Exposure Control Plan

Office/company 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 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 Exposure Control Plan (ECP) is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This Exposure Control Plan includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:

  A. Universal precautions

  B. Engineering and work practice controls

  C. Personal protective equipment

  D. Housekeeping

  E. Hepatitis B vaccination

  F. Post-exposure evaluation and follow-up

  G. Communication of hazards to employees and training

  H. Recordkeeping

  I. Procedures for evaluating circumstances surrounding an exposure incident

Program Administration

1. The Infection Control Coordinator responsible for the implementation of the Exposure Control Plan is:

   _____

2. The Infection Control Coordinator responsible for maintaining, reviewing and updating the Exposure Control Plan at least annually and whenever necessary to include new or modified tasks and procedure is :

   _____

3. 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 Exposure Control Plan.

4. The Infection Control Coordinator responsible for maintaining and providing all necessary personal protective equipment (PPE), engineering controls, labels, and red bags required by the standard is:

   _____

5. The Infection Control Coordinator responsible for ensuring that adequate supplies of the aforementioned equipment are available in the appropriate sizes is:

   _____

   Location: _____ Phone number: _____

6. The Infection Control Coordinator responsible for ensuring all medical actions required by the standard are performed and that all appropriate employee health records are maintained is:

   _____

   Location: _____ Phone number: _____

7. The Infection Control Coordinator responsible for training, documentation of training and making the written Exposure Control Plan available to employees and OSHA representatives is:

   _____

   Location: _____ Phone number: _____

***Please note that in some offices, only one employee may be responsible for items 1-7.**

Employee Exposure Determination

The following is a list of all job classifications in which 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 of Task	Procedure
(Example: PA, Dentist,	(Operatory, lab)	(Handling regulated waste, performing surgical procedure, endodontic treatment, cleaning of operatory, etc.)

Methods of Implementation and Control

Standard Precautions

All body fluids, instruments, environmental surfaces, materials, etc. having potential contamination with blood or other infectious materials must be treated as if they are infectious.

Exposure Control Plan Training

Employees covered by the bloodborne pathogens standard receive an explanation of this Exposure Control Plan 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 the Infection Control Coordinator.

The Infection Control Coordinator for this facility is:

_____.

If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Infection Control Coordinator listed above 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 Log

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 are listed below:

Engineering Controls (instrument washer, ultrasonic cleaner, needle recapper)	**Work Practice Controls** (handwashing, single handed needle recapping)

Replacing Sharps Containers

The Infection Control Coordinator listed below is responsible for inspecting and maintaining, or replacing sharps containers weekly or whenever necessary to prevent overfilling.

Infection Control Coordinator: _____

Annual Engineering Control, Work Practice Procedure, and Product Evaluation

This facility identifies the need for changes in engineering control and work practices and evaluate new procedures and products through annual meetings of managerial and non-managerial involved staff members conducted by the Infection Control Coordinator (ICC). Dates and notes as follows:

Date/Year _____

_____

_____

_____

Date/Year _____

_____

_____

_____

Date/Year _____

_____

_____

_____

Date/Year _____

_____

_____

_____

Date/Year _____

Date/Year _____

Date/Year _____

Date/Year _____

Date/Year _____

See sample evaluations on page ef-2 – ef-8.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by:

Infection Control Coordinator - _____

The types of PPE available to employees are as follows:

(examples: mask, goggles, apron, safety eyewear, long-sleeved scrubs, lab jacket, etc.)

_____

_____

_____

_____

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area
- Used PPE may be disposed of in designated container
- Wear appropriate gloves when it can be reasonably anticipated that that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
- 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.
- Do not take contaminated laundry home for laundering.

The procedures for handling used PPE are as follows:

_____

_____

_____

_____

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

Waste

All regulated medical waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled/color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color coded appropriately. Sharps disposal containers must be easily accessible and as close as feasible to the immediate area where sharps are used. Sharps containers are available at:

_____

Bins and Pails

Wash or emesis basins are cleaned and decontaminated as soon as feasible after visible contamination.

Broken Glassware

Broken Glassware which may be contaminated is picked up using mechanical means, such as the scooper and dust pan found in the spill kit. Tweezers or tongs may be needed for small pieces.

Laundry

Laundering of reusable personal protective clothing will be done either in office or by a laundry service. 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 label for this purpose.
- Wear gloves and long sleeved clothing when handling contaminated laundry.

The following person will insure that warning labesm are affixed to or that red bages are useed as required for regulated waste or contaminated equipment:

Infection Control Coordinator - _____

Labels

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

Equipment to be Labeled	Label Type
Trash cans in exam rooms	*Biohazard*

Hepatitis B Vaccination

The person responsible for ensuring that training to employees on hepatitis B is provided is:

Infection Control Coordinator _____

Training includes: 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.

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.

The healthcare facility providing the vaccination is:

_____

Post-Exposure Evaluation and Follow-Up

In the event an exposure incident occurs, contact:

Infection Control Coordinator _____

The following healthcare facility will conduct a confidential medical evaluation and follow up Immediately after an exposure incident:

_____

Following the initial first aid (clean the wound, flush eyes or other mucous membranes etc.) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred using *Form 1* found in the *Post Exposure Evaluation* Tab.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law) and document using *Form 3* found in the *Post Exposure Evaluation* Tab.
- Obtain consent using *Form 3* found in the *Post Exposure Evaluation* Tab and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV status. 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, have the employee's blood drawn as soon as possible and test blood for HCV, HBV, and HIV serological status using *Form 2* found in the *Post Exposure Evaluation* Tab.
- If the employee declines consent for HIV serological testing during collection of blood for baseline testing, using *Form 2* found in the *Post Exposure Evaluation* Tab, 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 possible.

Administration of Post-Exposure Evaluation and Follow-Up

The Infection Control Coordinator is: _____

The Infection Control Coordinator will ensure that:

1. The health care professional(s) responsible for the employee's post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogen Standard.
2. The health care professional evaluating an employee after an exposure incident receives the following:
   - A copy of the OSHA's Bloodborne Pathogen Standard.
   - 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.

   For additional information, see the Exposure Incident Report available.

The Infection Control Coordinator will also provide the employees with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating Circumstances Surrounding an Exposure Incident

The Infection Control Coordinator is: _____

The Infection Control Coordinator will review the circumstances of all exposure incidents to determine:

- Engineering controls in use.
- Work practices followed.
- Description of the device used.
- PPE that was used at the time of exposure.
- Location of incident.
- Procedure being performed.
- Employee training record.

The Infection Control Coordinator will record all percutaneous injuries from contaminated sharps in the *Sharps Injury Log* located at the end of this section.

If it is determined that revisions need to be made, the Infection Control Coordinator will ensure that appropriate changes are made to this Exposure Control Plan. These changes may include an evaluation of safer medical devices, adding employees to the exposure determination etc.

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training at initial assignment and thereafter annually.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms and transmissions of bloodborne pathogens. In addition, the training will cover the following elements:

- Explanation of the standard.
- Explanation of the Exposure Control Plan and its location.
- How to identify tasks that may involve occupational exposure to blood or other potentially infectious materials.
- An explanation of the use and limitations of engineering controls, work practice controls and PPE used in this facility, as well as the limitations of each.
- Information on the selection, type, use, location, removal, handling, decontamination and disposal of PPE.
- Information on the hepatitis B vaccine.
- The appropriate action, and who to contact if an emergency involving exposure to blood or other potentially infectious materials occur.
- Information on post-exposure evaluation and follow-up.
- Explanation of signs, labels, color coding.
- An adequate question and answer session with the trainer.

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 the following location:

_____

The training records include:

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the following individualemployee:

_____

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.

The following employee is responsible for maintenance of the required medical records:

_____

These confidential records are kept for at least the **duration of employment plus 30 years** at the following location:

_____

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

_____

Sharps Injury Log Details

All percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include:

- Date of the injury.
- Type and brand of the device involved.
- Department or work area where the incident occurred.
- Explanation of how the incident occurred.

The log is reviewed at least annually as part of the annual evaluation of the program and is kept for at least 5 years following the end of the calendar year.

Sharps Injury Log

"The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee."

Practice Name: _____

Address: _____

_____

Phone Number: _____

Date of Injury	Type/Brand of device involved	Department/Work Area incident occurred	Detailed explanation of how the incident occurred
2019 Compliance Training Partners, permission granted to copy for in-house use only!			

Post-Exposure Evaluation and Follow-Up

The Infection Control Coordinator is: _____

The Infection Control Coordinator will ensure that:

1. The health care professional(s) responsible for the employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogen Standard.
2. The health care professional evaluating an employee after an exposure incident receives the following:
   - Description of the employee's job duties relevant to the exposure incident
   - Route(s) of exposure
   - Circumstances of the exposure
   - Results of the source individual's blood test (when possible)
   - Relevant employee medical records

The Infection Control Coordinator will also provide the employees with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Hepatitis B Vaccine Declination

I, _____,
fully understand that my employment responsibilities involve a possible occupational exposure to blood and other potentially infectious materials, which may increase the risk of acquiring the hepatitis B virus (HBV) infection.

My employer _____
has given me the opportunity to receive a HBV vaccination at no charge to myself. At this time, however, I choose to decline this vaccination, fully understanding the risk of acquiring hepatitis B.

I am aware that if, anytime in the future, I would like to be vaccinated, I may receive the HBV vaccination series at no charge to myself.

Signature of Employee _____ Date _____

Signature of Employer _____ Date _____

Evaluation Forms

The Evaluation forms in this section apply to devices and PPE used in this facility.

Instructions

1. Do not complete the evaluation form until you have utilized the new device a minimum of 10 times.

2. Be sure to complete the form in its entirety. If there is a question that does not apply to your use or exposure to the new device, leave it blank.

3. It is important that you note your position, i.e.: sterilization assistant, chair-side assistant, RN, etc.

4. Be objective with your responses. There is an area at the end of the evaluation for you to make note of any additional comments pertaining to the device. If you prefer you can also make notes in the margins of each question.

5. When you have completed the evaluation form, please submit to the _____.

6. All managerial and non-managerial clinical staff who utilizes the device should complete this form.

Evaluation Form - Safety Syringes and Needles

Date:_____

Product name/brand/company: _____

Your position: _____

1. Did you receive training in how to use this product? Yes No
2. Did you feel the training you received was adequate? Yes No

If not, why? _____

_____

_____

Please answer only the following questions that apply to your duties and responsibilities. If a question does not apply to your duties and responsibilities, please leave it blank.

During the pilot us of this device…	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**
1. The device felt stable during assembly, use and disassembly	1	2	3	4
2. The syringe needles were easy to change during treatment, when necessary	1	2	3	4
3. The weight of the device during use was comfortable in comparison to the current syringe	1	2	3	4
4. The device fit my hand comfortably during use.	1	2	3	4
5. Aspiration of blood was easily performed and clearly visible	1	2	3	4
6. There was a clear view of the injection site and the needle tim during use.	1	2	3	4

During the pilot us of this device…	Strongly Disagree	Disagree	Agree	Strongly Agree
7. I was able to use the piloted device as well as the conventional device.	1	2	3	4
8. The safety feature was easy to recognize and use.	1	2	3	4
9. The safety feature performed reliably.	1	2	3	4
10. The safety device was easily activated with one hand.	1	2	3	4
11. Activation of the safety device did not pose an increased risk of exposure.	1	2	3	4
12. The device was easily disposed on in currently used sharp containers.	1	2	3	4
13. The defice is adequate and safe for clinical use.	1	2	3	4
14. I would be willing to use this device exclusively and eliminate my conventional device.	1	2	3	4
15. I do not need further training regarding use of this device.	1	2	3	4

Additional Comments (please offer details related to any “strongly disagree” or “disagree” responses): _____

_____

_____

_____

_____

*Dental offices please note that 2 studies (USAF Dental Department and University of British Columbia School of Dentistry) found that dental safety needles provide no enhanced safety benefits as compared to traditional injection needles. For this reason, many offices choose to NOT use them.

Evaluation Form - Sharps Disposal Containers

Date:_____

Product name/brand/company: _____

Your position: _____

1. Did you receive training in how to use this product? Yes No

2. Did you feel the training you received was adequate? Yes No

If not, why? _____

_____

_____

Please answer only the following questions that apply to your duties and responsibilities. If a question does not apply to your duties and responsibilities, please leave it blank.

During the pilot us of this device…	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**
1. The container shape, markings or its color, imply danger.	1	2	3	4
2. The implied warning of danger can be seen from an angle at which people commonly view it.	1	2	3	4
3. The container can accept all sizes and shapes of sharps.	1	2	3	4
4. The container allows single handed operation.	1	2	3	4
5. It is difficult to reach in and remove a sharp.	1	2	3	4
6. The container is puncture resistant.	1	2	3	4

During the pilot us of this device…	Strongly Disagree	Disagree	Agree	Strongly Agree
7. When the container is dropped or turned upside down sharps stay inside.	1	2	3	4
8. When the container is to be used free-standing, it is stable and unlikely to tip over.	1	2	3	4
9. The container closes securely.	1	2	3	4
10. The product has handles which allow you to safely transport a full container.	1	2	3	4
11. The product does not require extensive training to operate correctly.	1	2	3	4

Additional Comments (please offer details related to any “strongly disagree” or “disagree” responses): _____

_____

_____

_____

_____

Evaluation Form - Exam Gloves

Date:_____

Product name/brand/company: _____

Your position: _____

1. Did you receive training in how to use this product? Yes No
2. Did you feel the training you received was adequate? Yes No

If not, why? _____

_____

_____

Please answer only the following questions that apply to your duties and responsibilities. If a question does not apply to your duties and responsibilities, please leave it blank.

During the pilot us of this device…	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**
1. The gloves dispense easily and quickly.	1	2	3	4
2. The gloves are not discolored upon removal from the box.	1	2	3	4
3. The glove does not have visible manufacturing defects (holes, etc.).	1	2	3	4
4. The glove is easy to put on, even if hands are damp.	1	2	3	4
5. The glove retains appropriate sensitivity in the fingers.	1	2	3	4

During the pilot us of this device…	Strongly Disagree	Disagree	Agree	Strongly Agree
6. The glove is hypoallergenic.	1	2	3	4
7. The glove is comfortable for extended use.	1	2	3	4
8. The glove is easily removed.	1	2	3	4
9. The glove allows the user to manipulate objects.	1	2	3	4
10. The glove does not have an unusual taste or odd to which patients object.	1	2	3	4

Additional Comments (please offer details related to any “strongly disagree” or “disagree” responses): _____

_____

_____

_____

_____