

BLOODBORNE PATHOGENS PLAN - EXPOSURE CONTROL PLAN (ECP) FOR BLOODBORNE PATHOGENS

Purpose

(name of local unit) 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 OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

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:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including:
 - Universal precautions,
 - Engineering and work practice controls,
 - Personal protective equipment, and
 - Housekeeping
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping; and
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

Administrative Duties

(_____) is responsible for the implementation of the ECP. (_____) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: (_____).

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

(_____) will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (_____) will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: (_____).

(_____) will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: (_____).

(_____) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: (____).

Employee Exposure Determination

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

(_____)

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

(_____)

Part-time, temporary, contract, and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees is described in this ECP, if applicable.

Methods of Implementation and Control

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (_____). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(_____) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of such plans must also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. (_____) documents all devices considered.

The following table lists the safer devices (_____) has identified as candidates in our last annual review, which took place (_____):

| Device: | Methods used to evaluate device: | Decision whether or not to implement: | Justification for decision: |
|----------------|---|--|------------------------------------|
| | | | |

() solicits input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls. Only those employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps need be contacted. Our solicitation method involves the following: ().
 () documents all solicitation in the ECP.

The following table lists the engineering and work practice controls identified during solicitation in our last annual review, which took place ():

| Engineering or work practice control: | Employee solicited: | Decision whether or not to implement: |
|--|----------------------------|--|
| | | |

Engineering and Work Practice Controls

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

() Sharps disposal containers are inspected and maintained or replaced by () every () or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through(). We evaluate the need for new procedures or new products by: (). The following staff are involved in this process: ()

() will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to each of our employees at no cost. Training is provided by () in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: ()

PPE is located () and may be obtained through ().

Each employee using PPE must observe the following precautions:

()

The procedure for handling used PPE is as follows: ()

Housekeeping

Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: (_____)

The procedure for handling other regulated waste is: (_____)

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at (_____)

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry

The following contaminated articles will be laundered by this company: (_____)

Laundering will be performed by (_____) at (_____)

The following laundering requirements must be met:

(_____)

Labels

The following labeling method(s) is used in this facility:

| Equipment to be labeled: | Label type (size, color, etc.): |
|---------------------------------|--|
| | |

(_____) will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify (_____) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination

(_____) will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at (_____) .

Vaccination will be provided by (_____) at (_____) .

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Post-exposure Evaluation and Follow-Up

Should an exposure incident occur, contact (_____) at the following telephone number (_____) .

An immediately available confidential medical evaluation and follow-up will be conducted by (_____) Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

(_____)

Administration of Post-Exposure Evaluation and Follow-up

(_____) ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

(_____) ensures that the health care professional evaluating an employee after an exposure incident receives the following:

(_____)

(_____) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

(_____) will review the circumstances of all exposure incidents to determine:

(_____)

If it is determined that revisions need to be made, (_____) will ensure that appropriate changes are made to this ECP. Changes include: (_____)

Employee Training

Each employee who has occupational exposure to bloodborne pathogens receives training conducted by (_____). Our instructor(s) has the following qualifications: (_____).

Each employee who has occupational exposure to bloodborne pathogens receives training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

(_____)

Training materials for this facility are available at (_____).

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at (_____)

The training records include:

(_____) Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to (enter your answer).

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

(_____) is responsible for maintenance of the required medical records. These confidential records are kept at (_____) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to (_____)

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (enter your answer).

Sharps Injury Log

(_____) establishes and maintains a sharps injury log to record percutaneous injuries from contaminated sharps. The information in the sharps injury log is recorded and maintained: (_____). This protects the confidentiality of the injured employee. Our sharps injury log contains:

(_____)

We maintain the log (_____)

Hepatitis B Vaccine Declination (Mandatory)

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 vaccination series at no charge to me.

Signed: _____ *(employee signature)*

Date: _____