

EXPOSURE CONTROL PLAN

Bloodborne Pathogens

1. Purpose:

The primary purpose of an exposure control plan is to limit or reduce the risk of occupational exposure to infectious substances as required by the OSHA Bloodborne Pathogen Standard, [OSHA 1910.1030: Bloodborne Pathogens Standard](#)

Bloodborne Pathogens include pathogenic microorganisms that are present in human blood, human tissues/cells, or other human body fluids where blood may be present, known as other potentially infectious materials or OPIM.

These include hepatitis B virus (HBV), hepatitis (HCV) and human immunodeficiency virus (HIV).

2. Scope / Applicability: The requirements outlined in this document apply to all employees of _____ who, by virtue of their established job duties have a potential for exposure to infectious substances.

3. Procedures and Methods for ECP Implementation

a. Exposure Control Plan Administration:

1) _____ is responsible for maintaining, reviewing, and updating the ECP at least annually, and whenever job tasks are new or modified.

2) Employees of (department) who are determined to have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this document.

3) _____ will ensure that staff are provided with all necessary PPE, engineering controls (e.g., safety engineered sharps), biohazard labels, and biohazard waste containers with red biohazard bags as required by regulation.

4) _____ will be responsible for training, documentation of training, and making the written ECP available to employees and VOSH/OSHA upon request.

b. Employee Exposure and Job Classification:

The list below includes each job classification and tasks where there is potential for exposure to bloodborne pathogens.

Substances are considered potentially infectious if they have visible contamination with blood or are part of a mixture of fluids in which it is impossible to tell if blood is or is not present.

Typically, non-infectious substances include urine, feces, tears, nasal secretions, sputum or vomit.

JOB TITLE	TASK

c. Methods of Implementation and Control:

1) **Universal Precautions:** All employees will practice universal precautions as minimum precaution where there is potential for exposure to bloodborne pathogens.

Universal precautions assumes that all human blood and OPIM contain bloodborne pathogens and appropriate safety measures are taken as written in this document.

2) **Exposure Control Plan:** Employees covered by the bloodborne pathogens standard receive an explanation of this ECP:

- a) during their initial training session,
- b) during annual refresher training, and
- c) at any time an employee requests to view it.

3) **Engineering Controls, Work Practices, and PPE:** The OSHA Bloodborne Pathogen Standard specifies that engineering and work practice controls as well as appropriate training and PPE shall be used to eliminate or minimize employee exposure.

Engineering Controls

Engineering controls are defined as "controls that isolate or remove the bloodborne pathogen hazard from the workplace.

Some examples of Engineering Controls include but are not limited to:

- Sharps disposal containers
- Self-sheathing needles or sharps with engineered sharps injury protections
- Needleless systems

Work Practice Controls

SOPs must be written and include step by step instruction for each procedure detailing any safety precautions and required PPE for all job tasks that involve blood or OPIM.

SOPs must be specific to the scenarios that are anticipated to occur.

INSERT PROCEDURES HERE- or refer to appendix

Personal Protective Equipment (PPE)

PPE is provided to all employees at no cost. Specific training on proper PPE usage is presented at initial and annual training.

TASK	PPE

H

d. Regulated Medical Waste (RMW) and Housekeeping:

All heavily soiled items that are used to clean up spills of blood or body fluids with **VISIBLE blood must be disposed of as Regulated Medical Waste.**

All other waste should be disposed of in standard trash.

- 1) Regulated medical waste:

- hard sided, closable, leak proof container or double bagged, lined biohazard box



- box is labeled with biohazard symbol

Submit a work request through FSS to have this picked up.

2) Contaminated sharps must be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color coded appropriately.

Disposable Sharps or Needles must:

- Be disposed of in a puncture proof receptacle ex: sharps containers and disposed of as RMW.

Sharps containers must:

- NOT be filled over the marked fill line (usually $\frac{3}{4}$)
- Be closed completely according to the manufacturer instructions
- Once closed completely must be placed in the RMW receptacle or in a shipping box.
- Must not be used for the disposal of liquids (residual liquids in syringes, etc. is ok)

e. Hepatitis B Vaccination:

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment for employees identified in the exposure determination section of this plan.

Vaccinations may be arranged through VCU Employee Health Services. HBV Vaccination is highly encouraged, but is not required.

Employees who decline may request and obtain the vaccination at any

time at no cost. Documentation of vaccination offer is maintained in a redcap database along with information on how to obtain the vaccine.

Use this link to give to all employees in order to complete the above requirement:

You may open the survey in your web browser by clicking the link below:

[Hep B Vaccine Information and Required Declination](#)

If the link above does not work, try copying the link below into your web browser:

<https://redcap.vcu.edu/surveys/?s=NWK8TEKNN9>

Hepatitis A vaccination is also available and highly recommended for employees who have occupational exposure to human feces, e.g. plumbers and housekeeping staff.

f. Incidents and Post-Exposure Evaluation and Follow-Up:

Exposure incidents must be reported ***immediately*** to VCU Employee Health Services, who will provide confidential medical evaluation and follow-up. Employees must also fill out the P-100, Employer's First Report of Accident.

<https://hr.vcu.edu/current-employees/benefits/a-z-list-of-benefits/workers-compensation/report-an-illness-or-injury/>

1) Administration of Post-Exposure Evaluation and Follow-Up:

The (supr) will provide employee health with a description of the employee's job duties relevant to the exposure incident if requested.

Further information will be collected by employee health: the related route(s) of exposure, circumstances leading to the exposure, results of the source individual's blood test (if available), and relevant employee medical records, including vaccination status. The employee will receive a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

2) Procedures for Evaluating Circumstances Surrounding Exposure Incident:

The (supr) will review the circumstances of all exposure incidents to determine cause of the incident and identify needed corrective measures in relation to engineering controls, work practices followed, devices utilized, PPE, and employee training regimen.

i. Employee Training:

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training covering the following topics:

- 1) epidemiology, symptoms, and transmission of bloodborne pathogen diseases,
- 2) task-specific training and a full review of this document prior to assignment,
- 3) the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment,
- 4) what to do in case of an exposure.

j. Recordkeeping:

1) Training Records: Training records are completed for each employee upon completion of initial and annual refresher training.

2) 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." The healthcare provider is responsible for maintaining the required medical records for the duration of employment plus 30 years.

Employee medical records are provided upon employee request or to anyone having written consent of the employee within 15 working days.

3) OSHA Recordkeeping: All exposure incidents involving bloodborne pathogens are reported to OSHA.

4) Sharps Injury Log: All percutaneous injuries from contaminated sharps are to be recorded in a Sharps Injury Log as a part of the OSHA 300 log.

The sharps injury log must include: date of the injury, type/brand of device involved, department or work area where incident occurred, and an explanation of how incident occurred.

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

SAMPLE-DECLINATION STATEMENT

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)*

Date: _____

The above declination is maintained in a RedCap database managed by VCU/SRM.