

WKU Bloodborne Pathogen Exposure Control Plan

Purpose

Western Kentucky University is committed to providing a safe and healthful work environment for our employees. The purpose of this exposure control plan (ECP) is to eliminate or minimize occupational exposure to bloodborne pathogens and other potentially infectious materials, in accordance with OSHA standard 29 CFR 1910.1030. Bloodborne pathogens are pathogenic microorganisms that are present in human blood and are capable of causing disease in humans. These pathogens include, but are not limited to, hepatitis B virus and human immunodeficiency virus.

Exposure Control Plan

Exposure control plan will assist in ensuring compliance with the OSHA standard and protecting our employees.

Included in the ECP:

- 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

Program Administration

The Department of Environmental, Health, and Safety (EHS) is responsible for the implementation of the ECP. EHS will maintain, review, and update the ECP 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 (OPIM) must comply with the procedures and work practices outlined in the ECP. ***An ECP template will be provided within this plan for departments, divisions, and/or units to use as a site specific plan.***

Responsibilities

Departments, Divisions, and Units

Departments, divisions and/or units are responsible for ensuring that the bloodborne pathogen program is implemented in their particular areas. Each area will develop a site specific ECP and will ensure that the program is followed by employees and/or those employed under their charge. Duties include:

- Making the written site specific ECP available to the employee.
- Review and update site specific plan as necessary.
- Ensuring that employees under their supervision have received appropriate training and maintain documentation for three years.
- Ensure that those who have occupational exposure have been offered the Hepatitis B vaccination or have signed a declination statement.
- Ensuring engineering controls are in place and are maintained and/or replaced.
- Ensure that sharp containers, labels and red bags are provided for their immediate area.
- Provide, maintain, and enforce the use of personal protective equipment.

Employees

All employees will:

- Comply with the bloodborne pathogen exposure plan.
- Complete required bloodborne pathogen training annually.
- Follow proper procedures and treat all bodily fluids as potential infectious material.
- Comply with the use of personal protective equipment.
- Decontaminate all contaminated work surfaces and equipment as soon as feasible.
- Practice good personal hygiene habits.

Employee Exposure Determination

There are several job classifications on Western’s campus that may be considered “at risk” for occupational exposure to blood or other potentially infectious materials. This exposure determination has been made without regard for the use of personal protective equipment or the frequency of the exposure.

| | |
|---|--------------------------------------|
| Building Service Attendants | Blood spill cleanup |
| Area maintenance Teams | Plumbing duties |
| HRL Zone Maintenance | Plumbing duties |
| Housing & Residence Life Directors | Tasks assisting with first aid |
| College Of Health & Human Services | Tasks |
| Allied Health- Dental Hygiene Clinic | Assisting Patients |
| Institute For Rural Health – Mobile Unit | Assisting Patients |
| School Of Nursing | Assisting Patients |
| Department of Environmental, Health, & Safety | Tasks |
| Environmental Compliance Specialist | Handle Bio-hazardous waste |
| WKU Police | Tasks, exposure from sharps & wounds |
| Athletics Department | Tasks |
| Trainers | Giving first aid |
| Coaches | Giving first aid |

Employees who voluntarily render first aid are not covered under this exposure control plan; they do so as a "Good Samaritan."

Methods of Implementation and Control

Universal Precautions

Universal precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious. Under circumstances in which it is hard to differentiate between body fluid types, all body fluids will be considered infectious. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body 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.

Engineering Controls and Work Practices

Engineering controls include sharps disposal containers, self-sheathing needles, medical devices with engineered injury protection, and needleless systems that isolate or remove the bloodborne pathogens hazard from the workplace.

Engineering controls

- Sharps disposal containers are provided by each entity, inspected, maintained and are to be replaced on a regular schedule to ensure their effectiveness. Sharps containers shall be puncture resistant, leak proof, closable, and labeled with a biohazard label.
- New procedures and new products will be evaluated on a regular basis. Both front line workers and management officials will be involved in choosing safer medical products and procedures.

Work practice controls

- All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
- No eating, drinking, smoking, or application of cosmetics is allowed in work areas where there is potential for contamination with infectious materials.
- Universal Precautions - all employees will treat blood and body fluids containing blood as if they are infected and use universal precautions.
- Personal Protective Equipment (PPE) is required – it is not optional. Necessary personal protective equipment will be provided such as gloves, face shield, eye protection and any other necessary equipment. All employees using PPE must observe the following precautions:
 - Wear appropriate gloves when there is a potential to come in contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

- Remove PPE after it becomes contaminated, and before leaving the work area.
 - Wash hands immediately or as soon as feasible after removing gloves/PPE.
 - Wear appropriate face and eye protection where splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 - Remove any garment contaminated by blood or OPIM, in such a way to avoid contact with the outer surface.
- Infectious waste is to be discarded into biohazard containers, lined with a red plastic bag.
 - Autoclaves are available in some labs or departments for decontamination. Each department is responsible for handling waste and sterilization procedures.
 - Broken glassware that may be contaminated should be picked up with mechanical means, such as a brush and dustpan.

Decontamination will be accomplished by utilizing the following materials:

All contaminated work surfaces, tools, objects, etc. that are contaminated with blood or other potentially infectious materials may be disinfected by a 1-part bleach to 10 parts water (from ¼ cup to 1 ½ cups bleach per gallon of water) or other EPA registered disinfectants. This is an effective solution for disinfecting environmental surfaces and for decontamination of sites following *initial cleanup* (wiping up) of spills of blood or other potentially infectious materials. Allow bleach solution or EPA-registered disinfectant to be in contact with contaminate for at least 10 minutes before cleaning.

All regulated waste must be clearly marked with the universal biohazard label. Regulated waste is to be placed in containers which are closable, constructed to contain all contents, leak proof to prevent leakage, and labeled with the biohazard label. Contaminated sharps are to be placed in a closable, puncture-resistant, leak proof, and labeled container (needles, syringes, scalpels etc.) Broken glassware that may be contaminated is only picked up by using mechanical means, such as a brush and dustpan.

In order to request waste to be picked up send a completed *Request for Disposal Form* to the Environmental, Health, and Safety office for pickup of bio-hazardous waste.

Regulated biohazard waste disposal will be performed in accordance with all Federal, State, and local regulations.

Hepatitis B Vaccination

The hepatitis B vaccination series is available at no cost to the employee 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.

If an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may receive the vaccination at a later date at no cost. Vaccinations are

available at Graves Gilbert Clinic at WKU. Each department will maintain their own records of training and vaccination documentation.

Exposure Incidents

Exposure Incidents

An exposure incident may occur when blood or other bodily fluids enter an employee's non-intact skin, eye, mouth, or other mucous membrane. An exposure may occur when the skin has been penetrated by a needle, scalpel, or other sharp object. Should an exposure incident occur, **wash the affected area immediately**. Follow initial first aid procedures (clean the wound, flush eyes or other mucous membrane, etc.) Contact your supervisor and Workers' Compensation. Immediately proceed to a medical facility of your choice for a confidential medical evaluation and follow-up. Any additional follow-up will be conducted with the health facility.

WKU Glasgow campus will proceed to T.J. Samson Community Hospital

WKU Owensboro will proceed to Owensboro Mercy Health System Hospital or other medical facilities of choice.

The following activities will be performed by the health care professional:

- 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 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

The employee's supervisor shall ensure 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

- A written opinion will be provided to the employee within 15 days after completion of the evaluation by the health care professional.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The employee's supervisor will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the medical device being used including type and brand (if applicable).
- protective equipment or clothing that was used at the time of the exposure incident
- location of the incident
- procedure being performed when the incident occurred
- employee's training

Workers' Compensation will record all injuries from contaminated sharps in the Sharps Injury Log, recording the incident but maintaining the employee's confidentiality.

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training conducted by a qualified trainer. Training will be given prior to initial assignment to tasks where exposure may occur and a refresher course will be given annually. The training will cover the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program covers, at a minimum, the following elements:

- Direction to obtain a copy of the standard and will cover explanation of the standard.
- An explanation of our Exposure Control Program and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious material, 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 trainer.

All employees will receive annual refresher training that is to be conducted within one year of previous training.

Record Keeping

Training Records

Training records are kept in the form of sign in sheets.

Training records shall be kept for at least **three years**.

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 should be available to the employee or the employee's authorized representative within 15 working days.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." These records are to be kept *confidential* and are to be kept for at least the *duration of the employment plus 30 years*.

OSHA Recordkeeping

An exposure incident will be evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). Department of Human Resources Workers' Compensation Specialist will make this determination and maintain the records.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are required to be recorded in a Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

The sharps injury log will be kept within the OSHA 300 log by our Workers' Compensation Specialist. This log is reviewed at least annually as part of the annual evaluation and is maintained for at least five years following the end of the calendar year covered. Personal identifiers will not be recorded on the OSHA log when recording bloodborne pathogen exposure incidences.

Universal Precautions FAQ

What does “Universal Precautions” mean? It means that you should always treat blood and bodily fluids containing blood as if they are infected (since you have no way of knowing that by appearance), and always use the proper procedures and personal protective equipment.

Can I clean up blood or bodily fluids that contain blood if I have not had blood borne pathogen training? NO. Call your supervisor or someone who is trained to do the cleanup.

Does that include used feminine hygiene products or spot of blood on a Band-Aid? No. You may clean up these items but always use universal precautions. The 2-hour training is given to those who will have to clean up blood spills – that is to say - blood in a free flowing, unabsorbed state. Everything used to clean up a blood spill is considered regulated waste and must be put into a red biohazard bag. Band-Aids and used feminine products are not considered to be regulated waste.

Why are only a few employees offered blood borne pathogen training and hepatitis B shots? The series of 3 hepatitis B shots is costly, so the shots are offered to those considered to have a higher risk of exposure to blood such as plumbers, police officers, coaches, athletic trainers, and housekeepers who are assigned to clean up blood spills or who work in high risk areas. Housekeeping supervisors and group leaders are also trained to clean up blood spills in their areas.

Can I safely clean up bodily fluids that don’t contain visible blood like vomit or feces? YES, by using universal precautions.

What are the basics steps to follow when using Universal Precautions?

- Gloves should always be worn when hands are likely to come into contact with potentially infected material.
- Hand washing should be performed with soap and water immediately after glove removal.
- In general, frequent hand washing prevents the spread of many diseases.
- All cleanup procedures will be done in a way which will minimize splashing, spraying, splattering and generation of droplets of potentially infectious material.
- Other protective gear such as eye protection or masks should be used if splashing of such fluids is a possibility.
- A solution of 1:10 bleach to water or other EPA registered germicide should be used to disinfect the area and any tools or equipment used in cleanup.

What else should I do to avoid illness or injury? Sharp objects and bags or other items that could contain sharp objects should be handled with great care avoiding direct pressure with the body. Never reach into the trash or press down on a bag of trash; any worker exposed to blood by skin penetration or by contact with eyes, nose, mouth, or a break in the skin, should report the incident immediately after washing the area of contamination and then proceed to Health Services for post-exposure treatment. If exposure occurs after hours proceed to a medical facility of your choice.

Proper Sharps Disposal FAQ

What are sharps? Sharps are sharp objects used for medical purposes, including needles, syringes with needles attached, lancets, razor blades and any other items that could cause a puncture, cut or abrasion.

How should I handle used sharps? Most injuries related to sharps occur when replacing the cap on a used needle. If you find a used needle never attempt to recap it. Use a mechanical device (a dustpan and broom will work) to pick up the sharp if it can't be done safely by hand. Keep your hands behind the sharp tip at all times. Immediately discard the sharp into a puncture proof container – preferably a sharps container. Bring the container to the sharp whenever possible – it is unsafe to carry an exposed sharp.

What features are required of a sharps container? A sharps disposal container must:

- Be made of puncture resistant material, not thin plastic or glass (glass can break).
- Be leak proof.
- Be designed to easily allow sharps to be placed in the container, but difficult to remove the contents, or have a lid that will seal the container when full.
- Be clearly labeled “bio-hazard”.

Should I wear gloves? Yes. Always wear gloves when there is a chance you may come into contact with blood or bodily fluids containing blood. A used needle has punctured someone else's skin and you have no way of knowing if that person was infected with a bloodborne disease, so take the extra precaution of wearing gloves. Remember to throw away disposable gloves after a single use and decontaminate utility gloves after use. You should also disinfect the surface where the sharp was found just to be safe. Use a 10% bleach solution or EPA approved germicide to disinfect the area.

What else do I need to know about sharps containers? Never reach your hands into a sharps container. Don't overfill a sharp container – dispose of it when it is three fourths full. Do not put sharps containers in the regular trash. Notify your supervisor or EHS for proper disposal. Call 52395 with any questions you may have about workplace safety.

***This model exposure control plan may be found on OSHA's website at:
<https://www.osha.gov/Publications/osha3186.pdf>***

MODEL EXPOSURE CONTROL PLAN

The Model Exposure Control Plan is intended to serve employers as an example exposure control plan which is required by the 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 should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

POLICY

The (Department, Division, or Unit 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 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

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), engineering controls (e.g., sharps 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:

| JOB TITLE | DEPARTMENT/LOCATION |
|---------------------------|-----------------------|
| <u>(Example: Dentist)</u> | <u>(Clinical Lab)</u> |
| _____ | _____ |

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 | DEPARTMENT/LOCATION | TASK/PROCEDURE |
|-----------|---------------------|----------------|
|-----------|---------------------|----------------|

(Example: Housekeeper Environmental Services Handling Regulated Waste)

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 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:

- * (For example: non-glass capillary tubes, SESIPs, needleless systems)
- * _____
- * _____

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 new procedures or new products regularly by (Describe the process literature reviewed, supplier info, products considered)

Both front line workers and management officials are involved in this process: (Describe how employees will be involved)

(Name of responsible person or department) 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 (Name of responsible person or department) 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:

(Ex., gloves, eye protection, etc.)

PPE is located (List location) and may be obtained through (Name of responsible person or department). (Specify how employees are to obtain PPE, and who is 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.

- * Used PPE may be disposed of in . (List appropriate containers or storage, laundering, decontamination, or disposal.)

- * 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 barrier is compromised.

- * 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: *(may refer to specific agency procedure by title or number and last date of review)*

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

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, leakproof 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 or emesis basins) 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:

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 marked with biohazard symbol) _____ for this 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:

| EQUIPMENT TO BE LABELED | LABEL TYPE (size, color, etc.) |
|---|--|
| <u>(e.g., specimens, cont. laundry, etc.)</u> | <u>(red bag, biohazard label, etc.)</u> |
| _____ | _____ |
| _____ | _____ |

(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 the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It 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 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 (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 (*O.R., E.R., patient room, etc.*)
- * procedure being performed when the incident occurred
- * employee's training

(Name of Responsible Person) will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

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:

- * 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 _____.

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 1910.1020, "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)_____.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury

- the type and brand of the device involved

- the department or work area where the incident occurred

- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (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.

Signed: (Employee Name)

Date: _____

program.