

### **Model Exposure Control Plan**

The Model Exposure Control Plan is intended to serve as an employer guide to the MIOSHA Bloodborne Infectious Diseases standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP).

The intent of this model is to provide small employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the model for their specific use.

The information contained in this publication is not considered a substitute for the MIOSHA Act or any provisions of MIOSHA standards. It provides general guidance on a particular standard-related topic but should not be considered as the legal authority for compliance with MIOSHA requirements. The reader should consult the MIOSHA standard in its entirety for specific compliance requirements.

### **POLICY**

The (Facility Name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with MIOSHA rules 325.70001 - .70018, "Occupational Exposure to Bloodborne Infectious Diseases."

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

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including:
3. -Universal precautions
4. -Engineering and work practice controls
5. -Standard operating procedures
6. -Personal protective equipment
7. -Housekeeping
8. Hepatitis B vaccination
9. Post-exposure evaluation and follow-up
10. Communication of hazards to employees and training
11. Recordkeeping
12. Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.



## **II. METHODS OF IMPLEMENTATION AND CONTROL**

### **A. Universal Precautions**

All employees will utilize universal precautions.

### **B. Exposure Control Plan**

Employees covered by the bloodborne infectious diseases standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting           (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.

          (Name of responsible person, committee or department)           is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### **C. Standard Operating Procedures**

Standard operating procedures (S.O.P.'s) provide specific guidance on controls and practices that shall be used when performing tasks involving occupational exposure to bloodborne pathogens. They will be based on the form found in Appendix A and will be utilized in employee training.

### **D. 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 as part of the standard operating procedures. See Appendix B.

### **E. 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 in Appendix B.

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.

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This facility identifies the need for changes in engineering control and work practices through (Examples: Review of MIOSHA records, employee interviews, committee activities, etc.)

We evaluate new procedures or new products by (Describe the process)

-  
-  
-

The following staff are involved in this process: (Describe how non-managerial employees will be involved)

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(Name of responsible person or department) will ensure effective implementation of these recommendations.

#### **F. Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training is provided by (Name of responsible person or department) in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows or see Appendix A:

(Ex., gloves, eye protection, etc.)

PPE is located (list location) and may be obtained through (Name of responsible person or department). (Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of 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 can be 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, 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.

The procedure for handling used PPE is as follows: *(may refer to standard operating procedure by title or number and last date of review)*

\_\_\_\_\_

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

### **G. Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see 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 standard operating procedure by title or number and last date of review)*

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

The procedure for handling other regulated waste is: *(may refer to standard operating 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, leakproof on sides and bottoms, and labeled or color-coded appropriately. 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** which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

### **H. 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:

1. handle contaminated laundry as little as possible, with minimal agitation
2. place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags marked with biohazard symbol) for this purpose.
3. wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE)

**I. Labels**

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

<u>EQUIPMENT TO BE LABELED</u> <i>(e.g., specimens, contaminated laundry, etc.)</i>	<u>LABEL TYPE (size, color, etc.)</u> <i>( red bag, biohazard label, etc.)</i>
_____	_____
_____	_____

(Name of responsible person or department) will ensure 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 \_\_\_\_\_ if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

**III. HEPATITIS B VACCINATION**

**A. Administration**

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

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a copy of the declination form (see Appendix C). 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).

Vaccination will be provided by \_\_\_\_ (*List Health care Professional who is responsible for this part of the plan*) at \_\_\_\_ (*location*) \_\_\_\_.

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

**B. Vaccination Option for Employers:**

At this facility we have elected to postpone the administration of the hepatitis B vaccine when the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.
2. 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 personal protective equipment shall be provided to these employees.

Provision for a reporting procedure that ensures that all first aid 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 bonafide exposure incident, the portion of the standard relating to post-exposure evaluation and follow-up would apply.

#### **IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact           (Name of responsible person or department)           at the following number:\_\_\_\_\_.

An immediately available confidential medical evaluation and follow-up will be conducted by           (Likened health care professional)          . Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. 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.
4. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
5. 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).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
7. 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.

#### **V. 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 MIOSHA's bloodborne infectious diseases standard.

          (Name of responsible person or department)           ensures that the health care professional evaluating an employee after an exposure incident receives the following:

1. a description of the employee's job duties relevant to the exposure incident
2. route(s) of exposure
3. circumstances of exposure
4. if possible, results of the source individual's blood test
5. relevant employee medical records, including vaccination status

          (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.

## **VI. 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:

1. engineering controls in use at the time
2. work practices followed
3. a description of the device being used protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
4. location of the incident (*O.R., E.R., patient room, etc.*)
5. procedure being performed when the incident occurred
6. employee's training

If it is determined that revisions need to be made,           (Name of responsible person or department)           will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)

## **VII. EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by           (Name of responsible person or department)          . (*Attach a brief description of their qualifications.*)

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

1. a copy and explanation of the standard;
2. an explanation of our ECP and how to obtain a copy;
3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident ;
4. an explanation of the use and limitations of engineering controls, work practices, and PPE;
5. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE ;
6. an explanation of the basis for PPE selection;
7. 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;
8. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
9. 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;

10. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
11. an explanation of the signs and labels and/or color coding required by the standard and used at this facility; and
12. an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at \_\_\_\_\_.

## VIII. RECORDKEEPING

### A. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at \_\_\_\_\_ (*Name of responsible person or location of records*).

The training records include:

- i. the dates of the training sessions
- ii. the contents or a summary of the training sessions
- iii. the names and qualifications of persons conducting the training
- iv. the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to \_\_\_\_\_ (*Name of responsible person or department*).

### B. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with Part 432/R325.52101 - .52137, "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 at \_\_\_\_\_ (*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*).

**C. MIOSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets MIOSHA's Recordkeeping Requirements (Part 11). This determination and the recording activities are done by \_\_\_\_\_  
*(Name of responsible person or department)* .

**D. Sharps Injury Log**

A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log includes:

1. type and brand of device involved in the injury;
2. department or work area where the exposure occurred; and
3. explanation of how the incident occurred.

The log is recorded and maintained to protect the confidentiality of the injured employee.

\_\_\_\_\_ is responsible for the maintenance of the sharps injury log.

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**APPENDIX A**

**STANDARD OPERATING PROCEDURE  
FOR BLOODBORNE INFECTIOUS DISEASE CONTROL MEASURES**

Task/Procedure:

Exposure Potential:

Personal Protective Equipment:

Use:

Maintenance/Disinfection:

Disposal:

Engineering Controls:

Work Practice Controls:

Management of Exposure Incidents:

Contingency Plan:



**APPENDIX C  
HEPATITIS B VACCINE DECLINATION (MANDATORY)**

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.

Signed: \_\_\_\_\_  
(Employee name)

**SAMPLE**

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

Date: \_\_\_\_\_ Performed by: \_\_\_\_\_