Bloodborne Pathogens
Exposure Control Plan
Bloodborne Pathogens
Exposure Control Plan
Self-Audit Checklist

Yes No Date Corrected

- Does the Exposure Control Plan identify in writing:
  
  □ □ _______ • all employees who have a reasonable likelihood of occupational exposure during the performance of their assigned duties without regard to the use of personal protective equipment;
  
  □ □ _______ • the schedule and procedures for implementing ALL the provisions of the Standard;
  
  □ □ _______ • the method for evaluation of exposure incidents that allow appropriate corrective action to be taken?
  
  □ □ _______ • does management solicit input from non-managerial employees in the identification and selection of effective engineering and work practice controls?
  
  □ □ _______ • Has a mechanism been established for annual review of the Exposure Control Plan?
  
  □ □ _______ • Is the Exposure Control Plan accessible to all employees?
  
  □ □ _______ • Do you have a written policy that adopts the use of “universal precautions” for the handling of blood and potentially infectious materials to reduce the risk of occupational exposure?
  
- Does the Exposure Control Plan identify the:
  
  □ □ _______ • engineering controls that will be used to reduce occupational exposure;
  
  □ □ _______ • schedule for regular inspection and replacement of engineering controls;
  
  □ □ _______ • schedule and method for determining the need for replacement of sharps containers?
  
- Are there written policies (if applicable) that:
  
  □ □ _______ • prohibit recapping of needles using a two-handed technique;
  
  □ □ _______ • prohibit removal of needles from syringes by hand;
  
  □ □ _______ • prohibit bending, shearing, or breaking of contaminated needles;
  
  □ □ _______ • specify the situations where recapping is allowed and the safe practices or devices that are required to reduce the risk of injury;
  
  □ □ _______ • specify the safe practices to be used when handling, or reprocessing reusable sharps;
  
  □ □ _______ • require the use of mechanical means (such as a brush and dust pan, or tongs) to clean up broken glassware?
  
- Are the containers used to store or transport contaminated reusable sharps:
  
  □ □ _______ • puncture-resistant and leakproof;
  
  □ □ _______ • red in color and labeled with the BIOHAZARD symbol?

- Are containers used for disposal of contaminated sharps:
  
  □ □ _______ • closeable, puncture-resistant, leakproof on sides and bottom;
  
  □ □ _______ • red in color or labeled with the BIOHAZARD symbol;
• located as close as possible to the immediate area of use;

• located in areas where sharps may not normally be used, but can be reasonably anticipated to be found, such as the laundry;

• replaced routinely and not allowed to overfill;

• maintained in an upright position during transport?

• Are handwashing facilities reasonably accessible to employees?

• If handwashing facilities with soap and running water are not accessible, are appropriate alternatives provided, such as antiseptic hand cleansers or towelettes?

• Are employees instructed about not eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in contaminated work areas?

• Are food and drink prohibited from storage in refrigerators, freezers, shelves, cabinets, or counter tops where blood and other potentially infectious materials are present?

• Are employees who could be expected to perform procedures that may create splashing or spraying of blood or other potentially infectious materials trained to perform such procedures in a manner that reduces risk of exposure?

  • Are employees (if applicable) trained:

  • to recognize specimen containers as containing potentially infectious materials;

  • to use “universal precautions” when handling all specimens;

  • if not, are the containers red or labeled with the BIOHAZARD symbol?

  • Are containers that are used to transport medical specimens appropriately labeled?

  • Are employees instructed to place all specimen containers that may be contaminated or leak in a secondary container that is leak-resistant or, if necessary, puncture-resistant?

  • Is contaminated equipment decontaminated prior to servicing?

  • If unable to be decontaminated, is it labeled and does it specify which portions of the equipment remain contaminated?

  • Is there a mechanism for repairing, replacing, reprocessing protective barriers and clothing?

  • Are barrier devices provided for use in emergency CPR?

  • Are employees trained in the proper selection, indications, mandated use, and proper procedures for disposal or reprocessing of personal protective equipment?

  • Have employee job duties with occupational exposure been reviewed to determine what protective clothing must be provided?

  • Is appropriate personal protective clothing for the tasks performed provided to employees:

  • at no cost;

  • in appropriate sizes;

  • in accessible locations;

  • effective in preventing the penetration of blood and other potentially infectious materials?
☐ ☐ _______ • Is a mechanism in place for cleaning, laundering, or disposing, of employees’ protective clothing?

☐ ☐ _______ • Is there a mechanism for replacement or washing of an employee-owned uniform or clothing if it becomes contaminated?

- Does employee training include:
  - indications for selection, proper use, replacement, and disposal of protective clothing;
  - the need to remove protective clothing prior to leaving the work area and when it becomes penetrated by blood and other potentially infectious materials?

- Are gloves made available to employees:
  - in accessible locations;
  - suitable for the tasks being performed?

- Are gloves required to be worn:
  - when there is reasonable likelihood of contact with blood and other potentially infectious materials;
  - during all vascular access procedures;
  - when there is contact with mucous membranes and non-intact skin;
  - when contaminated items or surfaces are handled?
  - are alternative gloves available to employees who are allergic to those normally provided?

- Are face and eye protection provided when, for instance, following an accident there is a potential for splashing, spraying, or splattering of blood or potentially infectious materials?

- If glasses are used as protective eyewear, do they have shields?

- Is there a written procedure for cleaning and decontamination of:
  - environmental surfaces, e.g., floors;
  - work surfaces;
  - equipment?

- Has a written procedure been established for reusable trash receptacles that hold contaminated items, including:

  - a regular schedule for inspection and decontamination of containers;
  - procedures for cleaning and decontamination when visibly contaminated?

- Are there written procedures for bagging, handling, and transporting of contaminated laundry that:

  - prohibit the sorting or rinsing in guest areas;
  - specify the types of bags or containers that will be used to prevent leakage;
  - specify the alternative labeling when “universal precautions” are used for handling all contaminated laundry?
Yes  No  Date  Corrected

☐ ☐ __________ • Does your employee training cover all procedures for identifying, bagging, handling, and transporting of contaminated laundry?
  • Are the containers for regulated waste:
    ☐ ☐ ________ • closeable;
    ☐ ☐ ________ • able to prevent leakage of fluids;
    ☐ ☐ ________ • labeled with the BIOHAZARD symbol or colored red?
☐ ☐ ________ • Are employees instructed to close all regulated waste containers prior to removal to prevent spillage during handling, transporting, or shipping?
☐ ☐ ________ • Do policies and procedures identify the responsibility of department heads, managers and employees in complying with the recommended practices?
  • Do these policies and procedures include:
    ☐ ☐ ________ • the responsibility of the employee;
    ☐ ☐ ________ • recommended practices;
    ☐ ☐ ________ • how compliance monitoring will be done;
    ☐ ☐ ________ • how noncompliance will be reported and documented;
    ☐ ☐ ________ • how follow-up will be conducted;
    ☐ ☐ ________ • the action to be taken for noncompliance; e.g., disciplinary action, if necessary?
☐ ☐ ________ • Has a determination been made of which employees have potential occupational exposure and are eligible for Hepatitis B vaccination?
  • Is the Hepatitis B vaccine provided to all employees with potential occupational exposure:
    ☐ ☐ ________ • free of charge;
    ☐ ☐ ________ • at a reasonable time and place convenient to the employee;
    ☐ ☐ ________ • in accordance with U.S. Public Health Service recommendations?
  • Has a mechanism been established to offer the vaccine to:
    ☐ ☐ ________ • current employees;
    ☐ ☐ ________ • new employees within ten days of their initial assignment?
  • Is specific training provided prior to vaccination that includes information on:
    ☐ ☐ ________ • the Hepatitis B vaccine;
    ☐ ☐ ________ • its safety, efficacy, and methods of administration;
    ☐ ☐ ________ • the benefits of being vaccinated;
    ☐ ☐ ________ • the right to decline vaccination and have it still be provided upon request at a later date?
☐ ☐ ________ • Do employees who decline vaccination sign a declination statement?
☐ ☐ ________ • Has a mechanism been established to obtain a written opinion from the evaluating health care professional on the vaccination status of each employee?
☐ ☐ ________ • Is a copy of this written opinion provided to the employee?
☐ ☐ ________ • Are all other employee health records containing medical findings and diagnoses kept confidential?
Yes No Date Corrected

☐ ☐ _______ • Are records maintained of the vaccination status of all employees who have a potential occupational exposure?

☐ ☐ _______ • Have exposure incidents been defined?
  • Has a mechanism been established to:
    ☐ ☐ _______ • document the route(s) of exposure and circumstances under which all exposure incidents occur;
    ☐ ☐ _______ • evaluate exposure incidents that allow corrective action to be taken?
  • Is a confidential medical evaluation and follow-up provided immediately following exposure incidents, including:
    ☐ ☐ _______ • evaluation of the exposure incident;
    ☐ ☐ _______ • collection and testing of the source individual’s blood for HBV and HIV serological status, if not already known;
    ☐ ☐ _______ • post-exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service at the time of the exposure;
    ☐ ☐ _______ • counseling;
    ☐ ☐ _______ • evaluation of any reported illnesses related to the exposure incident?

☐ ☐ _______ • Is information on the results of the source individual’s blood testing provided to the employee?

☐ ☐ _______ • Are there procedures that specify what should be done if consent cannot be obtained from the source individual?

☐ ☐ _______ • Are baseline blood samples from exposed employees who initially decline HIV testing held for 90 days?

☐ ☐ _______ • is there a policy that provides for testing these samples from the source individual?
  • Is the evaluating health care professional provided with:
    ☐ ☐ _______ • a copy of the 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 the exposure occurred;
    ☐ ☐ _______ • results of the source individual’s blood testing, if available;
    ☐ ☐ _______ • all medical records relevant to treatment of the employee including vaccination status?
  • Is the employer provided with a copy of the evaluating health care professional’s written opinion, which includes information that the employee has been informed about:
    ☐ ☐ _______ • the results of the medical evaluation;
    ☐ ☐ _______ • any medical conditions that may arise from exposure that may require further treatment?
• Are needlestick injuries and other exposure incidents that result in medical treatment or seroconversion recorded on the OSHA-U.S.A. 300 Log and/or local summary of occupational injuries or illnesses?
• Is identifying information related to bloodborne pathogens removed prior to granting access to the records?
• Does employee training include information on the actions to be taken following an exposure incident, including the reporting methods, and the availability of medical follow-up?
• When indicated, is the universal BIOHAZARD symbol always used in conjunction with the word “BIOHAZARD”?

- Are there written procedures that outline the specific labeling required for:
  - specimens if universal precautions are not observed for handling all specimens;
  - laundry bags if “universal precautions” are not observed for handling all laundry;
  - refrigerators and freezers that contain blood or other potentially infectious materials;
  - containers used to store, transport, or ship regulated waste, blood, other potentially infectious materials;
  - sharps disposal containers;
  - contaminated equipment that is sent for servicing or repair?

- Is a mechanism in place to provide training:
  - to all current employees as soon as possible;
  - to new employees at the time of initial employment?

- Is training provided to all employees with potential occupational exposure as defined in the Exposure Control Plan:
  - at no cost to the employee;
  - during working hours;
  - at a reasonable location;
  - training records are maintained for 3 years from the date of the training;
  - by an individual who is knowledgeable in the subject matter?

- Does the training include:
  - an accessible copy of the regulatory text of the Standard;
  - a general explanation of the epidemiology and symptoms of bloodborne diseases;
  - an explanation of the modes of transmission of bloodborne pathogens;
  - an explanation of the employer’s Exposure Control Plan and the means by which the employee can obtain a copy of the written plan;
  - an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
  - 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;
• information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;

• an explanation of the basis for selection of personal protective equipment;

• 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;

• information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

• 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 required to be provided to an employee following any exposure incident;

• an explanation of the signs and labels and/or color coding used to identify hazards;

• an opportunity for interactive questions and answers with the person conducting the training?

• Is the training appropriate in content, language, and vocabulary to the educational, literacy, and language background of the employee?

  • Are written training records kept for three years which include:

    • the dates of the training sessions;

    • the contents or a summary of the training?

• Is there a mechanism to ensure that medical records are kept confidential?

• Do employees have access to their medical records?