

# Sample Bloodborne Pathogens Exposure Control Plan Employers with Limited Employee Exposure\*

This sample plan is provided as a guide to assist employers who have a nurse or a small first aid team and perform occasional medical procedures resulting in exposures to blood or other potentially infectious material and associated waste products. Any statement retained from this guide will be considered to be in place and verifiable.

*(Name of Company)*

*(Date)*

## Exposure Determination

The following employee job classifications at this company are Category A due to expected occupational exposure to blood or other potentially infectious material (OPIM),\*\* regardless of frequency. The exposure determination is made without regard to the use of personal protective equipment.

### Category A Job Classification

*(List)*

### Rationale/Task

*(Explain Task)*

## Compliance Methods

**Universal precautions** will be observed at this company in the provision of first aid, the removal of sharps and waste from the first aid station, and the housekeeping of any first aid area 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 individual.

**Engineering and work practice controls** are limited to hand washing and housekeeping practices. (Also see “Needles”) Where scissors are used in a medical procedure and become contaminated, they will be decontaminated using a germicide approved by the Environmental Protection Agency.

**Hand washing facilities** are available to the employees who incur exposure to blood or other potentially infectious materials. MIOSHA requires that these facilities be readily accessible after incurring exposure. At this company, hand washing facilities are located: *(list locations)*.

Upon providing first aid or incurring exposures when hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction

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\* This is intended as a sample program only. It is designed to serve as an aid in the development of written programs related to blood borne infectious diseases (based on MIOSHA document OH-823 — 11/94).

\*\* Other potentially infectious materials include: A) semen, B) vaginal secretions, C) amniotic fluid, D) cerebrospinal fluid, E) peritoneal fluid, F) pleural fluid, G) pericardial fluid, H) synovial fluid, I) saliva in dental procedures, J) any body fluid that is visibly contaminated with blood, K) all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Urine, feces and vomit are not considered OPIM except in cases (J) or (K) above.

with a clean cloth/ paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as possible.

After removal of personal protective gloves, employees should wash hands and any other potentially contaminated skin area immediately with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas should be washed or flushed with water as appropriate as soon as possible.

### **Needles**

Are/are not used in this company (choose one). If used, they must *not* be recapped (unless required by a medical procedure), must *not* be bent or broken and must be disposed of in a labeled, closeable, leak proof, puncture-resistant container.

### **Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses.

### **Personal Protective Equipment**

All first aid personal protective equipment used in first aid or housekeeping involving blood or OPIM at this company will be provided without cost to employees. Personal protective equipment (PPE) will be chosen based on the anticipated exposure to blood or other potentially infectious materials. 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 which the protective equipment will be used.

Protective clothing will be provided to first aid and housekeeping employees involved in first aid in the following manner: *(list how the clothing will be provided to employees, e.g., who has responsibility for distribution, etc. Also list which procedures would require the protective clothing and the type of protection required; this could also be listed as an appendix to this program).*

The following PPE is used in this company:

#### **Personal Protective Equipment**

#### **Task (List)**

Gloves Lab Coat

Clinic Jacket

Protective Eyewear (with solid side shield) CPR (one way resuscitation shield)

Utility Gloves Examination Other

PPE (List)

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.

All PPE will be removed prior to leaving the work area. If visibly contaminated, the equipment shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. The following procedure has been developed to facilitate leaving the equipment at the work area (*list where employees are expected to place PPE upon leaving the work area*).

If an employee were to have another person's blood or OPIM splash or soak their clothing, they would make arrangements to remove the contaminated clothing as soon as possible. This clothing would be laundered at the employer's expense. The clothing would be identified as contaminated and any employee, of any employer, exposed to it would be notified and protected from exposure.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin and mucous membranes. Gloves will be available from: (*state location and/or person who will be responsible for distribution of gloves*).

Disposable gloves used at this company are not to be washed or decontaminated for re- use and are to be replaced as soon as possible when they become contaminated, or as soon as they are torn, punctured or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

### **Housekeeping**

First aid stations and areas involved in a first aid incident will be cleaned and decontaminated according to the following schedule: (*list area and schedule*).

Decontamination will be accomplished by utilizing the following materials: *list the materials that will be utilized, such as bleach solutions or EPA registered tuberculocidal germicides*. If a bleach and water solution between 1:100 and 1:10 is used, it must be prepared on an as needed basis. Bleach loses its disinfectant quality when stored in water.

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

### **Regulated Waste Disposal**

All bins, pails, cans and similar receptacles for regulated waste disposal in the first aid

station or any area normally involved in first aid shall be appropriately colored or labeled as containing biohazards and shall be inspected, emptied and decontaminated on a regularly scheduled basis. **Disposal of feminine hygiene products and bandages or Kleenex used in self-administered first aid (bloody nose, small cut) are not considered regulated waste and will be disposed of in the normal waste stream.** *(List frequency and job location of designated biohazard disposal areas.)*

### Standard Operating Procedures

Standard operating procedures (SOPs) provide guidance and information on the anticipated first aid tasks assigned to our employees. They will be based on the form found in Appendix A and will be utilized in employee training.

### Contingency Plans

Where circumstances can be foreseen in which recommended standard operating procedures could not be followed, the employer shall prepare contingency plans for employee protection, incident investigation and medical follow-up. See Appendix A.

### Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or OPIM will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or OPIM, unless the employee has previously had the vaccine, is allergic to the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a copy of the attached waiver (Appendix B). Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. *(Name or position)* has responsibility for assuring that the vaccine is offered, the waivers are signed. *(Name or position)* will administer the vaccine.

### Vaccination Option for Employees

An employer may elect to postpone the administration of the Hepatitis B vaccine if the following conditions exist:

- The primary job assignment of such designated first aid providers is not the rendering of first aid.
- Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
- Full training and PPE should be provided to these employees.
- Provision for a reporting procedure that ensures that all incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.
- The report must include the names of all first aid providers who rendered

assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including the time and date.

- Provision for the full Hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific “exposure incident,” as defined by the standard, has occurred.
- In the event of a bona fide exposure incident, the portion of the standard relating to post-exposure evaluation and follow-up would apply.

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

When an employee incurs an exposure incident, it must be reported to: *(list who has responsibility of maintaining records of exposure incidents)*.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up by a licensed physician in accordance with the MIOSHA standard, including:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infection.
- Results of testing of the source will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. Employers may need to modify this provision in accordance with applicable local laws on this subject. *(Modifications should be listed here.)*
- The employee will be offered the option of having their own blood collected for testing of their HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service in consultation with a licensed physician treating the exposed employee.
- The employee will be given appropriate, confidential counseling concerning precautions to take during the period after the exposure incident, and on risk reduction and the risks and benefits of HIV testing in accordance with state law. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out, as well as to maintain records related to this policy: *(name or position)*.

### **Interaction with Health Care Professionals**

An employer should ensure that the health care professional who is responsible for the Hepatitis B vaccination is provided with a copy of these rules and appendices. A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their written opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. A statement that the employee has been informed of the results of the evaluation.
3. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: the written opinion to the employer is not to reference any personal medical information.)
4. Any limitations on the employee's use of PPE or equipment.

### **Training**

Training for all Category A employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training for employees will include the following, an explanation of:

1. The MIOSHA standard for Blood borne Infectious Disease.
2. Epidemiology and symptoms of blood borne diseases.
3. Modes of transmission of blood borne pathogens.
4. Exposure Control Plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, access to the plan, etc.).
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. PPE available at this facility, and who should be contacted concerning its use.
8. Post-exposure evaluation and follow-up.
9. Signs and labels used at the facility
10. Hepatitis B vaccine program at the facility.

Training sessions shall afford employees ample opportunity for discussion and the answering of questions by a knowledgeable trainer.

The training shall include opportunities for supervised practice with personal protective equipment and other equipment which is designed to reduce the likelihood for exposure and which will be used in the employee's work.

Employers should list here if training will be conducted using videotapes, written material, etc. Also, the employer should indicate who is responsible for conducting the training (*list type of training used and person responsible for conducting the training*).

All Category A employees will receive annual refresher training. (Note: This training is to be conducted within one year of the employee's previous training.)

### Recordkeeping

This company shall establish and maintain a record for each employee with occupational exposure to include:

- Name
- Social Security Number
- Hepatitis B vaccine form status
- Copies of any past exposure/evaluation or follow-up
- Employer shall ensure record confidentiality
- Kept for duration of employment plus 30 years

### Training Records

- Date(s)
- Summary of Contents
- Names and qualifications of trainers
- Names and job titles of all trainees
- Maintain records for three (3) years

Records for this company shall be kept by (*name or position*).

Annual reviews:	Date: ( <i>enter date</i> )	Performed by: ( <i>name or position</i> )
	Date: ( <i>enter date</i> )	Performed by: ( <i>name or position</i> )
	Date: ( <i>enter date</i> )	Performed by: ( <i>name or position</i> )

## Appendix A

<b>Standard Operating Procedure for Bloodborne Infectious Disease Control Measures</b>
Task/Procedure:
Exposure Potential:
PPE:
Use:
Maintenance/Disinfection:
Disposal:
Engineering Controls:
Work Practice Controls:
Management of Exposure Incidents:
Contingency Plan:



## Appendix B

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Hepatitis B Vaccination Declination**

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 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.

Printed name: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_