

# MODEL WRITTEN EXPOSURE CONTROL PLAN

PRESENTED BY



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These guidelines are derived from OSHA standards and interpretations and are intended to provide information to assist in the development of an exposure control plan. This information is not considered a substitute for OSHA Standards. Information regarding your facilities' compliance actions must be added to satisfy OSHA's requirements for a site-specific exposure control plan

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# EXPOSURE CONTROL PLAN

In the interest of preventing accidental exposure to bloodborne pathogens and other infectious materials, the management of this company has established a policy of employee protection and workplace safety. This Exposure Control Plan has been prepared in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens regulations, 29 CFR 1910.1030. This Plan will be covered in annual personnel development training and new employee orientation for all affected employees.

Employees are urged to study all provisions of the Plan very carefully. All questions or comments should be directed to \_\_\_\_\_. We encourage your input and involvement in this program so that we can continue to make our workplace a safe and healthful environment for everyone. This Plan will be subject to review and revision, as needed. The annual review of the Plan will be scheduled for \_\_\_\_\_.

## **I. Understanding Terms Used in the Exposure Control Plan**

This Exposure Control Plan will include many terms derived from the OSHA Bloodborne Pathogens standard. These terms have very specific definitions. For example, “occupational exposure,” means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from an employee’s duties. The term “other potentially infectious materials” refers to a specific list of human body fluids known to present a high risk to employees should the host be infected with a bloodborne disease.

The definitions of these terms are found in Paragraph (b) of the OSHA Bloodborne Pathogens standard. If you have questions about any of them contact \_\_\_\_\_.



### III. EXPOSURE CONTROL PROCEDURES

In all circumstances, Universal Precautions, as recommended or defined by the Centers for Disease Control (CDC) and/or the Occupational Safety and Health Administration (OSHA), will be observed in order to prevent contact with blood and other potentially infectious materials, unless they interfere with the proper delivery of healthcare or would create a significant risk to the personal safety of the worker.

#### A. Engineering Controls

Wherever possible, engineering controls will be utilized to reduce potential exposure. Listed below are all controls in this facility:

CONTROL	LOCATION	INSTALLATION DATE	MAINTENANCE DATE

\_\_\_\_\_ will be responsible for inspection and maintenance of these controls. Records will be maintained for frequency of inspection and repairs.

OSHA also requires the use of safer medical devices to reduce the risk of parenteral exposure to contaminated sharps. Sharps with engineered sharps injury protections in use at this facility include:

ITEM	LOCATION

\_\_\_\_\_ will be responsible for reviewing and updating the manner in which safer medical devices are used. Those responsibilities will include:

- Evaluating new tasks or procedures that may require the use of new safer medical devices;
- Evaluating new safer medical devices available on the market;

- Soliciting input from employees (non-managerial) on the selection and use of safer medical devices.

The review will be carried out on an ongoing basis, and/or at least annually.

Documentation of this review and solicitation of input will be maintained in Appendix \_\_\_ of this Exposure Control Plan.

## **B. Required Work Practices (General)**

1. Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.
2. All personal protective equipment must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
3. Used needles and other sharps may not be sheared, bent, broken, recapped or resheathed by hand. Used needles may not be removed from disposable syringes. Recapping is permitted only if no other alternative is feasible and must be done using an approved mechanical device or one-handed technique.
4. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure.
5. Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in areas of possible contamination.
6. All procedures involving blood or other potentially infectious materials will be done in a manner which minimized splashing, spraying, and aerosolization of these substances.
7. Mouth pipetting/suctioning is prohibited.
8. If conditions are such that handwashing facilities are not available, antiseptic hand cleaners are to be used. Because this is an interim measure, employees are to wash hands at the first available opportunity.

9. The following hygienic work practices will also apply:


**C. Personal Protective Equipment**

Where there is potential for occupational exposure, employees will be provided and required to use personal protective equipment including, but not limited to, gloves, aprons, gowns, lab coats, head and foot coverings, eye protectors (i.e., goggles, glasses with side shields, face shields). This equipment will be provided at no cost to employees. When necessary, hypoallergenic, powderless or other alternative gloving will be provided to employees who are allergic to types normally provided.

Supplies may be obtained at the following locations:


Single use (disposable) gloves may not be decontaminated or washed for re-use.

Prior to leaving the work area, personal protective equipment (including lab coats) must be removed and properly disposed of or placed into designated storage or laundry areas. Employees are not permitted to carry any type of personal protective equipment home for cleaning or other use.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through or contact the employees clothing, skin, mouth or mucous membranes.

Listed below are types of personal protective equipment available for employees' use and circumstances under which it must be used:

ITEM	PROCEDURE

Decontamination of personal protective equipment will be performed in the following manner:

EQUIPMENT	CLEANER/DISINFECTANT	FREQUENCY



D. Housekeeping

1. Work surfaces shall be decontaminated with an appropriate disinfectant after completion of a procedure; when surfaces are overtly contaminated; immediately after any spill of blood or other potentially infectious materials; and at the end of the work shift.
2. Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced as necessary (i.e., upon contamination, at the end of the work day).
3. Equipment which may become contaminated with blood or other potentially infectious materials will be checked routinely and prior to servicing or shipping and shall be decontaminated as necessary.
4. All bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with blood or other potentially infectious materials shall be inspected, cleaned and disinfected immediately or as soon as possible upon visible contamination. A regular cleaning schedule will be established and addressed elsewhere in this program.
5. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps.
6. Specimens of blood or other potentially infectious materials shall be placed into a closable, leakproof container labeled or color-coded according to OSHA requirements prior to being stored or transported. If outside contamination of the primary container is likely, then a second leakproof container that is labeled or color-coded (again, as per OSHA specifications) shall be placed over the first and closed to prevent leakage during handling, storage or transport. If puncture of the primary container is likely, it shall be placed within a leakproof, puncture-resistant secondary container.
7. Reusable items contaminated with blood or other potentially infectious materials shall be decontaminated prior to washing and/or reprocessing.
8. It is the responsibility of \_\_\_\_\_ to assure that the worksite is maintained in a clean and sanitary condition. Facilities will be cleaned and disinfected with an appropriate agent according to the following schedule:



E. Waste Disposal

All infectious waste destined for disposal shall be placed in closable, leakproof containers or bags that are color-coded or labeled as herein described. It shall be the responsibility of \_\_\_\_\_ to assure that waste is properly disposed and the following rules are observed.

1. If outside contamination of the container or bag is likely to occur, then a second leakproof container or bag which is closable and labeled or color-coded (as per OSHA specifications) will be placed over the outside of the first and closed to prevent leakage during handling, storage and transport.
2. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers which are leakproof on the sides and bottom and that are labeled or color-coded, per OSHA specifications.
3. These containers will be easily accessible to personnel and located in the immediate area of use.
4. These containers will be replaced routinely and not allowed to overfill. Employees must not have to insert hands into the container in order to dispose of a sharp.
5. When moving containers of sharps from the area of use they must be closed immediately prior to removal or transport.
6. Reusable containers may not be opened, emptied or cleaned manually or in any other manner which would pose the risk of percutaneous injury.
7. Disposal of contaminated personal protective equipment will be provided at no cost to employees.
8. In accordance with other applicable Federal, State and local regulations concerning medical waste, the following disposal procedures will be observed:


**F. Laundry**

1. Laundry which has been contaminated with blood and other potentially infectious materials or may contain contaminated sharps will be handled as little as possible and with a minimum of agitation.
2. Contaminated laundry must be bagged at the location where it was used and shall not be sorted or rinsed in patient care areas.
3. Contaminated laundry shall be placed and transported in bags that are labeled or color-coded as herein described. Whenever this laundry is wet and presents the potential for soaking or leaking through the bag, it will be placed and transported in leakproof bags.
4. Employees responsible for handling potentially contaminated laundry are required to wear protective gloves and other appropriate personal protective equipment to prevent occupational exposure during handling or sorting.
5. Laundering of personal protective equipment is to be provided by the employer at no cost to employees.
6. If laundry is shipped offsite to a second facility which does not utilize Universal Precautions in its handling of all laundry, bags or containers with appropriate labeling and/or color-coding will be used to communicate the hazards associated with this material.
7. Persons responsible for ensuring the proper handling, storage, shipping or cleaning of contaminated laundry are:


8. Additional requirements pertaining to the handling of laundry are as follows:


**G. Communication of Hazards to Workers**

**1. Labels**

- Warning labels shall be affixed to containers of infectious waste; refrigerators and freezers containing blood and other potentially infectious materials; and other containers used to store or transport blood or other potentially infectious materials except as provided below.
- Labels will bear the legend described in the OSHA standard for bloodborne disease prevention. They will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- All labels will be an integral part of the container or will be affixed as close as safely possible to the container by string, wire, adhesive or any other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels on containers of infectious waste.
- The person responsible for ensuring that containers of biohazardous waste are properly labeled is \_\_\_\_\_.

**2. Signs (for HIV/HBV research areas)**

Signs will be posted at the entrance to the following areas:

<b>WORK AREA</b>	<b>PROCEDURE</b>

Signs will bear the legend described in the OSHA standard for bloodborne disease prevent.

### 3. Information and Training

All workers with occupational exposure will participate in Exposure Control training prior to their initial assignment and at least annually thereafter. This training will be free of charge to employees and scheduled during working hours.

The person(s) responsible for providing this training and coordinating the program is/are


At the end of each training session, employees will acknowledge their participation in the program by signing a form provided by the company, an example of which may be found in Appendix \_\_\_ of this Plan.

Employees will receive training and information in the following areas:

- a. A copy of the standard and an explanation of its contents;
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of modes of transmission of bloodborne pathogens;
- d. An explanation of our Exposure Control Plan and where you may obtain a copy;
- e. An explanation of the appropriate methods for recognizing tasks and procedures that may involve exposure to blood or other potentially infectious materials;
- f. An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment;
- g. Information on personal protective equipment which will address types available, proper use, location, removal, handling, decontamination and/or disposal;
- h. An explanation of the basis for selection of personal protective equipment;
- i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, and the benefits of being vaccinated.
- j. Information on the appropriate actions to take and persons to contact in the event of an emergency;
- k. Procedures to follow if an exposure incident occurs, including the methods of reporting the incident, and

- l. Information on the medical follow-up that will be made available and on medical counseling provided to exposed individuals;
- m. An explanation of signs, labels, and/or color-coding;
- n. A question and answer session with the trainer.

## **H. Medical Surveillance**

### **1. Hepatitis B Vaccinations**

Any employee of this company who has occupational exposure as defined by the Bloodborne Pathogens standard will be offered, at no cost, a vaccination for Hepatitis B, unless the employee has had a previous vaccination or antibody testing reveals the employee to be immune. If any employee declines the vaccination, he/she must sign a waiver form. A copy of this form is found in Appendix \_\_ of this Plan.

### **2. Exposure Incident Evaluations**

Should an employee be exposed to a potentially infectious material (via needle stick, splash, etc.) post-exposure evaluations will be provided as described here.

Exposure incidents are to be reported to \_\_\_\_\_.

Following a report of an exposure incident, the employee will be provided a confidential medical evaluation and follow-up, including:

- Documentation of the route(s) of exposure, HBV and HIV antibody status of the source patient(s) (if known), and the circumstances under which the exposure occurred.
- If the source patient can be determined and permission is obtained, collection and testing of the source patient's blood to determine the presence of HIV or HBV infection.
- Collection of blood from the exposed employee as soon as possible after the exposure incident for determination of HIV/HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date, if the employee so requests. Samples will be preserved for at least 90 days.
- Follow-up of the exposed employee including antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis, according to standard recommendations for medical practices.
- The attending physician will be provided the following information:
- A copy of the OSHA regulation "Bloodborne Pathogens" and its appendices;

- A description of the affected employee's duties as they relate to the employee's occupational exposure;
- Results of the source individual's blood testing, if available;
- All employee medical records, including vaccination records, relevant to the treatment of the employee.
- The attending physician will provide a written opinion to this employer concerning the following:
- The physician's recommended limitations upon the employee's ability to receive the Hepatitis B vaccination.
- A statement that the employee has been informed of the results of the medical evaluation and 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.
- Specific findings or diagnoses which are related to the employee's ability to receive the HBV vaccination. Any other findings and diagnoses shall remain confidential.
- For each evaluation under this section, the company will obtain and provide the employee with a copy of the attending physician's written opinion within 15 days of the completion of the evaluation.

### **3. Sharps Injury Log**

A sharps injury log will be maintained at this facility to record all percutaneous injuries from contaminated sharps. All entries on the sharps injury log will be recorded in a manner that maintains the confidentiality of the injured employee.

(NOTE: This requirement applies only to employers required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. Maintenance of this sharps injury log is covered in 29 CFR 1904.6.)



**I. Recordkeeping**

1. Medical records will be kept for the length of the workers' employment plus 30 years. Records will be maintained at the following location(s):


2. Training records shall be kept for three years. These records will be maintained at the following location(s):


# BLOODBORNE PATHOGENS TRAINING

On \_\_\_\_\_, I attended company-provided training on Bloodborne Pathogens.

**Topics covered in this training included:**

- a. A copy of the OSHA standard and explanation of its contents;
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- c. Modes of transmission of bloodborne pathogens explained;
- d. An explanation of our Exposure Control Plan;
- e. An explanation of the appropriate methods for recognizing tasks and procedures that may involve exposure to blood or other potentially infectious materials;
- f. An explanation of the use and limitation of practices that will prevent or reduce exposure, including engineering controls, work practices and personal protective equipment;
- g. Information on types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment;
- h. The basis of selecting personal protective equipment;
- i. Information on the Hepatitis B vaccine, its efficacy, safety, and the benefits of being vaccinated;
- j. Information on the how to respond to emergencies;
- k. Procedures to follow if an exposure incident occurs, including the method of reporting the incident;
- l. The medical follow-up that will be made available. Also, information on medical counseling provided to exposed individuals;
- m. An explanation of signs, labels and/or color-coding;
- n. A question and answer session with the trainer.

Trainer Name (Print)	Employee Name (Print)
Trainer Job Title or Qualifications	Job Title
Trainer Signature	Employee Signature



# **EMPLOYEE HEPATITIS B DECLINATION**

## **STATEMENT:**

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)

## SHARPS INJURY LOG

**FACILITY NAME:**

**CALENDAR YEAR:**

**LOG ADMINISTRATOR:**

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DATE*	INCIDENT LOCATION (e.g. Department)	WORK AREA	INCIDENT DESCRIPTION (e.g. How incident occurred)	TYPE/BRAND DEVICE INVOLVED

\*Optional Entry