

Bloodborne pathogens exposure control plan

Use this document to help you develop your company's exposure control plan. You can change the document to meet your company's needs.

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

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

Purpose

The purpose of this exposure plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with OR-OSHA *Bloodborne Pathogen standard, 1910.1030*.

Exposure determination

Employees subject to the OR-OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist an injured employee but are not required to.

Table 1 lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials. Exposure determinations are made without regard to use of PPE.

Table 1: Employees at risk

Job classification	Task or exposure
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Table 2 lists job classifications and tasks in which some employees may have occupational exposures to blood or OPIM.

Table 2: Employees who may be at risk

Job classification	Task or exposure
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Compliance methods

Universal precautions

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

Engineering and work practices controls

Use the following controls to eliminate or minimize occupational exposure.

Sharp containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a sharps container. Replace containers routinely and do not allow overfilling. Place reusable sharps in metal trays for decontamination. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Safe medical devices

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

Work practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.

Personal protective equipment (PPE)

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

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Storage area

[Identify the location] is the storage area for bloodborne protective gear. Supplies include disposable gloves; face shields; impervious disposable coveralls and booties; resuscitation devices; large, heavy-duty plastic bags and ties; sharps containers; biohazard signs or labels; absorbent pressure dressings for wounds; antiseptic towelettes; disposable absorptive material for cleaning up spilled blood; rubber gloves; and bleach solutions or germicides.

PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with diluted liquid bleach or germicides after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Use laboratory coats or scrubs to prevent contamination of employee street clothing. Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss.

Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag with a biohazard label. PPE must not be taken from the work site.

Housekeeping

Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces such as bench tops and blood processing areas.

Clean and decontaminate all equipment and working surfaces after completion of procedures in which blood or body fluids contaminated with blood are handled and immediately, or as soon as feasible, when surfaces are overtly contaminated with blood and at the end of the work shift if the surface may have been contaminated since the last cleaning. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.

Use chemical germicides or solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used.

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Broken glassware or glass items must not be picked up directly with the hands. Use a mechanical means, such as a brush and dust pan, tongs, or forceps. Handle as a biohazardous waste. Decontaminate equipment used to pick up glassware with a 1:10 bleach solution or an approved germicide.

Contaminated laundry

Handle non-disposable linen, such as laboratory coats or scrubs, or any other clothing visibly contaminated with blood using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag.

Employees cannot wash contaminated items at home. **[Identify where contaminated items will be cleaned]**

Regulated waste

[Identify who will pick up regulated waste for disposal] Place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Labels and signs

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

Hepatitis B vaccine

The hepatitis B vaccine is offered, at no cost, to exposed employees within 10 working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

[Employer's name or job title] will schedule vaccinations at the **[identify the location or the facility]** and will keep employees' vaccination records in their medical files.

Exposure incident and post-exposure evaluation and follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is **[your company's name]** policy to include Good Samaritan acts performed by an employee at the work site.

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Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

[Identify the facility] provides hepatitis B vaccinations and medical evaluations and post-exposure follow-up after an exposure incident and has a copy of the *Bloodborne Pathogen standard, 1910.1030*.

Information provided to the health care professional

[Employer's name or job title] is responsible for ensuring that the health care professional who evaluated the employee after an exposure incident receives the following information:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status

Health care professional's written opinion

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

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

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

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

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Training and training records

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

- An explanation of activities and tasks that may involve exposure to blood and OPIM
- How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure
- The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures
- Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration
- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur
- An explanation of the signs and hazard labels
- How to review or obtain a copy of the exposure control plan and the standard

[Employer's name or job title] trains employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained [identify the location] for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

Record keeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, social security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OR-OSHA's *Access to Employee Exposure and Medical Records standard, 1910.1020*. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee's medical file:

- The results of any examination, medical testing, and follow-up procedures.
- A copy of the treating physician's written opinion to the employer.

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- A copy of all information provided by the employer to the health care professional regarding the exposure incident.

Record every needlestick on the OSHA 300 Log and/or the Sharps Injury Log. Record all other exposure incidents that result in medical treatment , (e.g., amma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) on the OSHA 300 log. Retain these records for five years.

Plan evaluation and review

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

Signature: _____

Date: