

### Example Exposure Control Plan

This Example Exposure Control Plan is designed to provide employees with a practical example of an exposure control plan, as is required under the Bloodborne Pathogens Standard. This exposure control plan, or ECP, is a vital component of the specific requirements of this standard.

The purpose of this designed model is to offer smaller employers a functional and practical way to implement an exposure control plan in writing, in a simple format. The employer can adjust the template below for their exact workplace requirements.

The guidance provided in this template is not intended to be used as a substitute for OSHA standards, or for the OSH Act. Instead, this publication aims to provide general information for a topic that is standard-related. It should not be taken as a definitive version in full compliance with OSHA. It's important that the reader consults the OSHA standard directly to ensure they meet every compliance requirement specific to their circumstances.

#### Policy

The [What is the facility name?] is committed to offering a healthy and safe work environment for every member of staff under our employ. In order to carry out this commitment, the below ECP, or exposure control plan, has been provided in order to minimize and/or eliminate any exposure as a result of occupation to any bloodborne pathogens. This is in accordance with standard 29 CFR 1910.1030, dictated by OSHA, as a part of the 'Occupational Exposure to Bloodborne Pathogens'.

The exposure control plan is a vital document that allows our business to comply with the required standard, providing a high level of protection to our employees.

#### This document includes:

- A full description of employee exposure
- Follow-up and evaluations for post-exposure
- Hazard communication for employees, in addition to effective training
- Keeping of records
- Evaluations procedures for exposure incident circumstances
- The implementation of a range of exposure control methods, including but not limited to work practice controls, personal protective equipment, housekeeping and universal precautions engineering
- Vaccination for Hepatitis B

The specific method of implementation is discussed in the following pages of the ECP, in accordance with the standard required.

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### Employee Exposure Determination

Below is a complete list of all job classifications within our workplace, in which employees will be potentially vulnerable to any form of occupational exposure:

#### Job Title Department and Location

- [Insert Here]

Below is a complete list of all job classifications within our workplace, in which employees may be potentially vulnerable to any form of occupational exposure.

This includes a complete list of any and all procedures, tasks or related tasks in which occupational exposure may be a risk for these employees:

#### Job title Department, Location, Task, and Procedure

- [Insert Here]

All employees that are temporary, part-time or contracted must also be covered under this standard. These specific requirements must be detailed within the ECP for all forms or types of employees that may be at risk of exposure to bloodborne pathogens.

### Program Administration

[Responsible Party] is completely responsible for the full and proper implementation of this ECP. This person, or persons, must review, maintain and periodically update the ECP at least once per the calendar year, in addition to whenever new or modified information is required. Provide: Telephone Number and Contact Location.

Any and all employees who have been determined to potentially have occupational exposure to potentially infectious substances, including blood (OPIM) must be in compliance with all work practices and procedures stated within the ECP.

[Responsible Party] is responsible for maintaining and providing any personal protective equipment, labels, red bags and engineering controls as required by the standard. This person or persons must ensure that an adequate stock of supplies for all equipment is available, in all sizes required. [List Telephone Number and Contact Location].

[Responsible Party] is responsible for any and all medical actions that are performed by employees, as well as ensuring the health and OSHA records of employees are well-maintained. [List Telephone Number and Contact Location].

[Responsible Party] is responsible for managing the training, documentation and any written ECPs required for employees, as well as for both OSHA and NIOSH representatives. [List Telephone Number and Contact Location].

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### Methods of Implementation and Control

#### Methods of implantation and control include:

- Exposure Control Plan
- Universal Precautions
- All employees must follow universal precautions

Employees who are fully covered under the bloodborne pathogens standard must receive a full explanation of the ECP during their first training session, prior to entering the workplace formally. The ECP must also be thoroughly reviewed as a part of annual refresher training. Every employee must be given the opportunity to review the ECP at any time during their working shifts, by directly contacting [NAME OF RESPONSIBLE INDIVIDUAL OR DEPARTMENT]. Should the ECP be requested, this must be provided free-of-charge, within 15 full days following the request.

[Responsible Party] is fully responsible for updating the ECP as required, as well as ensuring an annual review is carried out. The ECP should be managed and changed to reflect all new or modified tasks as required, if those modifications affect occupational exposure for employees.

### Personal Protective Equipment (PPE)

Personal Protective Equipment is provided in full at no cost to our employees. Training in PPE, including its appropriate uses and correct procedures to follow, will be fully provided by [Responsible Party].

The PPE our workplace provides free of charge to employees here: [List Items].

All Personal Protective Equipment is located at [location] and can be directly obtained through [Responsible Party] or via [list method of obtaining PPE here].

#### Every employee using Personal Protective Equipment must follow all the below precautions:

- Single use or disposable PPE must be disposed of appropriately, never re-worn or decontaminated.
- Wearing appropriate eye and face protection should there be a risk of exposure to infectious substances via spray, splashing or droplets.
- Removal of any and all garments contaminated by infectious substances including blood without making contact with outer surfaces or other materials.
- Effective disposal of PPE via the use of appropriate storage or containers.
- Washing of hands immediately following the removal of gloves or similar PPE equipment.
- Fast and safe removal of PPE should it become contaminated, prior to leaving a designated work area.
- Wearing appropriate PPE should there be a risk of contact with blood or other infectious substances, or when handling contaminated materials.
- Replacement of gloves and other PPE should their barrier become compromise through holes, tears or any other form of damage.

The correct process for handling used Personal Protective Equipment is: [reference to specific agency title or number procedures can be included here, plus date. For example: location for and instructions to decontaminate face shields or masks.

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### Housekeeping

All regulated waste must be placed within closable containers, that are constructed for the specific purpose of its contents. This ensures the prevention of leakage or incorrect disposal. An appropriate labeling or color-coding system must be used to ensure safety, such as labels. All containers must be closed and sealed prior to any removal or movement to prevent spillage or any protrusion of contents.

The correct procedures for the handling of disposal containers for sharps are: [reference to specific agency title or number procedures can be included here, plus date]. For example: full instruction for handling sharps disposal.

The correct procedures for the handling of all other regulated waste are: [reference to specific agency title or number procedures can be included here, plus date]. For example: full instruction for handling regulated waste disposal.

All contaminated sharps must be discarded immediately, or as soon as possible following use. Sharps must be disposed of in appropriate containers that are puncture-resistant, sealable and leakproof. These containers must also be color-coded or labeled as the standard requires. Sharps disposal containers can be accessed via [access location, which must be readily available to all employees].

All pails and bins, including emesis or wash basins, must be decontaminated and cleaned as soon as possible following any form of contamination.

Any broken glassware that is contaminated must not be picked up by hand. Instead, mechanical tools must be used, such as a dustpan and brush.

### Laundry

All the below contaminated garments and articles must be laundered by the company: [List Items Here]

Laundering is the responsibility of [Responsible Party] and will take place at [time/location].

For laundry, keep these requirements must be upheld: Wet, contaminated laundry must be stored in labeled or color-coded leak-proof containers prior to transportation. The [red bags/biohazard bags] are for this purpose. Contaminated laundry must be handled or agitated as little as is possible. PPE must be worn when sorting or handling any contaminated laundry [list PPE here].

### Labels

In this workplace, the following labeling methods must be used: equipment must be labeled properly, examine contaminated laundry, and biohazards.

[Responsible Party] must ensure that all labeling is affixed appropriately, or that red bags are utilized as required for regulated waste and contaminated equipment. Should employees discover unregulated waste containment, this must be reported. This includes contaminated equipment, refrigerators with infectious materials or other waste containers with appropriate use of labeling.

## Engineering Controls and Work Practices

Work practice controls and engineering controls should be utilized in the workplace to minimize or prevent the risk of exposure to bloodborne pathogens. The exact requirements for work practice and engineering controls are as follows: [List Items Here]. For example: the use of needle-less systems to prevent exposure.

All disposal containers for sharps must be maintained, inspected and replaced as needed by [Responsible Party] every [number of] days (this frequency should be listed according to the time taken to fill a sharps bin without overflow in the workplace).

This workplace and facility fully identify the requirements for maintaining and changing engineering controls and work practices as and when required. This is recognized through [OSHA records, committee activities, and employee interviews].

This workplace understands the need to fully evaluate all new procedures and products effectively through the process of [literature review, product consideration, and supplier info]. Both management officials and front-line workers must be fully invested in this process, by [description of employee involvement]. [Responsible Party] must ensure all recommendations are effectively and practically implemented into the workplace.

## Hepatitis B Vaccination

[Responsible Party] provides all employees with training for the hepatitis B vaccination. This training will include the benefits, safety, administration, and availability of the vaccine.

The series of vaccines required for protection from hepatitis B will be provided to all employees at no cost, within ten working days of the first assignment. This applies to all employees where a risk of occupational exposure may occur.

### Vaccination is encouraged for all employees, unless:

1. The employee has already received a series of in-date vaccines, and has supplied paperwork confirming this
2. Testing of antibodies shows an employee has immunity, or
3. Vaccination is contraindicated according to a medical evaluation.

Should an employee choose to decline vaccination from hepatitis B, that employee must then sign a form of declination. For any employee that chooses to decline the vaccine, this vaccination must still be available to them at a later date upon request, at no cost. Keep documentation of declinations [location or responsible department for record-keeping]. Be sure the hepatitis B vaccination is provided by [healthcare professional], at [location].

Following an employee medical evaluation, a complete copy of the written opinion of the healthcare professional will be provided to the employee. This evaluation will be solely limited to if the employee is a candidate for the hepatitis B vaccine, plus when the vaccine is administered.

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### Post-Exposure Evaluation and Follow-Up

If an exposure incident occurs in the workplace, this incident must be reported to [Responsible Party] on the following number: [Phone Number].

Following this report, a full confidential medical evaluation will be carried out immediately, in addition to a follow-up. Both will be carried out by [healthcare professional].

Following any initial first aid required, including cleaning wounds, flushing eyes or any other suggest care, the below process will be followed:

- Test results are conveyed to the doctor or nurse in charge of the source individual's care.
- For source individuals already infected with HBV, HCV or HIV, no further testing will be required.
- The route of exposure and details of occurrence will be reported and documented.
- The source individual will be identified and documented, unless identification is deemed unfeasible by the employer.
- Following consent, the blood of the exposed employee is tested as soon as possible following the incident.
- Should the employee not grant consent for testing of HIV, a blood sample must be preserved for at least 90 days.
- Should the employee consent to HIV testing at a later date, this should be carried out on the collected blood sample as soon as feasible.
- Consent will be obtained for testing of the source individual, and tests will be carried out for HIV, HCV and HBV infectivity.
- The exposed employee is granted access to the test results of the source individual, in line with disclosure laws and regulations.

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

[Responsible Party] must ensure the any and all healthcare professionals responsible for vaccination of hepatitis B, plus follow-up and post-exposure evaluation, is provided with a copy of the full OSHA bloodborne pathogens standard.

[Responsible Party] must ensure the any and all healthcare professionals responsible for the evaluation of employees following exposure incidents are given the following: A clear description of the duties involved in the employee's role that is relevant to the exposure incident. The results of the blood test of the source individual, if available. Any relevant medical records of the employee, including the status of vaccination. The route of exposure. The circumstances leading to exposure.

[Responsible Party] will provide the employee with a full copy of the written opinion of the healthcare professional with 15 days following the completion of an evaluation.

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### Review of Circumstances Regarding an Exposure Incident

[Responsible Party] will be responsible for the review of all circumstances surrounding an exposure incident, in order to determine:

- The engineering controls in use during the time.
- PPE in use during the exposure incident, including gloves, eye shields, etc.
- The location of the incident, and the purpose of the area, for example the O.R. or the E.R.
- The procedures performed following the reporting of the incident.
- A full record of the training received by the employee.
- All work practices that were followed.
- A clear description of any device being used, including the brand and type.

[Responsible Party] will be responsible for recording any and all percutaneous injuries as a result of contaminated sharps within a Sharps Injury Log.

Should revisions be required, [Responsible Party] must ensure that all appropriate amends are made to the ECP. This may include the addition of employees to the exposure determination list or the evaluation of the safety of devices.

### Record Keeping

All training records are completed for every employee following the completion of their training. These records are kept for at least a period of three years at [Responsible Party].

These training records are made up of summaries of the training sessions, details of the trainer, dates on which training took place, and details of all employees attending the training session.

These training records are available to the employee upon request and are also available to an authorized representative of the employee as required, with 15 working days. All requests for training records should be directed to [Responsible Party].

### Medical Records

Be sure all employees have access to exposure and medical records: all medical records are maintained for each employee with a risk of occupational exposure. [Responsible Party] has the responsibility of maintaining these medical records over time. All confidential records are stored in [location], for the full duration of employment plus an additional 30 years. Medical records of employees will be provided upon request, or through written consent, within 15 days. All requests must be directed to [Responsible Party].

### OSHA Recordkeeping

Exposure incidents should be evaluated, in order to determine if each individual case meets OSHA's Recordkeeping Requirements. The recording and determination are carried out by [Responsible Party].

### Sharps Injury Log

In addition to the above OSHA requirements for recordkeeping, any and all percutaneous injuries that have occurred from contact with contaminated sharps must be recorded within a Sharps Injury Log.

Every incident must include the following at the least:

- The date on which the injury occurred
- The area of work or department where the incident occurred
- A full explanation of how the incident happened
- The brand and type of device that caused the injury

The Sharps Log must be reviewed at the very least annually as part of yearly evaluation processes. It also must be maintained for at least five years after the end of the calendar year in which the incident occurred. Should a copy of the log be requested, all personal identifiers must be removed prior to the request being fulfilled.

The following is an example of titles required for a Sharps Log:

- Workplace Name:
- Date:
- Sample Sharps Injury Log:
- Year:
- Work Area of Incident:
- Report Number:
- Device Type:
- Device Brand:
- Actions taken:
- Description of Incident:

Under OSHA's Bloodborne Pathogens Standard, employers are required to maintain a Sharps Injury Log for the purpose of recording any percutaneous injuries in the workplace as a result of contaminated sharps. The purpose of this log is to support the evaluation of devices and procedures in the workplace, in order to achieve additional review or attention. This log is required in addition to, not instead of, any illness or injury log already required.

The Sharps Injury Log must include any and all sharps injuries that have occurred within the specified calendar year and must be retained for more than five years following the conclusion of that year. The log must be kept in a way that preserves the privacy of any employee affected by a sharps injury in the workplace.

### Mandatory Hepatitis B Vaccine Declination

I comprehend that, because of my risk of exposure to infectious materials in the workplace, including blood, I could be at risk of becoming infected with an HBV, or hepatitis B, infection. My employer has offered the choice for vaccination against HBV, at no cost, and I have chosen to decline vaccination for hepatitis B currently. I comprehend that, in declining the HBV vaccine, I continue to place myself at risk of contracting hepatitis B. I also understand that, should I wish to become vaccinated in the future while



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continuing to be in a role where occupational exposure is a risk, this vaccine will be given to me at no cost.

- [Sign and Date Here]

### Employee Training

Every employee whose job description carries a risk of occupational exposure to infectious materials must receive training carried out by [Responsible Party, including a description of role and qualifications].

Every employee with occupational exposure risk as part of their duties will receive training on the symptoms, epidemiology and transmission of bloodborne pathogen disease.

The training must all cover, at the very least, all the following:

- Guidance and information on the follow-up and post-exposure evaluation process that employers must provide for employees following an incident of exposure
- An explanation of all color-coding, signs and labels required in the workplace by the standard
- Opportunity to ask questions and elaborate on any of the information provided in the training
- An explanation and available copy of the full standard
- An explanation of the location, uses, handling, removal, types, disposal and decontamination of PPE
- An explanation of PPE selection, and the basis of it
- An explanation of the ECP, and how it can be obtained
- An explanation of how to identify roles or tasks that carry a risk of exposure to blood or other infectious materials, including what an exposure incident constitutes.
- An explanation of work practices, engineering controls and PPE, including their uses and limitations
- Guidance and information about the vaccine for hepatitis B, including its safety, benefits, administration, efficacy and communication about the fact it is free of charge to employees
- Guidance and information on the required actions that should be taken and the persons to contact should an emergency with infectious materials occur
- An explanation of the process to apply should an exposure incident occur, including the way to report an incident, and details of the follow-up from a healthcare professional that will be made available

All training materials for the workplace are available to employees via [Responsible Party].

- [Sign and Date Here]