

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Must be reviewed and updated annually, in accordance with OSHA 29 CFR 1910.1030 including new tasks or employee roles-and documentation of safer devices and employee participation.

If your workplace is under a state OSHA plan, check for any additional or stricter state-level requirements.

TATTOO SHOP NAME:

DATE OF PREPARATION:

PREPARED BY:

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

I. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (e.g. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

At this facility the following job classifications have regular exposure:

1. Tattooist - a competent professional experienced in the art of tattooing.
2. Apprentice Tattooists - an individual learning under a program designed by the professional tattooist with fewer than three years of experience.
3. Custodial Personnel
4. Front Desk Personnel

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials. For that reason, all tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification and duties that may lead to exposure:

1. Classification: Tattooist/Apprentice Tattooist
 - a. Work Tasks: tattooing procedure, cleaning used instruments, disposal of needles and decontaminating work surfaces.
 - b. Potential Exposure: contact with blood or body fluids, handling tattoo needles and other potentially contaminated materials, contact with refuse from tattoo applications.

2. Custodial Personnel:
 - a. Work Tasks: cleaning toilet facilities, general site cleanup and removal of waste.
 - b. Potential Exposure: contact with blood or body fluids, handling potentially contaminated material and contact with disposed refuse from tattoo application.

3. Front Desk Personnel:
 - a. Work Tasks: May include potential exposure risks. May be required to perform custodial duties.
 - b. Potential Exposure: contact with blood or body fluids, handling potentially contaminated material and contact with disposed refuse from tattoo application.

II. Implementation Schedule and Methodology

OSHA also 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

Standard Precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Gloves will be worn in every instance of client contact within the procedure area.

For the tattooist:

1. Wash and dry hands thoroughly, inspect for small cuts or abrasions, apply bandage or seal skin product if necessary, and don gloves.
2. Apply skin prep to the area being tattooed.
3. Shave area ONLY if necessary and dispose of razor in the sharps container.
4. Apply single use paper stencil and dispose of stencil properly OR draw custom design and properly dispose of the pen in a sharps container. Never reuse.
5. Set up non-critical instruments such as barrier protection, pigments, rinse cups, etc.
6. Change gloves and set up machines, explain autoclave sterilization to client while opening bags in front of client.
7. Check gloves periodically for pinholes and/or rips or imperfections.
8. Don't touch eyes, ears, nose, mouth, and hair/facial hair, glasses, while tattooing.
9. Wash hands immediately after removing gloves.
10. To prevent cross-contamination, be aware of all items touched during the procedure so they may be disinfected between clients.

For employees on clean-up duty:

1. Proper hand washing prior to donning gloves.
2. Proper PPE to be donned throughout clean-up.
3. Make sure to read manufacturer's instructions prior to any chemical usage for cleaning.
4. Disposable gloves are to be worn when emptying trash receptacles from tattoo room, handwashing room, biohazard room or restroom.
5. Utility gloves are to be worn when cleaning up any area soiled with human fluids (urine, feces, vomit, etc.) such as the restroom sink, toilet, soiled public areas, tattoo rooms, handwashing sinks or biohazard sinks.
6. Wash hands thoroughly after removing and disposing of gloves.

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 shall also be utilized.

At this facility the following engineering controls will be utilized:

1. Autoclave or all-disposable items properly stored.
2. Sharps containers.
3. Non-surgical non-latex gloves or their equivalent are provided for clean technique.
4. Heavy utility gloves are provided for decontamination and general cleaning.
5. Non-surgical, non-absorbent apron or lap cloth.
6. Masks (when indicated).
7. Eye Protection (when indicated).
8. Non-surgical, non-absorbent protective sleeves (when indicated).

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls as follows:

1. The use and function of the autoclave sterilizer(s) will be tested with biological monitoring (spore tests) according to local law. In this facility biological monitoring will be performed _____ (daily, weekly, monthly, and quarterly). The outside biological monitoring service utilized by this facility is _____ (name, address, & phone # of company). A spore strip will be placed into the autoclave as part of the load per manufacturer instructions. Accurate records of sterilization monitoring will be kept:

WHERE:

FOR HOW LONG:

Biological monitoring will be used whenever there is a change of packaging, as a re-test after failure and when training employees. **Contact information for the biological monitoring agency used by this facility will be kept with this exposure control plan.**

2. Sharps containers will be routinely inspected before use, periodically (at least monthly) during use, and again before disposal. When the container has reached the fill line it will be disposed of according to local law. Disposal of sharps containers in this facility will be accomplished in the following manner:

3. Tattooists and Apprentices will examine their gloves periodically during the tattoo procedure for pinholes or tears and replace them immediately upon signs of puncture. Gloves will be changed as necessary to prevent cross-contamination, and whenever their ability to function as an adequate barrier is compromised.
4. Utility gloves will be inspected before each use and replaced immediately if punctures or cracking is evident. Otherwise, utility gloves will be replaced on a monthly schedule.

Handwashing

Handwashing facilities that are separate from the public restroom are also available to the employees who may incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible at all times throughout the workday.

At this facility handwashing facilities are located:

Immediately or as soon as feasible upon the removal of gloves, employees and independent contractors shall thoroughly wash their hands and any other potentially contaminated skin area with soap and warm water.

If an exposure to the employee's skin occurs, wash the area for one minute with copious amounts of soap and warm water. If the skin in the exposed area is not intact, medical attention should be sought immediately. If an exposure to the employee's mucous membranes (eyes, nose, or mouth) occurs, flush the area with water for at least 15 minutes and seek medical attention immediately.

In this facility, handwashing will occur:

1. Upon arriving at the studio for the day.
2. Before donning gloves.
3. After removing gloves.
4. After direct contact with any potentially contaminated object or surface.
5. After using the toilet facilities.
6. Before leaving the studio for the day.

Proper Handwashing Procedure:

1. Remove all jewelry and watches.
2. Wet hands under warm running water, fingers pointing downward.
3. Use enough antibacterial soap to produce a good lather.
4. Scrub all surfaces, paying particular attention to nail beds, cuticles, under the nails, the webbing between fingers, the wrists and forearms.
5. Rinse under running warm water, fingers pointing down.
6. Where faucets are operated with handles, use a dry, single use paper towel to turn off water.
7. Dry hands with single-use paper towels.

Hand Care:

1. Tattooists or apprentices with open sores or weeping dermatitis must refrain from direct client contact until the condition clears. If the condition persists, consult a physician or dermatologist.
2. In order to prevent chapped hands associated with frequent handwashing and glove use, a hand lotion that is compatible with the employees glove material shall be used as needed.
3. Hands should be inspected regularly for any signs of non-intact skin (cuts, scrapes, hangnails, or abrasions). Any visible damage to the skin must be covered with a bandage before gloving!
4. Keep fingernails short, neat and clean, no artificial nails or chipped polish.

Needles and Sharps

Contaminated needles and other contaminated sharps will **not** be bent, broken, sheared, removed, or recapped at any time. Tattoo needle configurations will not be removed from the needle bar at any time post-procedure.

Tattoo Setup - Needles and Tubes

Tubes:

All tubes are cleaned, disinfected, packaged in a dated and sealed single-use sterilization pouch, and sterilized before each use.

After use:

1. Wash hands.
2. Put on fresh gloves.
3. Remove tube and needle from the frame of the machine.
4. Immediately dispose of needle(s) into sharps container.
5. Rinse tube(s) under low-pressure, warm running water.
6. Scrub tube(s) while they are submerged under warm water.

- a. The careful scrubbing of tubes is essential prior to disinfection and sterilization. Visible blood and other debris must be removed first so that the disinfectant will work effectively, and so that the steam from the sterilization process can penetrate directly to the instrument's surface. Use a clean, long handled brush and keep tubes submerged under warm water while scrubbing to reduce splash and splatter. After scrubbing, all items must be thoroughly rinsed under low-pressure, warm running water. Brushes should be disposable or autoclavable.
 - b. Care must be taken while hand scrubbing to avoid injuries.
7. After scrubbing, rinse tubes again and then place them into the disinfectant soak.
 - a. The amount of time instruments should soak in the disinfectant will depend on the product used and must be consistent with the manufacturer's instructions.
 8. Remove tube(s) from disinfectant soak and rinse thoroughly.
 9. Place tube(s) into ultrasonic cleaner, run cycle per manufacturer's instructions.
 10. Remove tube(s) from ultrasonic cleaner and rinse thoroughly.
 11. Place items on a clean, dry, disposable towel to allow them to air dry or dry items by hand. Items must be completely dry before packaging!
 12. While tubes are drying, label and date all sterilization pouches.
 13. Package equipment and seal pouch.
 14. Place items into autoclave and run cycle according to the manufacturers' instructions. Sterilization takes place when the autoclave reaches 250-270 degrees and 15-20 psi. The cycle length will vary depending on the make and model of the machine and the type of packaging used. ALWAYS read and follow the manufacturers' instructions to ensure terminal sterilization has taken place.

Needles:

All needles are packaged in a dated, sealed, single-use sterilization pouch, and sterilized before each use.

After use:

Immediately after use, all needles will be disposed of directly into a regulated sharps container. Needle configurations will not be broken or removed from the needlebar at any time post-procedure. The entire device will be disposed of, in one piece, into the sharps container.

Sharps Containers

Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility, sharps containers are puncture resistant, color-coded and labeled with the universal biohazard symbol, leak proof on the sides and bottom, and closable.

At this facility, sharps containers are located:

Sharps containers will be inspected before use and maintained in an upright position throughout use. Sharps containers will be inspected routinely (at least monthly) throughout use, and again before disposal. When the container has reached the fill line, it will be disposed of according to local law. In this facility, sharps containers will be disposed of in the following manner:

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

1. Methods which will be employed at this facility to accomplish this goal are:
 - a. Ultrasonics will be operated with covers in place.
 - b. No liquids will be sprayed directly onto the skin.
 - c. No liquid will be blown from tubes.

Personal Protective Equipment

All personal protective equipment (PPE) used at this facility will be provided at no cost to employees in the appropriate sizes and materials necessary. PPE will be chosen based on the anticipated exposure risk to blood or other potentially infectious materials. PPE will be considered effective only if:

1. It does not permit blood or OPIM to penetrate through to or reach the employee's skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the PPE will be used.

TYPE OF EQUIPMENT	WHERE IS IS KEPT	WHEN IT IS USED	WHO IS RESPONSIBLE FOR DISTRIBUTION
Disposable latex or nitrile gloves		Tattoo Procedure	Employer
Heavy Utility Gloves		Housekeeping Procedures	Employer
Lap Cloths		Tattoo Procedure	Employer
Masks			Employer
Eye Protection			Employer
Disposable Sleeves & Aprons		Tattooing & Equipment Processing	Employer

All garments penetrated by blood shall be removed immediately in a manner that does not present further risk of exposure to skin and/or mucous membranes (e.g. Shirts will be cut off, not pulled over the employee's head). Garments will be disposed of into appropriate waste receptacles. All personal protective equipment will be removed and disposed of appropriately prior to leaving the work area.

Gloves

Gloves will be worn at any time there is a reasonably anticipated potential for exposure to blood or other potentially infectious materials. According to standard precautions, gloves will be worn in every instance of client contact in the procedure area. This includes prepping/cleansing the client's skin, shaving (only if necessary) and applying the stencil and bandage.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Discard in the appropriate waste receptacle immediately after use.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Other Personal Protective Equipment

Disposable, non-absorbent aprons, sleeves and lap cloths are provided and should be discarded in the appropriate waste receptacle immediately after use.

Masks and/or eye protection are not normally utilized during tattoo procedures or equipment processing, but they are available upon request. Per the Bloodborne Pathogen Standard, if an employee feels that face protection is necessary then eye protection must also be worn. If an employee feels that eye protection is necessary, then face protection must also be worn.

Housekeeping

Each area of this facility (lobby, procedure areas, sterilization areas, and public restrooms) shall have a cleaning schedule listed in the studio's written policy and procedure manual. At a minimum, each area of this facility will be cleaned before and after each workday. In addition, procedure areas will be cleaned and disinfected after the completion of each procedure.

In this facility the following EPA registered chemicals will be utilized for decontamination and disinfection: (list the materials to be utilized, such as bleach solutions or EPA registered germicides- add in additional pages, if necessary).

In this facility the following EPA registered chemicals will be utilized for decontamination and disinfection: (list the materials to be utilized, such as bleach solutions or EPA registered germicides- add in additional pages, if necessary).

CHEMICAL	MANUFACTURER	EPA REGISTRATION #	USE

Safety Data Sheets (SDS) for each chemical used in this facility are located:

The person or persons responsible for SDS's in this facility are:

All chemicals will be stored at room temperature in their original, labeled containers until use.

If chemicals are dispersed from a bulk container into a smaller container (e.g. from gallon jug to a squirt bottle) the smaller container must have labeling identical to that of the bulk container. Simply labeling a container "Alcohol" or "Green Soap" is unacceptable.

All contaminated work surfaces will be decontaminated and disinfected after completion of procedures and immediately or as soon as feasible after any contamination with potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All waste receptacles, bins, pails and similar containers shall be routinely inspected and decontaminated on a regularly scheduled basis, or whenever visible contamination is present. In this facility, the inspection and decontamination of waste receptacles and similar containers will be done (list how often and by whom):

Regulated Waste Disposal

All contaminated sharps will be disposed of immediately, or as soon as feasible, into a regulated sharps container. In this facility, sharps containers are located (specify location of all sharps containers):

Regulated waste other than contaminated sharps shall be disposed of into an appropriate color-coded, leak-proof container. Such containers are located (specify location of regulated waste containers):

Disposal of sharps containers and regulated waste containers will be accomplished according to local law. In this facility, sharps containers and regulated waste containers are disposed of in the following manner (specify when and how regulated waste is disposed of):

Laundry Procedures

Most tattoo studios utilize disposable personal protective equipment and do not generate contaminated laundry. However, for those studios that may utilize uniforms or towels that must be laundered, a written plan must be in place for laundry procedures.

Hepatitis B Vaccine

All employees who have been identified as having the potential for exposure to blood or other potentially infectious materials will be offered the hepatitis B vaccine within 10 days of initial assignment, at no cost to the employee. All "independent contractors" are responsible for the cost, arrangement and providing documentation for their own vaccine. Employees who have documented completion of the hepatitis B vaccine are exempt from the studio's vaccination requirements. After completion of the entire vaccination series, the individual **must** undergo a serological test within 4-6 weeks to determine their vaccination status. Employees who choose to decline the hepatitis B vaccine must sign a declination waiver with wording identical to that found in Appendix A of the Bloodborne Pathogen Standard. The hepatitis B vaccine must be offered annually to any employee who initially declines vaccination, and the declination waiver must also be updated annually if the employee still chooses to decline.

Employees who initially decline the hepatitis B vaccine may request to receive it at any time in the future, at no cost to the employee.

In this facility the person responsible for offering the hepatitis B vaccine and making sure all waivers are signed is:

Employees of this facility will have the hepatitis B vaccine administered at the following facility (list name, address and phone # of the vaccination facility).

Post Exposure Procedures

Needlesticks (percutaneous exposures)

1. Immediately wash the injured area with antibacterial soap.
2. Apply topical antibacterial ointment.
3. Cover with dry, sterile dressing if necessary.
4. Complete Form 2 "Exposure Incident Record", and employer should provide Form 3 "Counseling Checklist for Blood and/or Body Fluid Exposure", Form 4 "Hepatitis B Exposure Information" and "Employee Consent for HIV Antibody Testing" - to be obtained from the physician or Health Department that will be administering the test.
5. Immediately see a health care provider and have blood drawn for HIV, Hepatitis B and Hepatitis C testing. Receive antiretroviral prophylaxis if indicated.

Non-percutaneous exposure (splash or splatter on the skin)

1. Wash the area with copious amounts of antibacterial soap and water.
2. Complete Form 2 "Exposure Incident Record".

Mucous membrane exposure (eye, mouth)

1. Eyes - wash immediately with eyewash solution.
2. Mouth - wash oral cavity repeatedly with standard mouthwash containing alcohol, such as Listerine.
3. Complete Form 2 "Exposure Incident Record".

Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident, it should be reported to:

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

1. Documentation of the route of exposure and the circumstances related to the incident. An Exposure Incident Record form is located at the end of the ECP and is designated Form 2.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. If the source individual grants consent, the blood of the source individual will be tested for HIV/HBV/HCV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. (Employers may need to modify this provision in accordance with applicable local laws on this subject). Modifications should be listed here:

4. The employee will be offered the option of having their blood collected for testing as soon as possible after the exposure incident for purposes of determining the employee's baseline HIV/HBV 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 serological status. However, if the employee decides prior to that time that testing will not be conducted then the appropriate action can be taken and the blood sample discarded. Use Forms 3 and 4 to counsel and document.
5. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. These counseling sheets follow and are designated Form 3, and Form 4.
7. The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:

Interaction with Healthcare Professionals

A written opinion shall be obtained from the health care professional that evaluates employees of this facility.

Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Healthcare professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident,
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information.)

Training

Training for all employees will be conducted within ten (10) working days of their initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include the following explanations of:

1. The OSHA standard for Bloodborne Pathogens,
2. Epidemiology and symptomatology of bloodborne diseases,
3. Modes of transmission of bloodborne pathogens,
4. This Exposure Control Plan, (e.g. points of the plan, lines of responsibility, how the plan will be implemented, etc.),
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility,
6. Control methods used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility,
8. Post Exposure evaluation and follow-up,
9. Signs and labels used at the facility, and
10. Hepatitis B vaccine program at the facility.

Describe the method of training used at this facility (for example: video, attendance of the APT seminar, or other written material).

All employees MUST receive annual OSHA bloodborne pathogen training. A record of training shall be kept in each employee's file. A training record is located at the back of this plan and is designated FORM 5. Training records must be kept for a minimum of 3 years.

The outline for the training material is kept:

Record Keeping

All records required by OSHA standard will be maintained by:

Medical Record keeping must include:

1. Employee's name and social security number.
2. Anyone having the employee's written consent.
3. Results of examinations, medical testing, post-exposure evaluation and follow up procedures.
4. The employer's copy of any health care professional's written opinion.
5. Copies of all information given to any health care professional.

Medical records must be kept confidential and maintained for the duration of employment plus 30 years.

Medical records are available upon written request for examination and/or copying to:

1. Employees or their designated representative.
2. Employee's Hepatitis B status, including vaccination dates and any medical documentation relating to previous immunity and/or the employee's contraindication for vaccination.

Training records must be kept for a minimum of three years and must include:

1. Training Dates.
2. Content/Summary of training.
3. Names/Qualifications of trainers.
4. Name/Job title of trainees.

The names and job titles of all such records shall be made available, upon request, to employees and representatives of the appropriate state or federal agency.

Transfer of records. The Director of OSHA shall be notified at least three months prior if cessation of business occurs and there is no successor or employer to receive and retain the records for the prescribed period. Such records shall be transmitted to the Director, if requested by the Director to do so, within a three-month period.

Dates

All provisions required by the standard will be implemented by

(insert the date this standard is put into place).

On the following pages are the forms used to aid in compliance with the Bloodborne Pathogens Rule.

Also following are:

Material Safety Data Sheets

Biological monitoring contact information

Hazardous Waste Removal contact information (if applicable)