



SOLID WASTE INSURANCE MANAGERS – “SWIM”

SAMPLE BLOODBORNE PATHOGEN PROGRAM

ANNUAL BLOODBORNE PATHOGEN TRAINING AND A NEEDLE STICK LOG SHOULD BE INCLUDED WITH THIS PROGRAM



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[COMPANY NAME]

Bloodborne Pathogens Exposure Control Plan

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NOTE: Be sure to update this Table of Contents each time you update your plan. Please refer to "Customizing the Plans" in How to Use This CD for information on updating the Table of Contents.

[COMPANY NAME]

Bloodborne Pathogens Exposure Control Plan

[Insert facility address]

Regulation: 29 CFR 1910.1030 [replace with the state regulation if applicable]

Plan last updated: [November 8, 2010]

Scope: All employees not working in a healthcare facility with potential exposure to bloodborne pathogens, including all employees who are trained in first aid

Policy Statement

It is the policy of [COMPANY NAME] to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with federal and state regulations. The Bloodborne Pathogens Exposure Control Plan (ECP) is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

Plan Administration

Table [number] provides the roles and contact information for the administration of the Bloodborne Pathogens Exposure Control Plan.

■ Table [number]—Program Contact Information

[Modify the table and following job descriptions as applicable to your organization.]

Task	Contact Person	Contact Information
ECP Administrator	[Name, job title, and department]	Work: [number] Mobile: [number]
Medical Surveillance and Recordkeeping		Work: Mobile:
Training		Work: Mobile:
Exposure Incident Reporting		Work: Mobile:

ECP Administrator. The ECP Administrator is responsible for implementation of the ECP, and will maintain, review, and update the ECP at least annually, and whenever necessary, to include new or modified tasks and procedures and to reflect new or revised employee positions with occupational exposure. The Administrator will also provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by regulation and company policies, and will ensure that adequate supplies and PPE are available in the appropriate sizes.

[Name] will be responsible for ensuring that all medical actions required by the regulations are performed, and that appropriate employee health and OSHA records are maintained.

[Name] will be responsible for training, documentation of training, and making the written ECP available to employees, the regulating authority, and representatives of the National Institute for Occupational Safety and Health (NIOSH).

[Name] will act as the initial contact for reporting exposure incidents and ensure that the appropriate response is carried out.

Those employees determined to have occupational exposure to blood or other potentially infectious materials (OPIMs) will comply with the procedures and work practices outlined in this ECP.

Plan Review and Update

This ECP will be reviewed and updated annually, and whenever new hazards are introduced in the workplace or conditions change that would result in a change in occupational exposure by employees. For example, the ECP will be amended when it is determined that additional job classifications or tasks are likely to or may have occupational exposure to bloodborne pathogens.

Definitions

Bloodborne pathogens—microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS).

Exposure incident—a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (i.e., needlestick) contact with blood or other potentially infectious material that results from the performance of an employee's duties.

Other potentially infectious material (OPIM)—bodily fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between bodily fluids.

Personal protective equipment (PPE)—protective covering for the head, eyes, hands, feet, and body, such as nitrile or other liquid-resistant gloves, a face mask, or an apron.

Sharp—any sharp objects including needles, wood or metal splinters, nails, and broken glass, contaminated with blood or OPIM.

Employee Exposure Determination

Table [number] contains a list of all job classifications in which employees are likely to have occupational exposure to bloodborne pathogens.

■ Table [number]—Likely Occupational Exposure—Job Classifications

Job Classification	Department/Work Area	Exposure Task/Procedure
First-Aid Provider		

Table [number] contains a list of job classifications in which employees may at some time have occupational exposure, including part-time, temporary, contract, or per diem employees. The list includes tasks and procedures, or groups of closely related tasks and procedures, for which occupational exposure may occur for these individuals.

■ Table [number]—Possible Occupational Exposure—Job Classifications

Job Classification	Department/Work Area	Exposure Task/Procedure

If an employee believes that he or she may be occupationally exposed to bloodborne pathogens and his or her job classification or tasks do not appear on the above lists, the employee should contact [name].

ECP Implementation

Access to the ECP

Employees covered by bloodborne pathogens rules and policies will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees can review this Plan at any time during their work shifts by contacting **[name]**. A copy of the ECP will be provided free of charge to any employee who requests it.

Universal Precautions

All employees will use universal precautions in order to prevent contact with blood or OPIM during the administration of first aid, the removal of materials and waste from the first-aid station, clean up of any blood or OPIM, and housekeeping of any areas recently (i.e., same day) contaminated with blood or OPIM. All blood and OPIM will be considered infectious regardless of the perceived status of the source.

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. **[Name]** is responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

[Modify the following list of engineering controls or work practices as applicable to your facility; delete the options that do not apply.]

Engineering Controls/Work Practices/Housekeeping:

- Wash hands immediately after contact with blood or OPIM.
- If hand washing facilities are not immediately available after exposure, exposed employee(s) will be provided with an antiseptic cleanser with cloth or paper towels or antiseptic towelettes. Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives.
- When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact.
- After removal of PPE used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible.
- Wash 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.
- Place used PPE 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.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- Remove immediately or as soon as possible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

[Name] evaluates new exposure control procedures and new products regularly by [describe the process, such as literature reviewed, supplier info, products considered].

PPE

All PPE is provided to employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which it will be used.

Table [number] describes in detail how PPE will be provided and the types of PPE that will be given to employees.

■ Table [number]—Provision of PPE to Employees

How Provided	PPE Distributor	Procedures Requiring PPE	Type of PPE Required
[description]	[name]	[description]	[description]

All PPE will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All PPE will be removed prior to leaving the work area. If visibly contaminated, PPE will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. The designated areas are:

- [List designated disposal, storage, washing, or decontamination area(s).]

Blood- or OPIM-contaminated PPE

If PPE or personal clothing is splashed or soaked with blood or OPIM, the person wearing the PPE or clothing will remove the contaminated clothing as soon as possible. This clothing will be laundered at the employer's expense. The clothing would be identified as contaminated and any employee exposed to it would be notified and protected from exposure.

Gloves

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, nonintact skin, and mucous membranes.

Gloves will be available from **[name, or location]**.

Disposable gloves will not be washed or decontaminated for re-use and will be replaced when they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

PPE Training

All employees covered under the requirements of this Plan will be trained to properly use, put on, take off, decontaminate, maintain, and store PPE. Training in the use of the appropriate PPE is provided by **[name]**.

Housekeeping

First-aid stations and areas where an incident involving blood or OPIM exposure occurred, will be cleaned and decontaminated as soon as possible after the incident.

[If an area such as a first-aid station is used frequently, list the area and a time schedule for cleaning, if applicable.]

Decontamination of work areas will be accomplished by using the following materials:

- **[Insert the material that will be utilized, such as bleach solutions, or EPA-registered germicides]**
- **[Other]**

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as possible after any spill of blood or OPIM, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Hepatitis B Vaccination

All employees who have been identified as having exposure or potential exposure to blood or OPIM will be offered the hepatitis B vaccine, at no cost to the employee. The hepatitis B

vaccination series of shots 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 ECP.

[Name] will provide training to employees on hepatitis B vaccinations—addressing safety, benefits, efficacy, methods of administration, and availability.

When an employee elects to be vaccinated, a licensed healthcare professional will conduct a medical evaluation.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series;
- Antibody testing reveals that the employee is immune; *or*
- Medical evaluation shows that vaccination is contraindicated.

Following the medical evaluation, a copy of the healthcare professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. The evaluation will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Vaccination will be provided by [list the licensed healthcare professional or service] at [location].

Declination of the vaccine. If an employee declines the vaccination, the employee must sign a declination form. See Attachment [number] for a copy of the form. Employees who decline may request and obtain the vaccination at a later date at no cost. Signed declination forms are kept at [location].

Vaccination for First-Aid Providers

The full hepatitis B vaccination series will be made available to all unvaccinated first-aid providers who assisted in an incident involving the presence of blood or OPIM no later than 24 hours after the incident, regardless of whether exposure has occurred.

Exposure Incident Report

Any incident that results in occupational exposure to blood or OPIM will be reported immediately (no later than the end of the work shift) to [name]. The report will include the names of all first-aid providers who rendered assistance, and the time and date of the incident. The report will include a determination of whether an exposure has occurred. If so, a post-exposure evaluation will be performed.

A report that lists all first-aid incidents will be readily available to employees who request it.

Post-Exposure Evaluation and Follow-up

Should an exposure incident occur, a confidential medical evaluation and follow-up will be conducted by **[name of licensed healthcare professional or service]**. Following initial first aid (e.g., clean the wound, flush eyes or other mucous membrane), the following activities will be performed by **[company name]**:

- 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 healthcare 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 exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample will be preserved for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, testing will be performed as soon as possible.

Administration of Post-Exposure Evaluation and Follow-up

[Name] ensures that healthcare professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the bloodborne pathogens regulation and this ECP. **[Name]** will ensure that the healthcare professional evaluating an employee after an exposure incident receives:

- A description of the employee's job duties relevant to the exposure incident
- A description of 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] will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

[Name] will review the circumstances of all exposure incidents to determine the:

- Engineering controls in use at the time
- Work practices followed
- 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
- Procedure or task being performed when the incident occurred
- Employee's training

Employee Training

All employees who have occupational exposure to bloodborne pathogens and OPIM will receive initial and annual training conducted by **[name]**.

All employees who have occupational exposure to bloodborne pathogens and OPIM will receive training on the epidemiology, 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 our ECP 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 **[location]**.

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years at **[location]**.

Training records will include the:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training
- Names and job titles of all persons attending the training sessions

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to **[Name]**.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with the employee exposure and medical records regulation. **[Name]** is responsible for maintenance of the required medical records. These confidential records are kept in **[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 and address]

OSHA Recordkeeping

An exposure incident will be evaluated to determine if the case meets OSHA's recordkeeping requirements (29 CFR 1904). This determination and the recording activities are done by **[name]**.



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- _____ **Government Refinance Program**
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Home Value: _____ **Amount You Currently Owe:** _____
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