

EXPOSURE CONTROL PLAN (*sample*)¹

Child Care Directors and Employers

The Model 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 his or her 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 *sample*

The (Facility Name) _____ is committed to providing a safe and healthy 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.

¹ The Model Exposure Control Plan is provided by the Occupational Safety and Health Administration, U.S. Department of Labor, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Directive Number CPL2-2.44D. Appendix D. November 5, 1999.

PROGRAM ADMINISTRATION

_____(Name of responsible person or department)_____ is (are) responsible for the implementation of the ECP. _____(Name of responsible person or department)_____ will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: _____.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

_____(Name of responsible person or department)_____ will maintain and provide all necessary personal protective equipment (PPE, like gloves), engineering controls (e.g., proper waste disposal containers), labels, and red bags as required by the standard.

_____(Name of responsible person or department)_____ will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: _____.

_____(Name of responsible person or department)_____ will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: _____.

_____(Name of responsible person or department)_____ will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: _____.

EMPLOYEE EXPOSURE DETERMINATION

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

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
<i>(Example: first aid provider)</i>	<i>(Infant/Toddler room)</i> _____
_____	_____
_____	_____
_____	_____

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

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

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions All employees will utilize universal precautions.

Exposure Control Plan Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (Name of responsible person or department) _____. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Name of responsible person or department) _____ is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

* (For example: first aid station used for all treatment of injury)

* _____
* _____

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) _____ every (list frequency) _____ or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through

(Examples: Review of OSHA records, employee interviews, committee activities, etc.) _____

We evaluate need procedures or new products by (Describe the process) _____

The following staff are involved in this process: (Describe how employees will be involved) _____

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

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is: (may refer to specific agency procedure by title or number and last date of review) _____

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

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

Bins and pails (e.g., wash basins or basins used for vomiting) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware, which may be contaminated, is picked up using mechanical means, such as a brush and dust pan.

Laundry The following contaminated articles will be laundered by this company:

(contaminated article) _____ (laundry company) _____

Laundering will be performed by (Name of responsible person or department) _____ at (time and/or location).

The following laundering requirements must be met:

- * handle contaminated laundry as little as possible, with minimal agitation
- * place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags purpose).

* wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE) _____

Labels

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

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

_____	_____
_____	_____

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

HEPATITIS B VACCINATION

(Name of responsible person or department) _____ will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at _____ (List location or person responsible for this recordkeeping).

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

Following 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, contact _____ (Name of responsible person) at the following telephone number : _____.

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

Document the routes of exposure and how the exposure occurred.

Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.

If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

(Name of responsible person or department) _____ ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

(Name of responsible person or department) _____ ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- * a description of the employee's job duties relevant to the exposure incident
- * route(s) of exposure
- * circumstances of exposure
- * if possible, results of the source individual's blood test
- * relevant employee medical records, including vaccination status

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

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

(Name of responsible person or department) _____ will review the circumstances of all exposure incidents to determine:

- * engineering controls in use at the time
- * work practices followed
- * a description of the device being used
- * protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- * location of the incident (play room, infant/toddler room, playground, etc.)
- * procedure being performed when the incident occurred
- * employee's training

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

EMPLOYEE TRAINING

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

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

1. a copy and explanation of the standard
2. an explanation of our ECP and how to obtain a copy
3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
4. an explanation of the use and limitations of engineering controls, work practices, and PPE
5. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
6. an explanation of the basis for PPE selection
7. 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
8. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM (other potentially infectious material)
9. 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
10. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
11. an explanation of the signs and labels and/or color coding required by the standard and used at this facility
12. an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at _____.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at __ (Name of responsible person or location of records)_____.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to _____ (Name of Responsible person or department)_____.

Medical Records

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

(Name of Responsible person or department) is responsible for maintenance of the required medical records. These **confidential** records are kept at _____ (List location)_____ for at least the **duration of employment plus 30 years.**

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to _____ (Name of responsible person or department and address)_____.

OSHA Recordkeeping

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

HEPATITIS B VACCINE DECLINATION Form (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: (please print name) _____

Signed: (Employee Name) _____

Date: _____