

# OSHA BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Preparation:** \_\_\_\_\_

**Supersedes the previous plan dated:** \_\_\_\_\_

- The Model Exposure Control Plan is intended to serve employers as an example exposure control plan which is required by the Bloodborne Pathogens Standard.
- A central component of the requirements of the standard is the development of an exposure control plan (ECP).
- The intent of this model is to provide small employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the model for their specific use.
- The information contained in this publication is not considered a substitute for the OSH Act or any provisions of OSHA standards. It provides general guidance on a particular standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements.
- The reader should consult the OSHA standard in its entirety for specific compliance requirements.
- The ECP should be updated each year.
- Each employee shall read the ECP. Records indicating that the employee read the ECP should be kept in the employee file.

## POLICY

- The *(Facility Name)* \_\_\_\_\_ is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens*.
- The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees.
- This ECP includes:
  - ❖ Determination of employee exposure
  - ❖ Implementation of various methods of exposure control, 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 an exposure incident
- The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

## PROGRAM ADMINISTRATION

- \_\_\_\_\_ is responsible for the implementation of the ECP.
- \_\_\_\_\_ will maintain, review, and update the ECP at least **annually**, and whenever necessary to include new or modified tasks and procedures.
- 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.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- \_\_\_\_\_ will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- \_\_\_\_\_ will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

## EMPLOYEE EXPOSURE DETERMINATION

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

- Tattooist
- Piercer
- Apprentice
- Other: \_\_\_\_\_

- The following is a list of job classifications in which **some** employees at our studio 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:

- Receptionist    Handling Dirty Jewelry    Janitorial duties    Handling regulated waste    First aid  
 Janitor    Janitorial duties    Handling regulated waste    First aid  
 Counter help    Handling Dirty Jewelry    Janitorial duties    Handling regulated waste    First aid  
 Other Employee: \_\_\_\_\_

## METHODS OF IMPLEMENTATION AND CONTROL

### Universal Precautions

- All employees will utilize universal precautions.

### Exposure Control Plan

- 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 training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (*Name of responsible person*)  
\_\_\_\_\_.

- If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

- \_\_\_\_\_ 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 blood borne pathogens. The specific engineering controls and work practice controls used are listed below: **Check all that apply.**

- Disposable gloves are worn during procedures.  
 Hands are washed any time gloves are changed  
 Receiving tubes are used during piercing  
 Corks are used during piercing to receive the sharp  
 Piercing area has a designated space where all contaminated instruments and sharps are placed.  
 Sharps containers are located below work surfaces  
 Sharps containers are located so contaminated sharps do not cross over work surfaces  
 Disposable tattoo tube and grip combinations are used  
 Tattoo needle and bar combinations are not broken after use  
 Disposable razor handles are not broken after use (Creating a sharp)  
 Disposable razors are placed in sharps containers after use.  
 Face shields are used when instruments are cleaned.  
 Goggles and masks are used when instruments are cleaned.  
 Heavy duty gloves are worn when instruments are cleaned.  
 Contaminated equipment is placed in transport containers when it is taken to the bio hazard room.  
 Other: \_\_\_\_\_

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- Sharps disposal containers are inspected and maintained or replaced by \_\_\_\_\_ every \_\_\_\_\_ or whenever necessary to prevent overfilling.

- This facility identifies the need for changes in engineering control and work practices through:
    - Review of OSHA records
    - Review of OSHA web site
    - Review of industry publications
    - Consultant
    - Training at safety conference or seminars
    - Review of Centers for Disease Control web site and literature
    - Health dept suggestions
    - Employee suggestions
    - Other: \_\_\_\_\_
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- We evaluate new procedures or new products regularly by
    - Review of industry publications
    - Internet
    - Health dept suggestions
    - Employee suggestions
    - Other: \_\_\_\_\_
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- Both front line workers and management officials are involved in this process through:
    - Monthly meetings
    - Regularly scheduled meetings
    - Accident reviews
    - Other \_\_\_\_\_
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\_\_\_\_\_ 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 \_\_\_\_\_ 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:
  - Disposable gloves
  - Full face shield
  - Heavy duty gloves for cleaning
  - Mask
  - Eye goggles
  - Mask with eye shield attached

- Disposable aprons
  - Splash barrier
  - Other \_\_\_\_\_
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- PPE is located at

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- PPE may be obtained through (*Name of responsible person*)

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- Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available

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- **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 must 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 decontaminating face shields is as follows:

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The procedure for decontaminating goggles is as follows:

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The procedure for decontaminating utility gloves is as follows:

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The procedure for handling used PPE is as follows:

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Other:

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### **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:

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

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- **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 located in each procedure area and in the clean room, and in the following areas  
\_\_\_\_\_.

- New sharps disposal containers are obtained by  
\_\_\_\_\_  
\_\_\_\_\_

- **Soak trays** are cleaned and decontaminated as soon as feasible after visible contamination.

### **Soiled Clothing**

- If an employees clothing becomes contaminated with blood or other potentially infectious materials the following procedure must be followed to reduce risk of cross contaminating.  
\_\_\_\_\_  
\_\_\_\_\_

- The following laundering requirements must be met:

- ❖ Handle contaminated clothing as little as possible,
- ❖ With minimal agitation place wet contaminated clothing 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 clothing:  
\_\_\_\_\_

### **Labels**

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

Sharps Containers Color and Label Type \_\_\_\_\_

Regulated waste cans in procedure areas Label Type and Color \_\_\_\_\_

Regulated waste containers in bio hazard room Label Type \_\_\_\_\_

Biohazard room Label Type \_\_\_\_\_

Other areas or containers:  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ 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, contaminated equipment, etc. without proper labels.

## HEPATITIS B VACCINATION

- \_\_\_\_\_ 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:
  - ❖ Documentation exists that the employee has previously received the series,
  - ❖ Antibody testing reveals that the employee is immune, or
  - ❖ 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 \_\_\_\_\_.
- Vaccination will be provided by
  - Denver Health Medical Center at 605 Bannock Street, Denver CO.
  - Other:
- 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 \_\_\_\_\_ at the following number: \_\_\_\_\_.
- An immediately available confidential medical evaluation and follow-up will be conducted by \_\_\_\_\_.
- 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**

- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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 of exposure
  - ❖ Circumstances of exposure
  - ❖ If possible, results of the source individual's blood test
  - ❖ Relevant employee medical records, including vaccination status
- \_\_\_\_\_ 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**

- \_\_\_\_\_ 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
  - ❖ Location of the incident
  - ❖ Procedure being performed when the incident occurred
  - ❖ Employee's training
- \_\_\_\_\_ will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.
- If it is determined that revisions need to be made, \_\_\_\_\_ 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 blood borne pathogens receive training conducted by\_\_\_\_\_
- 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.
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_.

### **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."
- \_\_\_\_\_ is responsible for maintenance of the required medical records.
- These **confidential** records are kept at \_\_\_\_\_ 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 \_\_\_\_\_.

### **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 \_\_\_\_\_.

**Sharps Injury Log** (available on line at [www.denvergov.org/phi](http://www.denvergov.org/phi) in the forms section)

- In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log.
- All reports of 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 for each employee to complete)**

(available on line at [www.denvergov.org/phi](http://www.denvergov.org/phi) in the forms section)

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*) \_\_\_\_\_

Printed Name: \_\_\_\_\_

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