

TIPS *for Improving Your Exposure Control Plan*

The National Institute for Occupational Safety and Health (NIOSH) identified a number of problems with the Exposure Control Plans at fire, emergency medical services, and police departments.

Here are some tips on how to avoid these problems. Review your Plan to see if it has any of these defects. If it does, revise the Plan to fix the problems.

Provide a written plan.

A written Exposure Control Plan is the basis for an effective bloodborne pathogens program. Update it annually.

Tell workers that you have a plan and where it is located.

During initial and annual bloodborne pathogens training, tell workers about the Exposure Control Plan and where they can find it.

Designate a person to implement the plan.

Your Exposure Control Plan should

identify a designated individual responsible for implementing the Plan.

Do an "employee exposure determination." Make one list of job titles where all employees have reasonably anticipated contact with blood or other potentially infectious materials and another list of job titles where specified tasks or procedures put some employees at risk of exposure.

Provide safety devices.

Provide safety devices engineered to prevent needlesticks and other sharps injuries to employees who use these devices. The use of these devices will help prevent exposures to blood.

Get workers' input in the selection of safety devices.

Involve frontline employees in the evaluation and selection of safety devices. Document the selection process in your Exposure Control Plan.

Be specific about how to implement controls. Your Exposure Control Plan should specify work practices to control exposures to bloodborne pathogens. For example, the Plan should cover decontamination of work surfaces and equipment and inspection and replacement of sharps disposal containers, including who is responsible for doing these tasks.

Clarify how personal protective equipment (PPE) can help.

The Exposure Control Plan should provide guidelines on when and how to use different types of PPE. PPE includes disposable gloves, other protective clothing, face and eye protection, and ventilation devices. Under normal conditions, PPE should not permit blood or body fluids to reach the workers' skin, eyes, mouth, outer clothing, or undergarments.

Encourage hepatitis B protection. Offer the vaccination series at no cost to employees after required training, which includes information on the vaccine. Vaccination is encouraged unless the employee has been previously vaccinated, is immune, or vaccination is not medically indicated. The Plan must also designate someone responsible for the vaccination program and include a vaccination declination form.

Post-exposure evaluation and follow-up. Let employees know the procedure for reporting exposures, and have a plan for immediate medical evaluation and follow-up.

REMEMBER: Update your Exposure Control Plan every year, and get the updates into every copy!

Make your Exposure Control Plan easily available to employees.

For Additional Information on health issues:

- NIOSH: www.cdc.gov/niosh/topics/bbp/
- "Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program" (2004), available at the CDC Web site: www.cdc.gov/sharpssafety/

on compliance issues:

- OSHA: www.osha.gov/SLTC/bloodbornepathogens/index.html
- "Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards" (2003)
OSHA publication no. 3186-06R 2003, available at the OSHA Web site: www.osha.gov/pls/publications/publication.html

To receive NIOSH documents or information about occupational safety and health topics, contact NIOSH at
Telephone: 1-800-CDC-INFO (1-800-232-4636)
TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov

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SAFER • HEALTHIER • PEOPLE™

Protect Your Employees with an Exposure Control Plan

Your first line of defense against bloodborne pathogens



First responders face unique scenarios due to uncontrolled settings and the possible presence of large volumes of blood at the scene. Exposure risk is heightened in chaotic work situations with uncooperative patients or suspects.

These workers can be easily exposed to blood and other potentially infectious body fluids in their jobs. Emergency responders may perform urgent, invasive procedures on unstable patients, treat open wounds, and stop bleeding. Law enforcement officers may encounter used needles or be assaulted. These events put them at increased risk for contracting bloodborne pathogen infections, including hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (HIV) infections.

A comprehensive bloodborne pathogens exposure prevention program will help protect your employees. One component of a bloodborne pathogens exposure prevention program is a written *Exposure Control Plan*.

These plans are required by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. In addition, local regulations, employer policy, or collective bargaining agreements may call for such a program.



What is an Exposure Control Plan?

An Exposure Control Plan is the focal point of any bloodborne pathogens exposure prevention program. It details in writing *your* plan for reducing exposures to bloodborne pathogens and explains what steps to take when an exposure occurs. The Plan specifies all steps taken by *your* department to protect *your* workers.



Why is an Exposure Control Plan Important?

First—and most important—your Exposure Control Plan helps you protect your frontline workers from exposure to bloodborne pathogens.

Second, if your workers are at risk for a bloodborne pathogens exposure, you may be required by the law to have a written Exposure Control Plan.

Third, the costs of an exposure incident can be significant, including post-exposure treatment and counseling, as well as loss of employee work time. If an employee does contract an illness, costs can dramatically escalate from increased worker's compensation, lost work time, training of a replacement, etc. The Plan helps *you* control these costs by reducing exposures to bloodborne pathogens.

Basic Elements of an Exposure Control Plan

- Written policy for protecting employees from bloodborne pathogens exposures
- Designated individual responsible for administering the plan
- Employee exposure determination (a list of job classifications where employees may be exposed)
- Hepatitis B virus vaccination provisions
- Employee training (initial and annual training)
- Methods for control of bloodborne pathogens
 - Universal precautions
 - Engineering controls (for example, safety devices and sharps containers)
 - Work practice controls (for example, sharps handling and disposal, hand washing, cleanup)
 - Personal protective equipment (for example, disposable gloves or face shields)
 - Housekeeping
- Post-exposure reporting, evaluation, counseling, and follow-up procedures
- Procedures for evaluating circumstances surrounding an exposure incident
- Recordkeeping, including sharps injury logs, training records, and annual plan updates

Your Exposure Control Plan should include a description of how your department meets each of the basic elements. Your plan may also cover additional topics, such as how volunteers are protected.

OSHA presents a model Exposure Control Plan in its booklet *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards* (2003), OSHA publication no. 3186-06R 2003. See the back page of this brochure for ordering information. Use this model Plan as a template for your Plan, but tailor your Plan to the specific requirements of your department. If you already have a Plan, compare it to the model to ensure all elements are present. The model may give you ideas for improving your Plan during the annual update process.

Your first line of defense against bloodborne pathogens.



Your Exposure Control Plan must be:

- Specific to *your* department
- Updated yearly
- Accessible to workers