

**PROGRAM ADMINISTRATION**

- \* (Name of responsible person or department) is (are) responsible for the implementation of the ECP. (Name of responsible person or department) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: \_\_\_\_\_
- \* Those employees who are determined to have occupational exposure to blood or other 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 protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department) will ensure that adequate 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 are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: \_\_\_\_\_
- \* (Name of responsible person or department) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: \_\_\_\_\_

**EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
<u>(Example: Phlebotomists)</u>	<u>(Clinical Lab)</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:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>TASK/PROCEDURE</u>
<u>(Example: Housekeeper)</u>	<u>Environmental Services</u>	<u>Handling Regulated Waste)</u>

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*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

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. 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.

(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.

### Engineering Controls and Work Practices

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:

\* (For example: non-glass capillary tubes, SESIPs, needleless systems)

\* \_\_\_\_\_

\* \_\_\_\_\_

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) 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.)

We evaluate new procedures or new products regularly by (Describe the process,

literature reviewed, supplier info, products considered

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Both front line workers and management officials are involved in this process: (Describe how employees will be involved)

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(Name of responsible person or department) will ensure effective implementation of these recommendations.

### Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by (Name of responsible person or department) in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

(Ex., gloves, eye protection, etc.)

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PPE is located (List location) and may be obtained through (Name of responsible person or department)  
(Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)

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

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

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

### 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: *(may refer to specific agency procedure by title or number and last date of review)*

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The procedure for handling **other regulated waste** is: *(may refer to specific agency procedure by title or number and last date of review)*

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**Contaminated sharps** are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof 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

The following labeling method(s) is used in this facility:

<u>EQUIPMENT TO BE LABELED</u>	<u>LABEL TYPE</u> (size, color, etc.)
<u>(e.g., specimens, contaminated laundry, etc.)</u>	<u>(red bag, biohazard label, etc.)</u>

\_\_\_\_\_  
\_\_\_\_\_

(Name of responsible person or department) \_\_\_\_\_ will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify \_\_\_\_\_ if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

**HEPATITIS 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 later date at no cost. Documentation of refusal of the vaccination is kept at \_\_\_\_\_ (List

location or person responsible for this recordkeeping).

Vaccination will be provided by \_\_\_\_\_ (List Health care Professional who is responsible for this part of the plan) at \_\_\_\_\_ (location).

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact \_\_\_\_\_ (Name of responsible person) at the following number: \_\_\_\_\_.

An immediately available confidential medical evaluation and follow-up will be conducted by \_\_\_\_\_ (Licenced health care professional). Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), 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.

### **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

(Name of responsible person or department) \_\_\_\_\_ 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.

(Name of responsible person or department) \_\_\_\_\_ 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

(Name of responsible person or department) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

### **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

(Name of responsible person or department) 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 (O.R., E.R., patient room, etc.)
- \* procedure being performed when the incident occurred
- \* employee's training

(Name of Responsible Person) will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, (Responsible person or department) will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by \_\_\_\_\_ (*Name of responsible person or department*). (*Attach a brief description of their qualifications.*)

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 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 \_\_\_\_\_.

## 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 \_\_\_\_\_ (*Name of responsible person 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) \_\_\_\_\_.

### 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."

\_\_\_\_\_ (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) \_\_\_\_\_.

### 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 \_\_\_\_\_ (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 requested by anyone, it must have any personal identifiers removed from the

report.



**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:     (Employee Name)    

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