Bloodborne Pathogens
Bloodborne Pathogens

- Pathogenic microorganisms that are present in human blood and can cause disease in humans.

- Examples of bloodborne diseases:
  - Human Immunodeficiency Virus (HIV)
  - Hepatitis B
  - Hepatitis C
  - Malaria
  - Syphilis
Potentially Infectious Bodily Fluids

- Blood
  - semen
  - vaginal secretions
  - saliva from dental procedures
  - saliva, vomit, urine laced with blood

- Blood-contaminated fluids:
  - cerebrospinal fluid
  - synovial fluid
  - pleural fluid
  - peritoneal fluid
  - pericardial fluid
  - amniotic fluid

- Any body fluid that is visibly contaminated with blood
  - skin, tissue
  - cell cultures
How does exposure occur?

Microorganisms in the blood of an infected person → Mode of Transmission → Another Person

- Virus
- Bacteria
- Parasite

- Needles
- Transfusion
- Parasite
Bloodborne Pathogens Diseases
The Big Three

Hepatitis B

Hepatitis C

HIV/AIDS
HIV/AIDS
Some of the alarming facts of the HIV/AIDS tragedy worldwide:

- Over 27 million AIDS-related deaths since 1980
- 42 million people are living with HIV/AIDS
- 3 million annual AIDS-related deaths
- Sub-Saharan Africa most affected
  - Fast growing rates in China, India, Indonesia, Russia, Western Europe and Central Asia
- 25 million children will be orphans by 2010 because of AIDS
Some alarming facts of the HIV/AIDS tragedy in the USA

- 1 million people in USA have HIV/AIDS
- Approximately 11 of every 1,000 adults (ages 15 to 49) are HIV infected
- 24-27% undiagnosed and unaware of their HIV infection
- Women are the fastest growing group to be infected with HIV
Human Immunodeficiency Virus (HIV)

- HIV is the virus that leads to AIDS
- HIV depletes the immune system
- HIV does not survive well outside the body
- There is still no vaccine available
Transmission of HIV

- HIV is spread when infected blood, semen, vaginal fluids, or breast milk gets into the bloodstream of another person:
  - Sexual contact
  - Sharing needles
  - Pregnancy, childbirth and breastfeeding
  - Workplace exposure to blood and/or body fluids
Transmission of HIV

- HIV is not spread through:
  - Casual contact
  - Saliva
  - Sweat
  - Spit
  - Tears
  - Air
  - Insects
Symptoms of HIV Infection

- May have some “flu-like” symptoms within a month after exposure
  - Fevers, chills, night sweats and rashes, sore muscles and joints, swollen lymph glands

- 7 – 10 years later symptoms appear
  - Skin rashes, fatigue, slight weight loss, night sweats, chronic diarrhea, thrush in the mouth
  - Symptoms last more than a few days and may continue for several weeks
Acquired Immunodeficiency Syndrome (AIDS)

Having an opportunistic infection means AIDS

<table>
<thead>
<tr>
<th>Acquired</th>
<th>develops after contact with virus</th>
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<tbody>
<tr>
<td>Immunodeficiency</td>
<td>a weakening of the immune system</td>
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<tr>
<td>Syndrome</td>
<td>a group of symptoms that collectively indicate or characterize a disease</td>
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</table>
AIDS

- Development of opportunistic infections that do not usually infect people with a healthy immune system
- The signs and symptoms depend on the type of infection
  - Swollen lymph glands in the neck, underarm, and groin area
  - Recurrent fever
  - Persistent headaches and night sweats
  - Constant fatigue
  - Persistent diarrhea
- Without treatment, a person could die from a simple infection.
Most Common Opportunistic Infections

CMV Cytomegalovirus – (virus)
    infection of eyes

Kaposi’s Sarcoma - KS
    a skin cancer

Pneumocystis carinii pneumonia - PCP
    a parasitic lung infection

Candida – (fungus)
    Fungal infection that can cause thrush,
    or infections of the throat or vagina
HIV- Treatment

- Treatment does not cure HIV infection

- Treatment delays the progression of AIDS and improves the quality of life
Hepatitis B
Hepatitis B (HBV)

- A virus that infects the liver
- HBV can survive outside the body at room temperature for over 7 days
- HVB is more easily spread than HIV
- 90% of adults contracting the disease recover fully and develop immunity
- Up to 10% of adults contracting the disease become carriers

Courtesy, Linda Stannard, of the Department of Medical Microbiology, University of Cape Town
HBV Transmission

- Infected blood and body fluids

- In infected persons, HBV can be found in:
  - Blood
  - Body tissue
  - Saliva
  - Semen
  - Vaginal secretions
  - Urine
  - Breast milk
HBV Transmission in the Workplace

- Puncture wounds from sharps
- Contaminated body fluids entering:
  - An opening or break in the skin
  - Splashing into mucous membranes – eyes, nose, mouth
HBV Transmission Outside the Workplace

- Unprotected sex
- Intravenous drug use
- Blood transfusions
Symptoms of HBV Infection

- Flu-like illness
- Aches
- Fatigue
- Nausea
- Vomiting
- Loss of appetite
- Abdominal pain
- Occasional diarrhea
- Jaundice
Hepatitis B Vaccine

- A non-infectious, yeast-based vaccine
- Prepared from recombinant yeast cultures, not from human blood products
- No risk of developing HBV disease from the vaccine
- The vaccine has been proven to be 90%+ effective

ENGÉRIX-B
Hepatitis B Vaccine
Manufactured by:
GlaxoSmithKline
Hepatitis B Vaccine

- The vaccine is given in a three dose series
  - Dose #1 – Initial dose
  - Dose #2 – 30 days after dose #1
  - Dose #3 – 4 months after dose #2

- The vaccine is administered in the deltoid muscle in the upper arm

All three vaccines are needed to provide immunity
Side Effects of the Hepatitis B Vaccine

- The vaccine is usually well tolerated.

- If side effects are experienced, contact:
  - Your medical provider
  - OOSH - (718) 935-2319
  - Vaccine Adverse Event Reporting System (VAERS) 800-822-7967 or http://www.vaers.org

**COMMON SIDE EFFECTS**
- Redness, soreness at the injection site
- Fatigue
- Headache
- Dizziness
- Fever
Do not take the vaccine if:

- You are allergic to yeast
- You are pregnant or planning to become pregnant within the year
- You are ill (cold, flu, or on medication) on your appointment date
- You are in doubt due to other medical issues, concerns or complications (see your Physician)
Hepatitis C (HCV)
General Facts About Hepatitis C

- HCV was identified in 1989
- One of the most common causes of chronic liver disease, cirrhosis and cancer
- ~ four million people affected in USA – with 180,000 new infections annually
- 8,000-10,000 HCV annual deaths in USA
- Globally ~ 170 million chronic infections
Hepatitis C Worldwide

Global Chronic Hepatitis C Infection (Millions)

- North America: 4.0
- Europe: 7.0
- Asia Pacific: 80
- Latin America: 7.0
- Africa and Middle East: 72

Estimated Total Chronic HCV Infections Worldwide: 170 MILLION

Hepatitis C (HCV)

- Most commonly occurs in people who have:
  - received blood transfusions before 1992
  - shared needles
  - had tattoos
  - had body piercing

- Risk of sexual transmission appears to be small

- No evidence that it can be transmitted by casual contact, through foods, or by coughing or sneezing

- Transmission from mother to child appears to be uncommon
Hepatitis C (HCV)

- The virus is very robust.
- The virus can remain undetected in the body for years.
- HCV may be identified after 5 - 8 weeks from exposure in approximately 60% of infected persons.
- Most Hepatitis C infections (80-90%) become chronic and lead to liver disease and liver failure.
- There is no vaccine for Hepatitis C.
Sources of Infection for Persons with Hepatitis C - USA

- Injecting drug use 60%
- Sexual 15%
- Transfusion 10% (before screening)
- Occupational 4%
- Other 1%
- Unknown 10%

* Nosocomial; iatrogenic; perinatal

Source: Centers for Disease Control and Prevention
Symptoms of HCV

- Appetite loss
- Fatigue
- Nausea
- Vomiting
- Vague stomach pain
- Muscle and joint pain
- Jaundice
  - yellowing of skin
  - yellowing of the whites of the eyes
  - dark urine
Rationale for the Bloodborne Pathogens Standard
Bloodborne Pathogens Standard

- Occupational Exposure to Bloodborne Pathogens
  - 29 CFR 1910.1030

- Published December, 1991

- Effective March, 1992
Rationale for the Bloodborne Pathogens Standard

- ~ 8,700 healthcare workers are infected with Hepatitis B each year.

- One milliliter of blood can contain over 100,000,000 infectious doses of Hepatitis B virus.

- OSHA estimates approximately 8 million health care workers and related industries have exposure to bloodborne pathogens

- ~ 65 cases of HIV infection due to occupational exposure occur each year
The OSHA Bloodborne Pathogen Standard applies to all occupational exposure to blood or other potentially infectious materials. Example:

- blood or body fluids splashed onto clothing or body

Report any exposure incidents to your Safety Officer as soon as possible.
Exposure Control Plan (ECP)

Contains all the documents needed for the program

A written plan which details how your employer will protect you from OPIM

Is easily accessible to employees

Located in the Principal’s Office

Written Exposure Plan
Components of the NYCDOE Exposure Control Plan (ECP)

1. Exposure Control
2. Employee Exposure Determinations
3. Methods of Compliance
   a. Universal Precautions
   b. Engineering & Work Practice Controls
   c. Personal Protective Equipment
   d. Housekeeping
   e. Labeling
4. Hepatitis B Vaccination
5. Post-exposure Evaluation and Follow-up
6. Communication of Hazards To Employees and Training
7. Recordkeeping
Employee Determination
Exposure Determination

- Each principal/custodian/supervisor who has employees with occupational exposure must prepare an exposure determination. This exposure determination must contain the following:
  - A list of all job classifications in which all employees in those job classifications have occupational exposure;
  - A list of job classifications in which some employees have occupational exposure.
Definitions: *Exposure Determination*

- Each principal/custodian and/or supervisor who has employees with occupational exposure must prepare an exposure determination:
  - A list of all job classifications in which **ALL** employees have occupational exposure
  - A list of job classifications in which **SOME** employees have occupational exposures
  - A list of all tasks and procedures or groups of related tasks and procedures which may have occupational exposure

This exposure determination shall be made without regard to the use of personal protective equipment.
Definitions

- Exposure Incident

  A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

  Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.
Who is Covered by the Standard?

- Any employee who could be “reasonably anticipated” to come into contact with blood or other potentially infectious materials while performing their assigned job duties.
  - Good Samaritan” acts such as assisting a co-worker with a nosebleed, would not be considered occupational exposure.
### All Employees at Risk of Exposure

<table>
<thead>
<tr>
<th>School Nurses</th>
<th>Security Guards</th>
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</thead>
<tbody>
<tr>
<td>School Aides who work with the developmentally disabled</td>
<td>District 75</td>
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<tr>
<td>Lifeguards</td>
<td>Health Aides</td>
</tr>
<tr>
<td></td>
<td>Custodial Cleaners</td>
</tr>
</tbody>
</table>
### Some Employees at Risk of Exposure

<table>
<thead>
<tr>
<th>Principals</th>
<th>Assistant Principals</th>
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</thead>
<tbody>
<tr>
<td>Skilled Trades: Plumbers</td>
<td>Laboratory Teachers</td>
</tr>
<tr>
<td>Custodians</td>
<td>Designated CPR/First Aid Responders</td>
</tr>
<tr>
<td>Custodial employees</td>
<td>Physical Education Teachers</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>Adaptive Physical Education Teachers</td>
</tr>
</tbody>
</table>
Occupational Exposure Employees

- All at-risk employees

  a. will receive specialized training annually
  b. will be offered the Hepatitis B vaccination series
  c. will be provided with post-exposure evaluation and follow-up in the case of an exposure incident
  d. will be provided with personal protective equipment.
Employee Identification Form

- States that the employee is aware of exposure risks due to job tasks

- Should be distributed and filled out to those in the Occupational Exposure Group who would like to take the Hepatitis B Vaccine for the first time

- Should be filled out in its entirety and collected by the school’s site administrator and forwarded to the Office of Occupational Safety and Health
Hepatitis B Vaccination Notification Form

The Bloodborne Pathogens Standard, cited as 29 CFR 1910.1030, requires that employers to identify employees who may have occupational exposure to blood and other potentially infectious body fluids. The standard requires this identification to be exposure specific and not title specific. In order to accomplish this, all employees with occupational exposure and who would be at the Hepatitis B Vaccine for the first time must complete this form. This form must be fully completed and signed by the Principal. For additional information, contact the Office of Occupational Safety and Health at (718) 935-2319.

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I am routinely responsible for the following tasks. Check (%) all that apply.
- 1. First aid treatment and / rescue
- 2. Routine health care
- 3. Administering bathroom care, i.e., changing diapers/sanitary napkins
- 4. Responding to physical/violent confrontations
- 5. Unplugging sewer systems
- 6. Cleaning up potentially infectious body fluids
- 7. Collecting and storing regulated medical waste
- 8. Other, be specific ____________________________

I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself.

☐ Yes, I wish to be vaccinated against the Hepatitis B Virus.

DATE: __________________________ REGION #: __________________________ DISTRICT #: __________________________

FIRST NAME: _________________________ LAST NAME: _________________________ SOCIAL SECURITY #: FILE #: __________________________

JOB TITLE: __________________________ CONTACT NAME AND PHONE #: (SPECIFY): __________________________

SCHOOL CODE: (EX: 123K) _________________________ WORK SITE NAME: __________________________

WORK SITE ADDRESS: (STREET, CITY, STATE, ZIP CODE) _________________________ WORK SITE PHONE #: __________________________

SITE ADMINISTRATOR’S NAME: __________________________ PRINCIPAL’S NAME: __________________________

Employee’s Signature __________________________ Principal’s Signature __________________________

Site Administrators, please forward a copy to:
Office of Occupational Safety and Health (OOSH)
65 Court Street, Room 706
Brooklyn, NY 11201
Phone: 718-935-2519
Fax: 718-935-6082

OOSH Rev. 1/04
Methods of Compliance
Employee Protection

- Universal Precautions
- Vaccines Where Possible
- Administrative Controls
- Training of Employees
- Work Practice Controls
- Engineering Controls
- Personal Protective Equipment
Observe Universal Precautions

A practice whereas blood and other body fluids other than your own are treated as though they are infectious.
Engineering Controls

- These are methods to reduce employee exposure by either removing the hazard or isolating the hazard. Examples:
  - Sharps disposal containers
  - Self-sheathing needles
  - Safer medical devices
    - Needle less systems
    - Sharps with engineered sharps injury protections
  - Contaminated needles and/or sharps must not be bent or recapped
  - Contaminated sharps must be placed in appropriate containers as soon as possible after use.
  - Readily available hand washing facilities
Hand Washing Technique
Wash Hands:

- When visibly soiled
- After using the washroom
- After removing gloves
- After blowing your nose
- After sneezing in your hands
- Before and after eating, handling food, drinking or smoking
Wash Hands:

- Before and after assisting a child in using the toilet
- After diaper changes
- After contact with runny noses, vomit, or saliva
- Before feeding children
- After handling pets, animals or animal waste
- After handling garbage
Technique for Hand washing

- Remove rings and watches before washing
- If hands-free dispenser is not available, dispense paper towels before washing
- Hand should be positioned lower than the arms to avoid contamination
Hand washing Techniques

1. Use soap and running water
2. Rub your hands vigorously for 10 – 15 seconds
3. Wash all surfaces:
   - Backs of hands, wrists, between fingers and under nails
4. Rinse well
5. Dry hands with a disposable towel

Adapted from: Department of Health and Human Services
Engineering Controls
Work Practices
Work Practice Controls

- Controls aimed at reducing or minimizing the employee’s exposure to blood and body fluids

  - Forbidding eating, drinking, smoking or applying cosmetics in areas of potential exposure
  - Red bag waste must be immediately placed in a labeled container and stored in designated areas.

**EXAMPLES**

- Covering all open or weeping skin lesions
- Minimizing the splashing, splattering spraying or generation of droplets of blood or body fluids
- Wash hands and body parts after contact with blood and body fluids
- Decontaminating equipment and surfaces after contact with blood and body fluids
Housekeeping

- A written schedule for cleaning and decontamination must be posted.
- Cleaning procedures must be based on:
  - The type of task being performed
  - The type of surface to be cleaned
General Workplace Guidelines

- Never reach into contaminated sharps disposal containers
- Place regulated waste in closable and labeled or color-coded containers
- Use mechanical means
  - Brush and dust pan, tongs to pick up broken glassware
- Remove and replace protective coverings when contaminated
- Discard all regulated waste according to regulations
Decontamination Procedures
Decontamination

- All equipment and work surfaces must be cleaned and decontaminated with an EPA approved disinfectant after:
  - Contact with blood or OPIM
  - After completion of procedures and after any spills of blood or OPIM
Decontamination Procedures

- Use appropriate PPE
- Wipe small amounts of infectious material with paper towels
- Dispose of body fluids not visibly contaminated with blood in regular garbage
Decontamination Procedures

- Absorb gross bloody materials with absorbent materials and place in a tied, doubled red bag.

- Use an acceptable commercial disinfectant for surfaces not contaminated with blood

- Decontaminate mop, broom or dust pan in a bleach solution
Medical Waste
Regulated Medical Waste

- Liquid or semi-liquid blood or other potentially infectious materials. Soiled sharps and saturated materials are included.
Regulated Medical Waste

- Red bags and sharps containers are provided for the collection of regulated medical waste.

- A sharps container, red bag, and storage box should be available in the Nurse’s and/or Custodian’s office.
Regulated Medical Waste

- Materials soiled and saturated with blood or other potentially infectious materials should be discarded here, unwashed and unsorted.
Requirements for Handling Laundry

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with biohazard symbol for this purpose
- Wear appropriate PPE when handling and/or sorting contaminated laundry

REMOVAL & REPLACEMENTS

The Nurse or Custodian should contact:
the Office of Occupational Safety and Health (OOSH) (718) 935-2319
Personal Protective Equipment
Personal Protective Equipment (PPE)

- PPE provides protection against exposure to infectious materials and must be routinely used when contact with blood or body fluids is anticipated.
- Selection of PPE is task oriented
- PPE is appropriate when under normal conditions it prevents blood and body fluids from reaching an employee’s:
  - work clothes, street clothes, undergarments
  - skin, mouth, eyes, other mucus membranes
Examples of PPE

- Gloves
- Gowns, aprons, sleeves
- Laboratory coats
- Face shields or masks
- Eye protection
- Mouthpieces
- Resuscitation bags, Pocket masks
- Foot protection
Removing Contaminated Gloves
Removing Gloves

PINCH one glove back by the cuff until it comes off inside out. Discard or cup it in the palm of your gloved hand.
Removing Gloves

HOOK a finger of your bare hand inside the cuff of the remaining glove

PULL BACK so this glove also comes off inside-out with the first glove tucked inside it.

Wash hands!
Communication of Hazards to Employees & Training
Labeling and Signs
Labeling

- Labels must be fluorescent orange or orange-red with the biohazard symbol or *biohazardous waste* lettering in a contrasting color.

- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempt from the labeling requirements.
Observe Universal Precautions

Universal (Standard) Precautions

- All employees must practice Universal or Standard Precautions. This is an approach to infection control that assumes that all blood and other potentially infectious materials are infectious.
- In the event an employee is contaminated with blood (e.g., bites, fights) he/she must contact the Site Administrator immediately to initiate a Post-Exposure Evaluation and Follow-up.

Each DOE site must make provision for disposable gloves, hand washing facilities, sharps and bio-hazardous waste disposal, spill containment and appropriate disinfectants.

Site Administrator:
Room _______________ Phone _______________
Training
Training

- Must be done annually for returning employees and new hires
- Attendance sheet must be kept on file for 3 years
- All employees who are assigned to tasks where occupational exposure may take place must be provided with information and training at the time of initial assignment
- Training must include Q&A
Vaccines
Eligibility for the Hepatitis B Vaccine

- The vaccine is:
  - Free
  - Given on the employer’s time
  - Administered on-site

- The vaccine will only be given to those:
  - Who have been trained
  - Completed a Vaccination Notification form or Vaccination Declination form

The vaccine is offered to:
Employees who have occupational exposure to bloodborne pathogens
Hepatitis B Vaccination Notification Form

- Ensures the employee is aware of job related exposure risks
- Completed by at-risk employees who wish to take the Hepatitis B vaccine for the first time
- Site Administrator collects completed forms
Hepatitis B Vaccine Declination Form

- States that the at-risk employee declines to take the vaccine at this time
- The employee may opt to take the vaccine at a later date
- Filled out by those in the Occupational Exposure Group
- This form is a medical record and must be kept on file
Post Exposure & Follow Up Policy
Post Exposure Procedure

- If you have been contaminated by blood, you may have been exposed to Hepatitis B, Hepatitis C, and/or HIV.

- Wash off the exposed area immediately.

- Report the incident to your Principal/Custodian/ Site Administrator in order to receive proper post-exposure evaluation and follow-up.
Post Exposure Follow-up Policy

- Employees must seek medical attention immediately.
- The doctor’s visit is free of charge.
- The employee reserves the right to decline medical attention
  - the employee must provide the reason for the declination in writing
  - a record of this declination must be kept on file.
Exposure Incident Report

Part I
Employee

Part II
Principal
Principal signs report
Provides employee with copy of regulations for physician

Part III
Health Care Counselor
Provides post-exposure counseling

Part IV
Physician
Provides written report to Principal in 15 days
Employee Exposure Incident Report
Post Exposure & Follow-up Policy

- The principal must keep an accurate record for each employee with occupational exposure
  - Exposure Incident Report Log

- The Principal must determine whether the case is recordable on the Log and Summary of Occupational Injury and Illnesses form (SH 900)
  - If the case is recordable, then it must be recorded as a privacy case, and the employee’s name must be omitted from all OSHA forms.
# Exposure Incident Report Log

<table>
<thead>
<tr>
<th>CASE #</th>
<th>RECORD NUMBER (BUILDING CODE - YEAR-MONTH)</th>
<th>DATE OF EXPOSURE</th>
<th>LOCATION OF INCIDENT</th>
<th>ROUTE(S) OF EXPOSURE</th>
<th>NATURE OF INCIDENT</th>
<th>ID &amp; DOCUMENT SOURCE IDENTITY</th>
<th>PROVIDE MEDICAL EVALUATION &amp; FOLLOW-UP (Medical Provider Name &amp; Title)</th>
<th>DESCRIPTION OF EXPOSURE</th>
</tr>
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If you require additional forms or information concerning the completion of this form, please contact the Office of Occupational Safety and Health at (718) 935-2319.

OOSH - EXPOSURE INCIDENT REPORT LOG (1/06)
The NYCDOE will reimburse medical expenses incurred because of an exposure incident.

- Forms and supporting documentation must be submitted to the Medical Claims Bureau.

- Your Site Administrator will be able to assist you in filing the appropriate forms.
Recordkeeping
Recordkeeping Requirements

- **Medical Records**
  - Duration of employment + 30 years

- **Training Records**
  - 3 years

- **Sharps Injury Log**
  - 5 years
The End