

Blood Borne Pathogen – Exposure Control Plan (TEMPLATE)

1.0 Scope

The Exposure Control Plan is designed to eliminate or minimize the employee's exposure to blood and body fluids through the use of Engineering and Administrative controls in conjunction with utilizing Personal Protective Equipment (PPE).

2.0 Exposure Determination

The following job classifications have occupational exposures for all employees:

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The following job classifications have occupational exposures for some employees:

-

The tasks or procedures are performed by job classifications that have occupational exposures for some employees:

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3.0 Methods of Compliance

3.1 General

All blood and body fluids are to be treated as potentially infectious materials and Universal Precautions are required to be observed to prevent all contact with blood and body fluids.

3.2 Engineering & Work Practice Controls

Engineering and Work Practice Controls will be used to eliminate or minimize employee occupational exposures to blood and body fluids. Where the implementation of Engineering and/or Work Practice Controls still presents an occupational exposure, Personal Protective Equipment (PPE) will be utilized.

3.2.1 Annual Evaluation of Engineering & Work Practice Controls

An annual evaluation is performed identify, evaluate and select engineering and work practice controls that includes safer medical devices. The evaluation is completed by non-managerial front-line employees responsible for direct patient care.

All affected employees will be informed of the process for the annual evaluation and selection of safer medical devices.

If a medical device is selected, the employer is to make a decision on implementing the device. If a medical device is not purchased because of employer or employee concerns, the concerns are to be documented.

If the employer does not purchase a medical device that had employee support, the employee support will be documented along with the justification for not purchasing the device.

If a medical device is purchased without consent of the employees performing the evaluation, the employer must document the employee's concerns and the justification for purchasing the medical device.

For any medical device purchased, the employees will be trained in the use of the device prior to using it.

All documentation developed from the annual evaluation will be kept as part of the Exposure Control Plan.

3.2.2 Work Practice Controls

The following Work Practice Controls are required to be followed by all employees:

1. Hands and other skin that comes into contact with potentially infectious materials are to be washed with soap and water immediately.
2. Mucous membranes that come into contact with potentially infectious materials are to be flushed immediately.
3. Upon removal of gloves or other personal protective equipment (PPE), hands are to be washed with soap and water immediately.
4. Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed. Shearing or breaking contaminated needles is prohibited.
5. All contaminated reusable sharps are to be placed into a sharps container immediately or as soon as possible after use.
6. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in areas of occupational exposure.
7. Food and drink is prohibited from being kept in refrigerators, freezers, shelves, on countertops or surfaces where potentially infectious materials are present.

8. All procedures involving potentially infectious materials must be performed to minimize splashing, spraying, spattering and generation of droplets.
9. Mouth pipetting/suctioning of potentially infectious materials is prohibited.
10. All procedures for handling potentially infectious materials must be followed and required personal protective equipment (PPE) worn.

3.2.3 Equipment

Equipment that may be contaminated with potentially infectious materials is to be inspected prior to any servicing or shipping and be decontaminated as required, unless the decontamination of the equipment is not feasible.

Equipment that cannot be fully decontaminated will be attached with a “Biohazard” label that is readily visible and states the portion(s) of the equipment that remain contaminated.

All affected employees, servicing representatives or manufacturer representatives as appropriate, will be informed of the contamination prior to handling, servicing, or shipping and the appropriate precautions to take for protection from potentially infectious materials.

3.2.4 Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) required by the type of procedure being performed must be worn at all times. The PPE must not permit potentially infectious materials from contacting skin and mucous membranes under normal use for the duration it is worn.

Personal Protective Equipment provided, but not limited to, includes:

- Gloves (including hypoallergenic, powderless)
- Gowns
- Laboratory coats
- Face shields
- Masks
- Eye protection
- Mouthpieces
- Resuscitation bags
- Pocket masks
- Other ventilation devices

All PPE will be readily accessible and in appropriate sizes to fit the range of employees wearing the PPE.

All PPE will be cleaned, laundered and disposed of at no cost to employees. If any garment(s) are penetrated with potentially infectious materials, they are to be removed immediately.

All PPE is to be removed prior to leaving the work area and placed into an appropriate designated area or container for storage, washing, decontamination or disposal.

Damaged PPE will be repaired or replaced as needed to maintain its effectiveness of preventing contact with skin or mucous membranes at no cost to employees.

Gloves

Gloves are required to be worn when employees may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin or contaminated items/surfaces.

Disposable (single use) gloves are not to be washed or de-contaminated for additional use. Disposable gloves are to be replaced as soon as practical when contaminated and immediately (soon as possible) when they are torn, punctured or whenever their ability to provide as a barrier is compromised.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. If any cracking, peeling, tearing, punctures or their ability to function as a barrier is compromised, the gloves must be disposed of.

Masks, Eye Protection & Face Shields

Whenever splashes, sprays, spatters or droplets of potentially infectious materials could be generated and eye, nose or mouth contamination is anticipated, masks in combination with eye protection devices (goggles, glasses with side shields, face shields) must be worn.

Gowns, Aprons & Other Protective Body Clothing

Appropriate outer garments are to be worn to protect skin and personal clothing from contact with potentially infectious materials. The type of outer garments worn will be dependent upon the anticipated exposure for the work task under taken.

When outer garments are contaminated, they are to be removed immediately for disposal or laundered and replaced with clean garments.

Temporary Declination of Use

If an employee temporarily and briefly declines to use PPE under rare and extraordinary circumstances that in their professional judgment the use of PPE would have prevented the delivery of health care or posed an increased hazard to the safety of employee(s), an investigation of the incident is required to be performed, documented and determinations made if changes can be instituted to prevent re-occurrence in the future.

3.2.5 Housekeeping

All work areas are to be maintained in a clean and sanitary condition. Cleaning frequency is defined per the written schedule that includes the method of decontamination and an employee signature confirming it has been completed.

All equipment, environmental and working surfaces are to be cleaned and decontaminated:

- Immediately or soon as feasible when contaminated with potentially infectious materials
- At the end of work shift if they have been contaminated since last cleaning
- Per the frequency required by the written schedule

Protective coverings (plastic wrap, aluminum foil, imperviously backed absorbent paper) are to be removed and replaced as soon as feasible when they have become contaminated or at the end of the work shift.

Bins, pails, cans and other receptacles intended for reuse are to be inspected and decontaminated per the written schedule. Upon visible contamination the reusable items are to be immediately or as soon as feasible, cleaned and decontaminated.

Broken glassware which may be contaminated is not to be picked up directly by hand. The use of a mechanical means only (brush and dustpan, tongs, forceps) is to be used for picking up all broken glassware.

Reusable sharps that are contaminated are not to be stored or processed in a manner that requires employees to reach by hand into the containers where the sharps have been placed.

Regulated Waste – Contaminated Sharps Discarding & Containment

Contaminated sharps are to be discarded immediately or as soon as possible into sharp containers that are:

- Closable
- Puncture resistant
- Leak-proof on sides and bottom
- Labeled and color-coded per required regulations for “Biohazards”

During use, containers for sharps will be:

- Easily accessible to employees and located as close as possible to the immediate area where the sharps are being used
- Maintained upright throughout use
- Replaced routinely and not allowed to be overfilled

When moving containers for sharps they will be:

- Closed immediately prior to removal to prevent spillage or protrusion
- Placed in a secondary container if leakage is possible. The secondary container is to be closable; designed to contain all contents and prevent leakage; and labeled and color-coded per required regulations for “Biohazards”

Reusable containers are not to be opened, emptied or cleaned manually.

Other Regulated Waste Containment

Other regulated waste is to be placed into containers that are:

- Closable
- Designed to contain all contents and prevent leakage
- Labeled and color-coded per required regulations for “Biohazards”
- Closed prior to removal prevent spillage or protrusion

If outside contamination of the waste container occurs, it is to be placed into a secondary container. The secondary container is to be:

- Closable
- Designed to contain all contents and prevent leakage
- Labeled and color-coded per required regulations for “Biohazards”
- Closed prior to removal prevent spillage or protrusion

Disposal of all regulated waste is to be in accordance with applicable federal, state and local regulations for Biohazard Materials.

Laundry

Contaminated laundry is to be handled as little as possible with a minimum of agitation.

Contaminated laundry is to be:

- Bagged or containerized at the location it was used and not be sorted or rinsed where used
- Placed and transported in bags or containers which prevent soak through or leakage of fluids to exterior
- Handled only when wearing protective gloves and other PPE as required

3.2.6 Storage, Transport or Shipping

The following is to be used for the storage, transport or shipping of blood, other potentially infectious materials and contaminated materials.

Blood & Other Potentially Infectious Material

Specimens of blood or other potentially infectious materials are to be placed in container that prevents leakage during collection, handling, processing, storage, transport or shipping.

The container is to be:

- Labeled and color-coded per required regulations for “Biohazards”
- Closed prior to being stored, transported or shipped
- Provided with a secondary container if outside contamination or leakage occurs. The secondary container is to be leak proof, labeled and color-coded per required regulations for “Biohazards”
- If the primary container contains items that can puncture it requires a secondary container. The secondary container must be “puncture proof”

Laundry

Contaminated laundry sent off-site for de-contamination and cleaning must be:

- In containers or bags that are labeled and color-coded per required regulations for “Biohazards”
- In containers or bags that are leak proof
- Placed into secondary container if there is outside contamination on the primary container or leakage
- Provided to a facility that utilizes Universal Precautions in the handling of soiled laundry

4.0 Hepatitis B Vaccination/Post Exposure Evaluation/Follow Up

4.1 General

The Hepatitis B vaccine and vaccination series will be offered to all employees with occupational exposure. The vaccine and vaccination series will be:

- Made available at no costs to employees
- Made available at a reasonable time and place
- Performed by or under the supervision of a licensed physician or licensed healthcare professional
- Provided according to recommendations of the U.S. Public Health Service

All laboratory tests associated with vaccination will be conducted by an accredited laboratory at no cost to the employee.

4.2 Hepatitis B Vaccination

Hepatitis B vaccination will be provided after employees have completed Blood Borne Pathogen training and within 10 working days of initial assignment of occupational exposure.

If an employee had previously received the complete Hepatitis B vaccination series and antibody testing indicates the employee is immune; has a medical condition that the vaccine is contraindicated for; or declines the vaccination series, and then it is not required.

All employees that decline the vaccination series are required to sign a declination statement. If the employee initially declines the Hepatitis B vaccination series but at a later date decides to accept the vaccination, the vaccination series will be provided at that time.

Employee will not be required to participate in prescreening programs as a prerequisite for receiving the vaccination series. If routine booster dose(s) of Hepatitis B vaccine are recommended by the U.S. Public Health Service at a future date, the booster will be made available to employees.

4.3 Post-Exposure Evaluation & Follow-Up

When a report of an exposure incident, employees will be provided immediately with a confidential medical evaluation and follow-up that at least includes:

- Documentation of the route(s) of exposure and circumstance under which the exposure occurred
- Identification and documentation of the source individual (unless infeasible or prohibited by law)

- Testing of the source individual's blood as soon as feasible. If consent is required by law and cannot be obtained, it must be documented. Where consent is not required by law, the source individual's blood is to be tested.
- No testing is required if source individual's already known to be HBV or HIV positive

Results of the source individual's testing will be made available to the exposed employee. The employee will be informed of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.

The employee's blood will be collected as soon as feasible for testing after consent is obtained. If the employee consents to baseline blood collection, but does not give consent for testing, the sample will be preserved for a minimum of 90 days.

If within 90 days the employee consents to testing of the blood, it will be done as soon as feasible. Post-exposure prophylaxis when medically indicated will be provided. In addition, counseling and evaluation of reported illnesses will be provided the exposed employee.

4.4 Information Provided to Healthcare Professional

The exposed employee's attending healthcare professional will be provided with the following:

- A copy of the 1910.1030 Blood Borne Pathogens regulation
- A description of the employee's duties as they relate to the exposure
- Documentation of the route(s) of exposure and circumstances of how the exposure occurred
- Results of source individuals blood testing if available
- All medical records relevant to the appropriate treatment for the exposed employee, including vaccination status

4.5 Healthcare Professional's Written Opinion

The employee will be provided with a copy of the evaluating healthcare professional's written opinion with 15 days after the evaluation is completed.

Hepatitis B Vaccination

The written opinion is to be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

Post-Exposure Evaluation & Follow-Up

The written opinion is to be limited to:

- That the employee has been informed of the results of the evaluation
- That the employee has been told about any medical conditions resulting from the exposure that requires further evaluation or treatment

All other findings or diagnosis are to remain confidential and not be included in the written report. Medical recordkeeping requirements are located in Section 6.0 Recordkeeping.

5.0 Communication of Hazards

Communication of hazards to employee will be provided through labels, signs, information and training.

5.1 Labels & Signs

Warning labels are to be affixed to the following:

- Containers of regulated waste
- Refrigerators and freezers containing potentially infectious materials
- Containers used to store, transport blood or other potentially infectious materials
(Note: see exceptions listed below)

Labels shall be fluorescent orange or orange-red with lettering and symbols in contrasting color. Labels will have the following legend:



Labels are to be affixed to the container in a method that prevents the loss or unintentional removal. Labels required for contaminated equipment must also identify which portions of the equipment remain contaminated.

The following are exempt from the labeling requirements:

- Containers of blood, blood components or blood products that are labeled as to their contents and have been released for the transfusion or other clinical use
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal
- Regulated waste that has been decontaminated

5.2 Information & Training

Training will be provided to employees at no cost and during working hours. All employees with occupational exposure are required to attend the training and following all requirements of the Exposure Control Plan.

Training will be provided as follows:

- At the time of initial assignment to tasks with occupational exposure
- Annually thereafter (within 1 year of previous training)
- When changes in modification of tasks or procedures and for new tasks or procedures that affect the employee's occupational exposure (training will be limited to addressing the change or new exposure)

All training materials will be appropriate in content and vocabulary to the educational level, literacy and language of the employees trained. The individual conducting the training must be knowledgeable in the subject matter covered in the training program.

The training program at a minimum will contain:

1. An accessible copy of the 1910.1030 Blood Borne Pathogen regulations
2. A general explanation of the epidemiology and symptoms of blood borne diseases
3. An explanation of the modes of transmission of blood borne pathogens
4. An explanation of the Exposure Control Plan and how to obtain a copy
5. An explanation of the appropriate methods for recognizing tasks and activities that may involve potentially infectious materials
6. An explanation of the use, limitations and methods to prevent or reduce exposure including engineering controls, work practices and PPE
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE
8. An explanation on the basis for selection of PPE
9. Information on the Hepatitis B vaccination including, efficacy, safety, method of administration, benefits and that the vaccine/vaccination will be free of charge

10. The appropriate actions to take, the persons to contact in an emergency involving blood or other potentially infectious materials
11. The procedure to follow for an exposure incident, the reporting and medical follow-up that will be available
12. Information on the post-exposure evaluation and follow-up required
13. An explanation of the signs/labels and color coding required
14. An opportunity for interactive questions and answers with the trainer

6.0 Recordkeeping

Medical Records will be established and maintained for each employee with occupational exposures, in addition training records and Sharps Injury Log will also be maintained.

6.1 Medical Records

Medical records will include:

- Name and Social Security number of employee
- Copy of the Hepatitis B vaccination status that has the dates of all vaccinations and any other medical records relative the employee's ability to receive the vaccination
- Copies of all results of examinations, medical testing and follow-up procedures
- The Employer's copy of the healthcare professional's written opinion
- A copy of the information required to be provided to the healthcare professional

All Medical Records will be kept confidential and not disclosed or reported with the employee's express written consent. All Medical Records will be kept for the duration of employment plus 30 years.

6.2 Training Records

Training records will include:

- Date(s) of the training sessions
- Contents or summary of the training sessions
- The names and qualifications of the trainer
- The names and job titles of all employees attending the training sessions

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

6.3 Sharps Injury Log

A Sharps Injury Log for recording percutaneous injuries from contaminated sharps will be maintained. The confidentiality of the injured employee is to be protected and will not be identified on the log.

The Sharps Injury Log will include at a minimum:

- They type and brand of device involved in the incident
- The department or work area where the exposure incident occurred
- An explanation of how the incident occurred

The Sharps Injury Log will be maintained for a minimum of 5 years.

6.4 Transfer of Records

All Transfer of Records will be performed in accordance with 29 CFR 1910.1020 (h), Access to Employee Exposure and Medical Records.

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 with Hepatitis B vaccine, at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name: _____
(Print Name)

Date: _____

Name: _____
(Signature)

PPE Declination Exposure Incident

An employee exposure to blood or other potentially infectious materials occurred as a result of not wearing Personal Protective Equipment (PPE). The PPE was not worn due to the employee's professional judgment that the use of PPE would have prevented the delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the employee or co-worker.

Exposed Employee: _____ Date of Exposure: _____

Exposure Location: _____

Exposure Source: _____ Witness: _____

Description of Incident:

Incident Root Cause(s):

Corrective Actions:

Investigation Team Sign-Off:

Name: _____
(Signature)

Date: _____

Name: _____
(Signature)

Date: _____

Name: _____
(Signature)

Date: _____

Post Exposure Evaluation & Follow-Up

Exposed Employee: _____ Date of Exposure: _____

Exposure Location: _____

Witnesses: _____

Route of Exposure: _____

Source Individual: _____ Blood Tested: Yes No

Results of Testing Given to Employee: Yes No

Employee Notified of Laws of Disclosure of Identify & Infectious Status: Yes No

Employee Consent for Blood Test: Yes No Blood Tested: Yes No

Blood Stored 90 Days No Consent: Yes No N/A

Post Exposure Prophylaxis: Yes No Counseling: Yes No

Evaluation of Illnesses: Yes No

Information to Physician: Yes No

- Copy of 29 CFR 1910.1030 Blood Borne Pathogens
- Description of exposed employee's duties as they relate to the exposure incident
- Documentation of the routes(s) of exposure and circumstances under which exposure occurred
- Results of individual's source blood testing (if available)
- All medical records relevant to the appropriate treatment of the employee including vaccination status

Name: _____
(Print Name)

Date: _____

Name: _____
(Signature)

Engineering & Work Practice Evaluation

Evaluation Team: _____

Date of Evaluation: _____

Medical Equipment / Work Practices Evaluated:

Employee Recommends Purchase: Yes No

Employer Purchased Equipment: Yes No

Employer Justification for Not Purchasing Equipment (if applicable):

Equipment Purchased without Consent of Employees: Yes No

Training on Equipment Provided to Employees Prior to Use: Yes No

Employer Justification for Purchasing Equipment (if applicable):

Name: _____
(Print Name)

Date: _____

Name: _____
(Signature)

Sharps Injury Log

Exposed Employee: _____ Date of Exposure: _____

Exposure Location: _____

Type & Brand of Device: _____

Description of Incident:

Name: _____
(Print Name)

Date: _____

Name: _____
(Signature)

Training Record

Date of Training: _____ Trainer: _____

Qualifications: _____

Print Name	Job Title	Signature

Attach Training Curriculum to Training Record, Archive for 3 Years Minimum

