Bloodborne Pathogen Exposure Control Plan

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| Name of the Facility |  |
| Address |  |

# Policy

We are committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, 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.

## Contents

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Program administration
* Communication of hazards to employees and training
* Recordkeeping-Procedures for
  + Training Records
  + Medical Records
  + Employee Exposure Report
  + Hepatitis B declination form
* Determination of employee exposure
* Implementation of various methods of exposure control, including:
  + Universal Precautions or Standard precautions
  + Engineering and work practice controls
  + Personal protective equipment
  + Housekeeping
* Exposure Incident Response including:
  + Hepatitis B and other bloodborne pathogens
  + Post-exposure evaluation and follow-up
  + Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

## Program Administration

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*)   
is responsible for 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 that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.. Contact location/phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Name of responsible person or department*)   
will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (*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 by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Training and Updates

Employees covered by the bloodborne pathogens standard (i.e. have occupational exposure to bloodborne pathogens) receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. An explanation of this ECP during their initial training session and is also reviewed in their annual refresher training.

In addition, the training program covers, at a minimum, the following elements:

* a copy and explanation of the OSHA bloodborne pathogen 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training materials for this facility are available at (*location*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at (*Location of records*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All employees can 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..

## Recordkeeping

The bloodborne pathogen standard requires employers to keep certain records. We will keep the following records and they are made part of our exposure control plan. Employees may access and review these records when needed:

* Copy of OSHA Act (can be found in the Welcome Kit)
* Copy of the Bloodborne pathogen Standard (can be found in the Welcome Kit)
* Written Exposure Control Plan
* List of Exposure Tasks
* Job Classification Form A
* Job Classification Form B
* Employee Medical Record (Confidential records must be kept separate from all other records and can be accessed only with written permission from the employee)
* Employee training Record
* Selection forms for devices (e.g. safety syringes) to determine which devices to implement
* Exposure Incident Report
* Post exposure management records (included in the employee medical record)

|  |  |
| --- | --- |
| The following records are: | * applicable since we have more than 10 employees * not applicable since we have fewer than 10 employees * not applicable since we have fewer than 10 employees but still kept |

* Sharps Injury Log
* Log of work-related injuries and illnesses record (OSHA Log 300)
* Injury and illness Incident Report (OSHA Log 301)
* Summary of Work-Related injuries and Illnesses (OSHA From 300A)

### Maintenance of 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 in (*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*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: An Employee Medical Record form can be found in the Welcome Kit.*

### Hepatitis B Vaccination

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(*Name of responsible person or department*) will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination will be provided by (*List health care professional responsible for this part of the plan*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at (*Location including complete address*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Following a medical evaluation or preventative vaccination , a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

*Note: A Hepatitis B Declination form can be found in the Welcome Kit.*

### Sharps Injury Log

If applicable, 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.

*Note: A Sharps Injury Log can be found in the Welcome Kit.*

# Exposure Determination

## Following Tasks and Procedures with potential for exposure to bloodborne pathogens are performed in this facility:

***Medical***

Examining patients

Assisting during examination

Administering medication

Collecting blood

Collecting bodily fluids

Minor surgeries

Assisting in minor surgeries

Wound dressing

Handling specimens of blood and OPIM

Cleaning contaminated instruments

Cleaning contaminated equipment

Handling contaminated sharps

Cleaning up after examination and procedures on patients

Handling contaminated laundry

Physical therapy

Handling medical waste

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Job Classifications at Our Facility

### Form A

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

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| Job Title | Department / Location |
| Example: Physicians, RN, LVN, phlebotomists | Clinical lab, examination rooms |
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### Form B

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:

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| Job Title | Department / Location | Task / Procedure |
| Example: Housekeeper | Environmental Services | Handling regulated waste |
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# Methods of Implementation and Control

## Infection Control Approaches

The Bloodborne Pathogen Standard 1910.1030(d)(1) requires minimally that *Universal Precautions* be observed to prevent contact with blood or other potentially infectious materials. Alternative concepts in infection control are called *Body Substance Isolation (BSI)* and *Standard Precautions*. These methods define **all** body fluids and substances as infectious. These methods incorporate not only the fluids and materials covered by this standard but expands coverage to include all body fluids and substances. These concepts are acceptable alternatives to universal precautions, provided that facilities utilizing them adhere to all other provisions of this standard.

For compliance with OSHA Standards, the use of either Universal Precautions or Standard Precautions are acceptable but the CDC recommends *Standard Precautions* for the care of all patients, regardless of their diagnosis or presumed infection status.

**Instructions**: Different infection control methodologies are listed below. Select the methodology employed.

### Universal Precautions

Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens, (Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions).

Bloodborne Pathogen Standard 29 CFR 1910.1030(d)(1) requires:

* Employees to observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM).
* Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
* Treat all blood and other potentially infectious materials with appropriate precautions such as:
  + Use gloves, masks, and gowns if blood or OPIM exposure is anticipated.
  + Use engineering and work practice controls to limit exposure.

OPIM is defined in 29 CFR 1910.1030(b) as:

* 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 body 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); and
* 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 animal

### Body Substance Isolation (BSI)

The Bloodborne Pathogens Standard allows for the use of acceptable alternatives [OSHA Directive CPL 02-02-069, (2001, November 27)] to universal precautions. One such alternative concept is Body Substance Isolation (BSI). This method defines all body fluids and substances as infectious. However, OSHA recommends either the use of Universal or Standard Precautions.

### Standard Precautions

Under this approach, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. A key element of infection control is the concept of *standard precautions,* introduced in 1996 by the Centers for Disease Control and Prevention (CDC) as a means to reduce the risk of bloodborne pathogen transmission (e.g., the Human Immunodeficiency Virus [HIV], Hepatitis B Virus [HBV] and others) in healthcare settings. The primary principle behind standard precautions centers on the premise that medical history and examination cannot reliably identify all patients infected with bloodborne pathogens. All patients, therefore, must be regarded as potentially infectious. As such, applying standard precautions requires that infection control procedures (e.g., HBV vaccination, routine handwashing, use of protective barriers and care in the use and disposal of needles and other sharp instruments) are used for every patient.

Basic Elements of Standard Precautions against infectious agents, both bloodborne and airborne involve:

* Handwashing
* Use of gloves, masks, eye protection, and gowns
* Patient Care Equipment
* Environmental Surfaces
* Injury Protection

### Transmission-Based Precautions

Airborne Precautions, Droplet Precautions, and Contact Precautions are recommended to provide additional precautions beyond Standard Precautions to interrupt transmission of pathogens in hospitals.

Transmission-based precautions can be used for patients with known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne or droplet transmission or by contact with dry skin or contaminated surfaces. These precautions should be used in addition to standard precautions.

* Airborne Precautions used for infections spread in small particles in the air
* Droplet Precautions used for infections spread in large droplets by coughing, talking, or sneezing
* Contact Precautions used for infections spread by skin to skin contact or contact with other surfaces

Airborne Precautions, Droplet Precautions, and Contact Precautions may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

## Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

### Safety Equipment List and Selection

This facility has the following general safety equipment:

Needle Recapping Devices

Safety Engineered Needles (SESIPs),

Needless Systems,

Self-Blunting Needles

Sharp Disposal Containers

Medical Waste Containers

Biohazard Bags

Biohazard Labels

Dustpans, brooms and tongs for removing broken glass

Non-leaking absorbent sheets

Germicidal solutions for decontamination, sterilization, and housekeeping

Soap and antiseptic solutions for hand washing and skin decontamination

Eye Wash Station

Normal Saline for irrigation of mucous membrane

Non-glass capillary tubes,

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sharps disposal containers are inspected/maintained/replaced by (*Name of responsible person/dept.*)

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every\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list frequency) or whenever necessary to prevent overfilling.

We select new products (e.g. safety syringes) regularly by:

1. The process outlined below:
   1. Screening potential new products (see Instructions for Using the Device Screening Form)
   2. Evaluating products that have passed screening (see Instructions for Using the Device Evaluation Form)
   3. Documenting consideration and implementation rationale for products that are selected to be used

(see Instructions for Using the Consideration & Implementation )

1. Other processes:

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(Describe the process, literature reviewed, supplier info, products considered)

### Instructions for Using the Device Screening Form

*Note: Can be found in the Welcome Kit*

#### Adapting the Form

The form can be modified to reflect your specific clinical needs by adding criteria that reflect your practice or deleting that are not appropriate for your practice. For example, if your patient population consists primarily of children, you may choose to add criteria that reflect the use of the device in children.

#### Completing the Form

In the screening phase, include a representative of each type of personnel that will be using or handling the device. Be sure that each person completing the form has a sample of the safer device as well as the traditional device in front of them.

#### Interpreting the Results

Once the form has been completed by all personnel, discuss the results to determine whether to proceed to the next phase–evaluating the safer device in the clinical setting. In making this decision, some criteria may be more important for others. For example, clinical and safety feature considerations may be more important than the general product (e.g., availability of the device) or practical considerations (e.g., instructions and packaging). If the responses to many criteria are “Does Not Meet Expectations” or “No”, then you should consider other safer devices, otherwise, evaluate the device in the clinical setting.

### Instructions for Using the Device Evaluation Form

*Note: Can be found in the Welcome Kit*

#### Adapting the Forms

Like the screening form, the device evaluation form can be modified to reflect your clinical needs by adding criteria that reflect your practice or by deleting criteria that are less relevant to your practice.

#### Obtaining Feedback

Select staff who represent the scope of personnel who will use of handle the device. Choose a reasonable testing period – 2 to 4 weeks should be sufficient. Staff should receive training in the correct use of the device, which can often be provided by product representatives. Encourage staff to provide informal feedback during the evaluation period. Monitor the pilot test to ensure proper use of the safer device and remove the device immediately if it is found to be unsafe. Forms should be completed and returned to the Compliance Manager as soon as possible after the evaluation period.

#### Interpreting the Results

After the evaluation phase, speak with personnel who have completed the forms to determine the criteria that should receive the most consideration. For example, personnel may express that criteria regarding the “feel” of the device (e.g., weight and size of the device, how the device fits in their hand) are important in maintaining proper injection technique. If the responses to many of the criteria are “Strongly Disagree” or “Disagree”, check with personnel who have completed the form to obtain additional information. Balance this feedback with safety and practical considerations before determining whether to continue using the device in your practice.

### Instructions for Using the Consideration & Implementation Rationale Form

*Note: Can be found in the Welcome Kit*

#### Adapting the Forms

The form can be modified to reflect your clinical needs by adding criteria that reflect your practice or by deleting criteria that are less relevant to your practice.

#### Completing the Form

Follow the form instructions to document the considerations for the selection of the device.

### Policies to prevent or minimize exposure

The specific work practice controls used to prevent or minimize exposure to bloodborne pathogens are listed below:

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We evaluate new procedures regularly by

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(Describe the process, literature reviewed, etc.)

### Change management

This facility identifies the need for changes in engineering controls and work practices through

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(Examples: Review of OSHA records, employee interviews, committee activities, etc.)

Both front-line workers and management officials are involved in this process in the following manner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Describe employees' involvement)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Name of responsible person or department*) is responsible for ensuring that these recommendations are implemented.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The types of PPE available to employees are as follows:

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(Hand gloves, Utility Gloves, face masks, Goggles, Chin-length face shields, Clinic jackets, Gowns, Lab coats, aprons, surgical scrubs, etc. )

PPE is located\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*List location*) and may be obtained through (*Name of responsible person or department*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.

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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 (*List appropriate containers for storage, laundering, decontamination, or disposal and location*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Wear appropriate gloves when it is 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 or 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 PPE home for laundering.

The procedure for handling used PPE is as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(M*ay refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment*.)

## Housekeeping

Regulated waste[[1]](#footnote-1) is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately *labeled or color-coded* (see the section on "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling. The medical waste transporter removing our waste is:



A biohazard label (like the one shown here) must be affixed to containers of regulated waste and other containers used to store, transport, or ship blood or other potentially infectious materials.

The design and coloring of the warning label must have the biohazard symbol and be in a contrasting color to a fluorescent orange or orange-red background.

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(Copies of transporter’s insurance and certifications maybe attached to the ECP).

The procedure for handling sharps disposal containers is:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The procedure for handling other regulated waste such as hazardous waste is:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   *(may refer to specific procedure by title or number and last date of review)*
2. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Must be easily accessible and as close as feasible to the immediate area where sharps are used*.)

1. Sharp containers after fill up are closed and sealed and further placed in medical waste containers. We purchase fresh sharp containers for disposal of sharps at our facility. We do not recycle sharp containers.
2. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
3. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### Schedule for Housekeeping and Decontamination

|  |  |
| --- | --- |
| Facility |  |
| Date Revised |  |

| Item | Decontamination Schedule | Decontamination Method |
| --- | --- | --- |
| Instruments | Immediately when contaminated  Same day  Other: | Manual Cleaning with disinfectants  Sterilization  Other: |
| Equipment | Immediately  Daily  Other: | Scrub or wipe clean with disinfectants  Other: |
| Work Surfaces, Countertops | Daily at the end of the shift  Other: | Wipe clean with disinfectants  Other: |
| Containers, Pails, Sinks | Once a week by janitors  Other: | Washing with disinfectants  Other: |
| Floors | Once a week by janitors  Other: | Vacuuming  Mopping  Mechanical Cleaning  Other: |
| PPE | Immediately  Daily  Other: | Wash or wipe clean using disinfectants  Other: |
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## Labels

The following labeling methods are used in this facility:

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| --- | --- |
| Equipment to be labeled | Label type (size, color) |
| Example: specimens, contaminated laundry | Red bag, biohazard label |
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 (*Name of responsible person or department*) is responsible for ensuring that 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Name of responsible person or department*) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

## 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   (*Specify either red bags or bags marked with the biohazard symbol*) for this purpose.
* Wear the following PPE when handling/sorting contaminated laundry (*List appropriate PPE*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Exposure Incident Response

In the event of an exposure, and by following the policies in this section of the Exposure Control Plan, complete the following forms (found in the Welcome Kit).

1. Employee Exposure Report
2. Healthcare Professional HBV Evaluation or Post-Exposure Evaluation (as applicable)
   1. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation.
   2. HBV Evaluation will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.
3. Consent for HIV/HBV Testing (if necessary)
4. Source Individual Consent Form (if necessary)

*Note: These forms must be maintained for the duration of employment plus 30 years.*

## 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 (*Name of licensed health care professional*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Following 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 (if applicable); 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

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(*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.

## 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 a Sharps Injury Log (if applicable).

If revisions to this ECP are necessary (*Responsible person or department*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

1. The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. [↑](#footnote-ref-1)