

Why you need this policy:

All medical practices need infection control policies and procedures. And with regard to one particular form of infection—bloodborne pathogens that get into the bloodstream via puncture or piercing by contaminated needles or other medical sharps—QA measures must include a specific exposure control policy that meets the requirements of the federal workplace safety law called OSHA (the Occupational Safety and Health Act)—specifically, the regulation or “standard” dealing with bloodborne pathogens.

How this policy helps you:

The Model Policy below comes right from OSHA itself, i.e., the agency that enforces the bloodborne pathogens standard. We’ve altered it only slightly and in a nonsubstantive way to make it work for medical practices.

How to use this policy:

Because it comes from the government agency, you don’t want to make massive revisions to this Model Policy. However, you will have to fill in the blanks by listing information that applies to your practice, e.g., who at the practice is in charge of the exposure control policy, selecting needleless systems, etc. Just look for the italicized language in the Model Policy to identify the blanks that need filling.

XYZ Medical Group OSHA Bloodborne Pathogens Exposure Control Policy

1. Statement of policy

XYZ Medical Group recognizes the hazards posed by exposure to bloodborne pathogens, i.e., bacteria, viruses and other biological agents that can cause illnesses upon entering the blood stream, and is committed to protecting its staff from these dangers and ensuring all personnel a safe and healthful workplace.

2. Purpose of policy

XYZ Medical Group has adopted this Exposure Control Policy (ECP) to eliminate or minimize employees' occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document that XYZ Medical Group will use to implement and ensure compliance with the standard and protect our employees.

3. Definition of "employee"

For purposes of this ECP, "employee" refers to any individual employed by XYZ Medical Group, including physicians, medical professionals and assistants, administrative personnel, temporary and per diem workers, and volunteers.

4. Roles and responsibilities

The following XYZ Medical Group individuals or departments will be responsible for implementing different aspects of this ECP:

- a) **Overall implementation:** *[Name of responsible person or department]* is/are responsible for overall implementation of the ECP, including maintaining, reviewing and updating the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number *[list]*:
- b) **Exposed personnel:** XYZ Medical Group employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

- c) **PPE and other controls:** *[Name of responsible person or department]* will provide and maintain all necessary personal protective equipment (PPE), engineering controls, e.g., sharps containers, labels, and red bags as required by the OSHA standard and ensure that adequate supplies of such equipment are available in the appropriate sizes. Contact location/phone number *[list]*:
- d) **Medical actions and records:** *[Name of responsible person or department]* will be responsible for ensuring that all medical actions required by the OSHA standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number *[list]*:
- e) **Training:** *[Name of responsible person or department]* will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and National Institute for Occupational Safety and Health (NIOSH) representatives. Contact location/phone number *[list]*:

5. Employee exposure determination

- f) **All employees exposed:** The following is a list of job classifications at the XYZ Medical Group facility in which all employees have occupational exposure:

Department/Location

- Clinical lab
- Etc.

Job Description/Title

- Phlebotomists
- Etc.

- g) **Some employees exposed:** The following is a list of: i. all job classifications at the XYZ Medical Group facility in which some employees have occupational exposure; and ii. tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Department/Location

- Disposal area
- Etc.

Job Desc./Title

- Maintenance staff
- Etc.

Task/Procedure

- Handling medical waste
- Etc.

6. Methods of implementation and control

- a) Universal precautions:** All XYZ Medical Group employees must utilize universal precautions.
- b) Exposure control policy:** All XYZ Medical Group employees covered by the OSHA bloodborne pathogens standard will receive an explanation of this ECP during their initial training session as well as a review during their annual refresher training. All employees can review this ECP at any time during their work shifts by contacting [name of responsible person or department]. Upon request, XYZ Medical Group 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] 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.
- c) Engineering controls and work practices:** XYZ Medical Group will use the following engineering controls and work practice controls to prevent or minimize exposure to bloodborne pathogens:
- Non-glass capillary tubes;
 - SESIPs;
 - Needleless systems;
 - Etc. [List others]:
- Sharps disposal containers will be inspected and maintained or replaced by [name of responsible person or department] every [list frequency] or whenever necessary to prevent overfilling.
- d) Review of controls:** To ensure controls remain effective and suited to current hazards, XYZ Medical Group will:
- Identify the need for changes in engineering controls and work practices through [list review processes used, e.g.,

review of OSHA injury records, employee interviews, etc.]; and

- Evaluate new procedures and new products regularly by [describe the process, literature reviewed, supplier info, products considered].

XYZ Medical Group front-line workers and management officials will participate in the above review process in the following manner: [Describe employees' involvement]. [Name of responsible person or department] will be responsible for ensuring that recommendations for changes to control made in the course of the review process are implemented.

- e) Personal protective equipment (PPE):** XYZ Medical Group will provide appropriate PPE to protect against bloodborne pathogens at no cost to those employees including [list types of PPE available to employees such as gloves, eye protection, etc.] PPE is located [list location(s)] and may be obtained from [name of responsible person or department] [Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.] XYZ Medical Group will also furnish employees training in how to use particular kinds of PPE for specific tasks or procedures. Such training will be provided by [name of responsible person or department]
- f) Use of PPE:** All employees using PPE must observe the following precautions:
- Washing hands immediately or as soon as feasible after removing gloves or other PPE;
 - Removing PPE after it becomes contaminated and before leaving the work area;
 - Disposing of used PPE in [list appropriate containers for storage, laundering, decontamination, or disposal];
 - Wearing appropriate gloves when it is 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;
 - Discarding utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration [utility gloves may be decontaminated for reuse if their integrity is not compromised];

- Never washing or decontaminating disposable gloves for reuse;
- Wearing appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth; and
- Removing 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.

g) Handling of used PPE: The XYZ Medical Group procedure for handling used PPE is as follows: *[The procedure must, at a minimum, explain where and how to decontaminate face shields, eye protection, and resuscitation equipment. You can supply this information in one of 2 ways: Option 1: Explain the actual procedure you use; or Option 2: Indicate that you will follow your already existing specific procedure and list by title or number of the procedure and the last date it was reviewed.]*

h) Housekeeping: XYZ Medical Group will use the following procedures to handle, contain, and dispose of medical waste and other potentially contaminated materials:

- Regulated waste must be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (in accordance with the provisions for labels set forth below) and closed before removal to prevent spillage or protrusion of contents during handling.
- The procedure for handling sharps disposal containers is: *[Option 1: Explain the actual container handling procedure you use; or Option 2: Indicate that you will follow your already existing specific procedure and list by title or number of the procedure and the last date it was reviewed.]*;
- The procedure for handling other regulated waste is: *[Option 1: Explain the actual procedure you use; or Option 2: Indicate that you will follow your already existing specific procedure and list by title or number of the procedure and the last date it was reviewed.]*;
- Contaminated sharps will be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on the sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers will be available at *[list locations*

which must be easily accessible and as close as feasible to the immediate area where sharps are used]; and

- Bins and pails such as wash or emesis basins will be cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated will only be picked up using mechanical means, such as a brush and dustpan.

i) Contaminated laundry: The following contaminated articles will be laundered by XYZ Medical Group: *[list]*. Laundering must be performed by *[name of responsible person or department]* at *[time and/or location]* and meet the following requirements:

- Contaminated laundry should be handled as little as possible, with minimal agitation;
- Wet contaminated laundry must be placed in leak-proof, labeled or color-coded containers before transport using *[specify either red bags or bags marked with the biohazard symbol]* for this purpose; and
- The following PPE must be worn when handling and/or sorting contaminated laundry: *[list the required PPE for handling contaminated laundry]*.

j) Labels: XYZ Medical Group will use the following labeling methods in its facility: *[list]*

- Task/Procedure
- Handling medical waste
- Etc.
- Label Type
- Biohazard label
- Red bag
- Etc.

[Name of responsible person or department] is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees must notify *[name of responsible person or department]* if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

7. Hepatitis B vaccination

[Name of responsible person or department] will provide training to employees on hepatitis B vaccinations addressing

safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this ECP (Section 5). Vaccination will be encouraged unless:

- i. Documentation exists showing that the employee has previously received the series;
- ii. Antibody testing reveals that the employee is immune; or
- iii. Medical evaluation shows that vaccination is contraindicated.

Employees may decline the vaccination by signing the written declination form attached to this ECP as Exhibit A. 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]*.

Vaccination will be provided by *[list health care professional responsible for this part of the ECP]* at *[list location]*. Following the medical evaluation, XYZ Medical Group will obtain a copy of the health care professional's written opinion and provide it to the employee within 15 days of the completion of the evaluation. Such opinion will be limited to whether the health care professional believes the employee requires the hepatitis vaccine and whether the vaccine was administered.

8. Post-exposure evaluation and follow-up

Should an exposure incident occur, contact *[name of responsible person or department]* should be contacted at the following number *[list number]*. An immediately available confidential medical evaluation and follow-up will then be conducted by *[name of licensed health care professional]*. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- i. Documentation of the routes of exposure and how the exposure occurred;
- ii. Identification and documentation of the source individual (unless XYZ Medical Group determines and can prove that identification is infeasible or prohibited by state or local law);
- iii. Obtaining consent and making arrangements to have the source individual tested as soon as possible to determine

- iv. HIV, HCV, and HBV infectivity;
- iv. Documentation of the fact that the source individual's test results were conveyed to the employee's health care provider;
- v. New testing need not be performed if the source individual is already known to be HIV, HCV and/or HBV positive;
- vi. Assuring 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 such as laws protecting confidentiality;
- vii. After obtaining consent, collecting the exposed employee's blood as soon as feasible after the exposure incident and testing the blood for HBV and HIV serological status; and
- viii. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserving the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, performing testing as soon as feasible.

9. Administration of post-exposure evaluation and follow-up

[Name of responsible person or department] must ensure 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 and that the health care professional evaluating an employee after an exposure incident receives the following:

- i. A description of the employee's job duties relevant to the exposure incident;
- ii. Route(s) of exposure;
- iii. Circumstances of exposure;
- iv. If possible, results of the source individual's blood test; and
- v. Relevant employee medical records, including vaccination status.

[Name of responsible person or department] must provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

10. Procedures for evaluating circumstances surrounding exposure incident

[Name of responsible person or department] will review the circumstances of all exposure incidents to determine:

- i. Engine
- ii. Work practices followed;
- iii. A description of the device being used (including type and brand);
- iv. Protective equipment or clothing used at the time of the exposure incident, e.g., gloves, eye shields, etc.;
- v. Location of the incident, e.g., department or work area;
- vi. Procedure being performed when the incident occurred; and
- vii. Employee's training.

[Name of responsible person or department] will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. If revisions to this ECP are necessary [name of responsible person or department] will ensure that appropriate changes are made, which may include an evaluation of safer devices, adding employees to the exposure determination list, etc.

11. Employee training

All XYZ Medical Group employees who have occupational exposure to bloodborne pathogens will receive initial and annual training conducted by [name of responsible person or department] [Attach a brief description of their qualifications.] All employees who have occupational exposure to bloodborne pathogens will also receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program will cover at least the following elements:

- i. A copy and explanation of the OSHA bloodborne pathogen standard;
- ii. An explanation of the XYZ Medical Group ECP and how to obtain a copy of it;
- iii. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident;
- iv. An explanation of the use and limitations of engineering

- controls, work practices and PPE;
- v. An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE;
- vi. An explanation of the basis for PPE selection;
- vii. 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;
- viii. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- ix. 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;
- x. Information on the post-exposure evaluation and follow-up that XYZ Medical Group is required to provide for the employee following an exposure incident;
- xi. An explanation of the signs and labels and/or color coding required by the OSHA standard and used at this facility; and
- xii. An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at [list location].

12. Recordkeeping

a) Training records: XYZ Medical Group will complete training records for each employee upon completion of their training and retain them for at least three years at [list location]. Such training records will list:

- i. The dates of the training sessions;
- ii. The contents or a summary of the training sessions;
- iii. The names and qualifications of persons conducting the training; and
- iv. The names and job titles of all persons attending the training sessions.

XYZ Medical Group will provide employee training records upon request to the employee or the employee's authorized representative within 15 working days. Such requests

should be addressed to *[name of responsible person or department plus contact information]*.

- b) Medical records:** XYZ Medical Group will maintain medical records for each employee with occupational exposure as required by the OSHA standard (29 CFR 1910.1020, "Access to Employee Exposure and Medical Records.") *[Name of responsible person or department]* is responsible for maintaining the required medical records. These confidential records will be kept in *[list location]* for at least the duration of an individual's employment with XYZ Medical Group plus 30 years.

XYZ Medical Group will provide employee medical records upon request of the employee or to anyone who has the employee's written consent to receive those records within 15 working days. Such requests should be addressed to *[name of responsible person or department plus contact information]*.

- c) OSHA Recordkeeping records:** XYZ Medical Group will evaluate all exposure incidents to determine if the case meets OSHA Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities will be performed by *[name of responsible person or department plus contact information]*.

- d) Sharps Injury Log:** In addition to keeping records in accordance with the OSHA 1904 Recordkeeping Requirements, XYZ Medical Group will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log listing, at a minimum:

- i. The date of the injury;
- ii. The type and brand of the device involved, e.g., syringe, suture needle, etc.;
- iii. The department or work area where the incident occurred; and
- iv. An explanation of how the incident occurred.

XYZ Medical Group will review this log is reviewed as part of the annual program evaluation and maintain it 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.

EXHIBIT A:

Hepatitis B vaccine declination form

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

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) _____

Date: _____

