# EXPOSURE CONTROL PLAN

# BLOODBORNE PATHOGENS STANDARD

# 29 CFR 1910.1030

## INSTRUCTIONS

As its title indicates, the Employer Guide and Model Exposure Control Plan is intended to serve as an employer compliance guide to the OSHA Bloodborne Pathogens Standard. A central component of your compliance effort will be the development of an Exposure Control Plan (ECP) tailored to your worksite. At a minimum, the plan should include the following elements:

* statement of employer policy
* designation of employees responsible for implementation of various plan elements
* determination of employee exposure
* implementation of various methods of exposure control, including:
* universal precautions
* engineering controls and work practices
* personal protective equipment
* training
* Hepatitis B Vaccination
* Post-exposure evaluation and follow-up
* housekeeping
* labeling
* employer recordkeeping

Before proceeding to use this document, read the Bloodborne Pathogens Standard set forth in the Appendix Section. After you have familiarized yourself with the standard, follow the model control plan in the order in which it is presented, adding information specific to your worksite wherever indicated. The model plan must be completed in its entirety if you wish to be assured that your Exposure Control Plan complies with the Federal standard. You will note that in several places within the model plan, it will be necessary for you to exercise judgment as to how you will proceed.

The Employer Guide and Model Exposure Control Plan also contains forms that may be used to comply with recordkeeping requirements of the standard. Informational pamphlets, highlights of the program's requirements, and a resource list are also provided to assist employers with the training provisions of the standard.

Should you have questions concerning this standard or desire a free on-site consultation visit, please contact the Idaho Occupational Safety and Health Consultation Program at (208) 385-3283, or email consultation@boisestate.edu.

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## APPENDICES

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Appendix A: Bloodborne Pathogens Standard 29 CFR 1910.1030

Appendix B: Occupations at Risk

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Appendix D: Written Opinion for Hepatitis B Vaccination

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Appendix N: Resource List for Engineering Controls and Vaccine Safety

## INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations could be potentially exposed In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented a regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV and HBV. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates of a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

# SAMPLE EXPOSURE CONTROL PLAN

This facility is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Employee exposure determination
* The procedures for evaluating the circumstances surrounding an exposure incident, and
* The schedule and method for implementing the specific sections of the standard, including: Methods of compliance; Hepatitis B vaccination and post-exposure follow-up; Training and communication of hazards to employees; Recordkeeping.

## I. PROGRAM ADMINISTRATION

(Type responsible job title here) is (are) responsible for the implementation of the ECP.

(Type responsible job title here) will maintain and update the written ECP at least annually and whenever

necessary to include new or modified tasks and procedures.

Those employees who are reasonably anticipated to have contact with or exposure to blood or other

potentially infected materials (OPIM) are required to comply with the procedures and work practices

outlined in this ECP.

(Type responsible job title here) will have the responsibility for written housekeeping protocols and will

ensure that effective disinfectants are purchased.

(Type responsible job title here) will be responsible for ensuring that all medical actions required are

performed and that appropriate medical records are maintained.

(Type responsible job title here) will be responsible for training, documentation of training, and making the

 written ECP available to employees, OSHA and NIOSH representatives.

(Type responsible job title here) will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels, and red bags as required by the standard.

 (Type responsible job title here) will ensure that adequate supplies of the aforementioned

equipment are available.

***Note to Employer****: The names or job titles of the Program Administrators can be used to simplify compliance. In a small business the responsibilities for the program may be held by one individual. In this case these items can be combined.*

## II. EMPLOYEE EXPOSURE DETERMINATION

***Note to Employer****: You are not required to complete both sections that follow; you may complete only the section that applies.*

As part of the exposure determination section of our ECP, the following is a list of **all** job classifications at

our establishment in which all employees have occupational exposure:

|  |  |
| --- | --- |
| Job Title | **Department/Location** |
|  |  |

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals.

|  |  |  |
| --- | --- | --- |
| Job Title | Department/Location | **Tasks** |
|  |  |  |

All exposure determinations were made without regard to the use of Personal Protective Equipment (PPE).

***Note to Employer****: Examples of employees with some exposure would include custodians who occasionally clean contaminated equipment and laundries where some workers are assigned the task of handling contaminated laundry. “Good Samaritan” acts which result in exposure to blood or Other Potentially Infectious Materials (OPIM) from assisting a fellow employee are not included in the bloodborne standard. OSHA, however, encourages employers to offer Post-Exposure Evaluation and Follow-up in such cases.*

## III. METHODS OF IMPLEMENTATION AND CONTROL

As of March 6, 1992, all employees will utilize Universal Precautions. Universal Precautions is an infection control method that requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.

Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during

their initial training sessions. It will also be reviewed in their annual refresher training. All employees will

have an opportunity to review this Plan at any time during their work shifts by contacting:

(job title and contact information here). A copy of the Plan will be made available free of charge

and within 15 days of the request.

(Job title) will also be responsible for reviewing and updating the ECP

annually or sooner if necessary to reflect any new or modified tasks and procedures which affect

occupational exposure and to reflect new or revised employee positions with occupational exposure. **This**

**annual evaluation must be documented.**

## IV. ENGINEERING CONTROLS AND WORK PRACTICES

Engineering controls and work practice controls will be used to prevent or minimize exposure to

bloodborne pathogens. The specific engineering controls we will use and where they will be used are

listed below:

|  |  |
| --- | --- |
| Engineering Control | **Location of Use** |
|  |  |

Our engineering controls (i.e., sharps containers, etc.) will be inspected and maintained or replaced by (job title) every (time interval).

***Note to Employer:*** *State a defined schedule and the person responsible for examining the effectiveness of the engineering controls used. A time period must also be stated for the inspection of sharps containers to ensure that the containers are not overloaded.*

This facility recognizes the need for changes in engineering controls and work practices. New technology for needles and sharps will be evaluated and implemented at least annually to further prevent accidental needle sticks and cuts. We review and evaluate new procedures and new products regularly by (explain process). Both managers and front line employees are involved in this process by (explain method of involvement).

(Job title) is responsible for implementing these recommendations.

Examples of engineering controls include, but are not limited to:

* Self-sheathing needles
* Puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass
* Bio-safety cabinets
* Ventilated laboratory hoods

Work Practice controls will not be used in lieu of effective engineering controls. Examples of work practice controls include, but are not limited to:

* Providing readily accessible hand washing facilities.
* Washing hands immediately or as soon as feasible after removal of gloves.
* At non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
* Washing body parts as soon as possible after skin contact with blood or OPIM occurs.
* Prohibiting the recapping or bending of needles.
* Shearing or breaking contaminated needles is prohibited.
* Equipment decontamination
* Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.
* Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
* Requiring that all procedures involving blood or OPIM shall be performed in such a manner so as to minimize splashing, splattering, and generation of droplets of these substances.
* Placing specimens of blood or other potentially infectious materials in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.
* Examining equipment that may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated.

## V. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by (trainer details) in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

|  |  |
| --- | --- |
| Task | PPE Required |
|  |  |

***Note to Employer:*** *The employer should decide how to make PPE "readily accessible" for employees' use. Specify in writing what will be issued, how, when and who will provide the PPE. For large firms which might have numerous tasks present, a summary of the tasks and required PPE can be used. The important part to remember is that it is imperative that employees wear appropriated protective body coverings such as gowns, aprons, caps, and boots when occupational exposure is anticipated. The type and characteristics will depend upon the task and degree of exposure anticipated.*

PPE items include:

* Gloves
* Gowns
* Laboratory coats
* Face shields
* Masks
* Eye protection (splash-proof goggles, safety glasses with side shields)
* Resuscitation bags and mouthpieces

***Note to Employer:*** *Employers with first aid responders are reminded to have quick access to kits*

*having impervious gloves, resuscitation bags or mouthpieces, eye protection, aprons, disinfectant*

*towelettes for hand washing, and red bags or biohazard-labeled bags.*

As a general rule, all employees using PPE must observe the following precautions:

* Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
* Remove protective equipment before leaving the work area and after a garment becomes contaminated.
* Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
* Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
* Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible.
* Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
* Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of (describe procedure).
* Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
* Never wash or decontaminate disposable gloves for reuse or before disposal.
* Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
* If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pull-over scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face.
* Repair and/or replacement of PPE will be at no cost to employees.

Refer to the PPE Hazard Assessment and PPE Program for additional information on PPE.

## VI. TRAINING

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne

pathogens will receive training. This training will be conducted by (trainer details).

(Trainer details) will provide training on the epidemiology of bloodborne pathogen diseases. "Bloodborne Pathogens in the Workplace Pocket Guide" and Fact Sheets, located in

the Appendix Section of this program and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be used to inform

employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the

training program will cover, at a minimum, the following elements:

1. A copy and explanation of the standard
2. Epidemiology and symptoms of bloodborne pathogens
3. Modes of transmission
4. Our Exposure Control Plan and how to obtain a copy
5. Methods to recognize exposure tasks and other activities that may involve exposure to blood
6. Use and limitations of Engineering Controls, Work Practices, and PPE
7. PPE - types, use, location, removal, handling, decontamination, and disposal
8. PPE - the basis for selection
9. Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration. (See Appendix O)
10. Emergency procedures - for blood and other potentially infectious materials
11. Exposure incident procedures
12. Post-exposure evaluation and follow-up
13. Signs and labels - and/or color coding
14. Questions and answer session

***Note to Employer:*** *The training materials, such as overheads, pictures, work sheets, pamphlets,*

*etc., can be made part of the ECP.*

An Employee Education and Training Record will be completed for each employee upon completion of training. This document will be kept with the employee's records at (location of documentation).

## VII. HEPATITIS B VACCINATION

(Trainer details) will provide information on Hepatitis B vaccinations

addressing its safety, benefits, efficacy, methods of administration and availability. A general overview of

these considerations is given in Appendix L for review. The Hepatitis B vaccination series will be made

available at no cost within 10 days of initial assignment to employees who have occupational exposure to

blood or other potentially infectious materials unless:

* The employee has previously received the series
* Antibody testing reveals that the employee is immune
* Medical reasons prevent taking the vaccination; or
* The employee chooses not to participate

A form that may be used to record the employee vaccination series information is in the Appendix.

All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination will be kept in (location of documentation) with the employee's other medical records.

In the appendix is the Healthcare Professional’s Written Opinion for Hepatitis B Vaccination (Appendix D). The written opinion must be provided to the employee within 15 days of completion of the evaluation.

 ***Note to Employer:*** *To ensure employees are aware of the importance of the Hepatitis B vaccination, it is necessary to thoroughly discuss the efficacy, safety, methods of administration, benefits of the vaccination, the fact that it is given at no cost, and during work hours.*

## VIII. POST EXPOSURE EVALUATION AND FOLLOW-UP PROCEDURES

Should an exposure incident occur contact (job title and contact information) immediately. Each exposure must be documented by the employee on an Exposure Incident Report (Appendix G*).* (Job title) will add any additional information as needed and will record all precutaneous injuries from contaminated sharps in the Sharps Injury Log.

An immediately available confidential medical evaluation and follow-up will be conducted by (details here). The following elements will be performed:

* Document the routes of exposure and how exposure occurred.
* Identify and document the source individual (see Appendix for forms), unless the employer can establish that identification is infeasible or prohibited by State or local law .
* Obtain consent (See Appendix for forms) and test source individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results.
* If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
* Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
* After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
* If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.

Appendix G, Exposure Incident Report, Appendix K, Request for Source Individual Evaluation, and Appendix H, Employee Exposure Follow-Up Record, will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendixes will be maintained with the employee's medical records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will review the circumstances of the exposure incident to determine if procedures, protocols, and/or training need to be revised.

***Note #1*** *Some States require information about AIDS and HIV to be kept confidential and that anyone receiving an HIV test MUST sign a consent form first. This strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Redisclosure may occur with another authorized signed release. The law only applies to people and facilities providing health or social services.*

***Note #2*** *If consent is not obtained, the employer must show that legally required consent could not*

*be obtained. Where consent is not required by law, the source individual's blood, if available, should*

*be tested and the results documented.*

***Note #3*** *If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.*

***Note #4*** *Appendixes D, E, and F are optional forms which have been provided to assist employers with gathering information that is required by the standard. If an employer chooses not to use these forms, this information must still be provided and recorded in accordance with the Standard. Also note that Appendix E letter predominately will apply to Public Sector employers.*

***Note #5*** *Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.*

## IX. HEALTH CARE PROFESSIONALS

(Job title) will ensure that health care professionals responsible for employee's HB vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Bloodborne Standard.

(Job title) will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

1. A description of the employee's job duties relevant to the exposure incident
2. Route(s) of exposure
3. Circumstances of exposure
4. Relevant employee medical records, including vaccination status

(Job title) will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

**All other diagnoses must remain confidential and not be included in the written report to our firm.**

***Note to Employer:*** *If the employer is also the health care professional, the employer must ensure that the results of the employee's post-exposure evaluation remain confidential from his/her co-workers.*

Sample forms for the written opinions and post-exposure evaluation are available in the Appendix section.

## X. HOUSKEEPING

(Job title) has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

### CLEANING SCHEDULE

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Scheduled Cleaning Day/Time** | **Cleaner and Disinfectants Used** | **Specific Instructions** |
|  |  |  |  |

***Note to Employer:*** *Included a housekeeping schedule and method of decontamination above. Include location of cleanup and decontamination supplies. A list of approved sterilants can be obtained from the Environmental Protection Agency (EPA) at (800-447-6349). A preformatted schedule sheet (Appendix N) is provided in the Appendix Section of this kit if additional space is required.*

***Note to Employer:*** *To further assist employers in developing a written housekeeping schedule, the following procedures are provided as examples. To ensure a complete working document, it is recommended that the task be as specific as possible.*

* Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
* Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
* Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
* Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware, never pick up with hands even if gloves are worn.
* Store or process reusable sharps in a way that ensures safe handling.
* Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
* When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak- proof on the sides and bottom.
* Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and now allowed to overfill.
* Never manually open, empty, or clean reusable contaminated sharps disposal containers.
* Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

## XI. LAUNDRY

The following contaminated articles will be laundered: (list articles here)

Laundering will be performed by (job title/company name) at (location).

The following requirements must be met, with respect to contaminated laundry:

* Handle contaminated laundry as little as possible and with a minimum of agitation.
* Use appropriate personal protective equipment when handling contaminated laundry.
* Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
* Bag contaminated laundry at its location of use.
* Never sort or rinse contaminated laundry in areas of its use.
* \*Use red laundry bags or those marked with the biohazard symbol unless universal precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.
* \*All generators of laundry must have determined if the receiving facility uses universal precautions. If universal precautions are not used, then clearly mark laundry sent off-site with orange biohazard labels or use red bags. Leak proof bags must be used when necessary to prevent soak-through or leakage.
* When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.
* Linen soiled with blood or body fluids should be placed and trans- ported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 140F - 160F for 25 minutes. If low-temperature (<140F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

\*NOTE: For these items specify below which labeling system, red bags or biohazard labeling, will be used for laundering.

 ***Note to Employer:*** *Disposable protective clothing can be used to eliminate or greatly reduce the need for laundering.*

XII. LABELING

The following labeling method(s) will be used at our facility: (describe labeling methods)

(Job title) will ensure warning labels are affixed or red bags are used as required. Employees are to notify (job title) if they discover unlabeled regulated waste containers.

 ***Note to Employer:*** *The employer must specify which warning methods are used and communicate this information to all employees. The standard requires that fluorescent orange or orange-red warning labels be attached to:*

1. *Containers of regulated waste;*
2. *Refrigerators and freezers containing blood and other potentially infectious materials;*
3. *Sharps disposal containers;*
4. *Laundry bags and containers;*
5. *Contaminated equipment for repair (portion contaminated); and*
6. *Other containers used to store, transport, or ship blood or OPIM.*

*These labels are not required when:*

1. *Red bags or red containers are used;*
2. *Containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use;*
3. *Individual containers of blood or OPIM placed in a labeled container during storage, transport, shipment or disposal. The warning label must be attached to each object by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.*

## XIII. RECORDKEEPING

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20.

(Job title) is responsible for maintenance of the required medical records and they are kept at (location of records).

In addition to the requirements of 29 CFR 1910.1020, the medical record will include:

* The name and social security number of employee;
* A copy of the employee's 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 procedures as required by the standard;
* A copy of all healthcare professional's written opinion(s) as required by the standard.

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

Bloodborne pathogen training records will be maintained by: (job title) at (location). The training record shall include:

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

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

If (company name) ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

## FIRST AID PROVIDERS

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are listed below for easy reference and also in Section B of the Employer Exposure Determination.

 Designated First Aid Providers: (list job titles/names).

 Our facility has decided to: (circle firm's specific policy)

1. Offer hepatitis B vaccination to the first aid provider after a first aid incident.

B. Offer pre-exposure vaccination.

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance is (are) instructed to report to (job title) before the end of their work shift.

(Job title) will maintain a report (Appendix \_\_\_\_\_can be used) which describes names of the persons rendering first aid, date, time and description of the incident.

(Job title) will ensure that any person rendering first aid that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty four hours after the incident.

(Job title) will train first aid providers on the specifics of the reporting procedures, in addition to all the training required in Section 5.0. Training.

***Note to Employer:*** *Examples of employees who may meet the above criteria include:*

* *Security Guards, Coaches, Bus Drivers, DPW/DOT, Office Workers, Industrial Plant Personnel, who are designated and trained to perform first aid.*

*Examples of employees who do not meet the criteria and must be offered the hepatitis B vaccination series include:*

* *Personnel who provide first aid at a first aid station, clinic, emergency response or public safety personnel, who are expected to render first aid in the normal course of their work (i.e., EMS personnel, police, firefighters).*

*This is not an all-inclusive list, nor does it imply that every employee in these job titles are covered.*

*Also, as a reminder, good Samaritan acts are still not covered by the Standard.*

### APPENDIX

1. Copy of 29 CFR 1910.1030
2. Information sheet on definitions and occupations at risk
3. Sample Sharps Injury Log
4. Sample written opinion for the hepatitis B vaccine
5. Sample hepatitis B vaccine immunization report
6. Declination statement
7. Exposure Incident Report
8. Employee Exposure Follow-up Record
9. Sample written opinion for post-exposure evaluation and follow-up
10. Documentation of Source Individual
11. Sample letter for Source Individual Evaluation
12. Sample training record
13. Evaluation forms for engineering controls
14. Web site resource list for engineering controls and vaccine safety