

Bloodborne Pathogens Program  
Model Exposure Control Plan (ECP)

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Company name here

BACKGROUND

Cal/OSHA[, Title 8, Section 5193](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0ahUKEwjlmaPM6InTAhVJ22MKHSzzCZ4QFggjMAI&url=https%3A%2F%2Fwww.dir.ca.gov%2Ftitle8%2F5193.html&usg=AFQjCNG3nt20WnSte6-hL59X59F00bOvpg&bvm=bv.151426398,d.eWE) Exposure Control Plan for Bloodborne Pathogens

*This program is written In accordance with Cal/OSHA Title 8, Section 5193.* Each employer having employee(s) with occupational exposure to blood, certain other body fluids or other potentially infectious materials as defined below, must have a written Exposure Control Plan (ECP) that eliminates or minimizes the potential for transmission of blood or other body fluid pathogen diseases from patient to employee.

1. Blood: Human blood, human blood components and products made from human blood
2. Body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures; any other body fluid that is visibly contaminated with blood, such as saliva or vomit; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
3. Other Potentially Infectious Materials (OPIM): Any unfixed tissue or organ (other than intact skin) from a human (living or dead); human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV

POLICY AND SCOPE

**Facility name** is committed to providing a safe and healthful work environment for our 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 the Cal/OSHA standard “[Exposure Control Plan for Bloodborne Pathogens](https://www.dir.ca.gov/dosh/dosh_publications/expplan2.pdf).”

The ECP is a key document meant to assist our facility in implementing and ensuring compliance with this standard, thereby protecting our employees. This ECP includes:

* 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
* Training and communication of hazards to employees
* Recordkeeping
* Procedures for evaluating circumstances surrounding an exposure incident

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

ASSIGNMENT OF RESPONSIBILITIES

1. **Plan administrator (name of responsible person or department)** has the following duties:

* Manage the Exposure Control Plan (ECP).
* Implement the ECP.
* Be familiar with the OSHA standards, as applicable.
* Develop policies to support the effective implementation of the plan.
* Revise the plan when necessary to include new or modified tasks or procedures. In the case of no changes, the plan will be reviewed at least annually.
* Conduct periodic audits to evaluate compliance with the plan and take corrective action as necessary.

Contact location or phone number of responsible person:

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1. **Supervisors**

Each department supervisor shall follow and ensure that their employees are trained in universal precautions, the use of proper work practices and personal protective equipment, proper cleanup and disposal technique.

1. **Other Responsibilities**

**(Name of person or department)** will provide and maintain all of the necessary personal protective equipment (PPE), sharps containers, labels and red bags as needed.

**(Name of person or department)** will be responsible for ensuring that all medical-related components required by this plan are performed and documented.

**(Name of person or department)** will be responsible for training, documentation of training and making this written ECP available to all employees and OSHA and NIOSH representatives as needed.

1. **Contractors**

Contract employees shall be responsible for complying with this plan and shall be provided the training described here by trainer.

EMPLOYEE EXPOSURE DETERMINATION

Exposure determinations are based on an employee's reasonable potential for occupational exposure to blood or OPIM. The following exposure determination and task assessments shall be made without regard to the use of personal protective equipment. This list shall be updated as job classifications or work situations change.

**Category 1:** The following is a list of jobs at this facility in which employees are exposed to blood or OPIM on a regular basis, and in which such exposures are considered normal in the course of work. The use of appropriate protective measures will be required for every employee engaged in Category I tasks. Use as many lines as necessary.

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| **JOB TITLE** | **DEPARTMENT/LOCATION** |
| Example: CNA | Example: Direct care staff |
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**Category 2:** The following is a list of jobs at this facility in which employees are exposed to blood or OPIM on an occasional basis, in which such exposures only occur during certain tasks or procedures. Appropriate protective measures shall be readily available for every employee engaged in this category’s task. Use as many lines as necessary.

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| **JOB TITLE** | **TASK/PROCEDURE** |
| Example: Housekeeper | Example: Handling soiled linen |
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**Category 3:** The following is a list of jobs at this facility in which NONE of the employees have an occupational exposure to pathogens. Use as many lines as necessary.

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| **JOB TITLE** | **DEPARTMENT/LOCATION** |
| Example: Accounts payable | Example: Accounting |
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**NOTE:** Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard.

METHOD OF IMPLEMENTATION AND CONTROL

1. **Universal Precautions**

“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 Hepatitis B and C virus and the human immunodeficiency virus (HIV) bloodborne pathogens.

Universal precautions shall be observed by all employees to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

The bottom line is, EVERYONE has the potential to be infected with bloodborne pathogens such as HIV, HBV, HCV and others. Therefore, precautions will be taken when the potential exists for contact with blood or other body fluids.

1. **Exposure Control Plan – Availability**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting **(Plan administrator, manager or supervisor).** If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

1. **Engineering Controls and Work Practices**  
   Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Work practice controls designed to either remove or isolate the employee from exposure will be used if engineered controls are not possible. Personal protective equipment will be the last option for employee protection. Below are the specific engineering controls and work practice controls.

* Controls: **(e.g., sharps containers, biosafety cabinets, safety needles, needleless systems, etc.)**

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* Sharps disposal containers are inspected and maintained or replaced by **(Name of responsible person or department)** every **(List frequency)** or whenever necessary to prevent overfilling.
* This facility identifies the need for changes in engineering control and work practices through processes like: **(e.g., review of OSHA records, employee interviews, committee activities, etc.)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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* We evaluate new procedures and new products regularly by: **(describe the process, literature reviewed, supplier info and products considered)**  
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* Both frontline workers and management officials are involved in this process in the following manner:  
  **(describe employees’ involvement)**

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**(Name of responsible person or department)** is responsible for ensuring that the above recommendations are implemented.

**PROHIBITED PRACTICES**

1. Contaminated needles and other contaminated sharps shall not be sheared or broken.
2. Contaminated sharps shall not be bent, recapped or removed from the devices.
3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
4. Disposable sharps shall not be reused.
5. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.
6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
7. Sharps containers shall not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
8. Mouth pipetting/suctioning of blood or OPIM is prohibited.
9. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

**4. Personal Protective Equipment (PPE)**  
PPE is provided to our employees at no cost to them. Training is provided by the training director. Employees must wear appropriate PPE for the tasks or procedures they will perform.The types of PPE available to employees are as follows: *(e.g., gloves, eye protection*)  
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PPE is located at each workstation with additional supplies able to be obtained through **(Name of responsible person or department).**

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.
* Dispose of used PPE in designated containers or bins.
* 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 or contaminated, or if their ability to function as a barrier is compromised.
* Decontaminate utility gloves for reuse only 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 any garment contaminated by blood or OPIM immediately, or as soon as feasible, and in such a way as to avoid contact with the outer surface.

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

**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 must be easily accessible and as close as possible to the immediate area where sharps are used.

**Bins and pails** (e.g., wash or emesis basins) are cleaned and decontaminated as soon as possible after visible contamination.

**Broken glassware** that may be contaminated is picked up using mechanical means, such as with a brush and dust pan.

**Laundry**

The following contaminated articles will be laundered by: **(List department or company)**  
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The following laundering requirements must be met:

* Handle contaminated laundry as little as possible, with minimal agitation.
* Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with biohazard symbol for this purpose.
* Wear the following PPE when handling and/or sorting contaminated laundry:  
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**Labels**  
This facility has implemented a biohazard labeling program using either the biohazard warning label, or red color-coded containers, or both. The following items in this facility are labeled as such:

* Containers of regulated waste
* Refrigerators or freezers containing blood and/or other potentially infectious materials
* Sharps disposal containers
* Specimen containers
* Other containers used to store, transport or ship blood and/or other potentially infectious material

**(Name of responsible person or department)** 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 their supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

The hepatitis B vaccination series shall be made available to all employees whose exposure determination is identified as being in Category I, unless the employee has previously received the complete hepatitis B vaccination series and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

**The hepatitis vaccination program:**

1. Is made available at no cost to eligible employees.
2. Is made available to the employee at a reasonable time and location.
3. Is performed under the supervision of a licensed physician or health care professional.
4. Is provided according to the recommendations of U.S. Public Health Services.
5. Is made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure.
6. Is available if an employee initially declines the hepatitis B vaccination but at a later date chooses to receive the vaccination while still eligible and employed.
7. Requires that all employees who decline the hepatitis vaccination shall sign the Hepatitis B Vaccination Declination Form.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact your supervisor or department manager.

An immediate and confidential medical evaluation and follow-up will be conducted by **(Name of licensed health care professional).** Following initial first aid (e.g., clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

* Documentation of the routes of exposure and how the exposure occurred.
* Identification and documentation of the source individual (unless the employer can establish that identification is not possible or prohibited by state or local law).
* Obtaining of consent and arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity; documentation 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.
* Assurance 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, exposed employee’s blood will be collected as soon as possible after exposure incident and tested 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

The plan administrator 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.

The plan administrator ensures that the health care professional evaluating an employee after an exposure incident receives the following:

* A description of the employee’s job duties relevant to the exposure incident.
* Route(s) of exposure.
* Circumstances of exposure.
* If possible, results of the source individual’s blood test.
* Relevant employee medical records, including vaccination status.
* A copy of the exposure control plan.

The plan administrator provides the employee with a copy of the evaluating health care professional’s written opinion within 15 days of completion of the evaluation.

**PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The immediate supervisor or manager will review the circumstances of all exposure incidents to determine:

* Engineering controls in use at the time.
* Work practices followed.
* A 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 being performed when the incident occurred.
* Employee’s training.

The employee’s manager or supervisor will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log. If it is determined that revisions need to be made, the plan administrator 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 training supervisor, director of training or director of staff development.

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:

* A copy and explanation of the 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.

RECORDKEEPING

**Training Records:** Records are completed for each employee upon completion of training. These documents will be kept for at least three years. Training records include:

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

Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days.

**MEDICAL RECORDS**

Medical records are maintained for each employee with occupational exposure in accordance with Cal/OSHA regulations’ “Access to Employee Exposure and Medical Records.”

The plan administrator is responsible for maintenance of the required medical records 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 plan administrator.

**OSHA RECORDKEEPING**

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements. This determination and the recording activities are done by plan administrator.

**Sharps Injury Log**

In addition, all percutaneous injuries from contaminated sharps are recorded in a Sharps Injury Log. All incidences must include at least:

* Date of the injury
* Type and brand of the device involved (syringe, suture needle, etc.)
* Department or work area where the incident occurred
* Explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

DEFINITIONS

**Bloodborne Pathogens**: Pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

**Contaminated**: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

**Engineering Controls:** Controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogen(s) hazard from the workplace.

**Engineered Sharps Injury Protection**:

1. A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism, such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
2. A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

**Exposure Incident**: Specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)**:

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, and other body fluid that is visibly contaminated with blood, such as saliva or vomit, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, such as in emergency response;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
3. Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV or HCV:

* Cell, tissue or organ cultures from humans or experimental animals;
* Blood, organs or other tissues from experimental animals; or
* Culture medium or other solutions

**Personal Protective Equipment**: Specialized clothing or equipment worn or used 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.

**Sharp**: Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body and result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass and broken capillary tubes.  
  
**Universal Precautions:** 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, HCV and other bloodborne pathogens.

REFERENCES

Cal/OSHA Publication: Sample Exposure Control Plan for Bloodborne Pathogens

<https://www.dir.ca.gov/dosh/dosh_publications/expplan2.pdf>

[A Best Practices Approach for Reducing Bloodborne Pathogens Exposure](https://www.dir.ca.gov/dosh/dosh_publications/BBPBest1.pdf)

<https://www.dir.ca.gov/dosh/dosh_publications/BBPBest1.pdf>

[Safe Needle Fact Sheet](https://www.dir.ca.gov/dosh/dosh_publications/bbpfct.pdf)

<https://www.dir.ca.gov/dosh/dosh_publications/bbpfct.pdf>

FORMS

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| EXPOSURE CONTROL PLAN REVIEW AND REVISION DOCUMENTATION FORM | |
| Exposure Control Plan development date: |  |
| Exposure Control Plan review and revision: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer and date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer and date |
| Exposure Control Plan review and revision: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer and date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer and date |
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| Exposure Control Plan review and revision: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer and date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer and date |

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| EMPLOYEE DECLINATION OF HEPATITIS B VACCINE FORM (MANDATORY) |

**[NAME OF FACILITY]**

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 series at no charge to me.

*Date*

*Employee signature Employee’s name (print)*

*Supervisor signature Supervisor’s name (print)*

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| EXPOSURE ASSESSMENT FORM |

**[NAME OF FACILITY]**

This form is used as an assessment tool to determine the potential for exposure to a bloodborne or other body fluid pathogen. This practice has developed three risk levels of exposure as follows:

* Those with routine exposure (Category 1)
* Those with occasional or infrequent exposure, such as from handling pathogens or requirement to assist in the case of a cardiac or respiratory arrest (Category 2)
* Those who have no exposure (Category 3)

Job classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check off any tasks performed:**

|  |  |
| --- | --- |
|  | Injections – intradermal, subcutaneous, intramuscular, intravenous, epidural, etc. |
|  | Venipuncture, such as for phlebotomy |
|  | Arterial puncture |
|  | Handling of blood or other body fluid specimens |
|  | Changing of wound dressings |
|  | Diagnostic imaging studies of any open wounds |
|  | Operative procedures including intrusion into body cavities, such as for pelvic examinations or sigmoidoscopies, and any surgical procedure |
|  | Contact with urine, feces, sweat, tears, nasal secretions, sputum, breast milk or saliva, if visible blood is present |
|  | Cleaning, disinfection or sterilization of instruments |
|  | Housekeeping duties if handling biohazardous wastes or contaminated laundry |
|  | Other (please list or describe): |

Based upon the above assessment, employees of this job classification are classified as Category:  
**[List Category 1, 2, OR 3]**

|  |
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| SHARPS INJURY LOG |

**[NAME OF FACILITY]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Case/Report No.** | **Type of Device** (e.g., syringe, suture needle) | **Brand Name of Device** | **Work Area Where Injury Occurred** (e.g., geriatrics, lab) | **Brief Description of How the Incident Occurred** (i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured) |
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29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

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| EXPOSURE INCIDENT REPORT |

**[NAME OF FACILITY]**

*To be completed by exposed employee and reviewed with supervisor*  
  
Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home phone Work phone  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Exposure date Exposure time

Where did the incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of incident: (percutaneous, splash to mucous membrane; splash to non-intact skin)

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

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

What task(s) were being performed when the exposure occurred?

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

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

Were you wearing personal protective equipment (PPE)? YES \_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

If yes, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the PPE fail? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

If yes, explain how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What fluids were you exposed to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What parts of your body became exposed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this a puncture wound? 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Employee signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Reviewed by Date*

|  |
| --- |
| INFORMED REFUSAL OF POST-EXPOSURE FOLLOW-UP |

**[NAME OF FACILITY]**

Following an occupational exposure incident to a possible bloodborne pathogen on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I have reported the incident to my supervisor who has advised a consultation with a qualified physician for post-exposure follow-up evaluation and treatment recommendations. If I received the consultation, the consultation was provided by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If a consult was obtained, the physician has explained the risks of my exposure incident and the appropriate medical interventions available. I understand all results will be kept confidential.

However, of my own free choice:

I decline to have a post-exposure evaluation performed.

I refuse to have any vaccinations or inoculations.

Although prophylactic medications were recommended from the post-exposure evaluation, I choose to not undergo this treatment.

I choose not to submit to any specimen testing.

I have been advised that my refusal may put me at additional medical risk. With full knowledge, I choose to accept this responsibility.

*Printed employee name Signed employee name Date*

*Printed witness name Signed witness name Date*

|  |
| --- |
| BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN ANNUAL REVIEW |

**[NAME OF FACILITY]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Review dates Designated program coordinator (Name and title)

1. New or modified tasks/procedures/exposures added to ECP:
2. New or revised positions with occupational exposure to BBP:
3. Sharps injury log review (do not list names or any personal identifiers):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DEPARTMENT/BRAND | TYPE OF DEVICE | LOCATION | INCIDENT DESCRIPTION | RECOMMENDATIONS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Review of technology changes that eliminate or reduce exposure to bloodborne pathogens:
   1. Resource person or company consulted:
   2. Literature reviewed:
   3. Conclusion(s):
2. Consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure:
   1. Resource person or company consulted:
   2. Literature reviewed:
   3. Other:
   4. Conclusion(s):
3. The following non-management personnel who are potentially exposed to injuries from contaminated sharps participated in the annual review and revision of the Exposure Control Plan. This includes the identification, evaluation and selection of effective engineering controls and work practice controls (name and title):

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

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

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

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

1. Participants in annual review:

*Name and title Date*

*Name and title Date*