**Bloodborne Pathogens Exposure Control Plan—Health Care**

**Tips and Considerations**

**Applicability.** This sample **Exposure Control Plan (ECP)** applies to healthcare-related andother types of facilities where some or all employees are likely to be exposed to blood and other potentially infectious materials (OPIM) as part of their job tasks. It applies where employees are also likely to handle needles and other sharps contaminated with blood and OPIM.

**Update the ECP at least annually and more often when necessary.** Federal and stateregulations require that every employer that has one or more employees with occupational exposure to bloodborne pathogens must have a written ECP. Employees must be told that the ECP is available at all times and where it is located. The ECP must be reviewed and updated at least annually, and more often when necessary, to reflect any new or revised employee tasks and procedures that affect exposure or any changes in technology that reduce or eliminate exposure.

**Solicit employee input.** You must solicit input from nonmanagerial employees responsible fordirect patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and you must document the solicitation in the ECP.

**Universal precautions.** According to the Occupational Safety and Health Administration(OSHA), the use of universal precautions must be a key element in every bloodborne pathogen program, even if you have no invasive procedures and do not collect or handle blood. Not practicing universal precautions continues to be considered by OSHA a serious violation of its regulations.

**Hepatitis B virus (HBV) vaccinations.** Make sure all employees who may be exposed to bloodor blood-contaminated body fluids at work are offered HBV vaccinations. Employees who decline to be vaccinated must sign the *HBV Declination Form;* give them a copy, and keep the original with their personnel file.

**Review and incorporate state regulatory requirements.** This plan is based on federalrequirements and/or best practices. Some states have laws and regulations that are stricter than federal requirements and may impact how you customize this plan. After reviewing the specific information for your state(s), you can edit the plan accordingly.

**[Company Name]**

**Bloodborne Pathogens Exposure Control Plan**

|  |  |
| --- | --- |
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[Company Name]

**Bloodborne Pathogens Exposure Control Plan**

**[Insert facility address]**

Regulation: 29 CFR 1910.1030 **[replace with the state regulation if applicable]**

Plan last updated: **[date]**

Scope: The Exposure Control Plan (ECP) applies to all employees with actual or potential exposure to blood or other potentially infectious materials (OPIM) at healthcare facilities.

**Policy Statement**

It is the policy of the **[company name]** to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with federal and state regulations. All human blood and OPIM will be treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens. The Bloodborne Pathogens ECP is a key document to assist our organization in implementing and ensuring compliance with these standards, thereby protecting our employees.

**Plan Administration**

Table **[number]** provides the roles and contact information for the administration of the Bloodborne Pathogens ECP.

* **Table [number]—Program Contact Information**

**[Modify the table and the following job descriptions as applicable to your organization.]**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task** |  | **Name/Department** |  | **Phone** | |
| ECP Administrator |  | **[*name, job title, and department*]** |  | Work: **[*numbe*r]** |  |
|  |  |  |  | Mobile: **[*numbe*r]** | |
| Supplies (PPE, cleaning |  |  |  | Work: |  |
| materials, or other) |  |  |  | Mobile: | |
| Medical Surveillance and |  |  |  | Work: |  |
| Recordkeeping |  |  |  | Mobile: | |
| Training |  |  |  | Work: |  |
|  |  |  |  | Mobile: | |
| Exposure Incident |  |  |  | Work: |  |
| Reporting |  |  |  | Mobile: | |

The ECP administrator is responsible for implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary, to include new or modified tasks and procedures and to reflect new or revised employee positions with occupational exposure.

**[Name]** will provide and maintain all necessary personal protective equipment (PPE),engineering controls (e.g., sharps containers), labels, and red bags as required by the standard and will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

**[Name]** will be responsible for ensuring that all medical actions required by the standard areperformed and that appropriate employee health and Occupational Safety and Health Administration (OSHA) records are maintained.

**[Name]** will be responsible for training, documentation of training, and making the written ECPavailable to employees, the regulating authority, and representatives of the National Institute for Occupational Safety and Health (NIOSH).

**[Name]** will act as the initial contact for reporting exposure incidents and ensure that theappropriate response is carried out.

Those employees determined to have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this ECP.

**Plan Review and Update**

This ECP will be reviewed and updated annually and whenever new hazards are introduced in the workplace or conditions change that would result in a change in occupational exposure by employees. For example, the ECP will be amended when it is determined that additional job classifications or tasks are likely to or may have occupational exposure to bloodborne pathogens.

**Access to the ECP**

Employees covered by the bloodborne pathogens rules and policies will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting **[name].** A copy of the ECP will be provided free of charge to any employee who requests it.

**Definitions**

*Bloodborne pathogens*—microorganisms that are present in human blood and can cause diseasein humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS).

*Exposure incident*—a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral(i.e., needlestick) contact with blood or OPIM that results from the performance of an employee’s duties.

*Occupational exposure*—reasonably anticipated skin, eye, mucous membrane, or parenteralcontact with blood or OPIM that may result from the performance of an employee's duties. “Good Samaritan” acts such as assisting a co-worker with a nosebleed are not considered occupational exposure.

*Other potentially infectious material (OPIM)*—bodily fluids visibly contaminated with blood,including saliva in dental procedures, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and other such material where it is difficult to differentiate between bodily fluids; any unfixed tissue or organ other than intact skin from a human, living or dead; HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

*Percutaneous injury—* exposure by injection or absorption through the unbroken skin.

*Personal protective equipment (PPE)*—specialized clothing or equipment worn by an employeefor protection against a hazard, such as nitrile or other liquid-resistant gloves, a face mask, or an apron. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

*Regulated waste—*liquid or semiliquid blood or OPIM; contaminated items that would releaseblood or OPIM in a liquid or semiliquid state if compressed; items that are caked with dried blood or OPIM and could release these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

*Sharp*—any object that can penetrate the skin, including, but not limited to, needles, scalpels,broken glass, broken capillary tubes, and exposed ends of dental wires.

*Universal precaution*—an approach to infection control whereas all human blood and certainhuman body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Employee Exposure Determination**

Determinations for employee exposure are made for **[types of activities, e.g., surgical** **pathology, grossing room, etc.]** job classifications where occupational exposure to blood orOPIM occurs, is likely to occur, or is possible to occur.

Table **[number]** contains a list of all job classifications in which all employees have occupational exposure to bloodborne pathogens.

* **Table [number]— Occupational Exposure for All Employees—Job Classifications**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Classification** |  | **Department/Work** |  | **Exposure Task/Procedure** |  |
|  |  | **Area** |  |  |  |
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Table **[number]** contains a list of job classifications in which some employees have occupational exposure, including part-time, temporary, contract, or per diem employees. The list includes tasks and procedures, or groups of closely related tasks and procedures, for which occupational exposure may occur for these individuals.

* **Table [number]— Occupational Exposure for Some Employees—Job Classifications**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Classification** |  | **Department/Work** |  | **Exposure Task/Procedure** |  |
|  |  | **Area** |  |  |  |
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If an employee believes that he or she may be occupationally exposed to bloodborne pathogens and his or her job classification or tasks do not appear on the above lists, the employee should contact **[name].**

**Implementation and Control Measures**

**Universal Precautions**

All employees will use universal precautions in order to prevent contact with blood or OPIM. All blood and OPIM will be considered infectious regardless of the perceived status of the source.

**Engineering Controls and Work Practices**

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. **[Name]** is responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

**[Modify the following list of engineering controls or work practices as applicable to your facility; delete the options that do not apply.]**

The following engineering controls will be or have been implemented:

* **[Engineering control, e.g., sharps disposal containers, self-sheathing needles, sharps**

**with engineered sharps injury protections, needleless systems, etc.]**

•

The following work practices will be followed:

* Examine, maintain, and/or replace engineering controls on a regular schedule.
* Wash hands immediately after contact with blood or OPIM.
* If hand-washing facilities are not immediately available after exposure, exposed employees will be provided with an antiseptic hand cleanser with cloth or paper towels or antiseptic towelettes. Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives.
* When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact.
* After removal of PPE (e.g., gloves, face mask, etc.) used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible.
* Do not bend, recap, or remove contaminated needles and other contaminated sharps unless the employer demonstrates that no alternative is feasible or that the action is required by a specific medical or dental procedure. If a contaminated needle or sharp must be bent, recapped, or removed, the action must be accomplished through the use of a mechanical device or a one-handed technique. Do not shear or break contaminated needles.
* Place contaminated reusable sharps in appropriate containers immediately or as soon as possible after use.
* Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
* Do not keep food or drink in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM is present.
* Perform procedures involving blood or OPIM in such a manner so as to minimize

splashing, spraying, spattering, and generation of droplets of these substances.

* Do not perform mouth pipetting/suctioning of blood or OPIM.
* Place specimens of blood or OPIM in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
* Examine equipment that may become contaminated with blood or OPIM before servicing or shipping, and decontaminate it as necessary.

Sharps disposal containers are inspected and maintained or replaced by **[name]** every **[frequency]** or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through [describe the process, such as review of OSHA records, employee interviews, committee activities, etc.].

**[Name]** evaluates new exposure control procedures and new products regularly by **[describe the process, such as literature reviewed, supplier info, or products considered].**

Both frontline workers and management officials are involved in this process in the following manner: **[Describe employees’ involvement.]**

**[Name]** is responsible for ensuring that these recommendations are implemented.

**PPE**

PPE is provided to our employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time during which it will be used.

PPE is located **[list location]** and may be obtained through **[name of responsible person or** **department].** (Specify how employees will obtain PPE and who is responsible for ensuring thatPPE is available.)

Table **[number]** describes in detail how PPE will be provided and the types of PPE that will be given to employees.

* **Table [number]—Provision of PPE to Employees**



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of PPE** |  | **How Provided** |  | **PPE Distributor** |  | **Procedures** |  |
| **Required** |  |  |  |  |  | **Requiring PPE** |  |
| **[description]** |  | **[description]** |  | **[name]** |  | **[description]** |  |
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The employer will ensure that appropriate PPE in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

All PPE 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.

**Precautions when using PPE.** All employees using PPE must observe the followingprecautions:

* Wash hands immediately or as soon as possible after removal of gloves or other PPE.
* Remove PPE after it becomes contaminated and before leaving the work area.
* Place used PPE in **[list appropriate containers for storage, laundering,** **decontamination, or disposal].**
* Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
* Wear appropriate protective clothing, such as gowns, aprons, lab coats, clinic jackets, or similar outer garments in occupational exposure situations.
* Remove immediately or as soon as possible any garment contaminated by blood or OPIM, in such a way so as to avoid contact with the outer surface.

**Blood- or OPIM-Contaminated PPE**

If PPE or personal clothing is splashed or soaked with blood or OPIM, the person wearing the PPE or clothing will remove the contaminated clothing as soon as possible. This clothing will be laundered at the employer’s expense. Such clothing will be identified as contaminated, and any employee exposed to it will be notified and protected from exposure.

**Decontamination of used PPE.** The procedure for handling used PPE is as follows: **[Describe procedure. You may refer to the specific procedure by title or number and the last date of**

**review. Include how and where to decontaminate face shields, eye protection, etc.]**

**Gloves**

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, nonintact skin, and mucous membranes and when handling or touching contaminated items or surfaces. Gloves will be available from **[name or location].**

Disposable gloves will not be washed or decontaminated for reuse and will be replaced when they are contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse 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.

**Disposable PPE**

Disposable gloves and paper face masks must not be used again once they are removed. Disposable PPE may be discarded in the regular trash if it has no visible contamination with blood or OPIM. Place PPE with visible contamination with blood or OPIM in a sharps or biohazard container.

**PPE Training**

All employees covered under the requirements of this plan will be trained to properly use, put on, take off, decontaminate, maintain, and store PPE. Training in the use of the appropriate PPE is provided by **[name].**

**Housekeeping—Cleaning and Decontamination**

All equipment, work areas, and working surfaces will be cleaned and decontaminated immediately or as soon as possible after any spill of blood or OPIM materials, after completion of procedures, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

See Attachment **[number]** for a copy of the cleaning schedule. **[Develop a written schedule for** **cleaning surfaces, equipment, bins, pails, cans, and similar receptacles based on the location within the facility, type of surface to be cleaned, type of soil present (if applicable), and tasks or procedures being performed in the area.]**

Decontamination of surfaces, equipment, and work areas will be accomplished by using the following materials:

* **[Insert the material that will be utilized, such as bleach solutions or U.S. Environmental Protection Agency (EPA)-registered germicides.]**
* **[Other]**

Regulated waste will be placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the **Labels** section of this Plan),

and closed before removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: **[Describe procedure or refer to** **specific procedure by title or number and the last date of review.]**

The procedure for handling regulated waste is: **[Describe procedure or refer to specific** **procedure by title or number and the last date of review.]**

Contaminated sharps are discarded immediately or as soon as possible in containers that are closeable, puncture-resistant, leakproof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at **[location(s)].** Reusable sharps that are contaminated with blood or OPIM are not stored or processed in a manner that requires employees to reach into the containers where these sharps have been placed.

Bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as possible after visible contamination.

Broken glassware that may be contaminated will only be picked up using mechanical means, such as a brush and dustpan.

Protective coverings used to cover equipment and environmental surfaces will be removed and replaced as soon as possible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

**Laundry**

The following contaminated articles will be laundered at no cost to employees:

* **[list items]**

Laundering will be performed by [name of responsible person or department] at [time and/or location].

Employees must implement the following laundering procedures:

* Handle contaminated laundry as little as possible, with minimal agitation.
* Bag or place laundry in containers at location where it was used. Do not sort or rinse laundry in the location of use.
* Place wet contaminated laundry in leakproof, labeled, or color-coded containers before transport. Use **[specify either red bags or bags marked with the biohazard symbol]** for this purpose.
* Wear the following PPE when handling and/or sorting contaminated laundry: **[List PPE.]**

**Labels**

Warning labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM and other containers used to store, transport, or ship blood or OPIM.

**Labeling exemptions.** Containers of blood, blood components, or blood products that arelabeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of this Plan. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal are not required to be labeled. Blood or OPIM waste that has been decontaminated does not need warning labels.

**Label specifications.** Labels will be fluorescent orange or orange-red or predominantly so, withlettering and symbols in a contrasting color. They will be affixed as close as possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels. Labels required for contaminated equipment will meet the same specifications as for containers and will also state which portions of the equipment remain contaminated.

Labels will include the following legend:

**BIOHAZARD**

**Labeling methods.** The following hazard labeling methods are used in this facility.

* **[List the items to be labeled and the label type (including the size and color).]**

**[Name of responsible person or department]** is responsible for ensuring that warning labelsare affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify **[name of responsible person or department]** if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

**Hepatitis B Vaccination**

**[Name]** will provide training to employees on hepatitis B vaccinations, addressing safety,benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this ECP.

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.

When an employee elects to be vaccinated, a licensed healthcare professional will conduct a medical evaluation.

Following the medical evaluation, a copy of the healthcare professional’s written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. The evaluation will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Vaccination will be provided by **[list the licensed healthcare professional or service]** at **[location].**

**Declination of the vaccine.** If an employee declines the vaccination, the employee must sign adeclination form. See Attachment **[number]** for a copy of the form. Employees who decline may request and obtain the vaccination at a later date at no cost. Signed declination forms are kept at

**[location].**

**Exposure Incident Management**

**Exposure Incident Report**

Any incident that results in occupational exposure to blood or OPIM will be reported immediately to **[name].** See Attachment **[number]** for a copy of a sample Exposure Incident Report form.

**Post-Exposure Evaluation and Follow-Up**

Should an exposure incident occur, a confidential medical evaluation and follow-up will be made immediately available to the exposed employee and conducted by **[name of licensed healthcare** **professional or service].** After initial first aid or medical attention, the following activities willbe performed by **[name]:**

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

In addition, **[name]** will provide counseling to the exposed employee, evaluate reported illnesses, and conduct post-exposure prophylaxis if medically indicated.

**Administration of Post-Exposure Evaluation and Follow-Up**

**[Name]** ensures that the healthcare professionals responsible for the employee’s hepatitis Bvaccination and post-exposure evaluation and follow-up are given a copy of the bloodborne pathogens regulation. **[Name]** will ensure that the healthcare professional evaluating an employee after an exposure incident receives:

* A description of the employee’s job duties relevant to the exposure incident
* A description of 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]** will provide the employee with a copy of the evaluating healthcare professional’swritten opinion within 15 days after completion of the evaluation.

**Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

**[Name]** will review the circumstances of all exposure incidents to determine the:

* Engineering controls in use at the time
* Work practices followed
* Description of the device being used (including type and brand)
* Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
* Location of the incident (operating room, emergency room, patient room, etc.)
* Procedure or task being performed when the incident occurred
* Employee’s training

**[Name]** will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, **[name]** will ensure that appropriate changes are made. (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 will receive initial and annual training conducted by **[name]. [Attach a brief description of the trainer’s** **qualifications.]**

All employees who have occupational exposure to bloodborne pathogens will 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 bloodborne pathogens regulation
* 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 **[location].**

**Recordkeeping**

**Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years at **[location].**

The training records will include the:

* Dates of the training sessions
* Contents or a summary of the training sessions
* Names and qualifications of persons conducting the training
* 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].**

**Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with the employee exposure and medical records regulation. **[Name]** is responsible for maintenance of the required medical records. These confidential records are kept in **[location]** for at least the duration of employment, plus 30 years.

Employee medical records are provided upon request to the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to:

**[name and address]**

**OSHA Recordkeeping**

**[If necessary, modify this section according to your state requirements.]**

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].**

**Sharps Injury Log**

**[If necessary, modify this section according to your state requirements.]**

In addition to the OSHA recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidents will include at least:

* The date of the injury
* The type and brand of the device involved (syringe, suture needle, etc.)
* The department or work area where the incident occurred
* An explanation of how the incident occurred

The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy is requested by anyone, it will have any personal identifiers removed from the report.

**Supporting Materials**

**[*This product includes supporting materials, such as forms or attachments, that you may need* *to supplement your EHS plan. Samples of the attachments are available at safety.blr.com.*]**

Attachment **[number]**—Hepatitis B Vaccine Declination Form Attachment **[number]**—Cleaning Schedule Attachment **[number]**—Exposure Incident Report Attachment **[number]**—