

# Exposure Control Plan

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

**Date of Preparation:** \_\_\_\_\_

We, the management staff of \_\_\_\_\_  
*(Name of property)*

are committed to the prevention of incidents or happenings which result in employee injury and illness. Further, we intend to comply with the OSHA Bloodborne Pathogens Standard, OAR 437-02-1910.1030. Through this written exposure control plan, we will outline the duties and responsibilities of all employees that share responsibility, to ensure proper performance under that responsibility; and hereby adopt this exposure control plan as an element of the Safety and Health Program.

## **A. PURPOSE**

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to human blood or other body fluids;
2. Identify employees occupationally exposed to blood or other potentially infectious materials (OPIM) while performing their regular job duties;
3. To provide employees exposed to blood and OPIM information and training. A copy of this plan is available to all employees during normal work hours at (location) .
4. Comply with OR-OSHA Bloodborne Pathogen Standard, OAR 437-02-1910.1030.

## **B. EXPOSURE DETERMINATION**

The \_\_\_\_\_ has performed an exposure determination, for all common job Classifications, which may be expected to incur occupational exposures to blood or OPIM. This exposure determination is made without regard to use of Personal Protection Equipment (PPE). The following is a list of those job classifications in this category:

(List job classifications meeting the requirements in section (c) (2).)

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

The following is a list of job classifications in which some employees may have occupational exposures. Not all of these employees are expected to incur exposure to blood or OPIM. The job classification, tasks, and procedures are listed below:

Job Classification Task/Procedure

Job Classification	Task/Procedure
_____	_____
_____	_____
_____	_____
_____	_____

# Exposure Control Plan

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Date of Preparation: \_\_\_\_\_

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## B. EXPOSURE DETERMINATION

The \_\_\_\_\_ (name of property) has performed an exposure determination for all common job classifications which may expected to incur occupational exposures to blood or OPIM. This exposure determination is made without regard to use of Personal Protection Equipment (PPE). The following is a list of those job classifications in this category:

(List job classifications meeting the requirements in section (c) (2).)

The following is a list of job classifications in which some employees may have occupational exposures. Not all of these employees are expected to incur exposure to blood or OPIM. The job classification, tasks, and procedures are listed below:

Job Classification

Task/Procedure

### **Personal Protective Equipment (PPE):**

*The following PPE will be provided at no cost to employees:*

- a. Body protection: (List items and when used.)

\_\_\_\_\_

- b. Gloves and Masks: (Indicate when & wear they will be used.)

\_\_\_\_\_

- c. Eye Protection: (List those tasks that require eye protection.)

\_\_\_\_\_

- d. Special PPE (List any specialty type PPE, if any.)

\_\_\_\_\_

## Exposure Control Plan Safety Rules

1. If handwashing facilities are not available use antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes and wash hands with soap and running water as soon as feasible.
2. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
3. Wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
4. Contaminated needles will not be bent, recapped, broken, sheared or removed unless an alternative method of disposal is possible, or if it is required by a specific medical procedure, and must be done so using a mechanical device or one-handed technique.
5. Contaminated sharps must be placed in puncture resistant, labeled, leakproof containers until properly reprocessed.
6. Employees will not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a likelihood of occupational exposure.
7. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other OPIM are present.
8. Minimize splashing, spraying, splattering or generation of droplets when working with blood and/or OPIM.
9. Blood and OPIM will be placed only in properly labeled containers, and closed to prevent leakage during collection, handling, processing, storage, transport, or shipping. (Labeling requirements are not required if universal precautions are used when handling all specimens, containers are recognized as containing specimens, and the containers do not leave the facility).

I have read, understood, and will comply with the above safety rules. I understand that compliance with these safety rules is a condition of employment and that violation of any rule may result in progressive disciplinary action including termination.

\_\_\_\_\_ Print your name

\_\_\_\_\_ Signed

**Confidential**

**EXPOSURE INCIDENT REPORT**

(Routes and Circumstances of Exposure Incident) Please Print

**DATE COMPLETED**

**EMPLOYEE'S NAME** \_\_\_\_\_

**HOME PHONE**

**DOB**

**JOB TITLE**

**BUSINESS PHONE**

**EMPLOYEE VACCINATION STATUS**

**DATE OF EXPOSURE** \_\_\_\_\_ **TIME OF EXPOSURE** \_\_\_\_\_ **AM** \_

**PM**\_\_ **LOCATION OF INCIDENT (HOME, STREET, CLINIC, ETC. - BE SPECIFIC)**

**NATURE OF INCIDENT (SHARPS ACCIDENT CONTAMINATED LINEN CONTACT - BE SPECIFIC):**

**DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC):**

**WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)?**      **YES** \_\_\_ **NO** \_\_\_

**DID THE PPE FAIL?**    **YES** \_\_\_ **NO** \_\_\_

**IF YES, EXPLAIN HOW:**

**WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL - BE SPECIFIC)?**

**WHAT PARTS OF YOUR BODY BECAME EXPOSED (BE SPECIFIC)?**

**ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED:**

**FOR HOW LONG?**

*Continued :*

**DID A FOREIGN BODY (NEEDLE, Broken glass, ETC.) PENETRATE YOUR BODY?**

YES

NO

**IF YES, WHAT WAS THE OBJECT?**

**WHERE DID IT PENETRATE YOUR BODY?**

**WAS ANY FLUID INJECTED INTO YOUR BODY? YES\_\_\_NO\_\_\_**

**IF YES, WHAT FLUID**

\_\_\_\_\_ **HOW MUCH?**

**DID YOU RECEIVE MEDICAL ATTENTION? YES\_\_\_NO\_\_\_**

**IF YES, WHERE?**

**WHEN?**

**BY WHOM**

**IDENTIFICATION OF SOURCE INDIVIDUAL(S)**

**NAME(S)**

**DID YOU TREAT THE PATIENT DIRECTLY? YES\_\_\_NO\_\_\_**

**IF YES, WHAT TREATMENT DID YOU PROVIDE (BE SPECIFIC)?**

**OTHER PERTINENT INFORMATION:**



## OSHA 300 Log

- **Recordable** injuries include all percutaneous events, e.g.
  - ✓ Needlesticks from bloody needles
  - ✓ Cuts from a sharp, bloody object
  - ✓ Fluids entering through an open wound, broken cuticle, or scrapped/chapped skin
  - ✓ These are considered to be "privacy concern cases".
- **Nonrecordable** events include...
  - ✓ Blood on intact skin
  - ✓ Blood on clothing or equipment
  - ✓ Being near an infected person
  - ✓ Touching an infected person
- *If you have a "privacy concern case", do not enter the employee's name on the OSHA 300 Log. Instead, enter "**privacy case**" in place of employee's name.*
- *You must keep a separate, confidential list of case numbers and employee names for privacy concern cases in order to update the cases and furnish information to the compliance officer if asked to do so.*
- *An employer CAN use the 300 log as their sharps injury log, with the caveat that it must either be a **separate page used solely for needlesticks** or in a way which provides easily extractable data, such as a computer spreadsheet program.*

