

# Checklist for Bloodborne Pathogens Exposure Control Plan

**All answers Yes No or N/A** \*A facility should answer yes or not applicable (N/A). A no answer indicates the facility is out of compliance.

Does the exposure control plan identify in writing:

1. 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?
2. Procedures for implementing all the provisions of the standard?
3. The method for evaluation of exposure incidents that allows appropriate corrective action to be taken?
4. A mechanism for annual review of the exposure control plan?
5. Is the exposure control plan accessible to all employees?
6. Does the facility have in writing a policy that adopts the use of universal precautions for the handling of blood and potentially infectious materials to reduce the risk of occupational exposure?
7. Does the facility's definition of potentially infectious materials include at least those human body fluids that are included in OSHA's definition?

## Engineering Controls: Handling and Disposal of Sharps

Does the facility's exposure control plan identify:

1. Engineering controls that will be used to reduce occupational exposure?
2. Schedule for regular inspection and replacement of engineering controls?
3. Schedule and method for determining the need for replacement of sharp containers?
4. Is there a mechanism to evaluate safe needle devices for their appropriateness and efficiency?
5. After efficacy has been established, are these devices made available to employees?
6. Does employee training include proper use of these devices?
7. Are there written policies that prohibit recapping of needles using a two-handed technique?
8. Are there written policies that prohibit removal of needles from syringes by hand?
9. Are there written policies that prohibit bending, shearing or breaking of contaminated needles?
10. Are there written policies that specify the situations where recapping is allowed and the safe practice or devices that are required to reduce the risk of injury?
12. Are there written policies that require the use of mechanical means (such as a brush, dust pan or tongs) to clean up broken glassware?
13. Are the containers used to store or transport contaminated reusable sharps in a puncture-resistant, leak proof container, red in color or labeled with the biohazard symbol?
14. Are the containers used for disposal of contaminated sharps closable, puncture-resistant, leak proof on sides and bottom?
15. Are the containers used for disposal of contaminated sharps located as close as feasible to the immediate area of use?
16. Are the containers used for disposal of contaminated sharps located in

areas where sharps may not normally be used, but can reasonably anticipated to be found, such as the laundry?

17. Are the containers used for disposal of contaminated sharps replaced routinely and not allowed to overfill?
18. Are the containers used for disposal of contaminated sharps maintained in an upright position during transport?

## **Safe Work Practices**

1. Are hand washing facilities reasonably accessible to employees?
2. If hand washing facilities with soap and running water are not accessible, are appropriate alternatives provided such as antiseptic hand cleaners or towelettes?
3. Are employees instructed about not eating, drinking, smoking, and applying cosmetics or lip balm, or handling contact lenses in contaminated work areas?
4. Are food and drink prohibited from storage in refrigerators, freezers, shelves, cabinets, or counter tops where blood and other potentially infectious materials are present?
5. Are employees who 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?
6. Are employees trained to recognize specimen containers as containing potentially infectious materials?
7. Are they trained to use universal precautions when handling all specimens?
8. Are the containers red or labeled with the biohazard symbol?
9. Are employees instructed to place all specimen containers that may be contaminated or leaking in a secondary container that is leak-resistant or, if necessary, puncture-resistant?
10. Is contaminated equipment decontaminated prior to servicing?
11. If the contaminated equipment is unable to be decontaminated is it labeled and does it specify which portions of the equipment remains contaminated?

## **Personal Protective Equipment (PPE)**

1. Is personal protective clothing and equipment been provided to the facility's employees at no cost?
2. Is the protective equipment appropriate for the task performed?
3. Is the PPE effective in preventing the penetration of blood and other potentially infectious materials?
4. Is the PPE accessible and conveniently located?
5. Is the PPE available in proper sizes?
6. Is there a mechanism for repairing, replacing, reprocessing protective barriers and clothing?
7. Are employees trained in the proper selection, indications, mandated use, and proper procedures for disposal or reprocessing of personal protective equipment?

## **Clothing**

1. Have employee's job duties with occupational exposure been reviewed to determine what protective clothing must be provided?
2. Is appropriate personal protective clothing provided to employees and at no cost?
3. In appropriate sizes and in accessible locations?

4. Is a mechanism in place for cleaning, laundering, or disposing of employees' protective clothing?
5. Does employee training include indications for selection, proper use, replacement, and disposal of protective clothing?
6. Does employee training include the need to remove protective clothing prior to leaving the work area and when it becomes penetrated by blood and other potentially infectious materials?

## **Gloves**

1. Are gloves made available to employees in accessible locations?
2. Are these gloves suitable for the tasks being performed?
3. Are gloves required to be worn when there is a reasonable likelihood of contact with blood and other potentially infectious materials?
4. Are gloves required to be worn during all vascular access procedures?
5. Are gloves required to be worn when there is contact with mucous membranes and non-intact skin?
6. Are gloves required to be worn when contaminated items or surfaces are handled?
7. Are alternatives provided for employees who are allergic to the gloves normally provided?
8. Do the healthcare facility procedures prohibit washing and decontamination for reuse of disposable gloves?
9. Do the healthcare facility procedures specify the methods for decontamination, indications for replacement, and length of use of utility gloves?

## **Eye Protection**

1. Are face and eye protection provided when there is a potential for splashing, spraying, or splattering of blood or potentially infectious materials?
2. If glasses are used as protective eyewear, do they have side shields?

## **Housekeeping**

1. Is there a written procedure for cleaning and decontamination of environmental surfaces such as floors?
2. Is there a written procedure for cleaning and decontamination of work surfaces?
3. Is there a written procedure for cleaning and decontamination of equipment?
4. Does the written procedure specify that work surfaces must be cleaned and decontaminated upon completion of procedure?
5. Does the written procedure specify that work surfaces must be cleaned and decontaminated after overt contamination during procedure?
6. Does the written procedure specify that work surfaces must be cleaned and decontaminated at the end of the work shift?
7. Has a written procedure been established for reusable trash receptacles used to hold contaminated items including a regular schedule for inspection and decontamination of containers and for decontamination when visibly contaminated?

## **Laundry**

1. Are there written procedures for bagging and transporting of contaminated laundry that prohibit the sorting or rinsing in patient care areas?
2. Are there written procedures for bagging and transporting of contaminated laundry that specify the types of bags or containers that will be used to prevent leakage?
3. Are there written procedures for bagging and transporting of contaminated laundry that specify the alternative labeling when universal precautions are used for handling all contaminated laundry?
4. Does the facility employee training cover all procedures for identifying, bagging, handling, and transporting contaminated laundry?
5. Are laundry employees provided with appropriate protective clothing to prevent occupational exposure?
6. Are these employees trained on the proper use of protective clothing?

## **Regulated Waste**

1. Has the definition of regulated waste been reviewed and revised to be consistent with OSHA's definition?
2. Are the containers for regulated waste closable?
3. Are the containers for regulated waste able to prevent leakage of fluids?
4. Are the containers for regulated waste labeled with the biohazard symbol or colored red?
5. Are secondary containers provided in situations where the outside of the primary container becomes contaminated?
6. Do these secondary containers meet the same requirements as the primary containers?
7. Are employees instructed to close all regulated waste containers prior to removal to prevent spillage during handling, transporting or shipping?

## **Hepatitis B Vaccination and Postexposure Follow-up**

1. Has a determination been made of which employees have occupational exposure and are eligible for hepatitis B vaccination?
2. Is the hepatitis B vaccine provided to all employees with occupational exposure free of charge?
3. Is the hepatitis B vaccine provided at a reasonable time and place convenient to the employee?
4. Is the hepatitis B vaccine provided in accordance with USPHS recommendations?
5. Has a mechanism been established to offer the vaccine to current employees?
6. Has a mechanism been established to offer the vaccine to new employees within 10 days of their initial assignment?
7. Is specific training provided prior to vaccination that includes information on the hepatitis B vaccine?
8. Is specific training provided on the safety, efficacy and methods of administration on the hepatitis B vaccine?
9. Is specific training provided on the benefits of being vaccinated with the hepatitis B vaccine?

10. Is specific training includes information on the right to decline vaccination and have it still be provided upon request at a later date?
11. Do employees who decline vaccination sign a declination statement?
12. Has a mechanism been established to obtain from the evaluating health care professional on the vaccination status of each employee?
13. Is a copy of this written opinion provided to the employee?
14. Are all other employees health records containing medical findings and diagnoses kept confidential?
15. Are records maintained of the vaccination status of all employees who have occupational exposure?

## **Postexposure Evaluation and Follow-up Procedures**

1. Have exposure incidents been defined?
2. Has a mechanism been established to document the route(s) of exposure and circumstances under which all exposure incidents occur?
3. Has a mechanism been established to evaluate exposure incidents that allow corrective action to be taken?
4. Is a confidential medical evaluation and follow-up provided immediately following exposure incidents?
5. Does it include evaluation of the exposure incident?
6. Does it include collection and testing of the source individual's blood for HBV and HIV serological status, if not already known?
7. Does it include collection and testing of employee's blood for HBV and HIV status?
8. Does it include postexposure prophylaxis when medically indicated as recommended by the USPHS at the time of exposure?
9. Does it include counseling?
10. Is information on the results of the source's individual's blood testing provided to the employee?
11. Are there procedures that specify what should be done if consent cannot be obtained from the source individual?
12. Are baseline blood samples from exposed employees who initially decline HIV testing held for 90 days?
13. Is there a policy that provides for testing these samples upon request of the employee?
14. Is the evaluating health care professional provided with a copy of the standard?
15. Is the evaluating health care professional provided with a description of the exposed employee's duties as they relate to the exposure incident?
16. Is the evaluating health care professional provided with documentation of the route(s) of exposure and circumstances under which the exposure occurred?
17. Is the health care professional provided with results of the source individual's blood testing, if available?
18. Is the evaluating health care professional provided with all medical records relevant to treatment of the employee including vaccination status?
19. 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?

20. Is the employer provided with a copy of any medical conditions that may arise from exposure that may require further treatment?
21. Are needlestick injuries and other exposure incidents that result in medical treatment or seroconversion recorded on the OSHA 300 Log and Summary of Occupational Injuries or Illnesses?
22. Is identifying information related to bloodborne pathogens removed prior to granting access to the records?
23. Does employee training include information on the actions to be taken following an exposure incident, including the reporting method, and the availability of medical follow-up?

## **Labeling and Work Procedures**

1. When indicated is the universal biohazard symbol always used in conjunction with the word “biohazard”?
2. Are there written procedures that outline the specific labeling that is required for specimens if universal precautions is not observed for handling all specimens?
3. Are there written procedures that outline the specific labeling that is required for laundry bags if universal precautions is not observed for handling all laundry?
4. Are there written procedures that outline the specific labeling that is required for refrigerators and freezers that contain blood or other potentially infectious materials?
5. Are there written procedures that outline the specific labeling that is required for containers used to store, transport, or ship regulated waste, blood, or other potentially infectious materials?
6. Are there written procedures that outline the specific labeling that is required for sharps disposal containers?
7. Are there written procedures that outline the specific labeling that is required for contaminated equipment that is sent for servicing or repair?
8. Are employees trained to recognize the facility’s method for identification of hazards and any alternative labeling or color-coding that is used?

## **Employee Training**

1. Is there a mechanism in place to provide training to all current employees?
2. Is there a mechanism in place to provide training to new employees at the time of initial employment?
3. Is training provided to all employees with occupational exposure as defined in the exposure control plan at no cost to the employee?
4. Is training provided to all employees with occupational exposure as defined in the exposure control plan during working hours?
5. Is training provided to all employees with occupational exposure as defined in the exposure control plan at a reasonable location?
6. Is training provided to all employees with occupational exposure as defined in the exposure control plan by an individual that is knowledgeable in the subject matter?  
Does the training include:
  1. An accessible copy of the regulatory text standard?
  2. A general explanation of the epidemiology and symptoms of bloodborne diseases?

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 postexposure 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/or color-coding required?
14. An opportunity for interactive questions and answers with the person conducting the training?
15. Is the training appropriate in content, language, and vocabulary to the educational, literacy, and language background of the employee?
16. Are the written training records kept for three years and include the dates of the training sessions, the contents or a summary of the training session, the names and qualifications of the persons conducting the training sessions and the names and job titles of all persons attending the training sessions?

## Medical Records

Has a mechanism been established for creating and maintaining confidential medical records for each employee with occupational exposure that contains:

1. An evaluation of the indications and contraindications for hepatitis B vaccination?
2. A medical evaluation of exposure incidents?
3. The result of employee HIV and HBV serologic testing?
4. The counseling information provided?
5. The postexposure prophylaxis provided?
6. An evaluation of any reported illness related to exposure incidents?

Does the employer's records for each employee with occupational exposure contain:---

1. The name and social security number of the employee?
2. Indications for hepatitis B vaccination?

3. Date of vaccination, if received?
4. Signed declination statements?
5. Routes and circumstances of all exposure incidents?
6. Results of sources individual's blood testing, if available?
7. Documentation that the employee was informed of the evaluation of the results of postexposure medical evaluation and the need for follow-up?
8. Are the employer's records kept separate from the confidential medical records?
9. Is there a mechanism to ensure that medical records are kept confidential?
10. Do employees have access to their medical records?

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