# Exposure Control Plan

**29 CFR 1910.1030—Bloodborne Pathogens**

***Scope & Application:*** *This standard applies to a company when employees have occupational exposure to blood or other potentially infectious materials resulting from the performance of their duties (e.g. have you assigned an employee to be a designated first aid provider).*

*The following standards are referenced in* [*29 CFR 1910.1030*](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)**—***Bloodborne Pathogens:*

* *29 CFR 1904.8—Recording Criteria for Needlestick and Sharp Injuries*
* *29 CFR 1904.29—Forms*
* *29 CFR 1904.33—Recordkeeping—Retention and Updating*
* *29 CFR 1910.1020—Access to Employee Exposure and Medical Records*

***Note:*** *29 CFR 1904.8—Recording Criteria for Needlestick and Sharp Injuries, 29 CFR 1904.29—Forms, and 29 CFR 1904.33—Recordkeeping—Retention and Updating, all relate to recording of needlesticks and sharps injuries on a sharps injury log. 29 CFR 1910.1020—Access to Employee Exposure and Medical Records requires medical records to be retained for duration of employment plus 30 years and exposure records for 30 years.*

***Standard Requirements for 29 CFR 1910.1030*—*Bloodborne Pathogens:***

* ***Programs/Plans:*** *Exposure Control Plan, Training Program*
* ***Procedures/Practices:*** *Work practice controls, gloving policy, cleaning schedule (Include in your Exposure Control Program)*
* ***Training:*** *Initially, annually*
* ***Inspections:*** *Routinely*
* ***Recordkeeping:*** *Plan, program, medical records, exposure records, hepatitis B vaccination declination*

***Note:*** *The Exposure Control Plan and Training Program required by 29 CFR 1910.1030— Bloodborne Pathogens can be incorporated into one program.*

***Example Plan:*** *The following example plan may be modified to be site-specific to the organization. Please reference 29 CFR 1910.1030*—*Bloodborne Pathogens to ensure that all requirements are being met.*

**Bloodborne Pathogens—Exposure Control Plan**

The Bloodborne Pathogens-Exposure Control Plan is accessible during each work shift for any employee to review. It is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide a copy of the Bloodborne Pathogen-Exposure Control Plan to any employee who requests a written copy free of charge and within 15 days of the request.

**Exposure Determination**

The following job classifications at our facility have occupational exposure to blood and other potential infectious materials (OPIM):

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| **Job Classification** | **Department/Location** |
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The Bloodborne Pathogens standard requires a listing of addition job classifications for employees who may have occupational exposure. Since not all the employees would be expected to incur exposure to blood or OPIM, specific tasks or procedures that would cause these employees to have occupational exposure must also be listed to understand clearly why these job classifications are considered to possibly have occupational exposure. The job classifications and associated tasks or procedures for these categories are as follows:

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| **Job Classification** | **Task/Procedure** |
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**Implementation Schedule and Methodology**

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

**Compliance Methods**

Universal precautions will be observed to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious, regardless of the perceived status of the source individual. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment will also be utilized.

Handwashing facilities will be made available to employees who incur exposure to blood or OPIM. When handwashing facilities are not feasible, either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When using these alternatives, the employees must wash their hands with soap and running water as soon as feasible.

**Personal Protective Equipment (PPE)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is responsible for ensuring that the following provisions are met.

All PPE used will be provided without cost to the employee. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee’s clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time while the protective equipment will be used. At this facility, employees are provided with the following PPE:

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**PPE Cleaning, Laundering and Disposal**

All PPE will be cleaned, laundered or disposed of by the company at no cost to employees. All repairs and replacements will be provided by the company at no cost to employees.

**Gloves**

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin and mucous membranes; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or if they are torn, punctured or their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse, provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or show other signs of deterioration or when their ability to function as a barrier is compromised.

**Eye and Face Protection**

Masks, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length side face shields must be worn whenever splashes, spray, splatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated. The following situations require such protection:

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**Housekeeping**

***Note:*** *A cleaning and decontamination schedule must be developed based on the type of contamination and the surfaces to be decontaminated. This schedule should include the frequency with which decontamination must be accomplished, such as immediately after a blood or body fluid release, once per shift, or after each procedure causing contamination of materials or surfaces.*

We will follow the cleaning and decontamination schedule below:

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Blood or OPIM release or spills must be reported to the supervisor or appropriately trained cleaning staff and surfaces must be decontaminated immediately or per the pre-established cleaning schedule. Decontamination may be accomplished by using sodium hypochlorite mixed with water in a 1:10 to 1:100 concentration. This must be mixed daily or immediately prior to use. Additionally, other appropriate disinfectants may be used in accordance with the manufacturer’s instructions as follows*:*

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**Sharps and Other Regulated Waste**

OSHA requires the employer to solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

Regulated waste, including sharps, must be placed in containers that are closeable and constructed to contain all contents and prevent leakage. Sharps containers must be stored upright during use and may not be opened by employees.

All sharps and regulated waste containers must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

***Note:*** *Disposal of all regulated waste must be in accordance with all applicable federal, state and local regulations.*

**Laundry Procedures**

Laundry contaminated with blood or OPIM will be handled as little as possible. Employees who handle contaminated laundry shall wear protective gloves and other appropriate PPE. Such laundry will be placed in appropriately marked bags (biohazard labeled or color-coded red) at the location where it was used. The laundry will not be sorted or rinsed in the area of use.

***Note:*** *If the facility ships contaminated laundry offsite to a laundry that does not utilize universal precautions in the handling of all laundry, the contaminated laundry must be placed in bags or containers that are labeled or color-coded.*

**Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up**

We make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure and post-exposure follow-up to employees who have had an exposure incident.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure follow-up including prophylaxis are:

* Made available at no cost to the employee.
* Made available at a reasonable time and place.
* Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional (PLHCP).
* Provided according to the recommendations of the U.S. Public Health Service.

Hepatitis B vaccination will be made available after the employee has received training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure unless: the employee has previously received the complete hepatitis B vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated for medical reasons.

For employees who complete the hepatitis B vaccination series, antibody testing will be made available at no cost to the employee one to two months after completion of the series, as recommended by the U.S. Public Health Service.

Employees who decline the hepatitis B vaccination will sign the OSHA required declination form indicating their refusal (Refer to hepatitis B declination at the end of program). Any employee who initially declines hepatitis B vaccination, but later decides to accept vaccination while still covered by the standard, will be provided the vaccination series as described above.

If at a future date the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine, such booster doses will be made available at no cost to the employee.

**Post-Exposure Evaluation and Follow-up**

All exposure incidents will be reported, investigated, and documented. When an employee incurs an exposure incident, it will be reported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.* Following a report of an exposure incident, the exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

* Documentation of the route of exposure, and the circumstances under which the exposure incident occurred. If the incident involves percutaneous injury from a contaminated sharp, appropriate information should be entered in the sharps injury log.
* Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. The source individual’s blood will be tested as soon as feasible, and after consent is obtained, to determine HBV and HIV infectivity. If consent is not obtained, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will establish that legally required consent cannot be obtained. When the source individual’s consent is not required by law, the blood (if available) will be tested and the results documented.
* Results of the source individual’s testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
* Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
* Counseling and an evaluation of reported illnesses will be offered.

Collection and testing of blood for hepatitis B virus (HBV) and human immunodeficiency virus (HIV) serological status will comply with the following:

* The exposed employee’s blood will be collected as soon as feasible and tested after consent is obtained.
* The employee will be offered the option of having his or her blood collected for testing of the employee’s HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status.

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post-exposure follow-up will be provided by the following healthcare provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Information Provided to the Health Care Professional**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will ensure that the health care professional (HCP) responsible for the employee’s hepatitis B vaccination is provided with a copy of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will ensure that the HCP who evaluates an employee following an exposure incident is provided with the following:

* A copy of the OSHA Bloodborne Pathogens Standard.
* A description of the exposed employee’s duties as they relate to the exposure incident.
* Documentation of the route(s) of exposure and circumstances under which exposure occurred.
* Results of the source individual’s blood testing.
* All medical records relevant to the appropriate treatment of the employee, including vaccination status.

**Health Care Professional’s Written Opinion**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will obtain and provide the employee with a copy of the evaluating HCP’s written opinion within 15 days of completion of the evaluation. For hepatitis B vaccination, the HCP’s written opinion will be limited to whether the vaccination is indicated for an employee and whether the employee has received such vaccination.

For post-exposure follow-up, the HCP’s written opinion will be limited to the following:

* 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 which may require further evaluation or treatment.

***Note:*** *The doctor must be informed that all other findings or diagnoses unrelated to the bloodborne pathogens exposure incident must remain confidential and must not be included in the written report from the doctor to the company.*

**Labels and Signs**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM and other containers used to store, transport or ship blood or OPIM. The universal biohazard symbol will be used. Labels will be fluorescent orange or orange-red and will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal. Red bags or containers may be substituted for labels.

**Information and Training**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that training is repeated within 12 months of the previous training. Training will be tailored to the education and language level of the employee, and offered during the normal work shift with the opportunity for interactive questions. Training will cover at a minimum the following topics:

1. An accessible copy of the regulatory text of the Bloodborne Pathogen Standard (29 CFR 1910.1030) and an explanation of its contents
2. A general explanation of the epidemiology and symptoms of bloodborne disease
3. An explanation of the modes of transmission of bloodborne pathogens
4. An explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
8. An explanation of the basis for selection of personal protective equipment
9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
11. 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
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
13. An explanation of the signs and labels and color-coding requirements

**Recordkeeping**

*Medical Records:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is responsible for maintaining medical records as indicated below. These records are confidential and must be maintained for the duration of employment plus 30 years. These medical records will include a copy of the employee’s hepatitis B vaccination status (including the dates of all the hepatitis B vaccinations), copy of all results of examinations. If the employee had an exposure incident then the medical records will include a copy of all results of examinations, medical testing, and follow-up procedures, a copy of the healthcare professional’s written opinion, and information provided to the healthcare processional.

*Training Records:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for maintaining BBP training records. These records will be maintained for three years from the date of training. The training records will include the date(s) of the training session(s), contents or summary of the training, instructors’ names and qualifications and the names and job titles of all persons attending the training sessions.

**Declination Form**

If an employee initially declines the hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, we will make available hepatitis B vaccination at that time.

If an employee declines the hepatitis B vaccination, the employee must sign the mandatory declination form found in Appendix D of the standard and is located at the end of this program.

**Annual Review**

The Bloodborne Pathogens-Exposure Control Plan will be reviewed annually by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The annual review will also include documenting considerations and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. When new tasks, procedures, and/or positions are added or modified/revised which affect occupational exposure, the Bloodborne Pathogens-Exposure Control Plan will be updated immediately to reflect these changes.

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| **Date of Review/Update** | **Name of Reviewer/Signature** |
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**Bloodborne Pathogens*—*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 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.

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Employee’s name (print)

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Employee’s signature

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Date

***Note:*** *The above declination can be placed on company letterhead but no other changes should be made to it.*

**Free Outreach Resources:**

[*Safety and Health Programs and Plans*](https://www.labor.nc.gov/safety-and-health/publications/example-programs) *(i.e., Example Programs to be Made Site-Specific)*

[*A - Z Safety and Health Topics*](https://www.labor.nc.gov/safety-and-health/occupational-safety-and-health/occupational-safety-and-health-topic-pages) *(i.e., Learn More About Safety and Health Topics)*

[*Which Standards Apply?*](https://www.labor.nc.gov/which-osha-standards-apply) *(Identify the Standards Applicable to Your Worksite)*

[*Safety and Health Presentations*](https://www.labor.nc.gov/document-collection/osh-presentations) *(Downloadable Presentations to be Made Site-Specific)*

[*OSH Training Calendar*](https://www.labor.communications.its.state.nc.us/OSHPublic/ETTA/class_regist/calendar.cfm) *(i.e., Register for Webinars, In-Person Classroom Training, Virtual Events)*

[*Streaming Video Services*](https://www.labor.nc.gov/safety-and-health/library/how-borrow-dvds-and-videos#are-your-videos-online) *(On-Demand Training)*

[*Request Outreach Services*](https://www.labor.communications.its.state.nc.us/OSHPublic/ETTA/Outreach/Outreach_Request_Form.html) *(i.e., Request Training, Booths, Guest Speaker)*

[*AskOSH*](https://www.labor.nc.gov/safety-and-health/occupational-safety-and-health/ask-osh) *(Interpretations)*