

OSHA

U.S. DEPARTMENT OF LABOR

Model Plans and Programs

for the OSHA

Bloodborne Pathogens
and
Hazard Communications
Standards

WHAT'S INSIDE

Introduction

Bloodborne Pathogens Standard

Model Exposure Control Plan

Hazard Communications Standard

Model Hazard Communication Program

OSHA Assistance Programs

Regional Offices

TABLE OF CONTENTS

[Introduction](#)

PART 1 — Bloodborne Pathogens Standard

[Model Exposure Control Plan](#)

[Policy Statement](#)

[Program Administration](#)

[Employee Exposure Determination](#)

[Methods of Implementation & Control](#)

[Hepatitis B Vaccination](#)

[Post-Exposure Evaluation & Follow-Up](#)

[Communication of Hazards & Training](#)

[Recordkeeping](#)

PART 2 — Hazard Communications Standard

[Model Hazard Communication Program](#)

[Hazardous Chemicals List](#)

OSHA Assistance Programs

OSHA Regional Offices

Document	OSHA 3186-06R 2003
Issued by	U.S. Department of Labor
Coverage	Bloodborne Pathogens (29 CFR 1910.1030) Hazard Communication (29 CFR 1910.1200)
Access	www.osha.gov (800) 321-OSHA

Introduction

The mission of the Occupational Safety and Health Administration (OSHA) is to save lives, prevent injuries, and protect the health of America's workers. As part of the Department of Labor, OSHA promotes worker safety and health in every workplace in the United States.

WHY THIS DOCUMENT?

Both the Bloodborne Pathogens Standard and the Hazard Communication Standard require employers to develop written plans, provide employee training, and protect worker health. This publication provides ready-to-use model documents to help meet those requirements.

This publication includes a **model exposure control plan** to meet the requirements of the OSHA bloodborne pathogens standard, and a **model hazard communication program** to meet the requirements of the hazard communication standard. The full text of these two OSHA standards is found in:

Standard	CFR Citation	Topic
Bloodborne Pathogens	29 CFR 1910.1030	Occupational exposure to blood / OPIM
Hazard Communication	29 CFR 1910.1200	Hazardous chemical exposure in the workplace

You can access the full text of these standards through the OSHA website at www.osha.gov.

Note: These model documents can be used as templates, but must be tailored to your specific establishment. Do not eliminate any required items when converting them for your own use. Written plans must be accessible to all employees.

This publication provides general guidance on preparing written plans required by OSHA standards, but should not be considered a definitive interpretation for compliance purposes. Consult the full standards for specific compliance requirements.

PART 1

Bloodborne Pathogens Standard

The following model for an Exposure Control Plan includes all elements required by the OSHA bloodborne pathogens standard (29 CFR 1910.1030). This model provides employers with an easy-to-use format that may be used as a template to develop a written exposure control plan tailored to the individual requirements of their establishments.

Model Exposure Control Plan

Policy Statement

The (*Your facility name*) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

THIS ECP COVERS:

- Determination of employee exposure
- Implementation of exposure control methods: Universal Precautions, Engineering Controls, PPE, Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Program Administration

Responsible Party	Responsibility	Contact
(Name / Department)	Implement the ECP; review and update at least annually	
(Name / Department)	Provide and maintain all necessary PPE, engineering controls, labels, and red bags	
(Name / Department)	Ensure all required medical actions are performed; maintain health and OSHA records	
(Name / Department)	Training, documentation, and making ECP available to employees, OSHA, and NIOSH	

Employees with occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Employee Exposure Determination

The following job classifications have been identified as having occupational exposure. All employees in these categories are covered by this ECP.

ALL EMPLOYEES IN THESE JOB TITLES HAVE OCCUPATIONAL EXPOSURE:

Job Title	Department / Location
(e.g., Phlebotomists)	(Clinical Lab)

SOME EMPLOYEES IN THESE JOB TITLES HAVE OCCUPATIONAL EXPOSURE:

Job Title	Department	Task / Procedure
(e.g., Housekeeper)	Environmental Services	Handling Regulated Waste

Note: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

Methods of Implementation & Control

Universal Precautions

All employees will utilize universal precautions. Under this concept, all blood and other potentially infectious materials are treated as if known to be infectious regardless of the perceived status of the source individual.

Exposure Control Plan Access

Employees covered by the standard receive an explanation of this ECP during initial training and annual refresher training. Employees may review this plan at any time during their work shifts by contacting (*Name of responsible person or department*). A copy will be provided free of charge within 15 days of request.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Specific controls in use include:

- Non-glass capillary tubes, SESIPs, needleless systems (examples)
- Sharps disposal containers — inspected, maintained, or replaced to prevent overfilling
- Regular evaluation of new procedures and products through record review and employee feedback
- Both front-line workers and management involved in identifying needed changes

Personal Protective Equipment (PPE)

PPE is provided to employees at **no cost**. Training in appropriate PPE use for specific tasks is provided by (*Name of responsible person or department*).

- | | |
|------------------------|-------------------------|
| • Gloves | • Gowns / lab coats |
| • Eye protection | • Resuscitation devices |
| • Face shields / masks | |

ALL EMPLOYEES USING PPE MUST OBSERVE THE FOLLOWING PRECAUTIONS:

- Wash hands immediately (or as soon as feasible) after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area
- Used PPE must be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal
- Wear appropriate gloves when it can be reasonably anticipated that contact with blood or OPIM may occur
- Replace disposable (single-use) gloves as soon as practical when contaminated, or if torn or punctured
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face and eye protection whenever splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove all PPE immediately upon leaving the work area

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping. Containers are closed prior to removal to prevent spillage or protrusion of contents during handling. The following contaminated work surfaces and equipment must be decontaminated:

- Equipment and environmental surfaces — after completion of procedures
- Immediately (or as soon as feasible) when surfaces are overtly contaminated
- After any spill of blood or OPIM
- At the end of the work shift if surfaces may have become contaminated

Hepatitis B Vaccination

The Hepatitis B vaccination series is available **at no cost** to all employees identified as having occupational exposure. Vaccinations are offered after the employee has received required training and within 10 working days of initial assignment.

Condition	Action
Employee desires vaccination	Schedule through (Name of responsible person)
Employee declines vaccination	Must sign OSHA-required declination form
Employee later requests vaccination	Vaccination must be made available at that time
Employee has had prior vaccination	Titer testing arranged by (Name of responsible person)

Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident, it should be reported, documented, and medically evaluated as soon as feasible. (*Name of responsible person*) will direct the exposed employee to a healthcare professional. The following information must be documented and provided to the evaluating healthcare professional:

- A copy of the 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 of the incident
- Results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee

IMPORTANT

The employer must obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

Communication of Hazards & Training

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training. Training is provided at no cost during work hours by *(Name of responsible person)*.

TRAINING MUST COVER:

- The OSHA bloodborne pathogens standard and its contents
- General explanation of epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This facility's exposure control plan and how employees can obtain a copy
- Appropriate methods for recognizing tasks that may involve exposure to blood or OPIM
- Use and limitations of engineering controls, work practices, and PPE
- PPE types, proper use, location, removal, handling, decontamination, and disposal
- Hepatitis B vaccine — efficacy, safety, administration, and declination options
- Actions to take and persons to contact if an exposure incident occurs
- Post-exposure evaluation and follow-up procedure
- Signs, labels, and color-coding requirements
- Opportunity for interactive questions and answers with trainer

Note: Training records must include the training dates, content or summary, number of trainees and their names and job titles, and the trainer's name and qualifications.

Recordkeeping

Record Type	Retention	Maintained By
Medical records (per employee)	Duration of employment + 30 years	(Responsible person)
Training records	3 years from training date	(Responsible person)
Sharps injury log	5 years	(Responsible person)
Exposure incident documentation	Duration of employment + 30 years	(Responsible person)

Confidentiality: Employee medical records are kept strictly confidential and may not be disclosed or reported without the employee's express written consent, except as required by law. Medical records are maintained separately from other personnel files.

Sharps Injury Log — Template

Employers in the healthcare industry must establish and maintain a Sharps Injury Log for recording percutaneous injuries from contaminated sharps. The log must protect the confidentiality of the injured employee and be kept for at least 5 years following the end of the calendar year covered.

Date	Type of Sharp	Brand / Model	Work Area	How Injury Occurred	Body Part

Note: Information in this log must be recorded within 14 working days of the exposure incident. Remove personal identifiers before sharing with anyone not directly involved in the medical evaluation.

Hepatitis B Vaccination — Declination Form

Per OSHA 29 CFR 1910.1030(f)(2), all employees who decline the hepatitis B vaccination must sign the statement below. Employees who initially decline may request the vaccination at any later date at no charge.

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, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Print Name

Job Title

CHECKLIST

ECP Compliance Checklist

Use this checklist to verify that your Exposure Control Plan meets all OSHA bloodborne pathogens standard requirements. Check each item when complete and keep this checklist with your ECP documentation.

Exposure Determination

- Identified all job classifications with occupational exposure
- Listed tasks/procedures that create exposure for at-risk positions
- Included part-time, temporary, and contract workers

Methods of Exposure Control

- Universal precautions adopted and documented
- Engineering and work practice controls specified
- PPE types, sizes, and locations documented
- PPE replacement and disposal procedures in place
- Housekeeping schedule and decontamination procedures written
- Regulated waste disposal procedures documented

Hepatitis B Vaccination

- Vaccination offered to all at-risk employees at no cost
- Declination forms signed and on file (if applicable)
- Post-exposure prophylaxis procedures documented

Post-Exposure Evaluation

- Reporting procedures for exposure incidents documented
- Medical evaluation process described
- Healthcare professional written opinion procedures in place
- Source individual testing procedures addressed

Communication & Training

- Warning labels and signs requirements addressed
- Initial and annual training program documented
- Training records maintained for 3 years

Recordkeeping

- Medical records policy established (30 years + duration of employment)
- Training records system in place
- Sharps Injury Log implemented
- ECP reviewed and updated annually
- ECP accessible to all employees and to OSHA/NIOSH representatives on request

PART 2

Hazard Communications Standard

The following model provides all elements required by OSHA's Hazard Communication Standard (HCS), 29 CFR 1910.1200. The intent is to ensure that employees are informed about the identities and hazards of chemicals to which they are exposed and know how to protect themselves. Customize bracketed sections for your facility.

Model Hazard Communication Program

PROGRAM OVERVIEW

(Company name) is committed to providing employees with a safe and healthful work environment. This written hazard communication program covers all work operations where employees may be exposed to hazardous chemicals under normal working conditions or during an emergency situation.

(Name of responsible person) is the program coordinator with overall responsibility for the program, including reviewing and updating this plan. A copy of the program is available from *(location)* for review by any interested employee.

Container Labeling

(Name of responsible person) will verify that all containers received for use will be clearly labeled with the chemical identity, appropriate hazard warnings, and name and address of the manufacturer or importer.

- Each container must be labeled with chemical identity and hazard warnings
- Labels must be legible, in English, and prominently displayed
- Workplace labels must include chemical identity and hazard information
- Labels must not be removed or defaced

Material Safety Data Sheets (MSDSs)

MSDSs will be made readily accessible to employees in their work areas during all shifts. *(Name of responsible person)* is responsible for obtaining and maintaining the MSDS system, as well as ensuring that the MSDSs are current and complete.

MSDS ACCESS

MSDSs are located at *(identify location)*. If an MSDS is not available or is inadequate, employees should contact *(Name of responsible person)* immediately. MSDSs may not be removed from the designated location.

Employee Training

Before starting work, each new employee of (*Company name*) will attend a health and safety orientation that covers this hazard communication program. All employees will also receive additional training whenever a new chemical hazard is introduced into their work area.

TRAINING MUST INCLUDE:

- Methods and observations used to detect the presence or release of a hazardous chemical
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure through control procedures, work practices, and PPE
- Steps the company has taken to reduce or prevent exposure
- Procedures to follow if employees are overexposed
- How to read labels and MSDSs to obtain hazard information
- Location of the MSDS file and written Hazard Communication program

Hazardous Non-Routine Tasks

Periodically, employees are required to perform non-routine tasks that are hazardous, such as confined space entry, tank cleaning, and painting reactor vessels. Prior to starting work on such projects, each affected employee will be given information about the chemical hazards, protective measures required, and steps being taken to reduce hazards.

Hazardous Chemicals List

A list of all known hazardous chemicals used by employees is maintained and updated as new chemicals are introduced. The list includes chemical name, manufacturer, work area, dates and quantity of use. Further information is available from the MSDSs, located at *(identify location)*.

Chemical Name	Manufacturer	Work Area	Date Introduced	Quantity
(Example)	(Manufacturer)	(Department)	(Date)	(Amount)

Note: When new chemicals are received, this list is updated within 30 days. The hazardous chemical inventory is compiled and maintained by (Name of responsible person and telephone number).

Chemicals in Unlabeled Pipes

Prior to starting work in areas where chemicals are transferred through unlabeled pipes, the employee shall contact *(name of responsible person)* for information regarding the chemical in the pipes, potential hazards, and required safety precautions.

RESOURCES

OSHA Assistance Programs

Safety & Health Management

OSHA's recommended Safety and Health Program Management Guidelines identify four critical elements: management leadership and employee involvement; workplace analysis; hazard prevention and control; and safety and health training. An effective safety and health program can save approximately \$4 for every dollar spent and significantly reduce worker injuries, illnesses, and compensation costs.

State Plans

There are 26 state plans operating their own occupational safety and health programs under OSHA-approved plans. These programs cover both private and public sector employees and must have standards at least as effective as federal OSHA standards, including the bloodborne pathogens and hazard communications standards.

Free Consultation Services

OSHA consultation is available at no cost to employers, primarily targeting smaller employers with more hazardous operations. Services include appraisal of mechanical systems, work practices, and hazards. No penalties are proposed and employer information is not routinely shared with OSHA enforcement staff.

Voluntary Protection Programs (VPP)

VPP recognizes outstanding achievements by companies that have successfully incorporated comprehensive safety and health programs into their total management system. Three levels: Star, Merit, and Demonstration. Contact your nearest OSHA regional office for more information and application details.

Strategic Partnerships & Alliances

OSHA's Strategic Partnership Program builds cooperative relationships with groups of employers and employees to eliminate serious workplace hazards. Alliances enable organizations to collaborate with OSHA to prevent injuries and illnesses — open to trade associations, businesses, labor organizations, educational institutions, and government agencies.

Training & Education

OSHA's Training Institute in Des Plaines, IL provides basic and advanced courses for compliance officers, consultants, federal personnel, and private sector employers. Contact: 1555 Times Drive, Des Plaines, IL 60018, (847) 297-4810. OSHA also provides grants to nonprofit organizations for workplace training.

CONTACT OSHA

Report emergencies, file complaints, or seek OSHA advice: **(800) 321-OSHA** | TTY: (877) 889-5627 | www.osha.gov

DIRECTORY

OSHA Regional Offices

For area office contact information, OSHA-approved state plans, and consultation projects, visit www.osha.gov or call (800) 321-OSHA.

<p>Region I</p> <p>CT, ME, MA, NH, RI, VT Boston, MA 02203 (617) 565-9860</p>	<p>Region VI</p> <p>AR, LA, NM, OK, TX 525 Griffin Street, Room 602 Dallas, TX 75202 (214) 767-4731</p>
<p>Region II</p> <p>NJ, NY, PR, VI 201 Varick Street, Room 670 New York, NY 10014 (212) 337-2378</p>	<p>Region VII</p> <p>IA, KS, MO, NE 1100 Main Street, Suite 800 Kansas City, MO 64105 (816) 426-5861</p>
<p>Region III</p> <p>DE, DC, MD, PA, VA, WV 170 S. Independence Mall West Suite 740 West, Philadelphia, PA 19106 (215) 861-4900</p>	<p>Region VIII</p> <p>CO, MT, ND, SD, UT, WY 1999 Broadway, Suite 1690 Denver, CO 80202 (303) 844-1600</p>
<p>Region IV</p> <p>AL, FL, GA, KY, MS, NC, SC, TN Atlanta Federal Center 61 Forsyth Street SW, Room 6T50 Atlanta, GA 30303 (404) 562-2300</p>	<p>Region IX</p> <p>American Samoa, AZ, CA, HI, NV, Northern Mariana Islands 71 Stevenson Street, Room 420 San Francisco, CA 94105 (415) 975-4310</p>
<p>Region V</p> <p>IL, IN, MI, MN, OH, WI 230 South Dearborn Street, Room 3244 Chicago, IL 60604 (312) 353-2220</p>	<p>Region X</p> <p>AK, ID, OR, WA 1111 Third Avenue, Suite 715 Seattle, WA 98101 (206) 553-5930</p>

Note: States with asterisks () operate their own OSHA-approved job safety and health programs. Connecticut, New Jersey, and New York plans cover public employees only. State programs must have standards identical to, or at least as effective*

as, the federal standard.

Legal Notice

This informational booklet provides a general overview of topics related to OSHA standards. It does not alter or determine compliance responsibilities in OSHA standards or the *Occupational Safety and Health Act of 1970*. Because interpretations and enforcement policy may change over time, consult current OSHA administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the Courts for additional guidance on OSHA compliance requirements.

Accessibility

This information is available to sensory impaired individuals upon request. Voice phone: (202) 693-1999 | Teletypewriter (TTY): (877) 889-5627.

Public Domain

This publication is in the public domain and may be reproduced, fully or partially, without permission. Source credit is requested but not required.

OSHA 3186-06R 2003 | U.S. Department of Labor | www.osha.gov | (800) 321-OSHA