

EXPOSURE CONTROL PLAN¹

Instructions: The sample Exposure Control Plan is intended to serve as a guide for child care employers to the federal **Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens** (BBP) standard (29 CFR 1919.1030). A central component of the requirements of the standard is the development of an exposure control plan (ECP). The intent of this sample is to provide child care employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the sample for their business's specific use. The information contained in this sample 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 not for specific compliance requirements.

POLICY

The (Child Care Facility Name) is committed to providing a safe and healthy work environment for the entire staff. In pursuit of this endeavor, the following **exposure control plan (ECP)** is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, known as the federal law "Occupational Exposure to Bloodborne Pathogens". http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051 The ECP is a key document to assist our child care business in implementing and ensuring compliance with the federal standard, thereby protecting all our employees. The ECP includes the following elements:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

¹ The Model Exposure Control Plan is provided by the Occupational Safety and Health Administration, U.S. Department of Labor, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Directive Number CPL2-2.44D. Appendix D. November 5, 1999. This document was updated October 5, 2009 by Healthy Child Care Iowa, Iowa Department of Public Health. Des Moines, IA 50319. www.idph.state.ia.us/hcci

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The methods of implementation of these elements of the standard are discussed in the following pages of this ECP.

PROGRAM ADMINISTRATION

(Name of responsible person) at (contact person’s location/phone number) is responsible for the implementation of the ECP. (Name of responsible person or department) at (contact person’s location/phone number) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Employees who are determined to have occupational exposure to blood or **other potentially infectious materials** (OPIM) must read, understand, and comply with the procedures and work practices outlined in this ECP.

(Name of responsible person or department) at (contact person’s location/phone number) will maintain and provide all necessary personal protective equipment (PPE, e.g., gloves), engineering controls (e.g., proper waste disposal containers), labels, and red bags as required by the standard. (Name of responsible person or department) at (contact person’s location/phone number) will ensure that adequate supplies of the aforementioned PPE are available in the appropriate sizes to meet the needs of all employees.

(Name of responsible person or department) at (contact person’s location/phone number) will be responsible for ensuring that all health related actions required are performed and that appropriate employee health and OSHA records are maintained.

(Name of responsible person or department) at (contact person’s location/phone number) will be responsible for training, documentation of training, and making the written ECP available to all employees, the regulatory authority for the program (Iowa Department of Human Services or Iowa Department of Education, or the School Board) OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following table contains a list of **all job classifications and job locations** at our establishment in which the employees have occupational exposure:

LISTING of all JOB TITLES

DEPARTMENT/LOCATION within FACILITY



METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions All employees will utilize universal precautions for bloodborne pathogens.

Exposure Control Plan All employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial job orientation training session. It is also reviewed at the employees' annual refresher training. The ECP is reviewed upon assignment to new job title, location, or job task that place the employee at risk for coming into contact with blood or other potentially infectious materials (OPIM). All employees have an opportunity to review this plan at any time during their work shifts by contacting (Name of responsible person or department) at (contact person's location/phone number). When requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Name of responsible person or department) at (contact person's location/phone number) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Engineering Controls and Work Practice Controls

Sharps-disposal containers for syringes and lancets are inspected and maintained or replaced by (Name of responsible person or department) at (contact person's location/phone number) every (list frequency) or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through the following actions: (Examples: Review of OSHA records, employee interviews, committee activities, etc.)

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Procedure for Review of Engineering Controls and Work Practice Controls

We evaluate needed procedures or new products by completing the following process: (Describe the process)

Procedure for Review Needed Procedures or New Products

The following staff members review needed procedures and new products

Name of Person	Title of Person	Contact Information	Description of Person's Involvement

(Name of responsible person or department) at (contact person's location/phone number) ensures effective implementation of the recommendations from the person or group of people responsible for review of needed procedures or new products.

Personal Protective Equipment (PPE) *(example gloves)* PPE is provided to our employees at no cost to them. Training is provided by (Name of responsible person or department) at (contact person's location/phone number) in the use of the appropriate PPE for the tasks or procedures employees will perform. The types of PPE available at no cost to employees are listed below.

Lists of Tasks Where PPE is to be Used	Type of PPE	Where the PPE is located or stored

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PPE may be obtained by contacting (Name of responsible person or department) at (contact person's location/phone number). Employees shall complete the following process to obtain needed PPE.

(Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)

Process to Obtain Needed PPE

All employees using PPE must observe the following precautions:

- 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.
- Used PPE may be disposed of in _____ (List appropriate containers for storage, laundering, decontamination, or disposal).
- Wear appropriate gloves when it can be 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, 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.
- Never wash or decontaminate disposable gloves for reuse.
- 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.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is described in the table below. (Child care business may refer to specific agency procedure by title or number and last date of review). *Example*, how and where to decontaminate face shields, eye protection, resuscitation equipment)

PPE Item	Procedure for Handling Used PPE

Housekeeping

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Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see section of ECP about Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is described below. (Child care business may refer to specific agency procedure by title or number and last date of review)

Type of Sharp Object	Procedure of Handling Used Sharp Objects

Example: **Contaminated sharps** are 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. 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 **other regulated waste** is described below. (Child care business may refer to specific agency procedure by title or number and last date of review)

Type of Regulated Waste	Procedure of Handling Regulated Waste

Example: **Bins and pails** (e.g., wash basins or basins used for vomiting) are cleaned and decontaminated as soon as feasible after visible contamination.

Example: **Broken glassware**, which may be contaminated, is picked up using mechanical means, such as tongs or a brush and dust pan.

Laundry

Another example of other potentially infectious material is laundry. Laundry may include child or employee clothing, bedding, table napkins, face clothes, kitchen towels, or wash clothes etc. This child care business handles laundry using the following procedures.

This Child Care Business Launders On-Site the Following Items	Procedure for Handling Items to be Laundered

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Laundering will be performed by (Name of responsible person or department) at (time and/or location).

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet or contaminated laundry in leak-proof, labeled, or color-coded containers before transport
- Use red bags or bags specific for the purpose of soiled or contaminated laundry
- Wear the following PPE when handling and/or sorting contaminated laundry (List appropriate PPE)

The following items are sent to an outside entity to be laundered.

Listing of Items to be Laundered	Name of Laundry Where Items are Sent	Schedule for Laundry Pick-Up	Soiled Laundry is Stored in Location

Labels

This child care business uses Biohazard Labels on the following items to be disposed. The following labeling method(s) is used in this facility.

Items or Equipment to be Labeled	Type of Labeling (size, color, etc.)
<i>Example:</i> blood contaminated waste	<i>Example:</i> red bag, biohazard label

(Name of responsible person or department) at (contact person’s location/phone) will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify (Name of responsible person or department) at (contact person’s location/phone) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

(Name of responsible person or department) at (contact person’s location/phone) will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is **available at no cost** after training

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and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

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

However, if an employee chooses to decline vaccination, the employee must sign a declination form.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at (List location or person responsible for this recordkeeping).

Vaccination will be provided by (Health Care Professional who is responsible for this part of the plan) at (location).

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, employees are to contact (Name of responsible person) at (contact person's location/phone). An immediately available confidential medical evaluation and follow-up will be conducted by an Iowa licensed physician(MD or DO) (Name of physician) at (physician's location/phone). Following the initial first aid (cleaning the wound with soap and water or flushing eyes/other mucous membrane with plain water, etc.), the following activities will be performed:

- 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 health care 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, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

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ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

(Name of responsible person or department) at (contact person's location/phone) ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

(Name of responsible person or department) at (contact person's location/phone) ensures that the Iowa licensed physician evaluating an employee after an exposure incident receives the following:

- Description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- Results of the source individual's blood test if available
- Relevant employee medical records, including vaccination status

(Name of responsible person or department) at (contact person's location/phone) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

(Name of responsible person or department) at (contact person's location/phone) will conduct an evaluation of the circumstances of all exposure incidents and determine the following items.

- Engineering controls in use at the time
- Work practices followed
- Description of the equipment or item being used
- PPE used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (play room, infant/toddler room, playground, etc.)
- Procedure being performed when the incident occurred
- Employee's training record

If it is determined that revisions need to be made, (responsible person or department) at (contact person's location/phone) will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by (Name of responsible person or department) at (contact person's location/phone).

(Attach a brief description of the trainer's qualifications.)

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements.

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1. Copy and explanation of the standard
2. Explanation of our ECP and how to obtain a copy
3. Explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
4. Explanation of the use and limitations of engineering controls, work practices, and PPE
5. Explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
6. Explanation of the basis for PPE selection
7. 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
8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM (other potentially infectious material)
9. 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
10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
11. Explanation of the signs and labels and/or color coding required by the standard and used at this facility
12. Opportunity for interactive questions and answers with the person conducting the training session.

Information about this child care business's training materials is available at (Name of responsible person or department) at (contact person's location/phone).

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at (Name of responsible person or department) at (contact person's location/phone).

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided at no charge upon request to the employee or the employee's authorized representative within 15 working days of receipt of a request for the training record. Such requests should be addressed to (Name of responsible person or department) at (contact person's location/phone).

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Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical **Records**". (Name of responsible person or department) at (contact person's location/phone) is responsible for maintenance of the required medical records. These **confidential** records are kept in a locked file at (list 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 of responsible person or department) at (contact person's location/phone).

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (Name of responsible person or department) at (contact person's location/phone).

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Hepatitis B Vaccine Declination Form - 1910.1030²

I (*insert employee name*) _____

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.

Employee Signature _____

Date Signed: _____

Employer Name: (please print name) _____

Signature of Employer _____

Date Signed: _____

² [56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

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Exposure Incident Evaluation

Name of Person Exposed: _____ Date of Exposure: _____

Title of Person Exposed: _____ Location of Exposure: _____

Engineering controls in use at the time

Work practices followed

Description of the equipment or item being used

PPE used at the time of the exposure incident (gloves, eye shields, etc.)

Location of the incident (play room, infant/toddler room, playground, etc.)

Procedure being performed when the incident occurred

Name of Evaluator: _____ Evaluation Date: _____

Signature of Evaluator:

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Exposure Control Plan³
Employee Job Duties and Task Input Form

Background: All employees with potential to come into contact with blood or body fluids as part of the employees' job duties and task are required to have an opportunity to give input into the business' exposure control plan for universal precautions. This opportunity should be given a minimum of annually and whenever the employee changes jobs and job descriptions.⁴

Employee Name: _____ **Job Title:** _____
Job Locations: _____

Instructions: Please list your job title and the specific job duties and tasks that may place you at risk to be exposed to blood, body fluids, or other potentially infectious materials. Please be specific when describing your job tasks.

Job Duties	Job Tasks Placing You At Risk for Exposure

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

³ Employees should complete this form annually and upon change of job duties or tasks.

⁴ Federal Law: 29 CFR 1910.1030.

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GLOSSARY

Definitions. For purposes of this child care business, the following definitions shall apply:

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic 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) and human immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps/needle disposal containers) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific 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.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).