PROGRAM ADMINISTRATION

*	(Name of responsible person or	<u>department</u>	is (are)
	responsible for the implementat	ion of the ECP. (Name of	responsible person or
	<u>department)</u>		
	annually, and whenever necessa	ary to include new or modif	fied tasks and procedures.
	Contact location/phone number		
*	Those employees who are deter		
	potentially infectious materials	(OPIM) must comply with	the procedures and work
	practices outlined in this ECP.		
*	(Name of responsible person or	department)	will maintain and
	provide all necessary personal p		
	sharps containers), labels, and r		
	responsible person or departme	nt	will ensure that adequate
	<u>responsible person or departme</u> supplies of the aforementioned	equipment are available in	the appropriate sizes. Contact
	location/phone number:		
*	(Name of responsible person or	department)	will be
	responsible for ensuring that all	medical actions required a	are performed and that
	appropriate employee health an		ained. Contact location/phone
	number:		
*	(Name of responsible person or	department)	will be
	responsible for training, docume	entation of training, and ma	aking the written ECP available
	to employees, OSHA, and NIO	*	
	Contact location/phone number	.	
ГМI	PLOYEE EXPOSURE DETERM	IINA TION	
LIVII	LOTEE EXPOSURE DETERM	IIINATION	
The	following is a list of all job classifi	cations at our establishmer	nt in which all employees have
	ipational exposure:		
	JOB TITLE	DEPARTMENT/LO	CATION
	(Example: Case manager)	<u>(Insert Site Addess)</u>	

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE DEPARTMENT/LOCATION TASK/PROCEDURE

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

I t v	Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher raining. All employees have an opportunity to review this plan at any time during their work shifts by contacting _(Name of responsible person or department) If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.
r	(Name of responsible person or department) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
Enginee	ring Controls and Work Practices
ϵ	Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:
> >	
*	k
	Sharps disposal containers are inspected and maintained or replaced by(<u>Name of responsible person or department</u>) every(<u>list</u>
	requency or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through (*Examples: Review of OSHA records, employee interviews, committee activities, etc.*)

		valuate new procedures or new products regularly by (<u>Describe the process</u> , ture reviewed, supplier info, products considered)
		front line workers and management officials are involved in this process: (<u>Describe imployees will be involved</u>)
		<u>e of responsible person or department)</u> will ensure
	errect	ive implementation of these recommendations.
Person	nal Prot	ective Equipment (PPE)
	<u>respo</u>	s provided to our employees at no cost to them. Training is provided by(<u>Name of nsible person or department</u>) in the use of the priate PPE for the tasks or procedures employees will perform.
	The ty	ypes of PPE available to employees are as follows:
	<u>(Ex.,</u>	gloves, eye protection, etc.)
	obtair	s located (List location) and may be ned through (Name of responsible person or department) ify how employees are to obtain PPE, and who is responsible for ensuring that it is able.)
	All e	employees using PPE must observe the following precautions: Wash hands immediately or as soon as feasible after removal of 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 appropriate gloves when it can be 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, contaminated, or if their ability to function as a barrier is compromised.
	*	Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
	*	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

The procedure for handling used PPE is as follows: (may refer to specific agency procedure by title or number and last date of review)

(For example, how and where to decontaminate face shields, eye protection, resuscitation equipment)

or OPIM, in such a way as to avoid contact with the outer surface.

Housekeeping

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

The procedure for handling sharps disposal containers is: (<i>may refer to specific agency procedure by title or number and last date of review</i>)
The procedure for handling other regulated waste is: (<u>may refer to specific agency procedure by title or number and last date of review)</u>

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

The schedule for cleaning and method of decontamination of the Sharps Receptacle(s) is as follows:

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry

	The following contaminated articles will be laundered by this company:
	Laundering will be performed by _(Name of responsible person or department) at(time and/or location)
	The following laundering requirements must be met: * handle contaminated laundry as little as possible, with minimal agitation * place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags marked with biohazard symbol) for this purpose. * wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE)
Labels	<u>S</u>
	The following labeling method(s) is used in this facility:
	EQUIPMENT TO BE LABELED LABEL TYPE (size, color, etc.) (e.g., specimens, contaminated laundry, etc.)(_red bag, biohazard label, etc.)
HEPA	ATITIS B VACCINATION
	(Name of responsible person or department) will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.
	The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to 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.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a

<u>l</u>	ater date at no cost. Documentation of refusal of to ocation or person responsible for this recordkeeps	ing).
	Vaccination will be provided by (List Hear responsible for this part of the plan) at at	
(Following the medical evaluation, a copy of the he Opinion will be obtained and provided to the employee requires the hepatitis vaccine, and wheth	oyee. It will be limited to whether the
POST-F	EXPOSURE EVALUATION AND FOLLOW-U	J P
	Should an exposure incident occur, contact(\(\) Collowing number:	
(An immediately available confidential medical evaluation and conducted by (Licenced health care professional clean the wound, flush eyes or other mucous membrial be performed: * Document the routes of exposure and how that identification is infeasible or prohibited that identification is infeasible or prohibited to obtain consent and make arrangements to be soon as possible to determine HIV, HCV, the source individual's test results were comprovider. * If the source individual is already known to new testing need not be performed. * Assure that the exposed employee is provided results and with information about applicate concerning the identity and infectious status protecting confidentiality). * After obtaining consent, collect exposed en after exposure incident, and test blood for Health and the employee does not give consent for Health collection of blood for baseline testing, pre least 90 days; if the exposed employee election of blood for baseline testing, pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election of blood for baseline testing pre least 90 days; if the exposed employee election days are least 90 days; if the exposed employee election days are least 90 days; if the exposed employee electio	cal) . Following the initial first aid abrane, etc.), the following activities the exposure occurred. Al (unless the employer can establish d by state or local law). Another the source individual tested as and HBV infectivity; document that aveyed to the employee's health care to be HIV, HCV and/or HBV positive, and with the source individual's test ble disclosure laws and regulations as of the source individual (e.g., laws employee's blood as soon as feasible embly and HIV serological status HIV serological testing during serve the baseline blood sample for at test to have the baseline sample tested
	IISTRATION OF POST-EXPOSURE EVALUA	
(Ivame 0	f responsible person or department)	ensures that health

	onal(s) responsible for employee's hepatitis B vacci	ination and post-exposure
evaluation ar	nd follow-up are given a copy of OSHA's bloodborn	ne pathogens standard.
	responsible person or department)	
care professi	onal evaluating an employee after an exposure inci	dent receives the following:
*	a description of the employee's job duties relevan	nt to the exposure incident
*	route(s) of exposure	
*	circumstances of exposure	
*	if possible, results of the source individual's bloo	od test
*	relevant employee medical records, including va-	ccination status
		provides the
employee wi	th a copy of the evaluating health care professional	's written opinion within 15 days
after comple	tion of the evaluation.	
PROCEDU	RES FOR EVALUATING THE CIRCUMSTAN	ICES SURROUNDING AN
EXPOSURI	E INCIDENT	
(Name of res	ponsible person or department)	will review the
	• • • • • • • • • • • • • • • • • • • •	will leview the
	es of all exposure incidents to determine:	will feview the
	• • • • • • • • • • • • • • • • • • • •	will feview the
* eng * wo	es of all exposure incidents to determine: rineering controls in use at the time rk practices followed	
* eng * wor * a de	es of all exposure incidents to determine: ineering controls in use at the time rk practices followed escription of the device being used (including type	and brand)
* eng * wo: * a do * pro	es of all exposure incidents to determine: ineering controls in use at the time rk practices followed escription of the device being used (including type tective equipment or clothing that was used at the t	and brand)
* eng * wo * a de * pro (<i>glov</i>	es of all exposure incidents to determine: ineering controls in use at the time rk practices followed escription of the device being used (including type tective equipment or clothing that was used at the t es, eye shields, etc.)	and brand) ime of the exposure incident
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EMPLOYEE TRAINING

All employees v	vho have occupational exposure to blood borne pathogens	receive training
conducted by	(Name of responsible person or department)	(Attach a brief
description of th	neir qualifications.)	

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

- * a copy and explanation of the 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	or this facility are available at	i
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RECORDKEEPING

Training Records				

Training records are	e completed for each of	employee u	pon comp	oletion of train	ning.	These
documents will be k	kept for at least three	years at	(Name o	f responsible	perso	n or
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(Name of Responsible person or department)
Medica	al 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."
	(Name of Responsible person or department) is responsible for maintenance of the required medical records. These confidential records are kept at(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(Name of responsible person or department and address)
<u>OSHA</u>	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 _(Name of responsible person or department)

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- -an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover.

If a copy is requereport.	dested by anyon	e, it must have	any personal id	lentifiers remo	ved fro

Establishment/Facility Name:								
Sample Sharps Injury Log Year 2								
Date	Case/ Report No.	Type of Device (e.g., syringe, suture needle)	Brand Name of Device	Work Area where injury occurred [e.g., Geriatrics, Lab]	Brief description of how the incident occurred [i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]			
				1				

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

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:_(<i>Employee Name</i>)	
Date:	
	•

Revised January 2018