University of New Haven

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Prepared By:
Triumvirate Environmental

Developed: October 2010
Reviewed and Updated: March 2015

Program Approval

Associate Vice President of Public Safety & Administrative Services — Date: 4-10-15

Director of Health Services — Date: 4/14/15

University of New Haven

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1.0 General Policy

The University of New Haven is committed to providing a safe and healthy work environment for our employees. A Bloodborne Pathogens Exposure Control Plan (Plan) eliminates or minimizes occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The standard is designed to protect employees from disease-causing microorganisms found in human blood and other body fluids. The Bloodborne Pathogens standard is the basis for this written exposure control plan and it is the policy of the University of New Haven to meet or exceed the requirements of the standard.

1.1 Purpose

The purpose of this Plan is to protect University of New Haven employees from exposure to blood and other potentially infectious material since exposure could result in transmission of bloodborne pathogens which could lead to serious illness or death.

The University of New Haven adheres to the Plan to ensure the safety and wellbeing of all employees who could be reasonably anticipated, as a result of performing their job duties, to face contact with blood and other potentially infectious materials (affected employees).

1.2 Review

The Associate Vice President of Public Safety and the Director of Health Services will review and update this Plan whenever necessary or at least annually through ongoing observations of potential occupational exposure to employees, based on the following:

- changes in job duties, employee assignments, processes or operations that would change the potential for occupational exposure or change which employees would be affected; or
- changes in applicable regulations; or
- changes in technology that could eliminate or reduce exposures; or
- observed discrepancies or inadequacies of this Plan.

The University of New Haven will solicit input from non-managerial employees responsible for the

clean-up of blood and other potentially infectious materials who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and will document the solicitation.

All the elements of this Plan are considered University of New Haven policy and may be enforced as such. Failure on the part of the employees to follow the policies and safety requirements of this Plan may result in disciplinary action.

2.0 Exposure Determination (Affected Employees)

It has been determined that there are certain University of New Haven employees who have been identified as having a potential occupational exposure. Those employees are subject to all the provisions of this Plan.

Employees with the following job classifications who engage in any of the following activities at the University of New Haven have been identified as having a potential occupational exposure:

Job Title and Department	Job Description
Housekeeper / Custodial Services	Handles of regulated waste Cleans-up of blood or other potentially infectious materials
Facilities	Works in and around potentially infectious areas
First Responders	Administers first aid Assists employees who have been injured
University of New Haven Police	Takes unruly persons into custody Potentially assists employees and/or students who have been injured
On-site Nursing Staff	Administers vaccinations, working with patients
Dental Staff	Works around patients
Resident Directors/Residential Assistants	Potentially assists students who have been injured
Biology and Forensic Science Instructors	Potentially exposed with class lectures
Sports Coaching Staff	Administers first aid Assists students who may have been injured
Mail Room Staff	Potentially handles potentially infections materials

3.0 Methods of Compliance

3.1 Engineering & Work Practice Controls

Engineering and work practice controls must be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Personal protective equipment must be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

In order to minimize possible employee exposure to bloodborne pathogens, the University of New Haven will implement the following methods:

- Taking universal precautions when approaching blood and other body fluids;
- Investigating and, if feasible, implementing effective engineering controls;
- Adopting safe work practices;
- Implementing proper housekeeping activities;
- Using properly selected personal protective equipment;
- Properly packaging, labeling, marking, and disposing of potentially infectious materials; and
- Decontaminating surfaces that have come into contact with blood or other body fluids.

All clean-up procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

Staff have been trained on the locations of spill clean-up kits and instructed on how to appropriately contain and clean-up spills of blood and other potentially infections material.

3.2 Hand Washing

The University of New Haven provides hand washing facilities which are readily accessible to employees within the facility.

In the event hand washing facilities are not feasible, the University of New Haven will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic

towelettes. When antiseptic hand cleansers or towelettes are used, hands must be washed with soap and running water as soon as feasible.

Employees must wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Employees must wash their hands and 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.

3.3 Contaminated Sharps

A sharp is defined as any object that can penetrate the skin. Contaminated sharps at the University of New Haven may include: Spent needles and broken glass that have come in contact with blood or other potentially infections materials. Contaminated sharps may also include a tool, metal part or any other sharp object that has come into contact with blood or other body fluids and is capable of breaking the skin.

3.3.1 Handling Contaminated Sharps

Contaminated needles and other contaminated sharps must not be bent or recapped. Shearing or breaking of contaminated needles is prohibited. If contaminated sharps are discovered or generated by an accident (such as broken glass), they must not be handled directly with the hands, but rather with mechanical means such as a dustpan and brush or forceps and placed into a proper sharps container. If cleanup tools are to be re-used, they must be decontaminated with an effective disinfectant before being placed back in service.

Reusable sharps that are contaminated with blood or other potentially infectious materials must not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

3.3.2 Discarding Contaminated Sharps

Contaminated sharps must be discarded immediately or as soon as feasible in containers that are:

- Closable;
- Puncture-resistant;
- Leak proof on sides and bottom; and
- Labeled or color-coded as a biohazard.

During use, containers for contaminated sharps must be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
- Maintained upright throughout use; and
- Replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers must be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
- If leakage is possible, place in a secondary container. The second container must be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded as a biohazard.

Reusable containers must not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

3.4 Housekeeping

The University of New Haven will ensure that the work area is maintained in a clean and sanitary condition.

All equipment and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces will be decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials.

All trash containers, pails, cans, and similar receptacles intended for routine re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be decontaminated as soon as possible if visibly contaminated.

A readily observable label must be attached to the equipment stating which portions remain contaminated.

3.5 Avoid Food and Drink Around Infectious Materials

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink will

not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present or in areas that have been specifically labeled with the bio-hazardous sticker.

3.6 Personal Protective Equipment (PPE)

When there is occupational exposure, the University of New Haven will provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through and reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

3.6.1 PPE Accessibility

The University of New Haven will ensure that appropriate personal protective equipment in the appropriate size is readily accessible or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

3.6.2 Cleaning, Laundering, and Disposal

The University of New Haven will clean, launder, and dispose of personal protective equipment at no cost to the employee. Additionally, the University will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as feasible.

All personal protective equipment will be removed prior to leaving the work area.

When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

3.6.3 Gloves

Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves will not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

3.6.4 Masks, Eye Protection, and Face Shields

Masks in combination with eye protection devices, such as goggles or safety glasses with solid side shields, or chin-length face shields will 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.

3.6.5 Gowns, Aprons, and Other Protective Body Clothing

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

3.7 Packaging and Containment of Regulated Waste

Regulated waste must be placed in containers which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded as a biohazard; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

If outside contamination of the regulated waste container occurs, it must be placed in a second container. The second container must meet the leakproofness, closure and labeling standards as the contained regulated waste container.

Disposal of all regulated waste must be in accordance with all applicable local, state, and federal regulations, which includes the proper preparation of the shipment according to the USDOT hazardous materials regulations of 49 CFR 100-185.

3.8 Decontamination of Surfaces and Equipment

Surfaces, equipment, machinery, or objects which may become contaminated with blood or other potentially infectious materials will be decontaminated with a suitable disinfecting solution.

If decontamination is not performed immediately, the contaminated surfaces will be signed or labeled as a biohazard to warn all employees as to its potentially-infectious condition. Once decontaminated, the warnings will be removed.

4.0 Hepatitis B Vaccination Program and Post Exposure Evaluation

The University of New Haven will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The University of New Haven will also provide post-exposure evaluation and follow-up to all employees who have had an exposure incident. The University of New Haven will ensure that all medical evaluations are:

- made available at no cost to the employee;
- made available to the employee at a reasonable time and place;
- performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

The University of New Haven will further ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

4.1 Hepatitis B Vaccination

Hepatitis B vaccination will be made available within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The employee will go through the bloodborne pathogens training program prior to vaccination or

declining vaccination.

The University of New Haven will not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

4.2 Declining the Hepatitis B Vaccination

Following training, an employee identified as having an occupational exposure may decline having the hepatitis B vaccination. The University of New Haven will assure that employees who decline the hepatitis B vaccination sign the declination statement in Appendix A. If the employee initially declines the hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, University of New Haven will make available the hepatitis B vaccination at that time.

4.3 Hepatitis B Vaccination Booster

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available in accordance with section 1910.1030(f)(1)(ii).

4.4 Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, the University of New Haven will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the University of New Haven can establish that identification is infeasible or prohibited by state or local law;
- The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the University of New Haven will establish that legally required consent cannot be obtained;
- When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented;
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious

status of the source individual.

4.4.1 Collection and testing of blood for HBV and HIV serological status

The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will 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 will be done as soon as feasible.

4.4.2 Post-exposure preventative treatment

Post-exposure treatment that may prevent onset of the disease will be administered, when medically indicated, as recommended by the U.S. Public Health Service, counseling and evaluation of reported illnesses.

4.5 Information Provided to, and Written Opinion of, the Healthcare Professional

The University of New Haven will ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of the OSHA Bloodborne Pathogens Standard. The healthcare professional's written opinion for hepatitis B vaccination will be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

4.6 Information Provided to the Healthcare Professional Following an Exposure

The University of New Haven will ensure that the healthcare professional evaluating an employee after an exposure incident is provided with the following information:

- A copy of this regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

4.7 Healthcare Professional's Written Opinion Following an Exposure

The University of New Haven will obtain and provide the potentially exposed employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

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

- That the employee has been informed of the results of the evaluation;
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment;
- All other findings or diagnoses must remain confidential and must not be included in the written report.

5.0 Communication of Hazards to Employees

5.1 Warning Labels

Warning labels must be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

These labels must be fluorescent orange or orange-red with lettering and symbols in a contrasting color. Labels must include the following legend:

- Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.
- Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirement.
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- Labels are required for contaminated equipment.
- Regulated waste that has been decontaminated need not be labeled or color-coded.

5.2 Signs

The University of New Haven will post signs that bear the biohazard symbol at the entrance to work areas where blood and other potentially infectious material is stored and/or worked with. The posted sign(s) shall contain the following information:

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the responsible person)

6.0 Medical Recordkeeping

The University of New Haven will establish and maintain an accurate record for each employee with occupational exposure.

6.1 Minimum Contents of Medical Records

At a minimum, an employee's medical record will include:

- The name and social security number of the employee;
- A copy of the employee's Hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of all results of examinations, medical testing and follow-up;
- The employer's copy of the healthcare professional's written opinion; and
- A copy of the information provided to the healthcare professional.

6.2 Confidentiality and Accessibility

The University of New Haven will ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or

outside the workplace except as required by this section or as may be required by law.

The University of New Haven will maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.1020 - Access to Exposure and Medical Records. Exposure records will be maintained for the duration of employment plus 30 years.

Employee medical records will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

7.0 Information and Training

The University of New Haven will ensure that all employees with a potential occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours. University staff training will be conducted either classroom style or through the University's on-line Blackboard system.

Training will be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place (as part of the new hire orientation); and
- Annual training for all employees will be provided within one year of their previous training.

The University of New Haven will provide additional training when job tasks or procedures are modified or, when new tasks or procedures that affect the employee's occupational exposure are added. The additional training may be limited to addressing the new exposures created.

The person conducting the training must be knowledgeable in the subject matter being presented as it relates to the workplace and employees must be given the chance to ask questions of the presenter.

Material appropriate in content and vocabulary to educational level, literacy and language of employees will be used.

7.1 Training Program Content

The training program will contain at a minimum the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents;

- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the University of New Haven exposure control plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- 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 will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- 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, labels and color coding; and
- An opportunity for interactive questions and answers with the person conducting the training session.

7.2 Training Records

Training records will include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

Training records will be maintained for 3 years from the date on which the training occurred and will be provided upon request for examination and copying to employees, to employee representatives, to the Director and to the Assistant Secretary.

7.3 Transfer of Records

The University of New Haven will comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

If the University of New Haven ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, then the University of New Haven will notify the Director (OSHA), at least three months prior to their disposal and transmit them to the Director if required by the Director to do so within that three month period.

7.4 Maintaining a Sharps Injury Log

The University of New Haven will establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the log will be recorded and maintained in a manner that protects the confidentiality of the injured employee. At minimum, the sharps injury log will include the following:

- type and brand of device involved in the incident;
- department or work area where the exposure incident occurred; and
- an explanation of how the incident occurred.

The sharps injury log must be maintained for five years as required by 29 CFR 1904.6.

Please see Appendix B for the Sharps Injury Log to be completed when an incident takes place. Upon completion, the form must be forwarded to the Health Services Department to be maintained with the injured employee/student's file.

Appendix A: Hepatitis B Vaccination Declination Form

HEPATITIS B VACCINATION DECLINATION FORM

Date: _____

Employee Name: _____

Employee ID#: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with 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

_____ _____

Facility Representative Signature Date

Appendix B: Incident and Near Miss Report

Sharps Injury Log

University of New Haven

The University of New Haven
300 Boston Post Road West Haven, Connecticut 06516
University Police X 7070 **Student Health Services X 7079**
Injury and Near Miss Report/Sharps Injury Log

Please complete and Return to Ron Quagliani within 24 Hours of incident.

Date: _____ Time: _____

Name: _____ Location: _____

Department: _____ Course: _____

Instructor: _____ Phone: _____

Description of Accident or Near Miss: Please describe how the accident happened. What was the employee or student doing? List any specific acts by individuals or conditions that led to the accident. (include specific brand of devise, machinery or instruments involved)

_____

_____

_____

_____

_____

_____

Nature of Injury		
☐ Abrasion	☐ Cut	☐ Scratch
☐ Amputation	☐ Dislocation	☐ Shock
☐ Asphyxiation	☐ Fracture	☐ Sprain
☐ Bite	☐ Laceration	☐ Splinter
☐ Bruise	☐ Poisioning	☐ Strain
☐ Burn	☐ Puncture	
☐ Concussion	☐ Repetitve Stress	
☐ Other (Specify) _____		

Part of Body Injured		
☐ Abdomen	☐ Face	☐ Leg
☐ Ankle	☐ Finger	☐ Mouth
☐ Back	☐ Foot	☐ Nose
☐ Chest	☐ Forearm	☐ Shoulder
☐ Ear	☐ Hand	☐ Teeth
☐ Elbow	☐ Head	☐ Wrist
☐ Eye	☐ Knee	
☐ Other (Specify) _____		

Witnessed By (if any): _____ Witnessed By (if any): _____

Contact Number: _____ Contact Number: _____

Was first aid administered? Yes ☐ No ☐ Did injured person go to Health Services? Yes ☐ No ☐

If first aid was administered, please describe (i.e. ice pack, band aid, etc.): _____

Loss of consciousness? Yes ☐ No ☐ Was EMS called? Yes ☐ No ☐

Did injured person refuse EMS/ first aid? Yes ☐ No ☐ Was injured person transported and where? _____

Signature of injured person refusing first aid or EMS transport: _____

Were photographs taken of the area and/or equipment involved in the accident or near miss? Yes ☐ No ☐

If pictures were taken, where are they being kept? _____

Corrective Action: In your opinion, what are reasonable actions or steps that could be taken to eliminate or reduce the likelihood of a recurrence. Attach separate page if necessary.

_____

_____

_____

Name of person completing form: _____ Date: _____

For Laboratory Manager Use Only

Laboratory Manager Signature: _____ Date: _____

Were laboratory safety procedures being followed at the time of the injured person's accident/near miss?: Yes ☐ No ☐

Comments: _____

_____

Please complete and return within 24 hours to Ron Quagliani, Gate House Room 101 - rquagliani@newhaven.edu