

**MODEL WRITTEN**

**EXPOSURE CONTROL PLAN**  
**(INDUSTRY VERSION)**

**PRESENTED BY**

**SAFE STATE**

A Confidential Consulting Service by The University of Alabama

The University of Alabama **g** College of Continuing Studies **g** 205/348-7136  
Box 870388 **g** Martha Parham West **g** Tuscaloosa, Alabama 35487-0388  
1-800-452-5928 **g** FAX (205)348-9286

These guidelines are intended to provide information to assist in the development of an exposure control plan. This information is not considered a substitute for an exposure control. This guide was derived from OSHA standards and interpretations.

## **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 the focus of annual personnel development training and new employee orientation for all affected employees.

Employees who have specific job responsibilities which may result in “occupational exposure” to blood or other potentially infectious materials (OPIM) as defined by the OSHA standard, will be required to follow the requirements set forth in this plan. Annual training will be provided to these employees, as required by 1910.1030.

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. Annual review of the Plan will be scheduled for \_\_\_\_\_.

In this Plan, all references to “occupational exposure” will mean reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from an employee’s duties.

For more definitions, consult Paragraph (B) of the OSHA Bloodborne Pathogens standard.

**I. EXPOSURE DETERMINATION**

It has been determined by \_\_\_\_\_ that the listed employees may be exposed to hazards of bloodborne pathogens while performing certain jobs or tasks in this facility. These employees are covered under the provisions of OSHA's Bloodborne Pathogens Standard and our Exposure Control Plan.

<u>EMPLOYEE</u>	<u>JOB TITLE</u>	<u>PROCEDURES</u>	<u>LOCATIONS</u>

## II. 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:

<u>CONTROL</u>	<u>LOCATION</u>	<u>INSTALLATION DATE</u>	<u>MAINTENANCE DATE</u>

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

### B. REQUIRED WORK PRACTICES (GENERAL)

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.

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.

If conditions are such that handwashing facilities are not available, antiseptic hand cleaners are to be used. Because this is in interim measure, employees are to wash hands at the first available opportunity.

Any materials that are identified in the work area as being potentially contaminated with blood or OPIM are not to be handled by employees without first notifying

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\_\_\_\_\_ and  
addressing  
such  
materials in a  
supervised  
capacity.

Where samples of body fluids may be collected by employees for laboratory analysis, a determination will be made by \_\_\_\_\_ concerning the manner of handling for each sample. In cases where blood or OPIM may be present in the fluid or if it is not possible to differentiate the contents of a sample, samples should be handled with proper PPE and placed into a closable, leakproof container (or containers) which have been labeled or color-coded according to OSHA requirements. If outside contamination or puncture of the primary container is likely, then a second leakproof, puncture-resistant container that is properly labeled or color-coded shall be placed over the first and closed to prevent leakage during handling, storage or transport.

The OSHA Bloodborne Pathogens standard requires employers to incorporate site-specific work practices into the Exposure Control Plan, therefore, the following hygienic work practices will also be observed as a means of reducing exposure to blood or OPIM:

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**Attach additional sheets as necessary.**

**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.

In situations where employees become exposed to blood or OPIM as a result of failure to use appropriate PPE, an evaluation of the incident will be performed, including an analysis of why PPE was not utilized.

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.

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

<u>ITEM</u>	<u>CONDITION OF USE</u>

Contaminated personal protective equipment will be disposed of in accordance with the waste removal provisions of the OSHA Bloodborne Pathogens standard and any applicable state or local requirements.

Where decontamination of PPE is to be performed, it shall be carried out in the following manner:

Equipment: \_\_\_\_\_

Disinfectant: \_\_\_\_\_

Procedure: \_\_\_\_\_

\_\_\_\_\_

**D. HOUSEKEEPING**

In the event of incidents resulting in the contamination of equipment, floors or other surfaces, an appropriate disinfectant will be used. Disinfectants are to be selected and used in accordance with the guidelines established by OSHA. The process of disinfecting work surfaces will proceed as soon as possible upon contamination.

Where 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).

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.

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.

**Additional Housekeeping Procedures:**

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It is the responsibility of \_\_\_\_\_ to assure that the worksite is maintained in a clean and sanitary condition.

**NOTE: HOUSEKEEPING SCHEDULE**

In an industrial setting, routine contamination of equipment and/or facilities with blood or OPIM would not be anticipated. If you have employees who must work with materials which are routinely contaminated, you should request a copy of the Model Exposure Control Plan for medical/clinical applications. Paragraph (d) of the OSHA Bloodborne Pathogens standard requires that a housekeeping schedule be established in workplaces where employees may have occupational exposure to blood or OPIM during cleaning and disinfection of contaminated work surfaces.

**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.

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.

Contaminated sharps are to 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.

These containers will be easily accessible to personnel and located in the immediate area of use.

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/

When moving containers of sharps from the area of use they must be closed immediately prior to removal or transport.

Reusable containers may not be opened, emptied or cleaned manually or in any other manner which would pose the risk of percutaneous injury.

Disposal of contaminated personal protective equipment will be provided at no cost to employees.

In accordance with other applicable Federal, State and local regulations concerning medical waste, the following disposal procedures will be observe

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**NOTE: LAUNDRY**

In industrial settings, routine laundering of contaminated linens and other materials to remove blood and/or OPIM would not be anticipated. If your facility is involved in the routine handling of contaminated laundry, please request a copy of the Model Exposure Control Plan for medical/clinical applications. In the event of an incident within your facility where contaminated laundry must be handled or processed, refer to Paragraph (d)(4)(iv) of the Bloodborne Pathogens standard for information regarding the handling of this material.

## F. COMMUNICATION OF HAZARDS TO WORKERS

### 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 .

### 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.

## G. MEDICAL SURVEILLANCE

### Hepatitis B Vaccinations

Any employee who may be exposed to potentially infectious materials within this company 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.

Vaccinations will be made available to the aforementioned employees within 10 working days of their initial assignment to tasks involving potential occupational exposure. Job classifications which qualify as "at risk" are listed in the Exposure Determination section of this Plan.

### Hepatitis B Vaccinations and First Aiders

\_\_\_\_\_ will be responsible for preparing and submitting to company management an Exposure Incident Report of any first aid incidents which involve the presence of blood or OPIM. This report will be submitted before the end of the work shift during which the first aid incident occurred.

The report will include the names of all first aid providers who rendered assistance (regardless of whether personal protective equipment was used). It will also describe the first aid incident, including times and dates. The report will also contain a determination of whether an "exposure incident" was experienced by any of the attending employees. Refer to the Paragraph (b) of 1910.1030 for additional information concerning the definition of "exposure incident".

Within 24 hours, all employees listed in the report will be offered the opportunity to receive, at no cost to them, the Hepatitis B vaccination series. Provision of the vaccine will be offered to each reported employee regardless of whether an actual "exposure incident" was experienced. Those employees who may have experienced an exposure incident will also be offered, at no cost, post-exposure evaluations, prophylaxis and medical follow-up.

### Medical Follow-up to Exposure Incidents

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

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.

**H. RECORDKEEPING**

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

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

Name of Preparer	_____
Signature of Preparer	_____
Date of Preparation	_____

**SAMPLE BLOODBORNE PATHOGENS TRAINING  
ATTACHMENT A**

On the dates listed below, I received company-provided training on Bloodborne Pathogens, as required by the OSHA Standard 1910.1030. Topics addressed in this training program included:

<u>DATE</u>	<u>TOPIC</u>
_____	A copy of 1910.1030 and an explanation of its contents;
_____	General explanation of the epidemiology and symptoms of bloodborne diseases;
_____	Modes of transmission of bloodborne pathogens explained;
_____	An explanation of our Exposure Control Plan;
_____	An explanation of the appropriate methods for recognizing tasks and procedures that may involve exposure to blood or other potentially infectious materials;
_____	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;
_____	Information on types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment;
_____	The basis of selecting personal protective equipment;
_____	Information on the Hepatitis B vaccine, including information on its efficacy, safety, and the benefits of being vaccinated;
_____	Information on the how to respond to emergencies;
_____	Procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available. Also, information on medical counseling provided to exposed individuals;
_____	An explanation of signs, labels, and/or color-coding;
_____	A question and answer session with the trainer.

Trainer \_\_\_\_\_  
 Employee Signature \_\_\_\_\_  
 Employee Social Security Number \_\_\_\_\_

Note: This record to remain in employee's training records for 3 years from the date of completion of training.

**SAMPLE FIRST AID INCIDENT REPORT  
ATTACHMENT B**

**Important: To be prepared and submitted prior to end of shift during which incident occurs**

**Department** \_\_\_\_\_  
**Supervisor** \_\_\_\_\_  
**Incident Date** \_\_\_\_\_  
**Incident Time** \_\_\_\_\_  
**Shift** \_\_\_\_\_  
**Injured Employee** \_\_\_\_\_  
**Job Title** \_\_\_\_\_  
**Injury Description** \_\_\_\_\_

<b>Attending Employees Information</b>				
<b>Employee Name</b>	<b>Job Title</b>	<b>PPE Used? (Y/N)</b>	<b>Exposure Incident (Y/N)</b>	<b>If Yes, Describe Type</b>

**IMPORTANT:** Within 24 hours of this incident, all of the employees listed above must be offered the opportunity to receive the Hepatitis B vaccination. Employees who have experienced an Exposure Incident will be offered, in addition to the vaccination, post-exposure evaluation by qualified medical personnel. Refer to the company Exposure Control Plan for specific guidance.

Preparer's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**SAMPLE EMPLOYEE HEPATITIS B DECLINATION  
ATTACHMENT C**

**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)