



MOUNTAIN BROOK FIRE DEPARTMENT

POLICY NO. 102.02

VOLUME: 1

SUBJECT: Exposure Control Plan

SIGNED: _____

DATE: 5/2/2018 - revised

Chris J. Mullins, Fire Chief

SCOPE AND PURPOSE: The Mountain Brook Fire Department is committed to providing employees with a safe and healthful work environment. The Mountain Brook Fire Department recognizes the potential exposure of its members to communicable diseases in the performance of their duties and in the normal work environment. The department has developed the following exposure control plan (ECP) in an effort to eliminate or minimize occupational exposure to bloodborne pathogens.

The protocols and guidance contained within this policy have been established in accordance with the requirements of the Needlestick Safety and Prevention Act of 2000 and recommendations from Occupational Safety & Health Administration (OSHA): standard 29 CFR 1910.1030 *Occupational Exposure to Bloodborne Pathogens*; NFPA 1581: Standard on Fire Department Infection Control Program.

The ECP includes:

- Program Administration
- Determination of employee exposure
- Exposure control methods:
 - Universal precautions
 - Engineering and work practice controls
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Policy: The Mountain Brook Fire Department is committed to a program that will reduce this exposure to a minimum and will take whatever measures are feasible to protect the health of its members.

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Program Administration

The Battalion Chief of Safety and Training (Safety 1) is appointed by the Fire Chief as program administrator. The program administrator and/or a designated representative shall be responsible for:

- The annual review, maintenance, and update to the Exposure Control Plan (ECP)
- Coordination of bloodborne pathogen infection control training and documentation
- Providing access to written ECP to all Mountain Brook employees
- Conducting annual safety check of Personal Protective Equipment (PPE) and station safety concerns
- Reviewing injuries or illnesses that involve potential and actual exposures
- The maintenance of related records

The Deputy Chief of EMS and Operations (Chief 2) shall be responsible for the following:

- Maintain all necessary PPE to reduce exposure to blood or other potentially infectious materials (OPIM)
- Engineering controls such as red bags, sharps containers, labels, and safer medical devices
- Medical supplies for decontamination

Implementation and Control

Universal Precautions will be followed by all employees according to annual training and recommendations from the Center for Disease Control (CDC) and OSHA. Body substance isolation practices shall be followed and include the use of proper PPE when appropriate.

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens to include:

- Sharps disposal containers and biohazard bags located on apparatus that shall be inspected daily to prevent overflow
- Medical waste (Red) containers located at each station shall be inspected for disposal monthly. Contact WestMed Disposal, Inc. 205-938-3333 for all handling of medical waste disposal
- Annual review of engineer controls and work practices shall be assessed by EMS committee, employees, and consultation of industry publication

Annual Safety Review/Housekeeping:

Annual inspection of PPE will be conducted by Safety 1 to ensure capabilities and replacement guidelines. PPE checks shall ensure that employees have access to appropriate sized disposable medical gloves, masks, gowns, eye protection, as well as approved cleaning and disinfecting

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supplies. A guideline for PPE selection is provided in Attachment A. For more information on universal precautions visit <https://www.cdc.gov/hai/pdfs/ppe/ppeslides6-29-04.pdf>.

Vaccinations:

Safety 1 will provide employees with training on hepatitis A/B vaccinations as well as optional MMR and Tetanus. In the event that an employee of the Mountain Brook Fire Department is exposed to potentially infectious materials the vaccination status of the employee will be evaluated.

Vaccinations such as Hepatitis A/B, MMR (Measles, Mumps, & Rubella), and Tetanus will be provided with the following exceptions:

1. The employee has had a previous vaccination series,
2. Antibody testing revealing the employee to be immune, or
3. Medical evaluation shows that vaccination is contraindicated

Vaccination waiver form Attachment B is provided for any employee declining the vaccination.

Vaccination records are maintained and secured in the employee personnel files.

Bloodborne Pathogen Contact

In the event that a member becomes exposed to blood or bodily fluids, actions to be taken include:

- Thoroughly wash the area as soon as possible with soap and water
 - Use of hand sanitizer may be used if soap and water are not immediately available
 - Avoid eating, drinking, smoking, or touching any exposed skin until gloves have been removed and your hands have been washed
- Dispose of contaminated sharps, glass, or needles in puncture resistant and leak proof containers with proper warning labels
- Remove and place contaminated gloves in red biohazard bags on apparatus or a responding ambulance
 - Biohazard bags should be placed in collection bins at each station
- Remove clothing that contacts bodily fluids as soon as possible, place in biohazard bag and label contents
 - Battalion 1 shall collect and send bagged clothing to station three for decontamination in extractor according to guidelines
 - As a further precaution, clean external exposed areas of the extractor and any contaminated equipment using a ¼ cup bleach per gallon of water mixture

Post Exposure Evaluation and Follow Up

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Immediately:

- Wash the exposed area thoroughly with soap and water
- Flush exposed area around the nose or mouth with water
- Irrigate exposed eyes with clean water, saline, or sterile irrigates for a duration of twenty minutes

Remove and clean/dispose of contaminated clothing, as described above.

Notification shall be made as follows:

- Company Officer
- Shift Commander (Battalion 1)
- Safety 1 cell. 205-438-2797 office. 205-802-3833

An immediately available confidential medical evaluation and follow-up will be conducted by Alacomp or Brookwood Emergency Room (if after hours).

At the Emergency Department:

Upon arrival at the hospital, immediately notify the supervising nurse of the situation. If the employee does not arrive at the emergency room, contact should be made with the supervising nurse as soon as possible and request patient testing.

- Affected employee(s) should ask for the Infection Control Representative (during normal business hours) or the Charge Nurse (during evenings, nights and weekends)
 - Determination will be made by Safety 1 and the Infection Control Representative or their designee if the exposure is considered a significant exposure
 - If the exposure meets the criteria for a significant exposure, blood samples will be taken from both the source patient and the exposed member
 - If the exposure does not meet the criteria of a significant exposure, no blood samples will be taken

Exposure Reporting:

The direct supervisor shall complete the following documentation as soon as possible after occurrence:

- Communicable Disease Request/Declination Form (Attachment B)
- Infectious Exposure Form (Attachment C)
- State of Alabama Employers First Report of Injury Contact 1-855-660-5200 (Attachment D)

Forward to Safety 1 so that a level of exposure can be determined and appropriate protocol

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established. Safety 1 can be reached at 438-2797 (cell) or 802-3833 (office). In the absence of Safety 1, contact should be made in the following order: Chief 2: 438-2569 (cell) or 802-3831 (office) Chief 1: 438-2796 (cell) or 802-3837 (office).

- Safety 1 will consult Infectious Control Nurse, Occupational Physician, and complete Exposure Work Report (Attachment E). In the determination of a significant exposure, employee will be provided with an immediate confidential medical exam through Alacomp if not already completed at Emergency Room.
 - The attending physician will be given the Medical Surveillance Form and Physician Evaluation of Infectious Exposure Incident forms (Attachments F and G)
 - The Infectious Control Nurse will be contacted at the receiving hospital in order to obtain the source patient infectious status. (Attachment H)
 - All documentation will be placed in employee's permanent health record

Significant Exposure Follow Up:

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider and employee according to confidentiality laws
- Hospital-required testing and treatment for consenting exposed employee will be paid for by the City of Mountain Brook and treated as an on-the-job-injury (see policy 106.08) (Attachment I)
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

Confidential counseling is available for employees and family through the city of Mountain Brook Employee Assistance Program (EAP) by American Behavioral, Phone (205) 868-9607 or 205-868-9612.

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the company officer as determined by Safety 1.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy

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- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- 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 OPIM
- 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
- Employees will complete Personnel Training (Attachment J)

Recordkeeping

The Mountain Brook Fire Department shall ensure that a confidential, permanent health file is established and maintained on each employee. Records will be maintained and secured in the Administrative office to assure confidentiality and will include:

- Medical evaluations, health screenings, AEA results, any occupational illnesses or injuries, exposure reports, and first report of injury records.
- Vaccination records
- Records are to be maintained for length of employment plus 30 years

A Sharps Injury Log (Attachment K) will be maintained and record all percutaneous injuries. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.



MOUNTAIN BROOK FIRE DEPARTMENT

BLOODBORNE PATHOGENS PERSONAL PROTECTIVE EQUIPMENT GUIDELINES

Procedure:	Wash Hands	Wear Gloves	Use Gown	Use Mask	Use Eyewear
Talk w/Patient	none	none	none	none	none
Adjust IV fluid rate or non-invasive equipment	none	none	none	none	none
Examining patient without touching blood, fluids or mucous membranes	yes				
Examining patient w/ significant cough	yes			yes	
Examining patient including contact w/ blood, fluids, mucous, & drainage	yes	yes			
Drawing Blood	yes	yes			
Inserting venous access	yes	yes			
Suction	yes	yes			
Inserting catheters	yes	yes			
Handling soiled waste, linen, other mat.	yes	yes			
Intubation	yes	yes	yes	yes	yes

Use gown, mask, and eyewear if blood and/or body fluid spattering is likely.



Mountain Brook Fire Department

Communicable Disease Request/Declination Form

REQUEST FOR VACCINE

My department has provided me information about vaccination for HBV. I have had the opportunity to ask questions. I understand and accept the responsibility of receiving the vaccination. I am knowledgeable of the risk incurred if I am not vaccinated.

Therefore, I agree to hold harmless, my department and any and all of its agents, officials, employees or other associates from any injury, complication or side effect caused by my receiving the HBV vaccination.

Employee's Name

Position/Function

Employee's Signature

Date

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining in the future, 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's Name

Position/Function

Employee's Signature

Date

HEPATITIS B VACCINE/PREVIOUSLY VACCINATED

I have received the hepatitis B vaccine previously and do not need to be vaccinated at this time. However, I realize that it is my responsibility to request that my blood be drawn and checked to see if I am immune to the hepatitis B virus at no cost to me. I also understand that if I request the hepatitis B vaccine in the future, it will be provided at no cost to me.

Employee's Name

Position/Function

Employee's Signature

Date

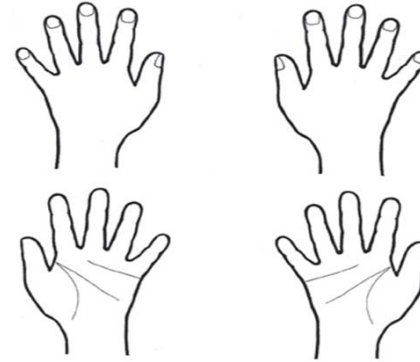
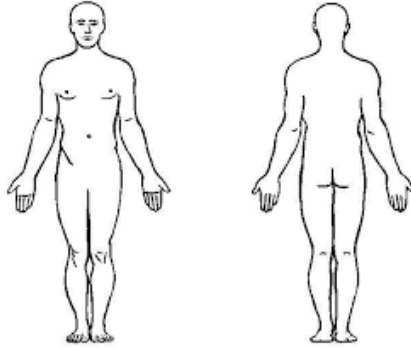
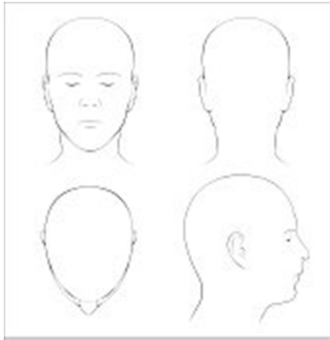


Mountain Brook Fire Department

Bloodborne Pathogen Exposure Report

Employee Name:		Current Position:	
Date of Incident:	Date of Report:	Time of Report:	Time of Incident:
Shift: A B C	Company:	Type of Incident:	Run Number:
Patient Name:	Sex: M F	Age:	Transported To:
Employee Transported with Patient: <input type="checkbox"/> Y <input type="checkbox"/> N		Suspected or Confirmed Disease: <input type="checkbox"/> Y <input type="checkbox"/> N	
Significant Exposure: <input type="checkbox"/> Y <input type="checkbox"/> N		Transported By:	
Type of Exposure:		Was Skin Intact:	
<input type="checkbox"/> Mucuous <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Skin <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkown	
		Clothing Affected: <input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Soaked through <input type="checkbox"/> Spray / Droplet <input type="checkbox"/> Dried / Caked <input type="checkbox"/> Diluted	
Type of Fluid:			
<input type="checkbox"/> Blood <input type="checkbox"/> Vomitus <input type="checkbox"/> Unknown			
<input type="checkbox"/> Visibly bloody fluid <input type="checkbox"/> Mucous / Droplets <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Visibly bloody solution <input type="checkbox"/> Urine <input type="checkbox"/> Saliva			
<input type="checkbox"/> Feces <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Wound Discharge (PUS)			
Depth of Injury:			
<input type="checkbox"/> Superficial <input type="checkbox"/> Moderate <input type="checkbox"/> Deep <input type="checkbox"/> Other: _____			
Blood Visible on Device Before Exposure?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkown			
Body Part Exposed / Injured:			
<input type="checkbox"/> Face <input type="checkbox"/> Mouth <input type="checkbox"/> Nose <input type="checkbox"/> Eyes <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Fingers			
<input type="checkbox"/> Body Trunk <input type="checkbox"/> Leg <input type="checkbox"/> Other: _____			

Indicate location below with an X



Personal Protective Equipment Worn/Used at Time of Exposure:

- Gloves Eye Protection Face Shield Gown
 Mask CPR Barrier Other: _____

Location of Exposure:

- Scene Ambulance En Route Hospital
 Station Other: _____

Contacted Charge Nurse of Receiving Hospital: Y N

If "Yes", Name of Nurse: _____

Narrative Description of Incident:

Employee
Signature: _____ Print Name: _____ Date: _____

Supervisor
Signature: _____ Print Name: _____ Date: _____

Shift Commander Signature: _____ Print Name: _____ Date: _____

24/7 Workplace Injury Triage Hotline

1-855-660-5200

- Immediately following a workplace injury, the Injured Worker should notify their Supervisor of the incident.
- The Supervisor and Injured Worker should immediately call the Triage Hotline which will connect them directly with a Registered Nurse.
- The Nurse will gather details from the Injured Worker regarding the injury to provide appropriate medical triage according to established protocols. This may include instructions for self-care/first aid (per protocols), a referral to a preferred provider clinic, or a referral to the Emergency Room.

**In the event of life or limb threatening injuries, please call 911
or go directly to the nearest Emergency Room.
Do not call the Triage Hotline.**





Mountain Brook Fire Department

Bloodborne Pathogen Exposure Determination Report

TYPE OF EXPOSURE

A. SKIN	B. MUCOUS MEMBRANE	C. CLOTHING
Puncture, Incision	Eye	Droplet(s)
Laceration, Abrasion	Mouth	Soaked
Eczema		Diluted
Hangnail		(If blood soaks through
Pierced Ears		clothing, mark A and
Needle Stick		complete appropriately.)
Open Sore, Lesions		

EXPOSURE GRADES (USE ABOVE INFORMATION TO GRADE)

1. If (A) is checked and any area under (A) was exposed.
2. If (B) is checked and any area under (B) was exposed.
3. If (C) is checked along with (A or B).
4. If (A or B) is checked, but no area (A or B) was exposed.
5. If (C) is checked, with no exposure in (A or B) see BloodBorne Pathogen Contact Protocol.

RATE EXPOSURE (USE ABOVE GRADE NUMBER)

GRADE	1	2	3	4	5
Circle a Number	Infection Potential Present (Take Action)			Potential Not Present (Report Only)	

DISPOSITION

Need Follow Up []	No Follow Up Needed []
PPE Contamination [] Y [] N	Other:
To Counseling On (Date)	To Testing On (Date)
Reviewed by Safety 1 (Date & Initials)	Report Closed and Filed (Date)

Employee Name

Employee Signature

Date

Supervisor Name

Supervisor Signature

Date

Mountain Brook Fire Department

Medical Surveillance Form (send to physician)



Department Run # _____ Hospital Control # _____

Name _____ SSN _____

Job Title _____ Date of Exposure _____

Job Risks _____

Employee HBV Status: (series completed) [] Y [] N

Other: _____

Type of Exposure:	Needlestick	_____	Laceration/Puncture	_____
	Splash/Eyes	_____	Spit/Vomitus	_____
	Inhalation	_____	Mucous Membrane	_____
	Bare Skin	_____	Other (describe)	_____

Medical Information:

Source Patient Test Results (if known): Source Known [] Y [] N

HIV: + ___ - ___ Unknown ___ HBV: + ___ - ___ Unknown ___

TB: + ___ - ___ Unknown ___ Other _____

Employee Test Results:

HIV: + ___ - ___ Unknown ___ HBV: + ___ - ___ Unknown ___

TB: + ___ - ___ Unknown ___ Other _____

HBIG Recommended: [] Y [] N Administered: [] Y [] N

HIV Surveillance Recommended: _____

DATA Provided:

OSHA Standard _____ Medical Records _____ Incident Report _____

Safety Officer _____ Date _____



Mountain Brook Fire Department

Physician Evaluation of Exposure

Department Run #: _____

Hospital Control #: _____

I have evaluated _____ (employee/patient name) for possible complications from a recent exposure to bloodborne pathogens. I have reviewed the materials provided to me by the Mountain Brook Fire Department and performed an assessment of _____ (employee/patient name). I have discussed the results of all of the available tests with the patient named above.

I have discussed the possibility of various medical conditions from exposure to blood, bodily fluid, or other infectious materials with the employee/patient named above.

Other:

The employee is a candidate for HBV vaccination [] Y [] N

The employee has received the HBV vaccination [] Y [] N

The employee is determined to be immune to HBV [] Y [] N

The employee should receive HBV vaccination as a result of the recent exposure incident [] Y [] N

****ALL FINDINGS SHALL BE KEPT CONFIDENTIAL****

PHYSICIAN NAME (PRINT) _____

PHYSICIAN SIGNATURE _____

DATE _____



Mountain Brook Fire Department

Infection Control Nurse Contact

<u>HOSPITAL</u>	<u>Main Tel.</u>	<u>Nurse Name:</u>	<u>Direct Tel./email</u>
<u>UAB WEST</u>	(205) 481-7000	VALERIE WILLIAMS	(205) 481-7328 Valerie.williams@uabmw.org
<u>GRANDVIEW</u>	(205) 971-5415	LORI FORNWALT	(205) 807-1327 Lori.Fornwalt@GrandviewHealth.com
<u>BROOKWOOD</u>	(205) 877-1000	CATHY SANDERS	(205) 877-1341 cathy.sanders@tenethealth.com
<u>CHILDREN'S</u>	(205) 638-2310	DELPHENE NOLAND	(205) 638-9763 Enid.noland@childrensal.org
<u>PRINCETON</u>	(205) 783-3000	BRENDA BRAZZELL	(205) 783-3760 brenda.brazzell@bhsala.com
		STACIA KIMBRELL	(205) 783-3759 Stacia.Kimbrell@bhsala.com
<u>SHELBY</u>	(205) 620-8100	SUSAN BLOOMSTEIN	(205) 620-8785
<u>ST. VINCENT'S</u>	(205) 939-7000	BECKY MCKINNEY	(205) 939-7598 becky.mckinney@ascension.org
		BECKY'S CELL	(205) 281-0805
<u>ST. VINCENT'S EAST</u>	(205) 838-3000	KELLY WILLIAMS	(205) 838-3390 Kellie.williams@ascension.org
		KELLY'S CELL	(205) 639-8177
<u>UAB</u>	(205) 934-5191	DR. BERNARD CAMINS	(205) 957-3295 bcamins@uabmc.edu
		CECILIA SIMMS	(205) 934-5324
<u>UAB HIGHLANDS</u>	(205) 934-3411	LISA MAHEO	(205) 407-1026
<u>VETERAN'S</u>	(205) 933-8101	MIRACLE REESE	(205) 933-8101 ext. 6737



Mountain Brook Fire Department Bloodwork Schedule

Name of Employee: _____

Date of Exposure: _____

Date of Base Line Blood Draw: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG

Other if Applicable:

Follow Up Blood Work Schedule

6-12 Weeks after exposure:

Actual Date Drawn: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG

Other if Applicable:

6 Months after exposure:

Actual Date Drawn: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG

Other if Applicable:

1 year after exposure:

Actual Date Drawn: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG

Other if Applicable:

2 years after exposure:

Actual Date Drawn: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG



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Bloodwork Schedule

Other if Applicable:

3 years after exposure:

Actual Date Drawn: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG

Other if Applicable:

4 years after exposure:

Actual Date Drawn: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG

Other if Applicable:

5 years after exposure:

Actual Date Drawn: _____

Location: _____ Results: **HIV** [] POS [] NEG **HBV** [] POS [] NEG

Other if Applicable:



Mountain Brook Fire Department Personnel Training

Name of Employee: _____ EMPLOYEE #: _____

JOB TITLE: _____

TOPICS COVERED

INITIALS

- _____ Informed of accessibility of the standard and explanation of the policy and 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 appropriate method of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- _____ An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
- _____ Information on types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment.
- _____ An explanation of the basis for selection of personal protective equipment.
- _____ Information on Hepatitis B and Tetanus vaccine, including information on its efficacy, safety, and the benefits of being vaccinated.
- _____ 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 report in the incident and the medical follow-up that will be made available. Also, information on the medical counseling that the employer is providing for exposed individuals.
- _____ An opportunity for interaction with the trainer including scenarios and question and answer.

I am aware that annual retraining is required and will offered by my organization.

Safety Officer Signature	Date	Employee Signature	Date
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Mountain Brook Fire Department

Sharps Injury Log

Date of injury	Case number	Type of sharp	Brand name	Where injury occurred	How injury occurred

*log shall be created annually and retained for 5 years.