition of employee records at least three months before closing the company, if the practice/business has no successor.

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