BLOODBORNE PATHOGENS STANDARD: EXPOSURE CONTROL PLAN

Location:_____ Date:_____

Supervisor:_____ Signature_____

Phone:_____

Emergency Phone:_____

Facility/Shop Safety Contact:_____ Phone:_____

I. PURPOSE: The purpose of this Exposure Control Plan (ECP) is to describe how to eliminate or minimize the danger of exposure to human blood or other potentially infectious materials (OPIM), in compliance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030). This ECP must be accessible to all workers with occupational exposure. Additionally, information within the ECP must be reviewed at least annually by ***(Insert name of supervisor)*** based upon the specific hazards associated with the work being conducted under her/his auspices.

Universal Precautions: It is the policy of the University of Kentucky and this facility to ensure practice of Universal Precautions and all other appropriate methods to reduce exposure to human bloodborne pathogens. Universal Precautions is a method of infection control in which all human blood, and certain body fluids are treated **as if known to be infectious** for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) or other bloodborne pathogens.

II. EXPOSURE DETERMINATION: The Supervisor will identify positions and procedures in the facility which present the possibility of occupational exposure to human blood or other potentially infectious materials (OPIM). Examples could include being trained and expected to provide emergency medical services or first aid, clean-up and disposal of materials that could contain human blood/OPIM, and maintenance/repair of equipment that could be contaminated with human blood/OPIM.

A. The materials used in ***[building and room(s)]*** which may cause exposure to human bloodborne pathogens include the following: **(Mark all that apply.)**

_____Human blood, serum, plasma, blood products, components, or cells

_____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 visibly contaminated with blood, all body fluids where it is difficult to differentiate between fluids

_____ Any unfixed human tissue or organ

_____Cell, tissue or organ cultures containing HIV; culture medium or other solutions containing HIV or HBV; blood, organs or other tissues from experimental animals infected with HIV or HBV

B. The job titles or classifications in which **all or some** employees may have occupational exposure to human bloodborne pathogens include the following: **(List the names of persons within the job title/classification who are potentially at risk.)**

Job Title / Classification	**Name(s) of Person(s) with Occupational Exposure**

C. The tasks and procedures used in this facility which may pose risk of exposure to human bloodborne pathogens include the following:

III. METHODS OF COMPLIANCE:

A. Written Exposure Control Plan: This Exposure Control Plan will be available to all affected employees at ***(insert specific location)***. It will be reviewed and revised annually by ***(insert name of Supervisor)***, or whenever any significant changes in procedure or personnel occur.

B. Engineering and Work Practice Controls: The following engineering and work practice controls are employed in this facility as part of Universal Precautions to minimize exposure to human bloodborne pathogens.

Handwashing: Personnel must wash their hands frequently while working with or near biohazardous agents, immediately after removing gloves, and immediately upon any contact with blood or OPIM. Hands will be washed at ***(insert locations)*** using ***(type of soap / disinfectant)***.

Mouth pipetting or mouth suctioning is strictly prohibited.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where blood/OPIM could be present. Never put anything (pen, pencil, pipette, pins) into your mouth.

Food and drink are not placed in refrigerators, freezers, shelves, cabinets, bench tops, ovens or microwaves where blood or OPIM are handled or may be present.

Used needles, syringes and other sharps must be placed into rigid, red plastic sharps containers. Needles should not be removed from syringes. *Do not cut, bend or recap needles*. This policy applies to **ALL** needles and syringes, whether (a) used or unused, (b) used together or separately, (c) used with blood or (d) *used for any other purpose*. Approved sharps containers may be obtained from UK Supply Center (Stock number 320144). When the container is full, secure the lid. Overfilling containers poses the risk of a needlestick injury. Containers must be disposed as medical waste, whether contaminated or not, and never placed in the regular trash. Contact UK Environmental Management at 323-6280 to dispose of sharps containers or other regulated waste.

In this facility, ***(insert responsible individuals)*** are responsible for ensuring that sharps containers are disposed of when necessary.

This facility uses other engineering controls and equipment which require regular examination. A list of the equipment and the maintenance schedule for each piece is listed below:

All equipment is examined prior to servicing, shipping, or surplusing, and is decontaminated as necessary. In the event that decontamination of specific equipment or portions of such equipment is not feasible, a readily observable label, the biohazard symbol and the word "biohazard" will be attached to the equipment stating which portions remain contaminated.

C. Housekeeping: ***(insert supervisor)*** has determined that the following procedures are appropriate cleaning and decontamination methods for use in this facility to minimize exposure

to human bloodborne pathogens. Universal Precautions dictate using appropriate disinfection or disposal techniques for all items potentially contaminated with human blood or OPIM.

Broken glassware is not picked up directly with the hands. It must be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.

D. Personal Protective Equipment: Personal protective equipment (PPE) and clothing is used in this facility to minimize or eliminate exposure to human bloodborne pathogens. All PPE must be inspected, cleaned, or replaced, as needed, in order to maintain its effectiveness; this will be done at no cost to personnel. The use of PPE will be enforced by the Supervisor.

To be effective, gloves must provide a barrier between hand and contaminated material. Occasional testing of your glove brand and type is recommended; one simple test is to fill the glove with water to check for leaks. In any event, gloves must be replaced frequently and immediately if they become contaminated or damaged in any way.

Personnel working in or visiting laboratory spaces where blood/OPIM are handled must wear whatever personal protective equipment (apron, booties, face shield, etc.) is needed to prevent blood/OPIM from reaching their street clothes, skin, eyes, mouth, or other mucous membranes, under normal conditions.

Tasks and procedures which might require the use of additional personal protective equipment or clothing include:

Task / Procedure	**PPE Required**	**Location of PPE**

All necessary PPE, in correct sizes, is readily accessible at the locations listed in the above table.

PPE is removed **prior** to leaving the work area and is placed in designated areas for disinfection or disposal. The following PPE should be put in these locations:

Contaminated laundry is handled as little as possible. It should be placed and transported in bags or containers which are appropriately labeled or color-coded and which prevent leakage of fluids. Contaminated laundry generated by this facility is disposed of by ***(insert name of responsible individual)***. (NOTE: At no time will workers be expected to take home any PPE, including lab coats, for laundering or cleaning.)

E. Information and Training: Worksite specific training is conducted by the Supervisor, and general awareness training is provided by UK Occupational Health and Safety (OHS). The OHS training is available at http://ehs.uky.edu/classes/. Worksite-specific instruction will include information required by the Bloodborne Pathogens Standard and specific safety training for each person's duties. Training must be conducted within ten days of starting work, and annually thereafter. Training must be documented. Records are maintained by the Supervisor or the department.

To receive training on the Bloodborne Pathogens Standard or this Exposure Control Plan, see ***(insert PI or supervisor)***.

F. Signs and Labels: All work areas and containers are labeled in accordance with the provisions of the Bloodborne Pathogens Standard. Labels used in this laboratory for human blood and other potentially infectious materials must include the universal biohazard symbol and the term "biohazard" and must be fluorescent orange or orange-red in color.

G. HIV and HBV Research Laboratories: OSHA's Bloodborne Pathogens Standard defines HIV and HBV research laboratories as those using high volumes or concentrations of Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV). UK does not currently have any laboratories or other facilities that fall under the definition. If such facilities are created in the future, and workers might have to access these spaces, the Supervisor will contact the UK Environmental Health and Safety Department of Biological Safety at 257-1049 before beginning this work.

H. Medical Surveillance Program (Hepatitis B Vaccination; Post-Exposure Evaluation and Follow-up): ***(Name of Healthcare Provider)*** will provide appropriate required medical services.

Receiving Hepatitis B Vaccination: The hepatitis B vaccine will be provided by ***(Name of Healthcare Provider)*** within ten days of the initial assignment to tasks and procedures involving occupational exposure. The hepatitis B vaccine will be administered **at no cost to its employees**. Ask your supervisor for instructions on receiving the hepatitis B vaccine.

Vaccination is encouraged unless:

1) Documentation exists that the employee has previously received the series,
2) Antibody testing reveals that the employee is immune, or
3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form (see **Appendix A**). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at ***(List location or person responsible for this recordkeeping)***.

Post-Exposure Evaluation and Follow-up: An exposure incident is any situation, such as a spill, splash, needlestick, ingestion, or other accident in which you have direct, unprotected contact with human blood or OPIM.

If this happens, you have the right to medical evaluation and treatment. These post-exposure services will be furnished at no cost to you, in accordance with the Bloodborne Pathogens Standard. If you have any direct exposure to human blood or OPIM, **immediately wash the affected body part with soap and water, and notify *(insert supervisor's name)***, who will then contact **Worker's Care at 1-800-440-6285** and direct you to the appropriate medical treatment at University Health Services, and to report the incident. UHS will assess your exposure and offer you the appropriate post exposure medical treatment and counseling. Prompt medical attention may reduce the risk of serious health consequences after an exposure incident. The Supervisor will complete the exposure incident evaluation form in Appendix B and use the information to determine appropriate controls or protective measures to prevent a recurrence of the exposure incident.

Recordkeeping: The Supervisor maintains all training records. All medical records are maintained by University Health Services for the duration of your employment plus thirty years.

V. RESOURCES: For more information about the OSHA Bloodborne Pathogens Standard or the written Exposure Control Plan, or for assistance in compliance, please contact your supervisor, or call UK Occupational Health and Safety at 257-7600.

APPENDIX A:

HEPATITIS B VACCINE DECLINATION FORM

Ref: 29 CFR 1910.1030, Appendix A

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____	_____	_____
Print Name	Signature	Date

APPENDIX B

EXPOSURE INCIDENT EVALUATION FORM

EXPOSURE INCIDENT EVALUATION FORM

Date of Incident: _____ Time of Incident: _____
Location:

Employee(s) Exposed:

Potentially Infectious Materials Involved:

Type _____ Source _____
_____

What were the circumstances surrounding the incident? (describe incident in detail):

What personal protective equipment (PPE) was being used?:

What actions were taken? (decontamination, clean-up, reporting, etc.):

Was the source individual documented? If so, was exposed employee made aware of the serological status of the source individual?

Did the employee receive the healthcare professional's written opinion following examination?

Recommendations For Avoiding Repetition:

Supervisor/Manager:_____ Date:_____