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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

WELCOME!

This sample program is provided to assist you as an employer in developing programs tailored to your own operation. We encourage you to copy, expand, modify and customize this sample as necessary to accomplish this goal.

This document is provided as a compliance aid, but does not constitute a legal interpretation of OSHA Standards, nor does it replace the need to be familiar with, and follow, the actual OSHA Standards (including any North Carolina specific changes.) Though this document is intended to be consistent with OSHA Standards, if an area is considered by the reader to be inconsistent, the OSHA standard should be followed. Of course, we welcome your comments and feedback!

The North Carolina Department of Labor OSH Consultative Services Bureau can be contacted for further assistance such as helping you set up your individual program and even with on-site surveys. Feel free to contact us at 1-800-NCLABOR or at 919-807-2899. You may also want to visit our website at <http://www.nclabor.com/osh/consult/bcs1.htm>

Remember: A written safety/health program is only effective if it is put into place!

BLOODBORNE PATHOGENS

Exposure Control Plan

Facility name: _____

Date of preparation: _____

Date of annual review: _____ (Where applicable; must not be more than 12 months following preparation or previous review date.)

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

A. Purpose

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood and/or certain other body fluids; and
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and its Appendix A.

B. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). The exposure determination must list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or OPIM, tasks or procedures that would cause these employees to have occupational exposure must also be listed in order to understand clearly which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows (or place in appendix):

<u>Job classification</u>	<u>Task/Procedure</u>
_____	_____
_____	_____
_____	_____
_____	_____

C. Implementation Schedule and Methodology

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

1. Compliance methods

Universal precautions will be observed at this facility in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious, regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized: *(List controls, such as sharps containers, biosafety cabinets, non-glass capillary tubes, safety lancets or syringes, needleless systems, dust pan and broom for picking up broken sharps, etc.)*

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: *(List schedule, such as daily, weekly, etc., and who has the responsibility for reviewing the individual controls, such as department supervisor, nursing director, etc.)*

The process for evaluating existing controls and potential changes in engineering controls and work practices involves consultation with non-management direct-care employees as follows: *(Describe the process, the products/devices and/or work practices evaluated, and how employees are involved in evaluation and selection.)*

Hand washing facilities shall be made available to employees who incur exposure to blood or OPIM. These facilities must be readily accessible after incurring exposure. *(If handwashing facilities are not feasible, the employer must provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible handwashing facilities should list the location, tasks, and responsibilities to ensure maintenance of these alternatives.)*

_____ *(Name of position/person, e.g., “supervisors”)* shall ensure that after the removal of personal protective gloves, employees wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

_____ *(Name of position/person)* shall ensure that if employees incur exposure to their skin or mucous membranes, those areas shall be flushed with water as soon as feasible following contact.

2. Needles

Contaminated needles or other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this prohibition if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible, and the action is required by the medical procedure. If such action is required, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility, recapping or removal is permitted only for the following procedures: *(List the procedures, and specify either the mechanical device to be used or that a one-handed technique will be used.)*

Where feasible, sharps with engineered sharps injury protection (such as self-sheathing needles or needleless systems) will be used.

3. Work Area Restrictions

In work areas where there is reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where there is blood or OPIM. Mouth pipetting/suctioning of blood or OPIM is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM. At this facility, the following methods will be employed to accomplish this goal: *(List methods, such as covers on centrifuges, use of dental dams if appropriate, etc.)*

4. Specimens

Specimens of blood or OPIM will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with requirements of the OSHA standard. *(NOTE: The standard provides an exemption for specimens from the labeling/color coding requirement, provided that the facility uses universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. If the employer chooses to use this exemption, it should be stated here.)*

Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant.

If outside contamination of the primary container occurs, the primary container will be placed within a secondary container that prevents leakage during handling, processing, storage, transport, or shipping of the specimen.

5. Contaminated Equipment

_____ (*Name of position/person*) is responsible for ensuring that equipment which has become contaminated with blood or OPIM shall be examined prior to servicing or shipping, and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

6. Personal Protective Equipment (PPE)

PPE Provision

_____ (*Name of position/person*) is responsible for ensuring that the following provisions are met.

All PPE used at this facility will be provided without cost to the employee. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee’s clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time while the protective equipment will be used. (*Indicate how clothing will be provided to employees, such as who has responsibility for distribution. You may also list procedures that would require use of PPE and the type of PPE required; this could also be listed in an appendix to this program.*)

PPE Use

_____ (*Name of position/person*) shall ensure that the employee uses appropriate PPE unless the supervisor shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee’s professional judgment that in the specific instance its use would have prevented the delivery of health care or posed an increased hazard to the safety of the employee or co-worker. When an employee makes this judgment, the circumstances shall be investigated and documented to determine whether changes should be instituted to prevent such occurrences in the future.

PPE Accessibility

_____ (*Name of person/position*) shall ensure that appropriate PPE in appropriate sizes is readily accessible at the work site or is issued (without cost) to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

PPE Cleaning, Laundering and Disposal

All PPE will be cleaned, laundered, and/or disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments that are penetrated by blood or OPIM shall be removed immediately, or as soon as feasible. All PPE shall be removed before leaving the work area. When PPE is removed, it shall be placed in an appropriately designate area or container for storage, laundering, decontamination or disposal.

Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, and mucous membranes; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use, and are to be replaced as soon as practical when they become contaminated or if they are torn, punctured, or their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use, provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their ability to function as a barrier is compromised.

Eye and Face Protection

Masks, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length side face shields must be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. The following situations at this facility require such protection:

Additional Protection

Additional protective clothing (such as lab coats, smocks, gowns, aprons, clinic jackets, or similar outer garments) shall be worn when gross contamination can reasonably be anticipated (e.g., autopsies and orthopedic surgery). The following situations at this facility would require that such protective clothing be used:

7. Housekeeping

This facility will be cleaned and decontaminated according to the following schedule:

<u>Area</u>	<u>Schedule</u>	<u>Cleaner</u>
<hr/>		
<hr/>		
<hr/>		

Decontamination will be accomplished by using the following materials: *(List the materials which will be utilized, such as bleach solutions or EPA registered germicides. Make sure a tuberculocidal disinfectant is used.*

All contaminated work surfaces will be decontaminated after completion of procedures, and immediately or as soon as feasible after any spill of blood or OPIM, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. *(Add in any information on protective coverings, such as plastic wrap, which the employer may be using to assist in keeping surfaces free of contamination.)*

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis *(specify frequency)* _____ by _____ *(person/position)*.

Any broken glassware that may be contaminated will not be picked up directly with the hands.

8. Regulated Waste

Disposable Sharps

Disposable sharps shall be discarded immediately (or as soon as feasible) in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. This applies to all contaminated sharps, regardless of whether they are designed with sharps injury prevention features.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can reasonably be anticipated to be found (e.g., laundries). The containers shall be kept upright throughout use and replaced routinely, and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The waste container must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with all applicable federal, state and local regulations.

9. Laundry Procedures

Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry shall be placed in appropriately marked bags (biohazard labeled or color-coded red) at the location where it was used. The laundry shall not be sorted or rinsed in the area of use.

NOTE: If your facility uses Body Substance Isolation (BSI) in the handling of all soiled laundry (all laundry is assumed to be contaminated), no labeling or color-coding is necessary if all employees recognize the hazards associated with handling this material.

Laundry from this facility will be cleaned at _____ .

NOTE: If your facility ships contaminated laundry offsite to a facility that does not utilize Universal Precautions in the handling of all laundry, the contaminated laundry must be placed in bags or containers that are labeled or color-coded. One possible solution is to include a requirement in the contract laundry's "scope of work" that the laundry will utilize the equivalent of Universal Precautions.

10. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up

General

_____ (*Organization's name*) shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure follow-up to employees who have had an exposure incident.

_____ (*Name of position/person*) shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up including prophylaxis are:

- a) Made available at no cost to the employee;
- b) Made available at a reasonable time and place;
- c) Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional; and
- d) Provided according to the recommendations of the US Public Health Service.

Hepatitis B Vaccination

_____ (*Name of position/person*) is in charge of the Hepatitis B vaccination program. (*Where appropriate: "We contract with _____ to provide this service."*)

Hepatitis B (HB) vaccination will be made available after the employee has received the training in occupational exposure (see "Information and Training" section), and within 10 working days of initial assignment to all employees who have occupational exposure unless: the employee has previously received the complete HB vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving HB vaccination.

For employees who complete the HB vaccination series, antibody testing will be made available at no cost to the employee, one to two months after completion of the series, as recommended by the US Public Health Service.

Employees who decline the HB vaccination shall sign the OSHA-required declination form indicating their refusal. Any employee who initially declines HB vaccination, but later decides to accept vaccination while still covered by the standard, shall be provided the vaccination series as described above.

If, at a future date, the US Public Health Service recommends a routine booster dose of HB vaccine, such booster doses shall be made available.

Post-Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported to _____. (*Person or position responsible for investigation of exposure incidents.*)

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred. If the incident involves percutaneous injury from a contaminated sharp, appropriate information should be entered in the sharps injury log. *(Must also be entered on the OSHA 300 form).*
- b) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law; *(Employers may need to modify this provision in accordance with local laws. Modifications should be listed here.)*
- c) The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV and HIV infectivity. If consent is not obtained, _____ *(name of position/person)* shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the blood (if available) shall be tested and the results documented.
- d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's HBV/HIV status need not be repeated.
- e) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- b) The employee will be offered the option of having her/his blood collected for testing of the employee's HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status.

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post-exposure follow-up will be provided by _____ . *(Insert name of clinic, physician, or department)*

Information Provided to the Healthcare Professional

_____ *(Name of position/person)* shall ensure that the healthcare professional (HCP) responsible for the employee's Hepatitis B vaccination is provided with a copy of the OSHA Bloodborne Pathogens standard (29 CFR 1910.1030).

_____ *(Name of position/person)* shall ensure that the HCP who evaluates an employee following an exposure incident is provided with the following:

- a) A copy of the OSHA Bloodborne Pathogens standard; *(The standard outlines confidentiality requirements, but the employer should ensure that the HCP is aware of these requirements.)*
- b) A description of the exposed employee's duties as they relate to the exposure incident;
- c) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- d) Results of the source individual's blood testing, if available; and
- e) All medical records relevant to the appropriate treatment of the employee, including vaccination status.

Health Care Professional's Written Opinion

_____ (*Name of position/person*) shall obtain and provide the employee with a copy of the evaluating HCP's written opinion within 15 days of completion of the evaluation. For HBV vaccination, the HCP's written opinion shall be limited to whether vaccination is indicated for an employee, and if the employee has received such vaccination.

For post-exposure follow-up, the HCP's written opinion shall be limited to the following:

- a) A statement that the employee has been informed of the results of the evaluation; and
- b) A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which may require further evaluation or treatment.

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

11. Labels and Signs

_____ (*Name of position/person*) will ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM. The universal biohazard symbol shall be used. Labels shall be fluorescent orange or orange-red, and shall be affixed as close as feasible to the container by string, wire, adhesive, or other method which prevents loss or unintentional removal. Red bags or containers may be substituted for labels.

Labels for contaminated equipment shall comply with the previous paragraph, and shall state which portions of the equipment are contaminated.

The following are exempted from the labeling requirement:

- a) Containers of blood products that have been released for transfusion or other clinical use;
- b) Containers of blood or OPIM that are placed in a labeled container for storage, transport, shipment or disposal; and
- c) Regulated waste that has been decontaminated.

12. Information and Training

_____ (*Name of position/person*) shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that training is repeated within 12 months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. Training will be interactive, and will cover the following:

- a) A copy of the standard and an explanation of its contents;
- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of the organization's bloodborne pathogens Exposure Control Plan (this program), and the method for obtaining a copy;
- e) The recognition of tasks that may involve exposure;

- f) An explanation of the use and limitations of methods to reduce exposure, such as engineering controls, work practices, and personal protective equipment (PPE);
- g) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE;
- h) An explanation of the basis of selection of PPE;
- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- j) Information on the appropriate actions to take and persons to contact in case of an emergency involving blood or OPIM;
- k) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- l) Information on the evaluation and follow-up required after an employee exposure incident, particularly incidents which involve needlesticks or contaminated sharps; and
- m) An explanation of the signs, labels, and color-coding system used to identify biohazards, regulated waste, and other potential BBP hazards.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the 12 months preceding the effective date of this policy shall receive training only in provisions of the policy that were not covered in their previous training. Additional training shall be provided to employees when there are changes in tasks or procedures that affect occupational exposure.

13. Recordkeeping

Medical Records

_____ (Name of position/person) is responsible for maintaining medical records as indicated below. These records will be kept _____ (specify location). (NOTE: If you contract for post-exposure follow-up and Hepatitis B vaccination evaluation, make sure the contract language includes provisions for recordkeeping that are consistent with the requirements of 29 CFR 1910.1020.)

Medical records shall be maintained in accordance with OSHA standard 29 CFR 1910.1020. These records shall be kept confidential and must be maintained for the duration of employment plus 30 years. The records shall include the following:

- a) The employee's name and social security number;
- b) A copy of the employee's HBV vaccination status, including the dates of vaccination OR a signed declination form;
- c) A copy of all results of examinations, medical testing (including post-vaccination antibody testing), and follow-up procedures; and
- d) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure, and circumstances of the exposure.

14. Training Records

_____ (Name of person/position) is responsible for maintaining BBP training records. These records will be kept _____ (specify location).

Training records shall be maintained for 3 years from the date of training, and shall document the following information:

- a) The dates of the training sessions;
- b) An outline describing the material presented;
- c) The names and qualifications of persons conducting the training; and
- d) The names and job titles of all persons attending the training sessions.

15. Sharps Injury Log

For cases that involve percutaneous injury from contaminated sharps, _____ (*name of person/position*) is responsible for maintaining a sharps injury log. Information shall be entered on the log so as to protect the confidentiality of the injured employee. At a minimum, log entries shall document the following:

- a) The type and brand of device involved in the incident;
- b) The department or work area where the incident occurred; and
- c) An explanation of how the incident occurred.

The sharp injury log is required in addition to the OSHA 300 log.

Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020.

All employee records shall be made available to the Assistant Secretary of Labor for Occupational Safety and Health (OSHA) and the director of the National Institute for Occupational Safety and Health (NIOSH), or their representatives, upon request.

Transfer of Records

If this facility is closed and/or there is no successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

16. Evaluation and Review

_____ (*Name of person/position*) is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed. This review shall include and document:

- a) Consideration and implementation, where feasible, of commercially available safer medical devices designed to eliminate or minimize occupational exposure; and
- b) Input from non-management direct care staff who are potentially exposed to injury from contaminated sharps on identification, evaluation and selection of engineering and work practice controls.

17. Outside Contractors

(While the written exposure plan does not have to address information obtained from and/or provided to outside contractors, you may wish to establish standard operating procedures for these situations and append them to this document.)

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 hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Employee's name (print)

Employee's signature

ECP Administrator signature

Date

Establishment/Facility Name: _____

Year 2_____

Sharps Injury Log

Date / Time	Report No.	Type of Device (syringe, needle, etc.)	Brand Name of Device	Work Area where injury occurred (Lab, etc.)	Brief description of how injury occurred and what part of body was injured
06/25/05 13:05	001-05	Syringe	Injecto Ease	Sterile Lab	Employee cleaning up broken glass containing blood. A piece of glass stuck in Right Thumb of Employee.

Retain until: ___/___/___ (which is five years after the end of the current calendar year).

You are required to maintain this Sharps Log if the requirement to maintain an OSHA 300 log form applies to your company. See 29 CFR 1904 for details. The purpose of this Sharps Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention and/or review. This Sharps Log must be kept in a manner which preserves the confidentiality of the affected employee(s).

Re: 29 CFR 1910.1030(h)(5).