

# Bloodborne Pathogens Exposure Control Plan

## **SAMPLE WRITTEN PLAN**

This is a sample written Exposure Control Plan provided only as a guide to assist in complying with 29 CFR 1910.1030, OSHA's Bloodborne Pathogens standard. It is not intended to supersede the requirements detailed in the standards. You need to review the standard for particular requirements which are applicable to your specific situation. Note that this sample program does not include provisions for HIV/HIB laboratories and research facilities which are addressed in the standards. If you operate this type of facility, you need to include provisions as required by the standard. Employers will need to delete or add information relevant to your particular facility in order to develop an effective, comprehensive exposure control plan. Note that the exposure control plan is expected to be reviewed at least on an annual basis and updated when necessary.

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**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

FACILITY NAME: \_\_\_\_\_

DATE OF PREPARATION \_\_\_\_\_

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed to eliminate or minimize employee occupational exposure to blood or other body fluids.

- A. Exposure Determination.** OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

Enter job classifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition, if the employer has job classifications in which some employees may have occupational exposure then a listing of those classifications is required. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks/procedures for these categories are as follows:

Job Classification	Tasks/Procedures

- B. Implementation Schedule & Methodology.** OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

**1. Compliance Methods**

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized: **List controls, such as sharps containers, sinks for washing hands, etc. that you provide.**

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: **List scheduled maintenance such as daily or weekly. Also, who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department.**

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility, hand washing facilities are located:

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

List locations, such as patient rooms, procedure area. If hand washing facilities are not feasible, you are required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible handwashing facilities should list the location, task, and responsibilities to ensure maintenance and accessibility of these alternatives.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

## 2. Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted for the following procedures: List the procedures and also list the mechanical device to be used or alternately if a one-hand technique will be used.

## 3. Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. Employers should list here where sharps containers are located as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.

## 4. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure of blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics, or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials. Methods that will be employed at this facility to accomplish this goal are: List methods, such as covers on centrifuges, usage of dental dams if appropriate, etc.

## 5. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant. **The employer should list here how this will be carried out, e.g. which specimens, if any, could puncture a primary container, which containers can be used as secondary containers and where the secondary containers are located at the facility.**

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport or shipping of the specimen. **Employers should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. If the employer chooses to use this exemption, then it should be stated here.**

#### 6. Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. **Employers should list here any equipment which it is felt can not be decontaminated prior to servicing or shipping.**

#### 7. Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees in the following manner: **List how the clothing will be provided to employees, e.g. who has responsibility for distribution, etc. and also list which procedures would require the protective clothing and the type of protection required, this could also be listed as an appendix to this program. The employer could use a personal protective equipment task checklist as follows:**

- Gloves
- Utility Gloves
- Examination Gloves
- Lab Coat
- Face Shield
- Clinic Jacket
- Protective Eyewear (with solid side shield)
- Surgical Gown
- Shoe Covers
- Other PPE (list)

PPE Use. The department supervisor will ensure that the employee uses appropriate personal protective equipment (PPE) unless the supervisor shows that the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee

makes this judgment, the circumstances will be investigated and documented by the supervisor in order to determine whether changes can be instituted to prevent such occurrences in the future.

PPE Accessibility. Appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

PPE Cleaning, Laundering & Disposal. All personal protective equipment will be cleaned, laundered and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: **List where employees are expected to place the personal protective equipment upon leaving the work area, and other protocols, etc.**

Gloves. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Gloves will be available from **(state location and/or person who will be responsible for distribution of gloves)**. Gloves will be used for the following procedures: **List procedures**

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Eye & Face Protection. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can reasonably be anticipated. Situations at this facility which would require such protection are as follows: **List**

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Additional Protection. Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) are to be worn in instances when gross contamination can reasonably be anticipated (such as autopsies and orthopedic surgery). The following situations require that such protective clothing be utilized: **List**

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8. Housekeeping

This facility will be cleaned and decontaminated according to the following schedule **(list area and schedule)**:

Area	Schedule	Cleaner

Decontamination will be accomplished by utilizing the following materials: **List where employees are expected to place the personal protective equipment upon leaving the work area, and other protocols, etc.**

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. **Employers should add in any information concerning the usage of protective coverings, such as plastic wrap which they may be using to assist in keeping surfaces free of contamination.**

All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis **(list frequency and by whom).**

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used:

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

#### 9. Regulated Waste Disposal

**Disposable Sharps.** All contaminated sharps shall be discarded as soon as feasible in sharps containers which are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries). Sharps containers are located in **(specify locations of sharps containers.)**

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

**Other Regulated Waste.** Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in **(specify locations of containers.)**

The waste must be labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

## 10. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

NOTE: If your facility utilized Body Substance Isolation or Universal Precautions in the handling of all soiled laundry (i.e. all laundry is assumed to be contaminated), no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of this material.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned at **List**

NOTE: If your facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers which are labeled or color-coded. One possible solution would be to include a requirement in the contract laundry scope of work requiring the laundry to utilize the equivalent of Universal Precautions.

- C. Hepatitis B Vaccine & Post-exposure Evaluation & Follow-up.** The Hepatitis B vaccine and vaccination series will be made available to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis will be made available at no cost to the employee; made available to the employee at a reasonable time and place; performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

### 1. Hepatitis B Vaccination

The vaccine will be offered after the employee has received the training in occupational exposure (see information and training) and within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously received the complete Hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or the vaccine is contraindicate for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA Standard (sample attached).

Employees who initially decline the vaccine but who later (while still covered under the standard) wish to have it may then have the vaccine provided at no cost.

**Name/Position** has responsibility for assuring that the vaccine is offered, the waivers are signed, etc. **Name/Position** will administer the vaccine.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a

future date, such booster doses shall be made available.

## 2. Post Exposure Evaluation & Follow-Up

All exposure incidents shall be reported, investigated and documented. When the employee incurs an exposure incident, it should be reported to (**list who has responsibility to maintain records of exposure incidents**).

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

- a. Documentation of the route of exposure and the circumstances related to the incident.
- b. The identification of the source individual unless it can be established that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, **Name/Position** shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual will be made available to the exposed employee and the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. **Employers may need to modify this provision in accordance with applicable local laws on this subject. Modifications should be listed here.**

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- b. The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken.
- c. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows: (these recommendations may be listed as an appendix to the plan)
- d. The employee will be given appropriate counseling concerning pre cautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- e. The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy **Name/Position**.

## **D. Interaction with Health Care Professionals**

### **1. Information Provided to the Healthcare Professional**

The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with the following:

- A copy of 29 CFR 1910.1030. Note: while the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind that individual of these requirements.
- A written description of the exposed employee's duties as they related to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individuals blood testing if available;
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **2. Healthcare Professional's Written Opinion**

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. The employee will be provided with a copy of the written opinion within 15 days of the completion of the evaluation. Written opinions will be obtained in the following instances:

- a. When the employee is sent to obtain the Hepatitis B vaccine.
- b. Whenever the employee is sent to a health care professional following an exposure incident.

The healthcare professionals written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The healthcare professionals written opinion for post exposure follow-up shall be limited to a statement that the employee:

- a. Has been informed of the results of the evaluation, and
- b. Has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information.)

Note: All other findings or diagnosis will remain confidential and shall not be included in the written report.

## **E. Labels and Signs & Information and Training**

### **1. Labels and Signs**

**Name/Position** shall insure that biohazard labels shall be affixed to containers or regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The universal biohazard symbol will be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization under jurisdiction.

Blood products that have been released for transfusion or other clinical use are exempted from these labelling requirements.

## 2. Information and Training

**Name/Position** shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it is repeated within twelve months of the previous training. Training will be tailored to the education and language level of the employee and offered during the normal work shift. The training will be interactive and cover the following:

- a. An accessible copy of the regulatory text of this standard and an explanation of its contents.
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. An explanation of this exposure control plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc. and the method for obtaining a copy.
- e. The recognition of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices and personal protective equipment.
- g. Information on the types, use, location, removal, handling, decontamination and disposal of personal protective equipment.
- h. An explanation of the basis of selection of personal protective equipment.
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- l. Information on the evaluation and follow-up required after an employee exposure incident.
- m. An explanation of the signs, labels and color coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

All employees will receive annual refresher training. Note that this training is to be conducted within one year of the employee's previous training. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

### F. Recordkeeping

#### 1. Medical Records

**Name/Position** is responsible for maintaining medical records as indicated below. These records will be kept (**insert location**).

Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. The records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and social security number of the employee.
  - b. A copy of the employee's HBV vaccination status, including the dates of vaccination.
  - c. A copy of all results of examinations, medical testing and follow-up procedures.
  - d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they related to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
2. Training Records

**Name/Position** is responsible for maintaining the following training records. These records will be kept **(insert location)**.

Training records will be maintained for three years from the date of training. The following information shall be documented:

- a. The dates of the training sessions.
  - b. An outline describing the material presented.
  - c. The names and qualifications of persons conducting the training.
  - d. The names and job titles of all persons attending the training sessions.
3. Availability and Transfer of Records

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed time period, the Director of NIOSH shall be contacted for final disposition.

#### **G. Dates, Evaluation and Review**

All provisions required by this standard will be implemented by **(insert date)**.

**Name/Position** is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed.

**Statement of Declination of Hepatitis B vaccination**

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: \_\_\_\_\_