

# Exposure Control Plan

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## POLICY

[Your company] has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan (ECP) is an element of our safety and health program and complies with OR-OSHA's *Bloodborne Pathogens, 1910.1030*, requirements.

[Employer's name or job title] has the authority and responsibility to ensure that all elements of the exposure plan are in place. Employees can read the plan (identify where employees can read the plan).

This ECP includes:

- Exposure Determination
- Compliance Methods, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

## EMPLOYEE EXPOSURE DETERMINATION

Employees subject to the OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties.

**Job classifications at our establishment at risk of exposure to blood or other potentially infectious materials (OPIM):**

Example:

Tattoo Artist

Piercing Apprentice

**Job classifications at our establishment that may be at risk of exposure to blood or OPIM, including task that exposure may occur:**

Example:

Office Manager - handles Sharps disposal

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## COMPLIANCE METHODS

### Universal precautions

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult- or impossible-to-identify body fluids as potentially infectious.

### Engineering and Work Practice Controls

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

#### ***Sharps Containers***

Contaminated needles and other sharp objects are discarded in a sharps container. Containers are inspected and maintained or replaced by [Employer's name or job title] every (list frequency) or whenever necessary to prevent overfilling. Containers are closed when moving or storing to prevent spillage or protrusion of contents.

#### ***Safe Tattooing/Piercing Equipment and Supplies***

Safe tattooing/piercing equipment and supplies are purchased and used. Current supplies and equipment are evaluated annually to determine if there are newer and safer options.

New procedures and new products are evaluated by (Describe the process, literature reviewed, supplier info, products considered)

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#### ***Work Practices***

Employees must wash their hands with soap and water upon removal of gloves and other protective gear.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure to blood or OPIM can occur. Do not store food or beverages in work rooms, equipment cleaning areas or other areas where they may be exposed to blood or OPIM.

Blood and bodily fluid spills are cleaned immediately. Disposable absorbent materials, such as paper towels, are used to soak up the fluids. The area is cleaned and disinfected with an EPA registered disinfectant or 10% bleach solution. For minor spills where fluids do not leak or drip from the absorbent material when pressed or squeezed, the material may be discarded into regular garbage cans. Large spills are uncommon for the procedures being performed in the facility. If larger spills do occur where fluids may leak or drip from the absorbent material, the material will be placed into a plastic bag and

sealed before placing into a secondary plastic bag or container. The bag or container will be marked with a biohazard label and placed in a secure area. An infectious waste disposal service will be called to pick up the biohazardous waste.

## Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by [Employer's name or job title].

**The types of PPE available to employees are:**

**Example:**

Disposable Gloves

Eye Protection

PPE is located (List location) and may be obtained through [Employer's name or job title].

All employees using PPE must observe the following precautions:

- Wash hands immediately after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in (List appropriate containers for storage, laundering, decontamination, or disposal.)
- Wear disposable gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

*(Describe how and where to decontaminate reusable items such as eye protection).*

## Housekeeping

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

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at (must be easily accessible and as close as feasible to the immediate area where sharps are used).

**The procedure for handling sharps disposal containers is:**

*Example:*

*When sharps containers are  $\frac{3}{4}$  full or at the fill line, they will be sealed and mailed back to the sharps disposal service in the provided shipping box.*

**The procedure for handling other regulated waste is:**

*Other regulated waste is unlikely to be generated. If a large blood or bodily fluid spill occurs and is cleaned as described under work practices, the infectious waste bag or container will be marked biohazard and an infectious waste disposal service will be called to pick up the biohazardous waste.*

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

**Laundry** (this section is only for “contaminated” laundry)

Contaminated laundry cannot be laundered at home. Contaminated laundry will be laundered by this company:

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The following laundering requirements must be met:

- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:

*Example:*

Disposable Gloves

Water-Resistant Apron

## **Labels**

Affix biohazard labels or stickers to contaminated laundry bags, containers of regulated waste, and containers used to store, transport, or ship blood or OPIM. Red bags or red containers can be used instead of labels.

## **HEPATITIS B VACCINATION**

[Employer's name or job title] will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

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

**Vaccination is encouraged unless:**

- 1) documentation exists that the employee has previously received the series;
- 2) antibody testing reveals that the employee is immune; or
- 3) medical evaluation shows that vaccination is contraindicated.

**If an employee declines the vaccination, the employee must sign a declination form.** Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at *(List location)*.

Vaccination will be provided by *(List health care professional responsible for this part of the plan)* at *(location)*.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water.

**Contact *[Employer's name or job title]* at the following number \_\_\_\_\_ as soon as possible after exposure.**

**Confidential medical evaluation and follow-up will be conducted by *(name of licensed health care professional or facility)* as soon as possible after exposure.**

The following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed

employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

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

[Employer's name or job title] ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

### Health care professional's written opinion

[Employer's name or job title] will provide the employee with a copy of the health care professional's written opinion within 15 days after completion of the evaluation.

Limit the health care professional's written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional's written opinion for the post-exposure evaluation to the following information:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment.

## PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

[Employer's name or job title] will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (e.g., work room, clean room)
- procedure being performed when the incident occurred
- employee's training

[Employer's name or job title] will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary [Employer's name or job title] will ensure that appropriate changes are made.

## EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by *(Name of trainer)*.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at *(name location)*.

## RECORDKEEPING

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

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to *[Employer's name or job title]*.

## Medical Records

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

[Employer's name or job title] is responsible for maintenance of the required medical records. These confidential records are kept in (*List location*) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to [Employer's name or job title].

## OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by [Employer's name or job title].

## Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log.

All incidences must include at least:

- date of the injury
- type and brand of the device involved (e.g., Brand X straight coated piercing needle, Brand Y cartridge needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

## Plan evaluation and review

Review the exposure control plan and update it at least annually. [Employer's name or job title] is responsible for the annual review. Sign and date this exposure plan when the review has taken place.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **HEPATITIS B VACCINE DECLINATION (MANDATORY)**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_