Exposure Control Plan (ECP)

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

This is a model for developing your written bloodborne pathogens exposure control plan. It was developed with the small business employer in mind and needs to be adapted to fit your specific needs. Be sure to consult Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens, for requirements that apply to your workplace.

IMPORTANT: The elements of your exposure control plan may be located in other documents such as your policies and procedures. Make sure to reference the location of these documents in your plan.

1. OVERVIEW

(*Facility Name*)_____is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Employees can review this plan at any time during their work shifts. We will provide a copy, free of charge, to an employee within 15 days of a request.

This plan includes:

- Overview
- Identify Employees Who are at Risk for Exposure
- Controlling Employee Exposure to Bloodborne Pathogens
- Employee Training and Hazardous Communication
- Post-Exposure Evaluation and Follow-up
- Recordkeeping

Note:

Part-time, temporary, contract, and per diem employees are covered by Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens. Be sure to describe how you will meet the requirements for these employees.

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2. IDENTIFY EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

The following are job classifications in our establishment in which ALL employees have occupational exposure to bloodborne pathogens:

JOB TITLE (*example: Phlebotomist*)	DEPARTMENT/LOCATION (*example: Clinical Lab*)
_____	_____
_____	_____
_____	_____

The following are job classifications in our establishment in which SOME employees have occupational exposure to bloodborne pathogens:

JOB TITLE (*example: Housekeeper*)	DEPARTMENT/ LOCATION (*Environmental services*)	TASK/PROCEDURE (*Handling regulated waste*)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact names and phone numbers:

(*Name of responsible person or department*)__ is/are responsible for implementing the exposure control plan.

(*Name of responsible person or department*)__ will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.

(*Name of responsible person or department*)__ will make this plan available to employees, and WISHA (Washington Industrial Health and Safety Act) representatives.

(*Name of responsible person or department*)__ will be responsible for making sure all medical actions required are performed, and that appropriate employee medical records are maintained

(*Names of responsible person or department*)__will make sure this list is kept up-to-date.

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3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

We use the following methods to control employee exposure:

A. Infection control or isolation system used:

(*List the following: the infection control or isolation system you will be using, a description of the system, and how the system applies to your workplace or a reference to the appropriate policies and procedures.*)

All employees must use: _____

_____

_____

(*Name of responsible person or department*) is the person to contact if you have questions regarding this system.

B. Safer medical devices and equipment used to minimize occupational exposure

- The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.

- The specific safer medical devices that we use are:

  (*for example: self-sheathing needles, needleless systems, and plastic capillary tubes*)

  _____

  _____

  _____

- The specific equipment to minimize or eliminate exposure that we use are:
  (*for example: sharps containers and biosafety cabinets*)

  _____

  _____

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- 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

- We identify opportunities to improve controls through:

  (*Examples: Review of sharps log, employee interviews, safety committee activities, etc.*)

  _____

  _____

- We evaluate new products regularly by:

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

  _____

  _____

- Both front line workers and management officials are involved in this process improvement by:

  (*Describe how employees will be involved.*)

  _____

  _____

Contact names and phone numbers:

(*Names of responsible person or department*) will make sure that recommendations are effectively implemented.

Resources

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C. Personal protective equipment (PPE)

- PPE is provided to our employees at no cost.
- The types of PPE available to employees are:

  (*Examples: gloves, eye protection, etc*)

  _____

  _____

- PPE is located: (*List location*)_____
- All employees using PPE must observe the following precautions:
  - 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.
  - Wear appropriate gloves when you:
    - Can reasonably anticipate hand contact with blood or OPIM
    - Handle or touch contaminated items or surfaces
  - Replace gloves if torn, punctured, contaminated, or otherwise damaged.
  - Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration.
    - Never wash or decontaminate disposable gloves for reuse.
  - 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.
  - Dispose of contaminated PPE in designated containers (*list*)
  - Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.

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- The procedure for handling **used PPE** is:

  (*For example, how and where to decontaminate face shields, eye protection, resuscitation equipment. May refer to specific procedure by title or number and last date of review.*)

Contact names and phone numbers:

(*Name of responsible person or department*) will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required.

(*Name of responsible person or department*) will make sure that adequate supplies of the PPE are available in the appropriate sizes and types.

D. Work practices used to minimize occupational exposure

- We use the following work practices to eliminate or minimize employee exposure:

  (*For example: follow proper procedures to remove and properly dispose of gloves)*

  _____

  _____

- Changes in work practices are identified through:

  (*Examples: Review of sharps log, employee interviews, and safety committee activities*)

  _____

  _____

- We evaluate new products regularly by involving both frontline workers and management:

  (*Describe the process, literature reviewed, supplier information, products considered, and personnel involved*)

  _____

  _____

Contact names and phone numbers:

(*Name of responsible person or department*) will make sure that recommendations are effectively implemented.

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E. Housekeeping

- Written schedules for cleaning and methods of decontamination are located:

  (*For example: the location of the cleaning schedule for the laboratory and the specific disinfectant products used*)

  _____

  _____

- Regulated waste is placed in containers which:
  - Contain all contents
  - Do not leak
  - Are appropriately labeled or color-coded (*see Labels section of this plan*)
  - Are closed prior to removal to prevent contact spilling or protruding during handling.

- Contaminated sharps are discarded immediately or as soon as possible in containers that are:
  - Closable
  - Puncture-resistant
  - Leak-proof on sides and bottoms
  - 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*)

  _____

  _____

- The procedure for handling sharps disposal containers is:
  (*you may refer to a specific procedure by title or number and last date reviewed*)

  _____

  _____

  _____

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- The procedure for handling other regulated waste is: (*you may refer to a specific procedure by title or number and last date reviewed*)_____

  _____

  – Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.
  – Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Contact names and phone numbers:

(*Name of responsible person or department*): will provide sharps and other containers as required.

F. Laundry

- We launder the following contaminated articles:

  _____
  _____
  _____
  _____

- Laundering is done as follows:
  – Handle contaminated laundry as little as possible, with minimal agitation.
  – Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.

- Wear the following PPE when handling and/or sorting contaminated laundry:

  _____
  _____
  _____
  _____

- The schedule for laundry: (*time and location*)

  _____
  _____
  _____

Contact names and phone numbers:

(*Name of responsible person or department*) will make sure laundry is done as required.

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G. Using Labels

Labeling is done as follows:

EQUIPMENT TO BE LABELED (*For example: specimens, contaminated laundry, etc.*)	LABEL TYPE (*Size, color, red bag, biohazard label, etc*)
_____	_____
_____	_____
_____	_____

Contact names and phone numbers:

(*Name of responsible person or department*) will maintain and provide labels and red bags as required.

H. Hepatitis B Vaccination

- The hepatitis B vaccination series is available:
  - At no cost after training
  - Within 10 days of initial assignment to employees identified in Section 2 of this plan, Identifying Employees Who Are At Risk for Exposure.
- Vaccination is encouraged unless:
  - We have documentation that the employee has previously received the series
  - Antibody testing reveals that the employee is immune
  - Medical evaluation shows that vaccination is contraindicated.
- A copy of the health care professional's written opinion will be provided to the employee
- Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost.
- Vaccinations will be provided by:(*List Health Care Professional who is responsible for this part of the plan*)_____at (*location*)_____ _____.

Contact names and phone numbers:

(*Name of responsible person or department*) will make sure vaccinations are available and encourage as required.

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4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION

All employees who have occupational exposure to bloodborne pathogens receive training conducted by ____(*Name of responsible person or department*)____

Training will be provided before initial assignment to tasks where occupational exposure may take place, annually, and when changes in tasks or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens.
- Explanation of our Exposure Control Plan and how to obtain a copy
- This must also be done at the annual refresher training.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of:
  - Types
  - Uses
  - Location
  - Handling
  - Removal
  - Decontamination
  - Disposal
- Information on the hepatitis B vaccine, including:
  - Effectiveness
  - Safety
  - Method of administration
  - Benefits of being vaccinated
  - Offered free of charge
- Actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including:
  - How to report the incident
  - Medical follow-up available.

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- Employee's evaluation and follow-up after an exposure incident
- Signs, labels, and color coding used
- Interactive questions and answers with the trainer.

Training materials for this facility are located at _____

_____.

Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years at ____(*Name of responsible person or department and location of records*)____.

The training record should include the following information about training sessions:

- Date
- Contents or a summary
- Names and qualifications of trainers
- Names and job titles of all attendees.

Training records are provided to employees or their authorized representatives within 15 working days of a request. Requests for training records should be addressed to (*Name and address of responsible person or department*)_.

Contact names and phone numbers:

(*Name of responsible person or department*) will maintain and provide labels and red bags as required.

Resources

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5. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Do the following after initial first-aid is given:

- Following the initial first-aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:
  - Document the routes of exposure and how the exposure occurred.
  - Identify and document the source individual, unless that's not possible or is prohibited by state or local law.
  - Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.
    - If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
  - Document that the source individual's test results were conveyed to the employee's health care provider.
  - Provide the exposed employee with the source individual's test results.
  - Provide the exposed employee with information about laws on confidentiality for the source individual.
  - Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
    - If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days.
    - If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible.
    - Provide the exposed employee with a copy of the health care professional's written opinion

B. Administration of post-exposure evaluation and follow-up

Employees are provided immediate medical evaluation and follow-up services through: *(List the procedure for providing immediate medical services to employees. Include name address and telephone number of the medical provider that you have identified to provide these services.*

IMPORTANT: *Appropriate medical services must be available to employees during all work hours.*

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Contact names and phone numbers:

(Name of responsible person or department) will make sure all medical actions required are performed.

C. Review the circumstances of an exposure incident as follows:

- The circumstances of any exposure incident will be reviewed to determine:
  - Controls in use at the time
  - Work practices that were followed
  - Description of the device used (*including type and brand*)
  - Protective equipment or clothing in use at the time
  - Location of the incident
  - Procedure being performed when the incident occurred
  - Employee's training

Contact names and phone numbers

(Name of responsible person or department) is responsible for reviewing exposure incidents as required.

Resources

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6. RECORDKEEPING

A. Medical records

- Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens in accordance with WAC 296-62-052, Access to Records.

(*Name of responsible person or department*)__ is responsible for maintaining medical records. These confidential records are kept ____(*List location*)__ for at least 30 years beyond the length of employment.

Contact names and phone numbers

(*Name of responsible person or department*) will make sue appropriate employee health, OSH and WISHA records are maintained as required.

B. Sharps injury log

- In addition to WAC 296-27, Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:
  - Date of injury
  - Type and brand of the device involved
  - Where the incident occurred
  - How the incident occurred
- This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

Contact names and phone numbers

(*Name of responsible person or department*) will maintain the Sharps Injury Log.

Resources