Exposure control plan (bloodborne pathogens)

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Written plan required by OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030(c)(1). Review and update it at least once a year and whenever tasks, procedures or positions change.

Office name: _____ Address: _____ Plan owner (name and title): _____

Date written: _____ Date of last review: _____

Where this plan is kept so every employee can read it:

_____

Location (for example front office binder and shared drive folder)

1. Exposure determination

List jobs and tasks with occupational exposure to blood or other potentially infectious materials (saliva in dental procedures counts). Decide this without regard to the use of PPE (1910.1030(c)(2)).

A. Job classifications in which all employees have occupational exposure (for example dentist, dental hygienist, dental assistant, sterilization technician)

Job classification	Number of employees

B. Job classifications in which some employees have occupational exposure (for example front desk staff who also turn over operatories)

Job classification	Tasks that cause exposure

C. Tasks and procedures in which exposure occurs

Task or procedure	Job classifications that do it

2. Methods of compliance

Universal precautions are used in this office: all blood and saliva are treated as infectious (1910.1030(d)(1)).

Engineering and work practice controls

Examples for a dental office: sharps containers in each operatory, needle recapping devices or a one-handed scoop technique, safety syringes or scalpels, instrument cassettes, hand washing after removing gloves. Contaminated needles must not be bent, recapped or removed except by a mechanical device or one-handed technique (1910.1030(d)(2)(vii)).

Control	Where or for which task	Who checks it	How often

Yearly review of safer medical devices

Document each year which commercially available safer devices you considered and which you chose (1910.1030(c)(1)(iv)(B)).

Year	Devices considered	Chosen, or reason not chosen	Date

Input from non-managerial employees

Ask staff who do direct patient care and could be hurt by contaminated sharps for their input on choosing controls, and record it here (1910.1030(c)(1)(v)).

Date	Employees asked (name and job)	How (meeting, survey)	Input and result

Personal protective equipment by task

PPE is provided at no cost to employees. Disposable gloves are never washed for reuse; utility gloves may be decontaminated and reused while intact (1910.1030(d)(3)).

Task	Gloves	Mask	Eye protection	Gown or jacket	Where PPE is stored

Task	Gloves	Mask	Eye protection	Gown or jacket	Where PPE is stored

Cleaning schedule

Area or surface	Method and disinfectant	How often	Who

Regulated waste and sharps

Sharps go into closable, puncture resistant, leakproof, labeled or color-coded containers as soon as feasible (1910.1030(d)(4)(iii)).

Medical waste hauler: Pickup schedule: Sharps containers replaced when:

Contaminated laundry handled by:

4. Hepatitis B vaccination

Offered at no cost, after training, within 10 working days of initial assignment to all employees with occupational exposure. Employees who decline sign the OSHA declination statement (1910.1030(f)(2)).

Vaccine provided by (clinic or provider): Phone: Records kept at:

5. Post-exposure evaluation and follow-up

After an exposure incident (a needlestick, cut, or blood or saliva in the eyes, mouth, other mucous membrane or broken skin):

- Wash the area with soap and water. Flush eyes, nose or mouth with water.
- Report it right away to:
- The office sends the employee for a confidential medical evaluation immediately, at no cost to the employee.
- Document the route of exposure and how the incident happened.
- Identify and document the source individual unless that is infeasible or prohibited by state or local law.
- Give the evaluating healthcare professional a copy of the standard, a description of the employee's duties, the exposure details, the source individual's test results if available, and relevant medical records.
- Get the healthcare professional's written opinion and give the employee a copy within 15 days of the evaluation.
- Review the incident and update this plan if a control failed.

Report exposures to (name and phone): Evaluation at (clinic, address): Clinic phone:

After hours:

6. Communication of hazards

Biohazard labels (fluorescent orange or orange-red, with the biohazard symbol) or red bags or containers are used on regulated waste, sharps containers and refrigerators that hold blood or other potentially infectious materials (1910.1030(g)(1)).

Labels used on: _____ Labels ordered from: _____

7. Training

Every employee with occupational exposure is trained at initial assignment and at least annually, within one year of their last training, during working hours and at no cost, with a chance to ask questions of a knowledgeable trainer (1910.1030(g)(2)).

Trainer or course (name, qualifications): _____ Training month for each employee kept in: _____

8. Recordkeeping

Record	How long to keep	Where kept
Training records (dates, content, trainer, attendees)	3 years from the training date	
Employee medical records, including hepatitis B vaccination status and exposure follow-up	Duration of employment plus 30 years, kept confidential	
This plan and each year's review	Keep the current plan; keep past reviews with it	

9. Evaluating exposure incidents

After each incident, record what happened, the device or task involved, whether controls or PPE failed, and what changed as a result.

Date	Device or task	What failed	Change made

10. Yearly review sign-off

Review at least annually and whenever tasks, procedures or positions change, and reflect new technology that reduces exposure (1910.1030(c)(1)(iv)).

Date reviewed	Changes made	Reviewed by (name and title)	Signature