# EXPOSURE CONTROL PLAN

The Exposure Control Plan is intended to serve as an employer guide to the OSHA 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 for specific compliance requirements.

# 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 Exposure Control Plan 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

\*Record keeping

\*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 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 PPE is 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 establishment in which all employees have occupational exposure:

# JOB TITLE:

Dentist Assistant Hygienist

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 TASK/PROCEDURE

(Ex: Receptionist Empties trash, clean rooms and process instruments)

(*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 . 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 bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Sharps disposal containers are inspected and maintained or replaced

by whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through analysis by employer, employee recommendation, and

.

We evaluate new procedures/new products by researching them and comparing them to existing products and procedures.

The following staff are involved in this process: staff suggestions and recommendations are always considered, with doctor making final decision.

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: gloves, masks, eye protection, face shields, lab jackets,

PPE is located in our office is as follows:

|  |  |  |
| --- | --- | --- |
| **Personal protective equipment** | **Location** | **Disposal** |
| Gloves, nonsterile |  |  |
| Gloves, sterile |  |  |
| Gloves, utility |  |  |
| Masks, face shields |  |  |
| Protective eyewear |  |  |
| Protective clothing (lab coats, clinic jackets) |  |  |
| Resuscitation equipment,  pocket masks |  |  |
| Other |  |  |

and may be obtained from (*Name of*

*person 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.
* Disposable PPE can be thrown away in
* Contaminated laundry should be placed in .
* 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.
* Change exam gloves between patients (Surgical gloves ONLY may be removed and put back on for use **on the same patient** so long as their integrity is not compromised and proper handwashing is used after glove removal and before gloves are put back on.)
* 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:

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

# Housekeeping:

Regulated waste, including wires and any other sharp objects, 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: carefully close and secure individual sharps containers when they are full. Call for pickup once the disposal box is full of sharps containers. Save the certificate attesting that the sharps were picked up and disposed of properly. Additional instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The procedure for handling other regulated waste, if any

is:

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 located in the office in the following locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(must be easily accessible and as close as feasible to the immediate area where sharps are used*).

Bins and pails 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 on site:

Laundering will be performed by

(*Name of responsible person*) at

(*time and/or location*) The following laundering requirements must be met:

* handle contaminated laundry as little as possible, with minimal agitation
* wet laundry should be stored in leak-proof bags before laundering
* wear the following PPE when handling and/or sorting contaminated laundry:

(*List appropriate PPE*)

If laundry is shipped off-site:

* make sure laundering facility uses universal precautions when handling contaminated laundry
* place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.

# Labels:

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

**EQUIPMENT TO BE LABELED LABEL TYPE** (size, color, etc.)

(Ex: specimens, contaminated laundry red bag, biohazard label, etc.)

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:

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 with employee’s personal medical record.

Vaccination will be provided by

(*List Health care Professional who is responsible for this part of the plan*) at

(*location*) .

Following hepatitis B vaccinations, the health care professional's Written Opinion 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, please notify

immediately .

An immediately available confidential medical evaluation and follow-up will be conducted by ( *a licensed medical doctor*).

* 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(s) 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
* 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

If it is determined that revisions need to be made, (*Responsible person*) 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 (*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:

# RECORD KEEPING:

**Training Records:**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years with the rest of the OSHA materials at

( *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 the doctor. Training records are retained for at least 3 years following the training session. Employees may inspect training records or obtain a copy by contacting (name):

If this dental practice is sold, employee records will be transferred to the new owner. If the practice is closed, employee records will be offered to the National Institute for Occupational Safety and Health (NIOSH).

Any employee who has a question about this exposure control plan or how it is implemented in this office is encouraged to contact the program administrator for questions/more information.

# Medical Records:

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

The doctor is responsible for maintenance of the required medical records. The records may be kept at the medical doctor’s office or at this office. If kept at this office, these confidential records are kept separate from the rest of the OSHA materials 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 the doctor at this address.

# OSHA Record keeping

An exposure incident is evaluated to determine if the case meets OSHA's Record keeping Requirements (29 CFR 1904). This determination and the recording activities are done by: (*Name of responsible person)*

**Healthcare Professional’s Written Opinion**

**Confidential**

Note to employer: This form should be signed by the healthcare professional twice: after the first vaccination and again when the series is completed. If vaccination is not indicated, only one signature is necessary. Maintain this record for the duration of employment plus 30 years. Provide a copy to the employee within 15 days of the initial evaluation.

Hepatitis B Vaccination

Healthcare Professional’s Written Opinion

for

(Name of Employee)

To the healthcare professional:

OSHA requires the healthcare professional who evaluates an employee for hepatitis B vaccination to provide a written opinion in the form provided below. Please complete this form and return it to the employee at the time services are rendered. Thank you for your cooperation.

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I hereby certify that on        I evaluated the employee whose **name**

(date)

**appears above and determined that hepatitis B vaccination:**

\_\_x\_\_ Is indicated for this employee \_\_\_\_ Is not indicated for this employee.

In addition, the employee: \_\_\_\_ Did \_\_\_\_ Did not

Receive the first hepatitis B vaccination.

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

(Healthcare professional)

The employee: \_\_\_\_ Did \_\_\_\_ Did not receive the entire series of 3 hepatitis B vaccinations.

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

(Healthcare professional)

**Postexposure Evaluation and Follow-Up**

**Confidential**

Note to employer: Maintain this record for duration of employment plus 30 years. Provide a copy to the employee within 15 days after the evaluation is completed.

Postexposure Evaluation and Follow-Up

Healthcare Professional’s Written Opinion

for

(Name of Employee)

To the healthcare professional:

OSHA requires the healthcare professional who provides postexposure evaluation and follow-up services to an employee to provide a written opinion in the form provided below. Please complete this form and return it to the employee at the time services are rendered. Thank you for your cooperation.

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I hereby certify that on        I evaluated the employee whose name

(date)

appears above and informed the employee of:

The results of the evaluation; and any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: ALL OTHER FINDINGS OR DIAGNOSES ARE CONFIDENTIAL AND SHOULD NOT BE INCLUDED IN THIS WRITTEN REPORT.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Healthcare professional)

Date:

**HEPATITIS B VACCINE DECLINATION FORM**

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.

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

Employee Signature Date

**Informed Refusal of Postexposure Evaluation**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens (including HIV, Hepatitis B and Hepatitis C). I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens.

I had an exposure incident on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_ .

The type of incident was a:

\_\_\_ stick injury

\_\_\_ body fluid contact on exposed skin or mucus membrane

Please briefly describe incident and how it occurred:

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My employer has offered to provide postexposure evaluation and any recommended followup so that I can determine whether I have been exposed to an infectious disease, and if so, whether I have contracted it.

However, despite this offer from my employer, I, of my own free will and volition, choose **not** to have a medical evaluation (*for personal reasons*).

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

Employee Signature Witness

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

Date

**Employee Medical Record**

|  |  |
| --- | --- |
| **Employee Name:** | **SS#:** |
| **Start Date:** | **Termination Date:** |
| **Hepatitis B vaccination info (*date received, titer results, other relevant info, attach any certification if available*, *and also attach any written opinions of physicians relating to vaccination status or followup after an exposure incident*):** | |
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| **List any history of exposure incidents (*list dates of any incidents, a brief description, and attach detailed information*, *including copy of exposure report provided to physician* *and any written opinions provided by physician*)** | |
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