**Sample blood borne pathogen exposure control plan.**

**Use this template to help you develop your organization’s exposure control plan. You can modify the document to meet local needs.**

**Version: October 14, 2019**

**Bloodborne Pathogens**

**Exposure Control Plan**

**[Your organization]**

**<Date>**

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# Policy

**[Your organization]** is committed to providing its employees with a safe and healthful working environment. To create such an environment, the following Exposure Control Plan (ECP) has been developed to eliminate or minimize occupational exposure to bloodborne pathogens according to OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.” This exposure control plan is an element of our safety and health program and complies with TOSHA’s ***Bloodborne Pathogens, 1910.1030***, requirements.

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

# Definitions

Biological Hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms that can cause diseases such as human immunodeficiency virus (HIV) and hepatitis B (HBV), which are spread through contact with infected blood or blood products.

Exposure Incident*:*  A situation in which an employee has contact with blood or other potentially infectious materials as a result of his or her duties. This contact includes specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact.

Non-intact Skin:Skin that has cuts, abrasions or other openings through which bloodborne pathogens can enter the bloodstream.

Occupational Exposure: Reasonably anticipated employee contact with blood or other potentially infectious materials that may result from performing an employee’s duties. This contact includes specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact.

Regulated Waste: Regulated waste means biological or medical waste including, but not limited to, blood, blood products, bodily fluids, feces, any waste from human and animal tissues; and any human or animal tissue or body parts removed by means of surgery or trauma.

Universal Precautions: Preventing exposure to bloodborne pathogens by assuming all blood and bodily fluids to be potentially infectious for HIV, HBV, HCV and other bloodborne pathogens, and taking appropriate protective measures.

# Program Administration

**[Employer's name or job title]** is the program administrator, is responsible for maintaining and implementing this ECP, and has the authority and responsibility to ensure that all elements of the exposure plan are in place. The ECP must annually, or whenever necessary due to new or adapted tasks and procedures, be reviewed and updated to reflect any changes. Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Employees can read the plan [identify where employees can read the plan].

It is the responsibility of the program administrator to:

* Provide and maintain all required personal protective equipment (PPE), engineering controls, labels and waste bags as required by the standard
* Ensure there are adequate supply levels of the aforementioned equipment
* Ensure that all required medical actions are executed and maintaining all employee health and OSHA records
* Make the ECP available to all employees, OSHA and NIOSH representatives and ensure that all training and associated documentation is also available
* Annually review and update the program to ensure effectiveness

All employees that have occupational exposure to blood and other potentially infectious materials (OPIM) shall always follow the procedures and work practices specified in the ECP.

The employees that are covered by the bloodborne pathogens standard shall receive an explanation of the ECP during their initial training, and at their annual refresher training. Employees can view the ECP at any time by contacting the program administrator. A personal copy for those who request it, will be supplied free of charge to employees within 15 days of the request.

# Purpose

The purpose of this exposure plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with TOSHA ***Bloodborne Pathogen standard, 1910.1030*.**

# Exposure determination

Employees subject to the TOSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist an injured employee but are not required to.

**Table 1** lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials. Exposure determinations are made without regard to use of PPE.

|  |
| --- |
| **Table 1: Employees at risk** |
| Job classification | Task or exposure |
|       |       |

**Table 2** lists job classifications and tasks in which some employees may have occupational exposures to blood or OPIM.

|  |
| --- |
| **Table 2: Employees who may be at risk** |
| Job classification | Task or exposure |
|       |       |

# Compliance methods

## Universal precautions

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult- or impossible-to-identify body fluids as potentially infectious.

Employees must use universal precautions. Regardless of what the employee thinks, all blood and other potentially infectious materials shall be handled as if it were infectious.

## Engineering and work practices controls

Engineering and Work Practice Controls will be used to minimize exposure to bloodborne pathogens. Use the following controls to eliminate or minimize occupational exposure.

### Sharp containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a sharps container. Replace containers routinely and do not allow overfilling. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

### Safe medical devices

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

### Work practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.

## Personal protective equipment (PPE)

PPE is provided at no cost to employees. Employees shall receive annual training in its proper use, maintenance, and disposal.

### Storage area

[Identify the location] is the storage area for bloodborne protective gear. Supplies include disposable gloves; face shields; impervious disposable coveralls and booties; resuscitation devices; large, heavy-duty plastic bags and ties; sharps containers; biohazard signs or labels; absorbent pressure dressings for wounds; antiseptic towelettes; disposable absorptive material for cleaning up spilled blood; rubber gloves; and bleach solutions or germicides.

### PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made of vinyl or latex. Use disposable gloves to clean up spill areas. Never try to clean, disinfect, or reuse any gloves that have, or may have, come into contact with OPIM.

Wear face shields, goggles, or other appropriate eye protection with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Use disposable coats or garment covers to prevent contamination of employee uniforms or street clothing. Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss.

Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used personal protective equipment at the exposure location or as soon as feasible, and in a way that avoids contact with the skin and the PPE’s outer surface, to avoid contamination of yourself, others, or the work area. Place in a biohazard container or in a plastic bag with a biohazard label.

It is the responsibility of the employer to launder, clean, dispose of or replace PPE, at no cost to the employee. Used PPE shall be placed in its designated area.

## Housekeeping

Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces.

Clean and decontaminate all equipment and working surfaces after completion of procedures in which blood or body fluids contaminated with blood are handled and immediately, or as soon as feasible, when surfaces are overtly contaminated with blood. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.

Use chemical germicides or solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used.

Contaminated sharps must be disposed of in approved containers immediately after being used. Labelled, biohazard bags will be used for other regulated wastes. Should a container or bag containing regulated waste become contaminated on the outside, the contaminated container must be placed in another container.

## Contaminated laundry

Always handle non-disposable clothing items, such as turnouts, uniforms, or any other clothing visibly contaminated with blood or OPIM, using disposable gloves. Handle contaminated, or potentially contaminated, laundry as little as possible. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag.

Employees cannot wash contaminated items at home. [Identify where contaminated items will be cleaned]

## Regulated waste

[Identify who will pick up regulated waste for disposal] Place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

## Labels and signs

Affix warning labels to laundry bags, containers of regulated waste, and containers used to store, transport, or ship OPIM. Red bio-hazard bags or red bio-hazard containers can be used instead of labels.

Employees should notify **[Employer's name or job title]** if they discover regulated waste containers or contaminated equipment without proper labels.

## Hepatitis B vaccine

Hepatitis B vaccinations are available to employees who have been identified in the exposure determination of the ECP at no cost after their first training or within 10 working days of the initial assignment. Vaccinations should be conducted unless:

* The employee presents documentation that they have already received the vaccine
* Antibody testing shows the employee is immune
* A medical evaluation reveals that vaccination is contraindicated

Employees can choose to decline the vaccination and must sign a declination form which must be maintained. The employees who decline vaccination can obtain the vaccination at a later date at no cost.

[Employer's name or job title] will schedule vaccinations. All employee vaccinations will be provided by [Insert Healthcare Professional who will conduct the vaccinations] and in accordance with U.S. Public Health Service Guidelines.

After the medical evaluation has been conducted, the healthcare’s professional written opinion will be provided to the employee. The opinion will advise whether the employee needs the vaccine or if it has been administered. Employees’ vaccination records will be kept in their medical files.

## Exposure incident and post-exposure evaluation and follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties. It is [your company's name] policy to include Good Samaritan acts performed by an employee at the work site.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

[Identify the facility] provides hepatitis B vaccinations and medical evaluations and post-exposure follow-up after an exposure incident and has a copy of the ***Bloodborne Pathogen standard, 1910.1030.***

## Information provided to the health care professional

[Employer's name or job title] is responsible for ensuring that the health care professional who evaluated the employee after an exposure incident receives the following information:

* A description of the employee’s duties as they relate to the exposure incident
* Documentation of the route(s) and circumstances of the exposure
* The results of the source individual’s blood testing, if available
* All medical records relevant to the appropriate treatment of the employee, including vaccination status

## Health care professional’s written opinion

[Employer's name or job title] will provide the employee with a copy of the health care professional’s written opinion within 15 days after completion of the evaluation.

Limit the health care professional’s written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional’s written opinion for the post-exposure evaluation to the following information:

* Whether the employee was informed of the evaluation results
* Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment.

The Program Administrator must review all circumstances surrounding exposure incidents and record percutaneous injuries from contaminated sharps into the Sharps Injury Log. This review determines:

* What engineering controls were in use at the time
* What work practices were followed
* A description of the type/brand of device that was used
* What PPE or clothing was used at the time
* The location of the incident
* What procedure was being performed at the time of the incident
* What training the employee has received

## Training and training records

All employees who have occupational exposure to bloodborne pathogens shall receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

The training must also cover:

* Copy and explanation of the standard
* Explanation of the ECP and how to get a copy of it
* Methods to recognize tasks that have the possibility of exposure incidents
* Explanation of the use and limitations of engineering and work practice controls and PPE
* Types, uses, location, removal, handling, decontamination and disposal of PPE
* Explanation for the basis for selection of PPE
* Information on Hepatitis B vaccine: its efficacy, safety, method of administration, benefits, and that the vaccination is offered free of charge
* Who to contact and what to do in an emergency involving potentially infectious materials
* Procedures to follow in case of exposure incident, method of reporting, and follow-up
* Employer required post-exposure evaluation and follow-up after exposure incident
* Explanation of sign and labels and/or color-coding required and used at your facility
* Opportunity for interactive questions and answers with conductor of training

[Employer's name or job title]trains employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained [identify the location] for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

Employee training records can be provided to the employee or to an authorized representative of the employee within 15 business days. [Employer's name or job title] is the person responsible for such requests.

## Record keeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee’s name, social security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee’s ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OSHA’s ***Access to Employee Exposure and Medical Records standard, 1910.1020***. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee’s medical file:

* The results of any examination, medical testing, and follow-up procedures.
* A copy of the treating physician’s written opinion to the employer.
* A copy of all information provided by the employer to the health care professional regarding the exposure incident.

*Sharps Injury Log*

Record all percutaneous injuries from contaminated sharps on the OSHA 300 Log and/or the Sharps Injury Log. This log must include at least:

* Date of injury
* Type and brand of the device involved
* The location where the incident occurred
* An explanation of how the incident occurred

The Sharps Injury Log is reviewed at least once per year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year that it covers. Copies that are provided upon request must have any personal identifiers removed.

[Employer's name or job title] will maintain the Sharps Injury Log.

Record all other exposure incidents that result in medical treatment, (e.g., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) on the OSHA 300 log. Retain these records for five years.

## Plan evaluation and review

Review the exposure control plan and update it at least annually. [Employer's name or job title] is responsible for the annual review. Sign and date this exposure plan when the review has taken place.

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

# Appendix A – Hepatitis B Vaccination Record

**HEPATITIS B VACCINATION RECORD**

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 information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have completed the following inoculations using:

❒ Recombivax-HB Vaccine or ❒ Enerix-B Vaccine

❒ Inoculation 1 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Inoculation 2 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Inoculation 3 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix B – Hepatitis B Vaccine Declination Form

**Hepatitis B Vaccine Declination Form**

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 at no charge to me.

Signature of employee Date

Print name of employee Date

Witness signature and position Date

# Appendix C – Information and Training Record

**INFORMATION AND TRAINING RECORD FOR EMPLOYEES**

**WITH POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS**

**Date(s) of training:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainer(s) name and qualifications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Names and Job Titles of all employees attending this training: (Attach training roster)**

**Agenda and/or materials presented to participants included:**

* Copy and explanation of the standard
* Explanation of the ECP and how to get a copy of it
* Methods to recognize tasks that have the possibility of exposure incidents
* Explanation of the use and limitations of engineering and work practice controls and PPE
* Types, uses, location, removal, handling, decontamination and disposal of PPE
* Explanation for the basis for selection of PPE
* Information on Hepatitis B vaccine: its efficacy, safety, method of administration, benefits, and that the vaccination is offered free of charge
* Who to contact and what to do in an emergency involving potentially infectious materials
* Procedures to follow in case of exposure incident, method of reporting, and follow-up
* Employer required post-exposure evaluation and follow-up after exposure incident
* Explanation of sign and labels and/or color-coding required and used at your facility
* Opportunity for interactive questions and answers with conductor of training

**Signature of Training Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix D – Exposure Incident Investigation Form

**EXPOSURE** **INCIDENT INVESTIGATION FORM**

**Date of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Person(s) Involved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Potentially Infectious Materials Involved:**

**Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Source:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circumstances (what was occurring at the time of the incident):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How was the incident caused (accident, equipment malfunction, etc.). List any equipment involved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal protective equipment being used at the time of the incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Actions taken (decontamination, clean-up, reporting, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Recommendations for avoiding repetition of incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Appendix E – Employee Medical Record Checklist

**EMPLOYEE MEDICAL RECORD CHECKLIST**

**(Use a new form for each incident)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Classification:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach a copy of the employee's hepatitis B vaccination record or declination form. Attach any additional medical records relative to hepatitis B.

Brief Description of Exposure Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Log and attach copy of: (Check all that apply)**

* The information provided to the health care professional
* The Exposure Incident Investigation Report
* The results of the source individual's blood testing, if consent for release has been obtained and results are available
* The health care professional's written opinion

# Appendix F – Self-inspection Checklist

[ ]  If employees could be exposed to infectious agents in body fluids, have potential exposure events been identified and documented?

[ ]  Has a training and information program been provided for employees who could be exposed to infectious agents in body fluids?

[ ]  Have infection-control procedures been instituted where appropriate, such as ventilation, universal precautions, workplace practices, and personal protective equipment?

[ ]  Are employees aware of specific workplace practices for hand washing, handling sharp instruments, handling laundry, disposal of contaminated materials, and reusable equipment?

[ ]  Is personal protective equipment provided and available to employees who need it?

[ ]  Is necessary equipment such as mouthpieces, resuscitation bags, and other ventilation devices provided for administering mouth-to-mouth resuscitation?

[ ]  Are supplies and equipment — such as hand washing sinks, biohazard tags and labels, sharps containers, and detergents or disinfectants — available to allow employees to comply with workplace practices?

[ ]  Are environmental and working surfaces and equipment cleaned and disinfected after contact with blood or potentially infectious materials?

[ ]  Is infectious waste placed in closable, leak-proof containers, bags, or puncture-resistant holders with proper labels?

[ ]  Has medical surveillance including HBV evaluation, antibody testing, and vaccination been made available to potentially exposed employees?

Does medical surveillance cover the following:

[ ]  Universal precautions?

[ ]  Personal protective equipment?

[ ]  Workplace practices, which should include resuscitation protocols, establishing IVs, blood drawing, placing airways, laundry handling, and cleanup of biohazard spills?

[ ]  Needle stick exposure and management?

[ ]  Hepatitis B vaccination?

# Appendix G – Sample Sharps-Related Injuries Log

[Your company's name]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of injury** | **Case number** | **Type of sharp** | **Brand name** | **Where injury occurred** | **How injury occurred** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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