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| Sample Safety Program |
| Bloodborne Pathogens Exposure Control Program Template |
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| The following template has been created to help your organization develop your safety program. This sample safety program template is not designed to be used as is. The template should be customized to meet the needs of your organization. Highlighted fields allow for clear indicators for areas your information is required. The rest of the text in the program template is easily editable to meet your organization’s needs. |

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| **Western National Insurance Group** |
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*Disclaimer: The sample safety program template is not designed to be used as is. The user must customize the template program to meet the needs of your organization. Western National does not guarantee that this template is or can be relied on for compliance with any law or regulation, prevention against preventable losses, or void you from and legal liability. Western National will not be liable for the use of the template. All safety program and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel and/or risk management staff.*

**(Company Name)**

**Bloodborne Pathogens Exposure Control Program**

PURPOSE

The purpose of this program is to eliminate or minimize occupational exposure to Hepatitis B Virus, Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter in their workplace. This plan covers employees who could be "reasonably anticipated" to face contact with blood and other potentially infectious materials as a result of performing their job duties.

(Facility Name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) 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.”

DEFINITIONS

* **Bloodborne pathogens** are pathogenic microorganisms that can be present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
* **Blood** is human blood, human blood components, and products made from human blood.
* **Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
* **Occupational exposure** is reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s assigned duties.
* **Other potentially infectious materials (OPIM)** are:
  + Human body fluids including 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.
  + Unfixed tissue or organ (other than intact skin) from a human (living or dead).
  + HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions
  + Blood, organs, or other tissues from experimental animals infected with HIV or HBV.
* **Regulated Waste** includes liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

PROGRAM COMPONENTS

1. Roles and responsibilities
2. Exposure determination
3. Exposure control
4. Hepatitis B vaccination
5. Post-exposure evaluation and follow-up
6. Administration of post-exposure evaluation and follow-up
7. Procedures for evaluating the circumstances surrounding an exposure incident
8. Communication and training
9. Recordkeeping

ROLES AND RESPONSIBILITIES

* (Name of responsible person or department) is (are) responsible for the implementation of this policy.(Name of responsible person or department) will maintain, review, and update this policy at least annually, and whenever necessary will include new or modified tasks and procedures. Contact location/phone number:(XXX-XXX-XXXX).
* Employees who are determined to have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this policy.

* (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 (XXX-XXX-XXXX).

* (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:(XXX-XXX-XXXX).

* (Name of responsible person or department) will be responsible for training, documentation of training, and making this policy available to employees, OSHA, and NIOSH representatives. Contact location/phone number:(XXX-XXX-XXXX).

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

* (Job Title/Department) Example: Emergency Response Team Member/Main Office

* (use as many lines as necessary)

The following is a list of job classifications at our establishment in which **some** employees 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/Task or Procedure) Example: Housekeeper/Environmental Services/Handling regulated waste
* (use as many lines as necessary)

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. This policy should describe how the OSHA standard will be met for these employees.

EXPOSURE CONTROL  
  
The following methods are to be implemented independently or in combination to prevent bloodborne pathogen exposure.

**Universal Precautions**

All employees will utilize universal precautions by treating all human blood and human body fluids as if they are known to be infected with a bloodborne pathogen.  
  
  
**Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this policy during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this policy 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 this policy free of charge and within 15 days of the request. (Name of responsible person or department)is responsible for reviewing and updating this policy annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**Engineering Controls and Work Practices**

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 used are listed below:

* (Use as many lines as necessary)
* Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (List frequency) or whenever necessary to prevent overfilling.
* Thoroughly wash hands, and any other skin, with soap and water immediately, or as soon as feasible, following contact with blood or OPIM, and after removal of gloves or other personal protective equipment.
* Thoroughly flush mucous membranes with water immediately, or as soon as feasible, following contact with blood or other potentially infectious materials.
* Contaminated sharps must be placed in appropriate containers immediately, or as soon as possible, after use. Sharps are not to be disposed of in regular trash.
* Employees are to report sharps work related injuries and incidents to their supervisor immediately.

This facility identifies the need for changes in engineering controls and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc) We evaluate new procedures and new products regularly (Describe the process, literature reviewed, supplier info, products considered) .

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: (gloves, eye protection, 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.)

All employees using PPE must observe the following precautions:

* Wash your 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.)
* 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 skin contact with the contaminated surface.
* The procedure for handling used PPE is as follows: (List appropriate containers for storage, laundering, decontamination, or disposal.)

**Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: (may refer to specific procedure by title or number and last date of review)

The procedure for handling other regulated waste is: (may refer to specific procedure by title or number and last date of review)

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on the 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).

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

**Laundry**

The following contaminated articles will be laundered by this company: (Name of 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 and/or sorting contaminated laundry: (List appropriate PPE).

**Labels**

The following labeling methods are used in this facility:

* Equipment to be Labeled/Label Type (size, color)

* (Specimens, contaminated laundry, etc.) (red bag, biohazard label)

(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.

HEPATITIS B VACCINATION

(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 (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).

Vaccination will be provided by (List health care professional responsible for this part of the plan) at (location).

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. It will be limited to whether the employee requires the Hepatitis B vaccine and whether it was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, the affected area should be thoroughly washed with soap and warm water. Then contact (Name of responsible person) at the following number (XXX-XXX-XXXX)to report the exposure.

A confidential medical evaluation and follow-up should be made immediately available and 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. 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 the exposed employee’s blood as soon as feasible after the exposure incident, and test blood for HBV and HIV
* If the employee does not give consent for HIV serological testing during collection of the 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 possible.

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

(Name of responsible person or department) will provide the employee with a copy of the evaluating health care professional’s written opinion within 15 days after the completion of the evaluation.

PROCEDURES FOR 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 (patient room, restroom, etc.)
* procedure being performed when the incident occurred
* employee’s training

(Name of responsible person) will record all percutaneous (through the skin) injuries from contaminated sharps in a Sharps Injury Log.

As a result of this review, if revisions to this policy are necessary (Name of 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.)

COMMUNICATION AND TRAINING  
  
All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by (Name of responsible person or department).

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology (study of causes, distribution, and control of disease), symptoms, and transmission of bloodborne pathogen diseases. 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 this Bloodborne Pathogens Exposure Control Program 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

Training materials for this facility are available at (Name location).

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 (Location of records).

The training records include:

* the dates of the training sessions
* the contents or a summary of the training sessions
* the names and qualifications of persons conducting the training
* the names, job titles and signatures 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 (Name of responsible person or department).

**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).

**OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (Name of responsible person or department).

**Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidents must include at least:

* date of the injury
* type and brand of the device involved (syringe, suture needle)
* department or work area where the incident occurred
* explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**APPENDICES**

A - HEPATITIS B VACCINATION CONSENT/DECLINATION

**LEGAL REFERENCE:**

29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

REVISION HISTORY

Reviewed by:

Reviewed by:

Effective:

Effective:

**APPENDIX A - (Company Name)**

**HEPATITIS B VACCINATION CONSENT/DECLINATION**

***Please read the information below and sign one of the two sections:***

INFORMED CONSENT:

I **want** to participate in the Hepatitis B vaccination program. I have been informed of the possibility of adverse reactions to the vaccination and my questions have all been answered to my satisfaction. I understand that there is no guarantee the vaccine will be fully effective. I have been instructed on how to prevent blood and body fluid exposures in the course of my work responsibilities.

Print Name:   
  
Signature:  
  
Date:

Date of 1st Shot:  
  
Date of 2nd Shot:  
  
Date of 3rd Shot:

INFORMED REFUSAL:

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** the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name:   
  
Signature:  
  
Date: