

Bloodborne Pathogens Exposure Control Plan



School District of Manawa

Adopted by School Board on _____
(date)

The following person(s) is responsible for implementation and review of the Exposure Control Plan: District Administrator, Building Principals, and District Nurse

In accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030 (see Appendix A), the following exposure control plan has been developed. Pursuant to Wis. Stat. Section 101.055(see Appendix B), the Wisconsin Department of Commerce, Safety and Buildings Division is required to adopt and enforce health and safety standards equal to those offered private employees as administered by OSHA. (Definitions relating to the exposure control plan are found in Appendix C).

I. Exposure Determination

Each school district must determine which of its employees could be exposed to blood or other potentially infectious materials (OPIM) in the course of their work assignment. These employees, for the purposes of compliance with this standard, may be described as:

- 1) designated first aid providers (those whose primary job assignment would include rendering first aid); and
- 2) those employees who might render first aid *only as a collateral duty*.

A. Job Classifications

The district has identified the following job classifications as those in which employees of the district could be exposed to bloodborne pathogens in the course of fulfilling their job requirements. Appendix D, *Job Classification Exposure Determination Form*, contains a list of job classifications in this district with potential exposure.

B. Tasks and Procedures

A list of tasks and procedures performed by employees in the above job classifications is required. This exposure determination shall be made without regard to the use of personal protective equipment.

Tasks/procedures may include but not limited to:

1. care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut);
2. initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);
3. care of students with medical needs (such as tracheotomy, colostomy, injections);

4. care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs);
5. care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);
6. care of an injured person in laboratory settings, technical education settings, or art classes;
7. care of an injured person during a sport activity;
8. care of students who receive training or therapy in a home-based setting; and/or
9. cleaning tasks associated with body fluid spills.

II. Method of Compliance

All of the following methods of compliance are mandated by the standard and must be incorporated into the school district exposure control plan. NEOLA Administrative Guidelines will be available on the district webpage and the content included in the training program. It may be desirable to request assistance from staff of the local health department or infection control unit of the local hospital in implementing the following methods.

A. Universal Precautions

In this district, universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering and Work-Practice Controls

Engineering and work-practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained, or replaced, when an exposure incident occurs in this district and at least annually. The annual review must include, and take into account new innovations in technology, particularly devices that reduce needle-sticks.

1. Hand washing

- a. This district shall provide hand-washing facilities which are readily accessible to employees. When a provision for hand-washing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- b. Employees shall wash hands or any other skin with soap and water or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.

- c. Employees shall wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. *Do not reuse disposable gloves.*

2. Housekeeping and Waste Procedures

- a. This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based on the location within the facilities), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.
- b. All equipment, materials, and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - i. Contaminated work surfaces and reusable equipment shall be decontaminated with an appropriate disinfectant immediately after completion of a procedure/task/therapy and/or at the end of the school day if the surface may have become contaminated since the last cleaning. The surface shall be cleaned as soon as feasible when overtly contaminated, or after any spill of blood or other potentially infectious materials. [If bleach is used as a disinfectant, it must be prepared daily at a 1:10 dilution.] The solution is only stable for 24 hours. For a list of disinfectants, refer to the CDC website at <http://www.cdc.gov>.
 - ii. Protective covering, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.
- c. Items such as paper towels, gauze squares, or clothing used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied, and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color and/or affixed with a biohazard label. The bags shall be located: in the health offices and also within custodial supply closets.

On the advice of the Department of Health Services, biohazardous waste, for the purpose of this standard, shall only include items that are blood-soaked, caked with blood, or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass, or plastic on which there is fresh blood.

- d. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and/or removed immediately.

- e. In this district, there shall be a marked biohazard container in the custodial supply closets for used biohazard designated bags. Appropriate disposal of the contents of this container is as follows: the School District of Manawa works with a company called Stericycle. They provide us with large cardboard boxes kept in janitors' closets in which we place our biohazard bags. Once the large cardboard boxes are full the company takes the whole cardboard box and then they leave us another empty box. We also call Stericycle for full sharps containers. Stericycle customer ID# is 2058878-001
- f. In the event regulated biohazard waste leaks from a bag or container, the waste shall be placed in a second container and the area shall be cleaned and decontaminated.
- g. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately through verbal or written notification before scheduled cleaning.
- h. **Contaminated** sharps, broken glass, plastic, or other sharp objects shall be placed into appropriate sharps containers. In this district, sharps containers shall be able to be closed, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (for example, the art department, classrooms where dissections occur, and the nurse's station). If an incident occurs in which there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.
- i. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach into the containers where these sharps have been placed.
- ii. In this district, the employee shall notify the school nurse when sharps containers become 2/3 full so that they can be disposed of properly by a compliance company that specializes in collecting and disposing of regulated substances, such as medical waste and sharps, pharmaceuticals, and hazardous waste, .
- iii. Contaminated needles shall not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of a one-handed scoop technique.

- i. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Wisconsin, and its political subdivisions (the Department of Natural Resources [DNR] regulates waste disposal in Wisconsin).
- j. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood or other potentially infectious materials are present.
- k. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited (for example, sucking out snake bites).
- l. Specimens of blood or OPIM shall be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. The containers shall be labeled with a biohazard symbol or be colored red.
- m. Equipment that may become contaminated with blood or OPIM must be examined prior to servicing and shipping and must be decontaminated, if feasible. If not feasible, a readily observable biohazard label must be affixed to the equipment stating which portions are contaminated. This information must be conveyed to all affected employees, the service representative, and/or manufacturer (as appropriate), prior to handling, servicing, or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.
- n. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is a reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled and/or colored red, including laundry sent to a commercial establishment for cleaning.

Contaminated laundry shall be placed in biohazard bags and given to custodial staff^[1]^[2]. Then custodial staff shall place the biohazard bags of laundry in a plastic holding container (plastic garbage can with biohazard label affixed) in the area the contaminated items will be laundered.

Laundry shall be washed onsite. Each school building has a washer and dryer. Little Wolf Jr./Sr. High School has the equipment in the old FACE room, Manawa Elementary School has the equipment in the Special Education room.

Contaminated laundry shall first be soaked in a 1:10 bleach solution and then laundered separately from non-contaminated items.

C. Personal Protective Equipment

- 1. Where occupation exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Types of personal protection equipment available in this district are gloves, face masks, and gowns.

- a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.
 - b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use. (Contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.)
 - c. Hypoallergenic gloves (by definition, this means latex free), glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.
 - d. Masks, in combination with eye-protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated (for example a custodian cleaning a clogged toilet or nurses/aides performing suctioning).
 - e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
 - f. Employees expected to perform CPR must have appropriate resuscitator devices readily available and accessible.[3][4]
 - g. Safer needle and needleless devices will be provided for employees who give injections or use lancets.
2. This district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is individually issued to employees. Personal protective equipment is available in each school's health office.

Personal protective equipment shall be given to: teaching staff in all disaster first aid bags, and custodians..

- a. This district shall clean, launder, and/or dispose of personal protective equipment at no cost to the employee.
 - b. This district shall repair or replace personal protective equipment (as needed) to maintain its effectiveness, at no cost to the employee.
3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an

appropriately designated area or container for storage, washing, decontamination, or disposal.

4. If blood or other potentially infectious materials penetrate a garment, the garment shall be removed immediately or as soon as feasible.
5. This district shall ensure employees use appropriate personal protective equipment. If an employee temporarily declines to use personal protective equipment, feeling that it would pose an increased hazard to the employee or others, this district shall investigate the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. The investigation shall be included as a part of the annual review of the plan.

III. Hepatitis B Vaccination

A. Covered Employees

1. This district shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, and method of administration as well as the benefits of being vaccinated.
2. This district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupation exposure.
3. The vaccine and vaccinations shall be offered free of charge, made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician, according to the most current recommendations of the U.S. Public Health Service. This district ensures that an accredited laboratory then conducts the laboratory titer, if required. A record of the vaccination shall be maintained in the employee's personnel file (see Appendix G for a vaccination record).
4. This district shall not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.
5. If an employee initially declines the hepatitis B vaccination series, but at a later date (while still covered under the standard) decides to accept the vaccination, this district shall make available the hepatitis B vaccine at that time.
6. This district shall ensure that employees who decline to accept the hepatitis B vaccine offered by this district sign the declination statement established under the standard (see Appendix H).
7. If the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future date, such booster dose(s) shall be made available at no charge to the employee.

8. Records regarding hepatitis B vaccinations or declinations are to be kept by the District Nurse.
9. This district shall ensure the health-care professional responsible for administering the employee's hepatitis B vaccination is provided with a copy of this regulation.
10. Health-care employees that have ongoing contact with blood or OPIM, and are at risk for injuries with sharp instruments or needle-sticks, must be tested for antibodies to hepatitis B surface antigen one to two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Nonresponders must be medically evaluated.

B. First Aid as Collateral Duty

1. This district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid *only* in the case that they render assistance in any situation involving the presence of blood or OPIM.
2. The full hepatitis B vaccination series shall be made available as soon as possible, but no later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident has occurred," as defined by the standard.
3. The hepatitis B vaccination record or declination statement shall be completed. All other pertinent conditions shall be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.
4. This reporting procedure shall be included in the training program.

IV. Post-exposure Evaluation and Follow-up

A. Definition of an Exposure Incident

1. An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, or other mucous membrane or by piercing the skin or mucous membrane through such events as needle-sticks. A physician ultimately must determine and certify in writing that a significant exposure has occurred.
2. *All* first aid incidents involving the presence of blood or OPIM shall be reported to this school district's nurse by the end of the workday on which the incident occurred.
3. A *School Exposure Incident Investigation Form* (Appendix I) must be used to report first aid incidents involving blood or OPIM to determine the nature and scope of the situation (see Appendix I for a sample form). The incident description must include a determination of whether or not an "exposure incident," as defined by the standard,

occurred in addition to the presence of blood or other potentially infectious materials. This form shall be readily available to all employees.

4. Once a significant exposure is suspected, a *Medical Management of Individuals Exposed to Blood/Body Fluids* form shall be completed. For purposes of Worker's Compensation, exposure must be documented on a form developed by the Wisconsin Department of Workforce Development (DWD). This form is for Worker's Compensation purposes and is not a record of medical treatment. It is also not intended to be used for billing purposes (see Appendix J for information on ordering the DWD form).

B. Needle-Stick Injury

In the event of a needle-stick or sharps injury, this district will maintain a separate log that includes the description of the incident, the type and brand of device involved, and the location (work area) where the incident took place (see Appendix K for a sample needle-stick log).

C. Exposure Incident Follow-up

Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination from a health-care provider knowledgeable about the current management of post-exposure prophylaxis in the first 24 hours following exposure. Minimal follow-up shall include the following:

1. This district shall document the route(s) of exposure and the circumstances under which the exposure incident occurred.
2. This district shall identify and document the source individual, if possible, unless this district can establish that identification is not feasible or prohibited by state or local law.
 - a. The source individual's blood shall be tested *as soon as feasible* and *after consent is obtained* in order to determine HIV, HBV, and HCV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained. If the source individual is already known to be HIV, HBV, and/or HCV positive, new testing need not be performed.
 - b. Results of the source individual's testing shall be made available to the exposed employee *only after consent is obtained*, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - c. An employee of a school district, while performing employment duties involving an individual, experiences a significant exposure to the individual may subject the source individual's blood to a test or series of tests for the presence of human immunodeficiency virus (HIV), antigen or non-antigenic products of HIV and may receive disclosure of the results [s. 252.15 (2) (7), Stats.].
3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV, HBV, and HCV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the

employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

4. For post-exposure prophylaxis, this district shall follow the recommendations established by the Centers for Disease Control and Prevention, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV[5], and HIV, and Recommendations for Post-exposure Prophylaxis, June 29, 2001. The employee must be made aware of the 2-24 hour window of efficacy of chemical prophylaxis. The evaluation must include assessment for the hepatitis C virus.
5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.
6. There shall be an evaluation of reported illnesses.

D. Medical Follow-up

1. This district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee.
2. All medical evaluations and procedures shall be conducted by, or under the supervision of, a licensed physician knowledgeable about the current management of post-exposure prophylaxis.
3. Laboratory tests shall be conducted in accredited laboratories.
4. Information provided to the health-care professional that evaluates the employee shall include:
 - a. a copy of the Public Employee Safety and Health statute, s. 101.055, Stats.;
 - b. a description of the employee's duties as they relate to the exposure incident;
 - c. documentation of the route of exposure and circumstances under which exposure occurred;
 - d. results of the source individual's blood test, if consent was given and results are available; and
 - e. a copy of all medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Employee Information

1. This district shall obtain and provide the employee with a copy of the evaluating health-care professional's written opinion within 15 days of the completion of the evaluation.

2. The health-care professional's written opinion regarding hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
3. The health-care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. the affected employee has been informed of the results of the evaluation; and
 - b. the affected employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation and/or treatment.
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

V. Communication About Hazards to Employees

A. Warning Labels

1. Warning labels shall be affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. Exception: red bags or red containers may be substituted for labels.
2. Labels required by this section shall include the following legend:



BIOHAZARD

3. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
 4. Labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
 5. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.
- ### **B. Information and Training**

1. This district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.
2. Training shall be provided at the time of initial assignment to tasks in which occupational exposure may take place, and at least annually thereafter. This plan is available to all staff for review at any time. A copy will be provided to any staff member at no charge and within 15 days of the request.
3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure issues.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace. The Occupational Safety and Health Administration require that the knowledgeable person be available to answer questions at the time of the bloodborne pathogen training.
6. Training must include information on the hepatitis C virus in addition to other bloodborne pathogens (see Appendix L for a list of the required minimal content for training).
7. If needles are used in the district, staff will be given training, including information and hands-on experience with safer needle and needleless devices and other improved engineering controls.

VI. Recordkeeping

A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (see Appendix M for a checklist):
 - a. each employee's name and social security number,
 - b. a copy of each employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B,
 - c. if an exposure incident(s) has occurred, a copy of all results of examinations, medical testing, and follow-up procedures,
 - d. if an exposure incident(s) has occurred, the district's copy of the health-care professional's written opinion,
 - e. if an exposure incident(s) has occurred, the district's copy of information provided to the health-care professional: exposure incident investigation form; the results of the source individual's blood testing, if available; and the consent obtained for release.

2. This district shall ensure that each employee's medical records are kept confidential and are *not* disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.
3. These medical records shall be maintained for the duration of employment plus 30 years.
4. Records do not have to be maintained if the employee was employed for less than one year and is provided with the record at the time of termination.

B. Training Records

1. Training records shall include:
 - a. training session date(s)
 - b. contents or summaries of training sessions
 - c. names and qualifications of persons conducting training sessions
 - d. names and job titles of all persons attending training sessions
2. Training records shall be maintained for three years from the date the training occurred.

C. Annual Review of Exposure Control Plan

1. This district shall annually review the exposure control plan (see Appendix N for a sample form). The review shall include:
 - a. a list of new tasks that affect occupational exposure,
 - b. modifications of tasks and procedures,
 - c. evaluation of available engineering controls including engineered-safer needle devices,
 - d. a list of new employee positions with potential for occupational exposure, and
 - e. solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

D. Availability of Records

1. This district shall ensure:
 - a. all records required to be maintained by this standard shall be made available upon request to the Department of Commerce (or designee) for examination and copying,
 - b. employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Commerce (or designee),

- c. employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee, and to the Department of Commerce (or designee), and
 - d. a log of needle-stick/sharps injuries shall be kept for a minimum of five years.
2. This district shall comply with the requirements involving the transfer of records set forth in this standard.

E. OSHA Recordkeeping

- 1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).
 - a. OSHA-reportable exposure incidents, including splashes to mucous membranes, eyes, or non-intact skin, shall be entered as injuries on the OSHA 300 Log.
 - b. This determination and the recording activities are done by the district nurse or designated health-care provider and are then forwarded to the person completing the OSHA 300 Log.
- 2. A sharps injury log must be maintained in a manner that protects the privacy of employees. At minimum, the log will contain the following:
 - a. location of the incident,
 - b. brand or type of sharp, and
 - c. description of incident.