

**DRAFT  
SAMPLE WRITTEN**

# **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

**For Compliance With OSHA Standard**

**1910.1030**

## **ACKNOWLEDGEMENTS**

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# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: \_\_\_\_\_

Date of Preparation: \_\_\_\_\_

In accordance with the OSHA Bloodborne Pathogens Standard, 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 or certain other body fluids;
2. Comply with the OSHA Bloodborne Pathogens Standard, 1910.1030.

## 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. 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). This exposure determination is required to 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:

*(list job classifications)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand 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 also 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 other potentially infectious materials. All blood or other potentially infectious material 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, bio-safety cabinets, 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, once/week, etc. as well as list who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department,*

etc.)

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

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

\_\_\_\_\_ *(insert name of position/person, e.g. supervisors)* shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

## **2. Needles.**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this 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 then 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 only permitted for the following procedures: *(List the procedures and also list the mechanical device to be used or alternately if a one-handed technique will be used.)*

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### **3. Containers for REUSABLE Sharps.**

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label and are leak proof. *(Employers should list here where reusable sharps containers are located as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.)*

### **4. Work Area Restrictions.**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, 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 or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods, which will be employed at this facility to accomplish this goal, are: *(List methods, such as covers on centrifuges, usage of dental dams if appropriate, etc.)*

### **5. Specimens.**

Specimens of blood or other potentially infectious materials will be placed in a container, which 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 the requirements of the OSHA standard. *(Employers should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes 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 then it should be stated here.*  
\_\_\_\_\_)

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

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

## **6. Contaminated Equipment.**

\_\_\_\_\_ (*insert name of position/person*) is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment not decontaminated shall be tagged/labeled.

## **7. Personal Protective Equipment.**

### **PPE Provision**

\_\_\_\_\_ (*insert name of position/person*) is responsible for ensuring that the following provisions are met.

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. (*Indicate how clothing will be provided to employees, e.g. who has responsibility for distribution. You could also list which procedures would require the protective clothing and the recommended type of protection required, this could also be listed as an*

*appendix to this program.)*

### **PPE Use**

\_\_\_\_\_ (*insert name of position/person*) shall ensure that the employee uses appropriate PPE unless the supervisor shows that 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 healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

### **PPE Accessibility**

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

### **PPE Cleaning, Laundering and Disposal**

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer at no cost will make all repairs and replacements to employees.

All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

### **Gloves**

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, 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 as soon as feasible if they are torn, punctured, or when 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 exhibit 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 shield, or chin length face shields, are required to be worn whenever splashes, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility, which would require such protection, are as follows:

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### **Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated (*such as autopsies and orthopedic surgery*). The following situations require that such protective clothing be utilized:

## **8. Housekeeping.**

This facility will be cleaned and decontaminated according to the following schedule: *(list area and schedule)*

<u>AREA</u>	<u>Schedule</u>	<u>Cleaner</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Decontamination will be accomplished by utilizing the following materials: *(list the materials which will be utilized, such as bleach solutions or EPA registered germicides)*

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All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. *(Employers should add in any information concerning the usage of protective coverings, such as plastic wrap which they 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 *(list frequency \_\_\_\_\_ and by position/person \_\_\_\_\_)*

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

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

## **9. Regulated Waste Disposal.**

### **Disposable Sharps**

Contaminated 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.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).

The containers shall be maintained 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 immediately 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 and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

### **Other Regulated Waste**

Other regulated waste shall be placed in containers, which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste 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 applicable United States, state and local regulations..

## **10. Laundry Procedures.**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or color coded red bag) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

**Please note:** If your facility utilized Body Substance Isolation or Universal Precautions in the handling of all **soiled laundry** (i.e. all laundry is assumed to be contaminated) no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of this material.

Laundry at this facility will be cleaned at \_\_\_\_\_.

**Please note:** If your facility ships contaminated laundry off-site to a second facility, which does not utilize Universal Precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers which

are labeled or color-coded. One possible solution would be to include a requirement in the contract laundry scope of work requiring the laundry to utilize the equivalent of Universal Precautions.

## **11. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow-Up.**

### **General**

The *(insert company 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.

The *(insert 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 to the employee at a reasonable time and place;
- c.) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d.) Provided according to the recommendations of the U.S. Public Health Service.

An accredited laboratory at no cost to the employee shall conduct all laboratory tests.

### **Hepatitis B Vaccination**

\_\_\_\_\_ *(insert name of position/person)* is in charge of the Hepatitis B vaccination program. *(Where appropriate: We contract with \_\_\_\_\_ to provide this service.)*

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have

occupational exposure unless the employee has previously received the complete Hepatitis B 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 Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If the U.S. Public Health Service recommends a routine booster dose of Hepatitis B vaccine at a future date, such booster doses shall be made available.

### **Post Exposure Evaluation and Follow-up**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to *(list who has responsibility 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;
- 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 applicable local laws on this subject. 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, the *(insert name of position/person)* \_\_\_\_\_ shall establish that legally required consent cannot be obtained.

When law does not require the source individual's consent, the source individual's 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 known HBV or 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 their blood collected for testing of the employees HIV/HBV 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 serological status.

All employees who incur 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 performed by *(insert name of clinic, physician, department)* \_\_\_\_\_.

### **Information Provided to the Healthcare Professional**

The *(insert name of position/person)* \_\_\_\_\_ shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a.) A copy of 1910.1030; *(While the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind that individual of these requirements.)*
- b.) A written description of the exposed employee's duties as they relate to the exposure incident;

- c.) Written documentation of the route of exposure and circumstances under which exposure occurred;
- d.) Results of the source individuals blood testing, if available; and
- e.) All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **Healthcare Professional's Written Opinion**

The *(insert name of position/person)* \_\_\_\_\_ shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professionals written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- 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 other potentially infectious materials which require further evaluation or treatment.

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

## **12. Labels and Signs.**

\_\_\_\_\_ *(insert name of position/person)* shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

### **13. Information and Training.**

\_\_\_\_\_ (*insert 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 it shall be repeated within twelve 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. The training will be interactive and 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 \_\_\_\_\_ (*insert company name*) Bloodborne Pathogen Exposure Control Plan (this program), and a 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, for example 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 an emergency involving blood or other potentially infectious materials.
- 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.
- m.) An explanation of the signs, labels, and color-coding systems.

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

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

## **14. Recordkeeping.**

### **Medical Records**

\_\_\_\_\_ (*insert name of position/person*) is responsible for maintaining medical records as indicated below. These records will be kept (*insert location*) \_\_\_\_\_. (*If you contract for post exposure follow-up and Hepatitis B vaccination evaluation, make sure that your*

*contract language includes provisions for recordkeeping which are consistent with the requirements of 1910.20.)*

Medical records shall be maintained in accordance with OSHA Standard 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a.) The name and social security number of the employee.
- b.) A copy of the employee's HBV vaccination status, including the dates of vaccination.
- c.) A copy of all results of examinations, medical testing, and follow-up procedures.
- 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, and documentation of the routes of exposure and circumstances of the exposure.

### **Training Records**

\_\_\_\_\_ (*insert name of position/person*) is responsible for maintaining the following training records. These records will be kept (*insert location*) \_\_\_\_\_.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

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

### **Availability**

All employee records shall be made available to the employee in accordance with 1910.20.

All employee records shall be made available to the Assistant Administrator for Wyoming Workers' Safety and Compensation and the Director of the National Institute for Occupational Safety and Health (NIOSH) upon request.

### **Transfer of Records**

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

## **15. Evaluation and Review.**

\_\_\_\_\_ (*insert name of position/person*) is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

## **16. Dates.**

All provisions required by this standard will be implemented by July 30 1992.

## **17. Outside Contractors.**

*While the written exposure control plan does not have to address information obtained from and 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 vaccination series at no charge to me.

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