

Bloodborne Pathogens Exposure Sample Written Program



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Occupational Safety and
Health Consultation
(OSHCON) Program

Bloodborne Pathogens Exposure

Sample Written Program

29 CFR 1910.1030



This sample written program is a guide to help employers comply with the requirements of the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, [29 Code of Federal Regulations \(CFR\) 1910.1030](#). It contains helpful information and the basic elements for a written plan; however, it is not meant to supersede OSHA requirements. Employers should review the OSHA standard for each specific worksite and customize the program accordingly. Since OSHA regulations set minimum requirements, you may choose to add additional information to your site-specific program. There is no requirement to follow this sample and its use does not guarantee compliance with the OSHA standard. The information contained in this sample written program is provided as a public service by the Texas Occupational Safety and Health Consultation (OSHCON) Program and the Texas Department of Insurance, Division of Workers' Compensation (DWC) - Workplace Safety. Unless otherwise noted, this document was produced by DWC using information from staff subject specialists, government entities, or other authoritative sources. Information contained in this sample written program is considered accurate at the time of publication.

For free, confidential, onsite assistance, contact a Texas Occupational Safety and Health Consultant at OSHCON@tdi.texas.gov or call 800-252-7031, option 2. For more free safety and health publications, streaming videos, and other resources, visit www.txafetyatwork.com or email resourcecenter@tdi.texas.gov.

Instructions: To prepare your plan, follow these steps:

This fillable publication is designed to allow your organization to customize a Bloodborne Pathogens Program by replacing the interactive boxes with your company's name or the assigned responsible individual(s). Before creating your plan, read OSHA's Bloodborne Pathogens Standard.



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Bloodborne Pathogen Exposure Control Plan for

Objective

The objective of this Bloodborne Pathogen Exposure Control Plan is to comply with the OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

- **Blood:**
Human blood, human blood components, and products made from human blood.
- **Bodily Fluids:**
Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- **Other Potentially Infectious Materials:**
Any unfixed tissue or organ (other than intact skin) from a human (living or dead), and 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.

Background

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials and to provide protection to these employees in the form of engineering controls, personal protective equipment (PPE), training, and risk reduction.

Assignment of Responsibility

- **Program Administrator:**
The Company's Bloodborne Pathogen Exposure Control Plan and all its records pertaining to the plan shall be maintained by



- **Management:**
The Company will provide support, adequate controls, and equipment that, when used properly, will minimize or eliminate the risk of occupational exposure to blood or other potentially infectious materials at no cost to employees. Management will ensure proper adherence to this plan through periodic audits.
- **Supervisors:**
Supervisors shall support and ensure that their employees are trained in and use proper work practices, universal precautions, personal protective equipment, and proper cleanup and disposal techniques.
- **Employees:**
Employees are responsible for employing proper work practices, universal precautions, personal protective equipment, and cleanup and disposal techniques as described in this plan. Employees must immediately report all exposure incidents to
- **Contractors:**
Contract employees must comply with this plan and shall receive the training described herein from

Exposure Determination

All job classifications and locations in which employees may incur occupational exposure to blood or other potentially infectious materials shall be identified and evaluated by

This list shall be updated as job classifications or work situations change. Exposure determinations shall be made without regard to the use of PPE.

- **Category I:**
Job classifications in which employees are exposed to blood or other potentially infectious materials regularly shall be maintained by
(See Appendix A: Category I Job Classification-Expected Exposure List).
- **Category II:**
Job classifications in which employees may have occasional exposure to blood or other potentially infectious materials shall be maintained by
(See Appendix B: Category II Job Classification-Possible Exposure List).



Implementation Schedule and Methodology

Compliance Methods

- **Universal Precautions:**

The Company shall use universal precautions to prevent contact with blood or other potentially infectious materials.

- **Engineering Controls:**

The person responsible for reviewing all engineering and work practice controls used to minimize or eliminate exposure is

These controls will include:

These controls will be reviewed:

- **Needles:**

Except as noted below, contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken.

Procedures that require a contaminated needle to be recapped or removed with a mechanical device or one-handed technique include:

- **Containers for Reusable Sharps.**

Reusable sharps containers are available to dispose of contaminated sharps, such as needles, scalpels, and lancets, that may contain bloodborne pathogens. Containers must be puncture-resistant, leakproof, and have a biohazard label. Sharps containers are located:



The removal of sharps containers and the frequency at which they are checked is the responsibility of

- **Sharps Injury Log:**

A needlestick or sharps injury log must be maintained (for employers that keep records under 29 CFR 1904 and shall include the information outlined in Appendix C.

- **Hand Washing Facilities:**

Hand washing facilities shall be available and accessible to all employees who may incur exposure. Where not feasible, antiseptic cleansers, clean towels, or antiseptic towelettes will be provided by

When these are used, employees must wash their hands with soap and running water as soon as feasible.

- **Work Area Restrictions:**

In areas with a reasonable risk of exposure, employees shall not eat, drink, apply cosmetics, smoke, or handle contact lenses. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials may be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

All processes and procedures shall be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods of minimizing exposure include:

- **Specimens:**

Each specimen shall be placed in a closeable container that prevents leakage during collection, handling, processing, storage, and transport. If the primary container is contaminated or could puncture, it must be placed in a secondary container.

Bloodborne specimens must be color-coded or labeled if they leave a facility:

- Specimen containers must be red and have a biohazard symbol unless the following exceptions apply.
- Labels must be fluorescent orange or orange-red with contrasting lettering or symbols. They can be part of the container or attached as close as possible to it.



Some exceptions to the labeling requirements include:

- Containers of blood, blood components, or blood products that are labeled and released for clinical use or transfusion.
- Individual containers of blood or OPIM that are in secondary containers during storage, transport, shipment, or disposal.

- **Contaminated Equipment:**

Contaminated equipment must be examined before servicing or shipping. It shall also be decontaminated -- unless decontamination is not feasible -- and tagged and labeled. The person responsible for these efforts is

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

The following PPE will be provided by

- **Gloves:**

- *Disposable gloves:*

- Never wash or decontaminate for reuse.
- Replace immediately when contaminated.
- Replace immediately if torn, punctured, or compromised.

- *Utility gloves:*

- May be decontaminated and reused if integrity is intact.
- Dispose if cracked, peeling, torn, punctured, or showing signs of deterioration.

- **Eye and Face Protection:**

Required when splashes, splatters, or droplets of blood or other potentially infectious materials may contaminate eyes, nose, or mouth. Includes masks combined with:

- *Goggles.*
- *Glasses with solid side shields.*
- *Chin-length face shields.*
- *Situations requiring eye and face protection.*

- **Other PPE**

Additional protective clothing such as lab coats, gowns, aprons, clinic jackets, or similar outer garments shall be worn in instances when gross contamination can reasonably be expected. The following situations require additional protective clothing:



- *PPE Provisions.*
The task to ensure that provisions regarding PPE are met and maintained will be the responsibility of

PPE shall be considered appropriate only if it does not permit blood or OPIM to pass through or reach an employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions for the duration of time that the equipment will be used.

A list of PPE and associated tasks appears in Appendix D.

- *PPE Use.*
Supervisors shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of health care or pose an increased hazard to the safety of the worker or co-worker, then the supervisor shall investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

- *PPE Accessibility.*
Appropriate PPE in the necessary sizes shall be issued at no cost to employees by

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

- *PPE Cleaning, Laundering, and Disposal.*
All cleaning, laundering, disposal, and any needed repairs or replacement of PPE shall be according to the manufacturer's guidelines and provided by
at no cost to employees.

All garments penetrated by blood or OPIM shall be removed immediately or as soon as feasible, and always before leaving the work area. When PPE is removed, it shall be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.



Housekeeping and Waste Management

- **Facility Cleaning and Decontamination:**
 - Regular cleaning and decontamination of the facility is required.
 - Additional cleaning is required in case of gross contamination.
 - Refer to Appendix E for a detailed cleaning schedule and materials.
- **Work Surface Maintenance:**

All contaminated surfaces, bins, pails, cans, and similar receptacles must be:

 - Regularly inspected.
 - Decontaminated as per Appendix E.
- **Handling Contaminated Items:**
 - Do not directly pick up any potentially contaminated glassware with your hands.
 - Reusable contaminated sharps must not be stored or processed in a way that requires reaching by hand into containers.

Regulated Waste Disposal

All disposal must comply with federal, state, and local regulations.

- **Required Containers.**

Use containers that are:

 - Closable.
 - Puncture-resistant.
 - Leakproof on sides and bottom.
 - Labeled or color-coded.
- **Container placement:**
 - Keep upright during use.
 - Easily accessible to employees.
 - As close as possible to areas where sharps are used or found.
- **Container management:**
 - Replace routinely to prevent overfilling.
 - Close immediately before moving.
 - Use a secondary container if leakage is possible.



- **Reusable containers:**

- Do not open, empty, or clean manually.
- Texas employers must follow Texas Commission on Environmental Quality (TCEQ) medical waste management standards (§ 330.1001-330.1010).

Laundry

- Minimize handling of contaminated laundry.
- Use marked bags (labeled or color-coded) at the contamination site.
- Do not sort or rinse in contamination area.
- If using Universal Precautions for all laundry, special labeling may not be necessary if employees recognize the hazards.

Hepatitis B Vaccines, Post-Exposure Evaluation, and Follow-Up

General

The Hepatitis B vaccine will be made available to all employees with potential occupational exposure, as well as post-exposure follow-up.

This will be provided by

- At no cost to the employee.
- At a reasonable time and place.
- Under the supervision of a licensed physician or other licensed health-care professional.
- Per the recommendations of the United States Public Health Service.

All employees must report exposure incidents immediately to

Management

The vaccination program will be overseen by

These services will be provided by:



Category I Employees:

- Vaccinations will be offered after training and within 10 working days of assignment. Exceptions include:
 - Previous complete vaccination.
 - Proven immunity through antibody testing.
 - Medical contraindications.
- No pre-screening required.
- Vaccinations will be available later if initially declined.
- Declination requires a signed waiver found in Appendix F.
- Free booster doses will be made available if recommended by the U.S. Public Health Service.

Category II Employees:

- Vaccination will be offered within 24 hours of an exposure incident.
- Declination requires a signed waiver found in Appendix F.

Post-Exposure Evaluation and Follow-Up:

All employees must report all exposure incidents immediately to

This person shall investigate and document each exposure incident. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow-up, to be provided by

The post-exposure evaluation and follow-up shall include the following elements, at a minimum:

- **Documentation of the route of exposure** and the circumstances under which the exposure occurred.
- **Identification and documentation of the source individual**, unless it can be established that identification is infeasible or prohibited by state or local law.
- **Testing and documentation of the source individual's blood** as soon as feasible and after consent is obtained (if required) to determine HBV and HIV infectivity. If consent cannot be obtained, documentation that legally required consent cannot be obtained will be established by



- **Testing when the source individual is already known to be HBV or HIV-infected need not be repeated.**
- **Results of the source individual's testing shall be made available to the exposed employee**, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- **The exposed employee's blood shall be collected** as soon as feasible and tested after consent is obtained.
- **The exposed employee shall be offered the option of having their blood tested for HBV and HIV serological status.** The blood sample shall be preserved for up to 90 days to allow the employee to decide if their blood should be tested for HBV and HIV serological status.

Names of employees who contract HIV, HBV, or tuberculosis shall not be recorded on the OSHA 300 log.

- **Information provided to the health care professional.**
After an exposure incident occurs, the health care professional responsible for the exposed employee's hepatitis B vaccine, as well as the health care provider providing the post-exposure evaluation (if different), will be provided with the following by
 - A copy of [29 CFR 1910.1030](#), OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentiality requirements contained therein.
 - A written description of the exposed employee's duties as they relate to the exposure incident.
 - Written documentation of the route of exposure and circumstances under which the exposure occurred.
 - 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.**
The exposed employee will be provided with a copy of the evaluating health care professional's written opinion within 15 days of completion of the evaluation by

The health care professional's written opinion for hepatitis B vaccination shall be limited to whether the hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination. The health care professional's written opinion for post-exposure follow-up shall be limited to ONLY the following information:



- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

Other findings or diagnoses resulting from the post-exposure follow-up shall remain confidential and shall not be included in the written report.

Labels and Signs

Biohazard labels must be affixed to containers of regulated waste and areas containing blood or potentially infectious materials. This shall be the responsibility of

Training

Training must be provided at the time of initial assignment and annually thereafter, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. It must be tailored to the education level and language of the affected employees and offered during the normal work shift. Training shall be overseen by
It shall include:

- A copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard.
- A discussion of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the Company's Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan.
- A description and recognition of tasks, responsibilities, and duties that may involve exposure.
- An explanation of the use and limitations of the methods employed by the Company to reduce exposure (such as engineering controls, work practices, and PPE).
- Information about the types, use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis of the selection of PPE.
- Information about hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee.
- Instructions on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.



- Information on the post-incident evaluation and follow-up required for all exposure incidents.
- An explanation of signs, labels, and color-coding systems.

Recordkeeping

- **Medical Records:**

Medical records shall be maintained by and kept in

Medical records shall include:

- Name and other direct identifiers of the employee.
- A copy of the employee's hepatitis B vaccination status, including the dates of vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to an exposure incident, and documentation of the routes and circumstances of an exposure.

- **Training Records:**

Training records will be maintained by and kept for three years from the date of training. Records shall be kept in

Training records shall include:

- Training session dates.
- An outline describing the material presented.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

- **Availability of Records:**

The Company shall provide access to employee's records whenever an employee (or designated representative) requests access to them. It shall be done in a reasonable time, place, and manner per 29 CFR 1910.1020(e). An employee (or designated representative) will only be given access to his or her records.

- **Transfer of Records:**

If the Company ceases to do business and there is no successor employer to receive and retain the records, the Director of the National Institute for Occupational Safety and Health (NIOSH) must be contacted three months before cessation of business.



- **Evaluation and Review:**

This Bloodborne Exposure Control Plan will be reviewed at least annually for effectiveness and as needed to incorporate changes to the standard or changes in the workplace by



Appendix F

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Signature of Witness

Date



www.txsafetyatwork.com

1-800-252-7031, Option 2

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