SAMPLE EXPOSURE CONTROL PLAN

This facility is committed to providing 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 the OSHA bloodborne pathogen standard, 29 CFR 1910.1030.

The ECP is a key document to assist our facility 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.
* The schedule and method for implementing the specific sections of the standard dealing with methods of compliance; hepatitis B vaccination and post-exposure follow-up; training and communication of hazards to employees and recordkeeping.

1. Program Administration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for the implementation of the ECP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will maintain and update the ECP at least **annually (every 12 months)** and whenever necessary to include new or modified tasks, procedures, revised/new employee positions and written evaluation documenting consideration and implementation of appropriate commercially available and effective engineering controls designed to eliminate or minimize exposure.

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be responsible for training, documentation of training and making the written ECP available to employees, OSHA and NIOSH representatives.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will maintain and provide all necessary personal protective equipment (PPE), engineering controls, labels and red bags as required by the standard.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will ensure that adequate supplies of the aforementioned equipment are available.

1. Employee Exposure Determination

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 |
| *Operating Room Techs.* | OR |
|  |  |
|  |  |

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 |
| Laundry worker | Laundry Department | *Handling contaminated laundry* |
|  |  |  |
|  |  |  |

All exposure determinations were made without regard to the use of PPE.

Note to employer: “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.

1. Methods of Implementation and Control

At this facility, all employees will utilize Body Substance Isolation Procedures (if your facility is using Universal Precautions than change this section). Body Substance Isolation Procedures in an infection control method which requires employees to assume that **all** body fluids are infectious for bloodborne pathogens.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A copy of the ECP will be available free of charge and within at least 15 days of the request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 engineering controls, new or revised employee positions with occupational exposure. **This annual evaluation must be documented**.

1. 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 |
|  |  |
|  |  |
|  |  |

New technology for needles and sharps will be evaluated and implemented at least annually to further prevent accidental needle sticks and cuts. Our engineering controls will be inspected and maintained or replaced by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Work Practice controls will not be used in lieu of effective engineering controls. Examples of work practice controls which may be used at this facility are:

* Readily accessible hand washing facilities.
* Washing hands immediately or as soon as feasible after removal of gloves. If a hand washing facility is not readily available, interim hand washing measures, such as antiseptic towelettes will be provided.
* Washing or flushing body parts as soon as possible after skin/eye contact with blood or OPIM.
* Prohibition of shearing or breaking contaminate needles.
* Labeling to warn of a biohazard.
* Decontamination of equipment.
* Prohibiting eating, drinking , smoking or applying cosmetics in an area where a potential exposure may occur.
* Minimizing the splashing or splattering of blood or POIM during procedures or tasks.
* Placing specimens of blood or OPIM in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

*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 a re not overloaded. It is recommended that a margin of safety be incorporated when determining this inspection interval. Document the time schedule in the ECP. An employer must evaluate,* ***at least annually****, the new technology for the prevention of sharps injury due to medical devices* ***even if the facility has no documented injuries.***

Forms to assist with the evaluation of engineering controls can be found in the Appendix section or they can be obtained @ [www.oshs.gov](http://www.oshs.gov).

1. Personal Protective Equipment (PPE)

PPE must be used whenever engineering controls and/or work practice controls cannot eliminate the hazard or if those controls are not feasible. Training will be provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the use of the appropriate PPE 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 PPE is required for the following tasks:

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

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 PPE.
* Remove PPE before leaving the work area and after a garment becomes contaminate.
* 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 contact blood or OPIM 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 OPIM, you must wash your hands and any other exposed skin as soon as possible. Flush exposed mucous membranes with water.
* Utility gloves may be decontaminated for reuse if their integrity is not compromised.
* 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.
* If a garmet is penetrated by blood and OPIM, the garmets must be removed immediately or as soon as feasible. If a pullover scrub, as opposed to scrubs with snaps, becomes contaminate, employees need to be trained to remove the scrub in such a way as to avoid contact with the outer surface. If the scrub is so saturated with blood or OPIM, that the scrub is penetrated, it will be impossible to remove the scrub without contaminating the employee. It may be prudent at train employees to cut such a contaminated scrub to aid removal and prevent exposure to the employee.
* Repair and/or replace PPE at no cost to the employee.

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. In addition, latex free gloves, glove liners, powder-less gloves, or other similar alternatives must be readily available and accessible at no cost to those employees who are allergic to the latex gloves.

1. Hepatitis B Vaccination

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide information of hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. 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 OPIM.

After completion of the hepatitis B series a titer will be obtained to ensure that the employee is adequately protected. The latest CDC guidelines concerning the hepatitis B vaccine will be followed.

All employees are strongly encouraged to receive the hepatitis B vaccine. However, if an employee chooses to decline the 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. The declination statement will be kept in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A written opinion will be completed by the healthcare professional who is administering the vaccine. This written opinion will be provided to the employee within 15 days of completion. The employer’s copy of the written opinion will be kept in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This written opinion will be retained per the requirements of 1910.1030.

A sample written opinion can be found in the appendix or @ [www.osha.gov](http://www.osha.gov).

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 vaccine, the fact that it is given at no cost, and during work hours. The term “no cost to the employee” means, among other things, no out of pocket expense to the employee. The employer may not permit the employee to use his/her healthcare insurance to pay for the series unless the employer pays all of the cost of the insurance and unless there is no cost to the employee in the form of deductible, co-payments, or other expense. The employer may not institute a program in which the employee pays the original cost of the vaccine and is reimbursed by the employer if they remain employed for a specified period of time. An amortization contract which requires employees to reimburse the employer for the cost of the vaccination should they leave the employer prior to a specified period of time is similarly prohibited. A waiver of liability with respect to acceptance for the vaccine is also prohibited.

1. Post Exposure Evaluation

Should an exposure incident occur contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Each exposure must be documented on an “Exposure Report Form (available in the Appendix section of this program).

An immediately available confidential medical evaluation and follow-up will be conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The following elements will be performed:

* Document the routes of exposure and how the exposure occurred.
* Identify and document the source individual, unless the employer can establish the identification if infeasible or prohibited by law.
* Obtain consent and test the source individual’s blood as soon as possible to determine HIV, HCV and HBV infectivity or any other appropriate tests and document the source’s blood test results.
* If the source individual is known to be infected with the above, testing need not be repeated to determine the know infectivity.
* If the source individual is know to be infected with HIV, the employer must offer the post-exposure prophylaxis recommended by the CDC.
* 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 for serological status.
* If the employee does not give consent for HIV testing during the collection of blood for baseline testing, preserve the blood for at least 90 days.
* Offer confidential counseling.
* Ensure that a written opinion from the health care provided is obtained and a copy is provided to the employee and that the employer retains their copy per the requirements of 1910.1020
* Ensure that the healthcare provider follows the most current CDC guidelines for HIV, HCV and HBV exposure.

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1. Health Care Professionals

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will ensure that health care professionals responsible for employee’s hepatitis B vaccine and post-exposure evaluation and follow-up be given a copy of the OSHA bloodborne pathogen standard, 1910.1030.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 record, including vaccination status.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide the employee with a copy of the evaluating healthcare professional’s written opinion within 15 days after completion of the evaluation.

For the hepatitis B vaccinations, the healthcare professional’s written opinion will be limited to whether the employee requires or has received the hepatitis B 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 this facility.

Note to employer; In the event the employer is also the healthcare professional, the employer must ensure that the results of the employee’s post-exposure evaluation remain confidential from co-workers.

Sample forms for the written opinions and post-exposure evaluation are available in the Appendix section of this sample program. Some of these forms are also available @ [www.osha.gov](http://www.osha.gov).

1. Housekeeping

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Scheduled Cleaning | **Cleaners and Disinfectants Used** | Specific Instructions |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note to employer: A list of approved sterilants can be obtained from the National Antimicrobial Information network Products Listing @ http:/ace.orst.edu/info/nain/lists.htm or [www.osha.gov](http://www.osha.gov).

* Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or OPIM 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 not 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.

Laundering will be performed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 PPE 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 **all** laundry is considered to be contaminated and workers recognize all laundry as contaminated and have been trained in proper handling of contaminated laundry.
* All generators of contaminated laundry must determine if the receiving facility uses Universal Precautions or Body Substance Isolation Precautions. Contaminated laundry must be properly bagged and clearly identified as a bio-hazard. Leak proof bags must be used as appropriate.
* When handling and/or sorting contaminated laundry, utility gloves and other appropriate PPE shall be worn.

1. Labels

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will ensure that warning labels are affixed or red bags are used as required. Employees are to notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if they discover unlabeled regulated waste containers.

Note to employer: You 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 OPIM;*
3. *Sharps disposal containers;*
4. *Laundry bags and containers;*
5. *Contaminate equipment for repair; and*
6. *Other containers used to store, transport, or ship blood or OPIM.*

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*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 are placed in a properly labeled container during storage, transport, shipment or disposal.*
4. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The training 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 ECP and how to obtain a copy.
5. Methods to recognize exposure tasks and other activities that may involve exposure to blood.
6. Use an limitations of engineering controls, work practices, and PPE.
7. PPE-types, basis of selection, use, location, removal, handling, decontamination, and disposal.
8. Hepatitis B vaccine-offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration.
9. Emergency procedures for blood and OPIM.
10. Exposure incident procedures.
11. Post-exposure evaluation and follow-up.
12. Signs and labels and color-coding.
13. Interactive question and answer session.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A sample training record is available in the Appendix of this sample program.

Note to employer: Trainees must have direct access to a qualified trainer during training. OSHA’s requirement can be met if trainees have direct access to a trainer by way of a telephone hot line. The use of an electronic mail system to answer employee questions is not considered direct access to a qualified trainer, unless the trainer is available to answer email questions at the time the questions arise.

1. Recordkeeping

Medical and exposure records are maintained for each employee in accordance with 29 CFR 1910.1020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for maintenance of the required medical and/or exposure records and they are kept at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 1910.1020. Exposure records are retained for a duration of 30 years.

Medical records or exposure records will be provided to the employee upon request within at least 15 working days.

Bloodborne pathogen training records will be maintained by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The training record shall include:

* Dates of the training sessions;
* Contents or a summary of the training sessions;
* Names and qualifications of persons conducting the training;
* Names and job titles of all persons attending the training sessions.

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

Training records will be provided upon request to the employee within 15 working days.

If \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 3 months prior to scheduled record disposal and prepare to transmit them to the Director.

### APPENDIX

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