BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

NAME OF FACILITY _____DATE _____

A. Purpose

The purpose of the 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 determine which employees may have work 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 have such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

(list job classifications or job titles) _____
_____
_____

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these classifications would be expected to have exposure to blood or other potentially infectious materials, tasks 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 put in appendix):

JOB CLASSIFICATION	TASK/PROCEDURE
_____	_____
_____	_____
_____	_____
_____	_____

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 (name of 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. The following engineering controls will be utilized:(list controls, such as sharps containers, biosafety cabinets,etc)

DEPARTMENT	ENGINEERING CONTROL	PROTECTIVE EQUIPMENT

The above controls will be examined and maintained on a regular basis. The schedule for reviewing the effectiveness of the controls is as follows:

DESCRIPTION OF CONTROL	REVIEW SCHEDULE	NEW TECHNOLOGY CONSIDERED	PERSON RESPONSIBLE

Readily accessible handwashing facilities must be made available to the employees who have exposure to blood or other potentially infectious materials. If handwashing facilities are not feasible, either an antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes must be made available.

_____ (name of person/position) will ensure that after the removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin surface as soon as feasible with soap and water.

_____ (name of person/position) will ensure that if any employees have exposure to their skin or mucous membranes then those areas must 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. An exception is allowed 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:

PROCEDURE	MECHANICAL DEVICE USED	ONE HANDED TECHNIQUE USED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 bio-hazard label and are leak proof.

LOCATION OF CONTAINERS	PERSON WHO REMOVES SHARPS	FREQUENCY OF CONTAINER CHECKS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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:

WORK AREA/ DEPARTMENT	PROCEDURE	METHOD EMPLOYED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 as a biohazard. The OSHA standard provides for an exemption from the labeling/color coding of specimens if the facility observes 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.

WORK AREA/ DEPARTMENT	LABEL/ COLOR CODE USED	UNIVERSAL PRECAUTIONS USED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant. If the outside of the primary container becomes contaminated, the primary container must be placed inside a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

6. Contaminated Equipment

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

7. Personal Protective Equipment

PPE Provision

_____ (name of person/position) is responsible for ensuring that the following provisions are met. All PPE used at this facility will be

provided without cost to employees. PPE will be chosen based on the expected exposure to blood or other potentially infectious materials. The PPE 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 PPE 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 of protection required, this could also be listed as an appendix to this program) _____
_____
_____

PPE Use

_____ (name of person/position) will ensure that employees use 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 judgement 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 judgement, the circumstances will be investigated and documented in order to determine whether changes can be made to prevent such occurrences in the future.

PPE Accessibility

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

PPE Cleaning, Laundering and Disposal

_____ (name of person/position) will ensure that all PPE will be cleaned, laundered, repaired, replaced, and/or disposed of at no cost to the employees. All garments which are penetrated by blood must be removed immediately or as soon as feasible. All PPE will be removed before leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

Gloves will be worn where it is expected 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. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be provided to employees who are allergic to the gloves normally provided.

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 exibit 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 face shields, will be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be expected. Situations at this facility which would require such protection are:

WORK AREA/ DEPARTMENT	SITUATION REQUIRING PROTECTION	PROTECTION REQUIRED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Protection

Additional protective clothing such as lab coats, gowns, aprons, clinic jackets, or similar outer garments will be worn in instances when gross contamination can be expected such as autopsies and/or orthopedic surgery. These situations are:

DEPARTMENT	PROCEDURE	PPE REQUIRED
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Housekeeping

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

WORK AREA/ DEPARTMENT	SCHEDULE	PERSON CLEANING	DECONTAMINATION MATERIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All contaminated work surfaces will be decontaminated using materials such as bleach (solutions of 5.25% sodium hypochlorite diluted between 1:10 and 1:100 with water) or EPA registered germicides after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. Protective coverings such as plastic wrap may be used to help keep surfaces free of contamination.

All bins, pails, cans, and similar receptacles will be inspected and decontaminated regularly according to the following schedule:

DEPT	TYPE OF RECEPTACLE	INSPECTION SCHEDULE	DECON FREQUENCY	PERSON RESPONSIBLE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any broken glassware which may be contaminated, will not be picked up directly with the hands. Dustpans and brooms or forceps/tongues are available for use.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed. All reusable sharps will be disinfected before handling by hands alone is acceptable.

9. Regulated Waste Disposal

Disposable Sharps

Contaminated sharps will 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.

The following items are considered reusable sharps at this facility:

_____

During use, containers for contaminated sharps will be easily accessible to personnel and as close as feasible to the immediate area where sharps are used or can be reasonably expected to be found, such as laundry and exam rooms.

The containers will be maintained upright throughout use and replaced routinely and not be allowed to overfill.

WORK AREA/ DEPARTMENT	TYPE OF WASTE	TYPE CONTAINER	PERSON WHO MAINTAINS CONTAINERS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Reusable containers will 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

All other regulated wastes will be placed in containers which are closeable, constructed to contain contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste will 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 wastes will be in accordance with applicable federal, state and local regulations. DHEC is the controlling agency in South Carolina.

10.Laundry Procedures

_____ (name of person/position) will ensure that laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and will be placed in biohazard -labeled or color coded red bags at the point of use and will not be sorted or rinsed there.

NOTE: If your facility uses 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 the laundry.

Laundry at this facility will be cleaned at _____ (name of laundry).

NOTE: If your facility ships contaminated laundry off-site to a second facility which does not observe 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 observe Universal Precautions.

11. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow Up

General

_____ (name of company) will 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 person/position) will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and the 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 / under the supervision of another licensed healthcare professional;
d. provided according to the recommendations of the U.S. Public Health Service.

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

Hepatitis B Vaccination

_____ (name of person/position) is in charge of the Hepatitis B vaccination program. _____ (name of physician or other healthcare professional) will provide the vaccinations.

Hepatitis B vaccinations will be made available after the employee has been

provided 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 will 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 Bloodborne Pathogens standard decides to accept the vaccination, the vaccination will then be made available.

All employees who decline the Hepatitis B vaccination must sign the OSHA required waiver indicating their refusal. (See page 16)

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

Post Exposure Evaluation and Follow Up

All exposure incidents must be reported, investigated, and documented. When an employee has an exposure incident, it must be reported to _____ (name of person/position) immediately.

Following a report of an exposure incident, the exposed employee will receive a confidential medical evaluation and follow-up immediately performed by _____ (name of licensed physician or other healthcare professional) that includes at least:

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 not feasible or prohibited by state or local law. (this provision may need to be modified to meet requirement of applicable state or local law and if so, modifications may be added here.) _____
c.) the source individual's blood will 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 person/position) will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and 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 will be made available to the exposed employee, and the employee will 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 will 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' HBV/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 serological status.

All employees who may have had 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 _____ (name of clinic or health professional).

Information Provided To the Healthcare Professional

_____ (name of person/position) will ensure that _____ (name of clinic or health professional) who is responsible for the employee's Hepatitis B vaccination is provided with :

a.) a copy of the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030. (It might helpful to remind the health professional of confidentiality requirements of the standard);

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 individual's 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

_____ (name of person/position) will obtain and provide the employee with a copy of the healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion for HBV vaccination and post exposure follow-up must be limited to:

a.) whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination;
b.) a statement that the employee has been informed of the results of the evaluation of the post exposure follow-up; and
c.) 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 diagnoses must remain confidential and must not be included in the written report.

12. Labels and Signs

_____ (name of person/position) will ensure that containers of regulated wastes, refrigerators and freezers containing blood and other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials have the biohazard labels.

The universal biohazard symbol that is fluorescent orange or orange-red will be used.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled according to DHEC rules and regulations.

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

13. Information and Training

_____ (name of person/position) will ensure that training is given at the time of initial assignment to tasks where occupational exposure may occur, and that it will be repeated within 12 months of the previous training. training will be tailored to the education and language level of the employee, and given during during the normal work shift. The training will abe interactive and cover:

a.) a copy of the OSHA 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 _____ (name of company) Bloodborne Pathogens Exposure Control Plan, 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 given 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; and
m.) an explanation of the signs, labels and color coding system used .

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

Employees who have received training in bloodborne pathogens in the 12 months before the effective date of this policy must only receive training in provisions that were not covered in the previous training.

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

14. Recordkeeping

Medical Record

_____ (name of person/position) is responsible for keeping medical records . 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 OSHA standard 1910.1020.)*

Medical records must be maintained according to OSHA standard 1910.1020. These records must be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records must include:

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, 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, and documentation of the routes of exposure and circumstances of the exposure.

Sharps Injury Log (Needle sticks Log)

Employers which fall under the scope of OSHA's Injury and Illness record keeping System (OSHA 300 Log) must maintain a sharps injury log in away that ensures employee privacy and contains at least the following information.

a. Type and brand of device involved in the incident, if known;
b. Location of the incident (e.g., department or work area); and
c. A description of the incident

The log may contain additional information as long as an employee's privacy is protected. The format of the log can be determined by the employer.

Training Records

_____ (name of person/position) is responsible for keeping the training records. These records will be kept _____ (insert location)

Training records must be kept for 3 years from the date of training and the following must be documented:

a.) The dates of the training;
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.

Availability

All employee records will be made available to the employee or his representative in accordance with OSHA standard 1910.1020.

All employee records will be made available to OSHA and the National Institute for Occupational Safety and Health under 1910.1020.

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 NIOSH will be contacted for final disposition.

15. Evaluation and Review

_____ (name of person/position) is responsible for annually reviewing this program, and its effectiveness, and for updating it as needed. The last previous review and update was on _____(date)

SAFER MEDICAL DEVICES

DATE	PROCEDURE	CONSIDERED	IMPLEMENTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Input regarding the identification, evaluation and selection of effective engineering controls, including self-sheathing needles, sharps with engineered sharps injury protections, and needleless systems must be solicited from non-management health care workers. The method of receiving input from employees must be documented.

DEPT.	EMPLOYEES INVOLVED	PROCESS BY WHICH INPUT GATHERED	DEVICES PROPOSED BY EMPLOYEES	REASONS PROPOSED DEVICES NOT IMPLEMENTED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Dates

All provisions required by the OSHA standard will be implemented by _____(insert date).

17. Outside Contractors

(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 attach them to this document.)

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.

_____

Signature

_____

Date